



# Population Health Clerkship

## 2018 Team Catalog

Preferences due: Monday, August 27, 5:00pm

Team placements are not assigned on a first come, first served basis so take your time and read the descriptions before submitting your rankings.

Identify and rank your top five choices for team placement at:  
[https://www.surveymonkey.com/r/PHC2018\\_rankings](https://www.surveymonkey.com/r/PHC2018_rankings)

Team #	Team Title:	Summary	Pg
1	Access to quality health care and services in lesbian, gay, bisexual and transgender communities	Improving health for the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities is a national priority. These communities experience inappropriate differences in access to care quality, care services and poorer health outcomes as compared to heterosexuals. Advanced practice nurses and physicians are in key positions to impact these inequities and improve health for the LGBTQI communities.	6-7
2	Addiction, advocacy and healthcare services: A deep dive into population health	Addiction influences all aspects of physical and social health, as students will learn and see. Addiction contributes to homelessness, incarceration and isolation in a social environment where access to specialized behavioral and substance abuse treatment services is scarce.	8-10
3	Central MA Tobacco-Free Partnership	The Central MA Tobacco Free Community Partnership works to reduce smoking and secondhand smoke in Central MA. The medical students will work with the Project Director to research identified populations, youth prevention and cessation resources. They will participate in research and conduct data surveys, participate in community meetings and attend a youth tobacco advocacy training event.	11
4	DR Batey Health Initiative	The UMass Medical School (UMMS) has partnered with the Good Samaritan Mission Organization in La Romana, Dominican Republic (DR) for the last ten plus years, to participate in the DR Batey Health Initiative collaborative. Medical and nursing students focus on health care needs in four adopted Bateys (sugar cane villages) in Central Romana where Dominican and Haitian migrant workers & families reside.	12-14
5	Exploring models of integrated care healthcare in Massachusetts	In seeking to improve healthcare delivery and integration MassHealth has shifted from a mixed financing model of managed care and primary care to an integrated care model using Accountable Care Organizations (ACOs) that reward improved population health and quality. This experience will explore these concepts and how they impact policy-making for the State.	15-16
6	Geriatrics: Fall risk and prevention for older adults	Students will gain an in-depth understanding of the causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives, from geriatric care providers and advocates. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings in the Worcester area.	17-19
7	Head Start /Early Head Start Lowell	Students will be introduced to the federal Early/Head Start program and the mandatory screenings to assess children at risk of developmental delays. Working alongside health/nutrition coordinator students will screen for hearing & vision loss, BMI, and blood pressure. Students may observe scheduled home visits and case-management meetings.	20-21

Team #	Team Title:	Summary	Pg
8	Head Start Worcester	Students will be introduced to the federal Head Start program and the mandatory screenings to assess children at risk of developmental delays.	22-23
9	HIV in Massachusetts: A state's action plan and two community responses (Worcester and Lawrence)	The PHC team will use the MA Integrated Care Plan to assess the strengths and areas for improvement of two community-based HIV care sites in Worcester and Lawrence, MA, assessing factors contributing to missed and late diagnoses, unsuccessful retention in care, and inability to achieve HIV viral suppression.	24-26
10	Incarcerated and urban working poor	Lemuel Shattuck Hospital is an urban hospital that provides acute, sub-acute, and chronic medical services for patients from several disadvantaged populations. This course will emphasize patient care in a multifaceted approach, treating physical and mental illness simultaneously by providing support for addiction disease, and for emotional needs.	27-33
11	Injury prevention IS public health	This clerkship focuses on prevention and offers participants a way to view and experience efforts that impact the population across the lifespan. Topics include injury prevention, suicide, substance use and recovery, domestic and sexual violence, guns, gangs and safety; emergency preparedness and emergency management and trauma.	34-35
12	Language access and patient encounters: Worcester	Students will gain an appreciation for patients with barriers to care based on their limited English proficiency, otherwise known as LEP patients, and their culture. Students will understand the work of an interpreter, how to work effectively with both spoken language and American Sign Language interpreters, and more.	36-37
13	Living with a disability	What are the challenges of living with a disability? What resources and technological advances enable people to lead full lives? Students will meet individuals with a range of physical (e.g. spinal cord, neuromuscular), sensory (blindness, deafness) and other disabilities and learn about assistive technology, sexuality, services and quality health care.	38-39
14	LUV (Listening to Unheard Voices): Making opioid interventions more effective by humanizing addiction	The Joint Coalition on Health (JCOH) is a grassroots coalition whose mission includes advocating for underserved and marginalized populations. Students will assist JCOH to gather the input and insights of those who are living at the center of the current addiction epidemic in order to inform strategies and improve outcomes.	40-41
15	Medical-Legal Partnership project	Community Legal Aid and UMass Memorial have joined together to improve the health of low-income families by tackling unmet health-harming legal needs at three primary care clinics using a medical-legal partnership model. This Project aims to assess whether patients at UMass Memorial Community HealthLink have similar, unmet legal needs.	42-43

Team #	Team Title:	Summary	Pg
16	Oral health as part of overall and population health – really!	Military recruits can't go to war and children can't learn due to cavities! Learn how the mouth affects the body and communities especially underserved communities. Students will shadow in clinical and public health dental settings – prison dental clinic, Head Start, pediatric dental clinic, etc. We'll talk with politicians and visit a water fluoridation plant.	44-45
17	Palliative care	We explore a holistic approach to enhancing care for persons with serious /advancing illness and their families and caregivers, including a focus on interprofessional medical care, emotional and spiritual support, and the impact of culture and life experience. Learners will also examine health policies, ethical issues, and advocacy roles of the nurse practitioner/ physician.	46-47
18	Parenting & family stability	The Clerkship team will work on understanding and analyzing the causes of the following issues and their ramifications in relation to family stability, including lack of appropriate parenting and how it reflects on the family, negative parent-child interaction, lack of early medical care, and the impact of abuse.	48-51
19	People living with food insecurity: Food, health and access within our community	The Greater Boston Food Bank, in collaboration with health centers, holds free produce markets to increase patients' access to healthy foods. Students will learn about food insecurity and attend markets to survey patients about their experiences with the market. The information gathered from surveys will be used to improve markets.	52-56
20	People with developmental and intellectual disability: Community living and health care experiences	This clerkship includes clinical and community experiences focused on people with developmental and intellectual disability across the lifespan. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, and the role of the physician in the person's circle of supports.	57-58
21	Promoting healthy eating & active living with our aging population (Clinton)	To bring an older adult voice to the North Central MA (NCM) Healthy Living initiative, key stakeholders will work together to mobilize and activate underserved older adults as healthy living advocates. Students will help identify evidence-based policy and strategies that increase access to fresh healthy food and support active lifestyles.	59-60
22	Providing compassionate care to Worcester's homeless population	Students will join us at Homeless Outreach & Advocacy Program (HOAP) to gain an understanding of the psychosocial and health challenges faced by Worcester's homeless adults. We will visit several shelters and outreach sites to observe how funding and community shapes the barriers and accessibility to healthcare for the underserved.	61-62

Team #	Team Title:	Summary	Pg
23	Reducing harm - bridging patients between prisons & clinicians to treat opiate addiction (Barre)	Prisoners with opiate addiction who leave prisons and return to communities are at high risk for relapse and opiate overdose. This initiative focuses on directly engaging medical students with patients, prisons, police and community organizations to learn about and address factors delaying reentry to medication assisted treatment.	63-64
24	Refugee health in a community health center	The FHCW is located in the Main South community of Worcester and serves a diverse population, including newly arriving refugees from war-torn countries. We combine learning about community health centers in general (history, advocacy, role of CHCs in health system) together with specific learning about refugee resettlement, resources and specific health concerns.	65-66
25	Transition-age youth with special health care needs	Youth with special health care needs have many barriers as they move from pediatric to adult care, including changes in living situation, schooling, and vocation. The goals of this clerkship will be to define transition aged youth, to identify barriers to care, to identify social barriers and to explore existing community resources.	67-68
26	Veterans/Military health issues	Who is a veteran? Who is in the National Guard and Reserves? What health care needs are unique to veterans and why? Who gets care at the VA? What should clinicians know about when caring for members of the military and their families? Hear the answers directly from veterans and those who care for them.	69-70
27	Worcester Healthy Baby Collaborative	Students will support the Baby Box initiative of the Worcester Healthy Baby Collaborative, working with local community agencies in ongoing work of this project to reduce infant mortality and prematurity through education and engagement.	71-72
28	Worcester Public School students: Improving uptake at flu clinics	How can we improve influenza immunity in the public schools of Worcester? In this clerkship you will learn about health care in the Worcester Public Schools, including influenza immunization rates, and lead a team of volunteers at school-located influenza clinic stations.	73-74
29	Working with high health care utilizing patients: The Hot Spotting team	Patients who are high utilizers of the healthcare system by ED visits, hospital admissions, and other criteria. These patients are often low income and have chronic medical and/or mental health conditions. Inappropriate use of healthcare resources may stem from socioeconomic barriers they face such as transportation, housing, and medication issues.	75-76

**Team title:** Access to Quality Health Care and Services in Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) Communities

**Population of focus, including information on how it is defined:** Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Communities

**Brief summary description/abstract (50 words or less):** Improving health for the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities is a national priority. These communities experience inappropriate differences in access to care quality, care services and poorer health outcomes as compared to heterosexuals. Advanced practice nurses and physicians are in key positions to impact these inequities and improve health for the LGBTQI communities

**Team faculty:** please supply full names, titles, telephone number, email addresses

Academic faculty:

- i. Kenneth Peterson, PhD, FNP-BC, Assistant Professor, Family Nurse Practitioner Program, Graduate School of Nursing, [kenneth.peterson@umassmed.edu](mailto:kenneth.peterson@umassmed.edu)
- ii. John Trobaugh, MFA, Diversity Specialist, UMMS, Office of Diversity & Inclusion  
[john.trobaugh@umassmed.edu](mailto:john.trobaugh@umassmed.edu)
- iii. Jorge Sanchez, M.Ed., Director, Office of MA Client Relations, Commonwealth Medicine/UMMS  
[Jorge.sanchez@umassmed.edu](mailto:Jorge.sanchez@umassmed.edu)
- iv. Yasmin Carter, PhD, Assistant Professor of Translational Anatomy, Department of Radiology, UMMS [yasmin.carter@umassmed.edu](mailto:yasmin.carter@umassmed.edu)
- v. Martha Duffy, MD, Preventive Medicine Fellow, UMass Memorial  
[martha.duffy@umassmemorial.org](mailto:martha.duffy@umassmemorial.org)
- vi. Student co-leaders: Cole Martins, BS, MS2 [Cole.Martins@umassmed.edu](mailto:Cole.Martins@umassmed.edu)

Community faculty:

Officer Sharon McQueen, LGBTQ Community Liason, Worcester Police Department [WPD-LGBTQ@worcesterma.gov](mailto:WPD-LGBTQ@worcesterma.gov)

**Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are:

UMMS with visits to Family Health Center Worcester, Edward M. Kennedy Community

Health Center, Fenway Community Health Center, AIDS Project Worcester, Safe Homes,

Planned Parenthood, and LGBT Asylum Support Task force

- b. Primary student activities include:

Investigate what health services are currently available and welcoming to Worcester's LGBTQI population. One UMASS Memorial report found that the majority of LGBTQI persons surveyed sought their healthcare outside of the Worcester area; however, there are LGBTQI sensitive and specific services offered in the Worcester area. This two week PHC will focus on (1) exploring Worcester's LGBTQI communities, (2) learning about the care and service resources currently available, and (3) working with local organizations to further their efforts in providing improved access and quality of care to the LGBT community of Worcester.

- c. The different types of professions that are part of the student experience include:  
Depending on site placement, professions include: medical primary care professions and some specialties, community health workers, social workers, health educators, counselors, youth workers, and community activists
- d. Do students need to be highly self-directed or are activities largely pre-scheduled?  
Many events are pre-scheduled, but self-direction is a plus
- e. Possible micro-service projects are: Flu clinic in conjunction with AIDS Project Worcester, continued work on PFAC, volunteering at Elder Services Rainbow lunch or LGBT Asylum Gala, collaboration with Worcester Pride

**Specific logistical details, (e.g. housing, transportation, etc.) including:**

- f. City/Town of primary site: Worcester, MA
- g. Maximum number of students on team: 8

Typical hours, including any weekends or evenings:

Primarily during 9-5 with some evening hours. Some weekend events in conjunction with Worcester Pride (second weekend in September).

- h. Typical daily travel distance (round trip from Worcester):

Majority of events are at UMMS and the surrounding Worcester area. There will be a day trip to Boston to visit Fenway Health.

**Preparatory materials:**

- i. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): According to UMMS requirements
- j. Readings to prepare for activities, discussions, site visits or meetings: To be distributed as needed

**Resources:**

- k. Web resources relevant for this population and/or health issue:
  - i. [American Medical Student Association – Gender and Sexuality Action Committee](#) ii. [Gay and Lesbian Medical Association](#)
  - iii. [GLBT Youth Group Network of Massachusetts – The Boston Alliance of GLBT Youth \(BAGLY\)](#)
  - iv. [LGBT Aging Project](#)
  - v. [Parents, Friends, and Families of Lesbians & Gays \(PFLAG\)](#)
- l. Links to relevant agency reports: Will be distributed as needed
  - i. [Health Resources and Service Administration: LGBT Health](#)
  - ii. [Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health](#)

## Addiction, Advocacy and Healthcare Services: Creating Equity

### **1 CLERKSHIP NAME: ADDICTION, ADVOCACY AND HEALTHCARE SERVICES: CREATING EQUITY**

### **2 FACULTY AND CLERKSHIP LEADERS**

---

#### **2.1 MATILDE CASTIEL MD:**

Commissioner of Health & Human Services for the City of Worcester. Associate Professor Internal Medicine, Associate Professor Family and Community Medicine, Associate Professor Psychiatry at UMass Medical School and UMass Memorial Healthcare, Medical Director of Latin American Health Alliance/Hector Reyes House.

[Matilde.Castiel@umassmemorial.org](mailto:Matilde.Castiel@umassmemorial.org) Cell: 508.269.2428

#### **2.2 JAIME F. VALLEJOS MD, MPH:**

Assistant Professor of Health Sciences, Worcester State University. Instructor, Department of Family Medicine and Community Health, UMass Medical School.

[JVallejos@Worcester.edu](mailto:JVallejos@Worcester.edu) Cell: 508.847.8876

#### **2.3 ANTONELLA LISANTI-PARK, MPH:**

Project Manager, Department of Health and Human Services, City of Worcester.

[lisantia@worcesterma.gov](mailto:lisantia@worcesterma.gov) Cell: 203.615.3855



### 3 DEFINING CHARACTERISTICS

---

3.1 **THE POPULATION OF FOCUS FOR THIS TEAM IS:** UNDERSERVED POPULATIONS, INCLUDING THOSE IMPACTED BY ADDICTION, IN MASSACHUSETTS.

3.2 **THE HEALTH ISSUE AFFECTING THIS POPULATION ON WHICH THIS TEAM WILL FOCUS IS:** ADDICTION INFLUENCES ALL ASPECTS OF PHYSICAL AND SOCIAL HEALTH. AS STUDENTS WILL LEARN AND SEE, ADDICTION CONTRIBUTES TO HOMELESSNESS, INCARCERATION, AND ISOLATION IN A SOCIAL ENVIRONMENT WHERE ACCESS TO SPECIALIZED BEHAVIORAL AND SUBSTANCE ABUSE TREATMENT SERVICES ARE SCARCE.

3.3 **THE PRIMARY SITES AND LOCATIONS AT WHICH THE TEAM WILL SPEND THEIR TIME ARE:** WORCESTER CITY HALL, HECTOR REYES HOUSE (HRH), WORCESTER DEPARTMENT OF PUBLIC HEALTH, WORCESTER POLICE DEPARTMENT (GANG UNIT), VARIOUS FOUNDATIONS AND NONPROFITS IN THE WORCESTER (PRIMARILY), WEST BOYLSTON, SPRINGFIELD AREAS, AND BOSTON AREAS.

3.4 **PRIMARY STUDENT ACTIVITIES INCLUDE:**

- **ADDICTION**

SPENDING TIME WITH THE RESIDENTS OF HECTOR REYES HOUSE, A RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY FOR LATINO MEN IN WORCESTER PARTICIPATING IN HOUSE MEETINGS AND COUNSELING SESSIONS; TOURING EVERYDAY MIRACLES TO LEARN ABOUT THE IMPORTANCE OF PEER-SUPPORTS IN RECOVERY; TOURING THE SPOT (SUPPORTIVE PLACE FOR OBSERVATION AND TREATMENT) IN BOSTON; OBSERVING WORCESTER DRUG COURT PROCEEDINGS, TREATMENT-ORIENTED PROBATIONARY HEARINGS

- **HOMELESSNESS**

Meeting with medical director of Boston Healthcare for the Homeless and touring the SPOT (see “Addiction” above); Tour of the Greater Worcester Housing Association’s homeless triage center; Meeting with Worcester’s Quality of Life team

- **ACCESS TO CARE**

Tours and discussions with local organizations improving healthcare access for city residents, including Ascentria Care Alliance, Family Health Center of Worcester, Centro, and AIDS Project Worcester

- **CRIMINAL JUSTICE**

Ride alongs with Worcester Police Department gang unit; visiting Worcester County Jail and House of Corrections and Hampden County Correctional Facilities; observing Worcester Drug Court proceedings (see “Addiction” above)

- **ADVOCACY & SOCIAL JUSTICE**

MEETING WITH COMMUNITY ORGANIZATIONS TO GAIN INSIGHT ON HOW THE PUBLIC AND HEALTH PROFESSIONALS CAN HELP SHAPE POLITICAL OPINIONS AND POLICIES TO IMPROVE HEALTHCARE FOR THE COMMUNITY INCLUDING THE YWCA, HEALTH AND HUMAN SERVICES DIVISION OF YOUTH, WORCESTER ALLIANCE AGAINST SEXUAL EXPLOITATION, AND CAFÉ REYES, A JOB TRAINING CENTER FOR RESIDENTS OF THE HECTOR REYES HOUSE (SEE “ADDICTION” ABOVE)

- **HEALTH POLICY**

Meeting with politicians and government agencies promoting health equity throughout the city and state, including the Worcester Department of Public Health, Worcester City Manager Edward Augustus, Madam President Senator Harriette Chandler of the Massachusetts State Senate, Dr. Monica Bharel, Commissioner of the Massachusetts Department of Public Health, and the Health Foundation of Central Massachusetts

**3.5 SPECIFIC LOGISTICAL DETAILS, E.G. HOUSING, TRANSPORTATION, ETC. CAR AND/OR CAR-POOLING IS NEEDED.**

**3.6 MAXIMUM NUMBER OF STUDENTS ON TEAM: 6-8**

**3.7 TYPICAL HOURS, INCLUDING ANY WEEKENDS OR EVENINGS: 8 AM TO 5 PM WITH 2-3 MEETINGS BETWEEN 5:00-7:00 PM.**

**3.8 TYPICAL DAILY TRAVEL DISTANCE (ROUND TRIP): MOSTLY AROUND WORCESTER WITH TRIPS TO SPRINGFIELD, WEST BOYLSTON, AND BOSTON.**

**3.9 THE DIFFERENT TYPES OF PROFESSIONS THAT ARE PART OF THE STUDENT EXPERIENCE INCLUDE: POLITICIANS, POLICY ADVOCATES, ADDICTION COUNSELORS, PSYCHOLOGISTS, LAW ENFORCEMENT OFFICERS, PUBLIC HEALTH AND MEDICAL PROFESSIONALS.**

**3.10 DO STUDENTS NEED TO BE HIGHLY SELF-DIRECTED OR ARE ACTIVITIES LARGELY PRE-SCHEDULED? ACTIVITIES ARE PRE-SCHEDULED.**

**3.11 POSSIBLE MICRO-SERVICE PROJECTS ARE: TO BE DETERMINED WITH STUDENTS**

<p><b>1. Team title:</b> Central MA Tobacco Free Partnership</p>
<p><b>2. Population of focus, including information on how it is defined:</b> Population of Central MA, focus will be on populations with high smoking rates: low income, people with substance abuse and mental health issues.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b>  The Central MA Tobacco Free Community Partnership works to reduce smoking and secondhand smoke in Central MA. The medical students will work with the Project Director to research identified populations, youth prevention and cessation resources. They will participate in research and conduct data surveys, participate in community meetings and attend a youth tobacco advocacy training event.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Heather-Lyn Haley</p> <p>b. Community faculty: Tina Grosowsky</p> <p>c. Agency name, address, telephone number: Central MA Tobacco Free Community Partnership, UMass Medical School, 55 Lake Ave North, Department of Psychiatry, Room S7-730. 508-856-5067</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: UMass University campus, city of Worcester, community sites</p> <p>b. Primary student activities include: focus on flavored tobacco products, e-cigarettes, conducting surveys</p> <p>c. The different types of professions that are part of the student experience include: Public Health, Prevention, Addiction Psychiatry, Pediatrician</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled</p> <p>e. Possible micro-service projects are: Working with undergraduate interns,</p>
<p><b>6. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <p>a. City/Town of primary site: Worcester</p> <p>b. Maximum number of students on team: 4</p> <p>c. Typical hours, including any weekends or evenings: 9-5 weekdays and Saturday Oct 27 9 - 3</p> <p>d. Typical daily travel distance (round trip from Worcester): on campus and Worcester region</p>
<p><b>7. Preparatory materials:</b></p> <p>a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): no</p> <p>b. Readings to prepare for activities, discussions, site visits or meetings: see websites</p>
<p><b>8. Resources:</b></p> <p>a. Web resources relevant for this population and/or health issue: <a href="http://www.makesmokinghistory.org">www.makesmokinghistory.org</a></p> <p>b. <a href="http://www.getoutraged.org">www.getoutraged.org</a>, <a href="http://www.ctfk.org">www.ctfk.org</a></p> <p>c. Links to relevant agency reports: <a href="http://www.healthygreaterworcester.org/about-the-cha-and-chip">http://www.healthygreaterworcester.org/about-the-cha-and-chip</a></p>

**1. Team title: Dominican Republic Batey Health Initiative (DR BHI)**

**2. Population of focus, including information on how it is defined:**

*La Romana Batey Health Initiative includes migrant Dominican and Haitian workers and families living in bateys or sugar cane villages outside of La Romana DR. These communities have little to no access to health care. UMMS has adopted four bateys to do health initiative work in partnership with the local organization, Good Samaritan (Buen Samaritano) in La Romana DR.*

The health issue affecting this population on which this team will focus is:

- *Understand social determinants of health and identify specific examples relevant to this community*
- *Partner with Family Medicine Global Health Fellowship in a new initiative around Community Health Worker training; conduct community assessment to inform further study*
- *Participate in conversations with Dominican Republic partners and learn about joint goal settings and partner empowerment*
- *Provide training for CPR with local partner at Buen Samaritano Hospital*

**3. Brief summary description/abstract (50 words or less):**

*The UMass Medical School (UMMS) has partnered with the Good Samaritan Mission Organization in La Romana, Dominican Republic (DR) for the last ten plus years, to participate in the DR Batey Health Initiative collaborative. Medical and nursing students focus on health care needs in four adopted Bateys (sugar cane villages) in Central Romana where Dominican and Haitian migrant workers & families reside.*

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

- a. Academic faculty: *Michele Pugnaire, MD, SOM; Jean Boucher, PhD, RN ANP-BC, GSN, Satu Salonen, MD, SOM*
- a. Community faculty: *Satu Salonen, MD*
- b. Agency name, address, telephone number: *Family Health Center of Worcester, 26 Queen Street, Worcester, MA 508-860-7700*

**5. Defining characteristics:**

**6.**

- a. The primary sites and locations at which the team will spend their time are:  
*UMMS medical & nursing students focus on health care assessment in four adopted Bateys (sugar cane villages) in Central Romana where Dominican and Haitian migrant workers & families reside. Travel is required on week one for one week to DR then second week is on UMMS campus for finalizing project assessment and evaluation.*
- b. Primary student activities include:  
*Community assessments including Community Health Workers on the bateys and in the local La Romana community that provides assistance to the UMMS DR Batey Health Initiative*
- c. The different types of professions that are part of the student experience include:  
*Physicians, Nurse Practitioners, Interpreters, Community Liaisons, Local Health Promoters*
- d. Do students need to be highly self-directed or are activities largely pre-scheduled?  
*Students will need to be highly participatory including attend pre planning sessions on UMMS campus prior to trip to determine pre scheduled plan and activities with faculty and*

*preceptors; participate in one week DR BHI experience; and, return to finalize PHC assessment, evaluation, poster, including meet to discuss trip with preceptors and faculty in week two.*

- e. Possible micro-service projects are: *Collaborate with Family Medicine Global Health Program on further development of the community health worker training project*

## **7. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. Specific logistical details, e.g. housing, transportation, etc. include:  
*Round trip airfare to Dominican Republic & transportation to and from La Romana, including accommodations (lodging, meals, etc) and work with Buen Samaritano group (interpreters, drivers) includes a student cost of \$1200 per person to participate in this PHC experience. Cost includes all expenses covered except additional purchases student may want to make while on trip. Student will need to have current updated passport, register for UMMS international travel and make appointment at travel clinic for immunization and health-related recommendations.*
- b. Maximum number of students on team: *4-6 (3 medical students, 3 nursing students)*
- c. Typical hours, including any weekends or evenings:  
*One week travel to La Romana, DR. includes weekday and weekend stay. Arrive on Sunday and leave following Saturday or Sunday. Work entails about 10-12 hours during weekdays to assess community and focus on specific health issues. Some of time spent by students and preceptors on Batey and other time spent visiting with local community health personnel (e.g. Good Samaritan, Light a Candle) and reviewing work at Casa de Pastoral Mission where group stays at for accommodations while in La Romana.*
- d. Typical daily travel distance (round trip): *Travel from Boston to La Romana DR includes 4 hour plane ride to Santo Domingo, DR, then 90 minute bus ride to La Romana round trip. Local work includes travel to an adopted batey from La Romana which is about 45 minutes or 90 minutes round trip. Transportation and interpreters will be provided by local Good Samaritan group as the local sponsors of the UMMS DR BHI initiative.*

## **8. Preparatory materials:**

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training  
Requires, updated current passport, travel clinic immunizations and recommendations, and registry with UMMS international travel. (including completing pre travel authorization form and state department registration form)
- b. Readings to prepare for activities, discussions, site visits or meetings
- Bilton, M. (2011). Community health needs assessment. *Trustee*. 64(9), 21-24.
  - Green, T., Green, H., Scandlyn, J., & Kestler, A. (2009). Perceptions of short-term medical volunteer work: a qualitative study in Guatemala. *Global Health*, 5(4), 1-13.
  - Maki, J., Qualls, M., White, B., Kleefeld, S., & Crone, R. (2008). Health impact assessment and short-term medical missions: a methods study to evaluate quality of care. *BMC health services research*, 8(1), 121.
  - Roberts, M. (2006). Duffle bag medicine. *Jama*, 295(13), 1491-1492.
  - Rowe, A., McClelland, A., & Billingham, K. (2001). Community Health Needs Assessment: An Introductory Guide for the Family Health Nurse in Europe. Retrieved October 21, 2015.

- Suchdev, P., Ahrens, K., Click, E., Macklin, L., Evangelista, D., & Graham, E. (2007). A model for sustainable short-term international medical trips. *Ambulatory Pediatrics : The Official Journal of the Ambulatory Pediatric Association*, 7(4), 317-320. doi:S1530-1567(07)00059-7 [pii]
- U.S. Centers for Disease Control and Prevention. *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*, Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013.

## 9. Resources:

- a. Web resources relevant for this population and/or health issue:
  - b. Web resources relevant for this population and/or health issue:
    - WHO Organization
    - CDC
    - Public Health Institute
    - <http://www.laromana.org/bateyes.html>
- c. Links to relevant agency reports:

1. **Team title:** Exploring Models of Integrated Care Healthcare in Massachusetts to promote care integration and provider accountability for cost and quality of care through Accountable Care Organization (ACO) in the State Medicaid Program MassHealth
2. **Population of focus, including information on how it is defined:** The population of focus is the 1.9 million low-income, disabled adults, children and elderly using MassHealth, the Medicaid and Children's Health Insurance Program (CHIP) provider for Massachusetts, as their primary health insurance coverage. This represents over 28% of the Massachusetts population.
3. **Brief summary description/abstract (50 words or less):** In seeking to improve healthcare delivery and integration MassHealth has shifted from a mixed financing model of managed care and primary care to an integrated care model using Accountable Care Organizations (ACOs) that reward improved population health and quality. This experience will explore these concepts and how they impact policy-making for the State.
4. **Team faculty:** please supply full names, titles, telephone number, email addresses
  - a. Academic faculty:
 

Contact: Jill Morrow-Gorton MD, Associate Professor Pediatrics and Family and Community Medicine, Acting Chief Medical Officer MassHealth; 617-847-3777; [jill.morrow-gorton@state.ma.us](mailto:jill.morrow-gorton@state.ma.us)

Mohammad Dar, Associate Medical Director, 940-391-1591,  
[Mohammad.H.Dar@massmail.state.ma.us](mailto:Mohammad.H.Dar@massmail.state.ma.us) ;

Paul Kirby, MA, Instructor, Family and Community Medicine; Quality Manager,  
[paul.kirby@state.ma.us](mailto:paul.kirby@state.ma.us)

Monica Le, MD, MPH, Senior Associate Medical Director, 617-847-3737.  
[Monica.le@state.ma.us](mailto:Monica.le@state.ma.us)

Kim Lenz, PharmD, Assistant Professor, Family and Community Medicine; Clinical Pharmacy Manager, [Kimberly.lenz@state.ma.us](mailto:Kimberly.lenz@state.ma.us)

Tami Ohler, PhD, Health Economist, [tami.ohler@state.ma.us](mailto:tami.ohler@state.ma.us)

Other faculty involved
  - b. Community faculty: Not applicable
  - c. Agency name, address, telephone number: Office of Clinical Affairs, 1 Ashburton Place, Boston, MA and 100 Hancock Street, Quincy, MA; 617-847-3777 (Gail Dilworth)
5. **Defining characteristics:**
  - a. The primary sites and locations at which the students will spend their time are: MassHealth locations: Downtown Office in Boston (1 Ashburton Place) and Quincy office at 100 Hancock Street
  - b. Primary student activities include: (1) Lectures on introduction to MassHealth and ACOs, (2) Group discussions with professionals working in various parts of MassHealth; (3) Attendance at meetings where policy and implementation issues are discussed; (4) Observation of the day to day management

of the MassHealth program and (5) Team-based directive exercises on Accountable Care and Quality Measure Design.

- c. The different types of professions that are part of the student experience include: Our Clinical and Quality team includes MDs in Internal Medicine, Geriatrics, Pediatrics, Family Practice; RNs; PAs, Pharmacists, and Master's and PhD staff in Quality Measurement, Health Economics and other related areas.
- d. Do students need to be highly self-directed or are activities largely pre-scheduled? Combination. Lectures, discussions and observations will be pre-scheduled. Meetings may be spontaneous. The group project will involve team-work. Concepts for potential projects are under development, but will be related to thinking about the concepts of integrated care and models of delivery as well as implementation and operational aspects of program change.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Boston, MA and Quincy, MA
- b. Maximum number of students on team: 6
- c. Typical hours, including any weekends or evenings: 8-5 (Monday-Friday)
- d. Typical daily travel distance (round trip from Worcester): 1 hour each way, 2 hours total. Both sites accessible from public transportation commuter rail, T, and bus.

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): Immunizations, and CITI are not required. CORI may be required. ID required to enter buildings. Students will be asked to arrange their own parking (Boston Common area, accessible by MBTA; Quincy site with cheap MBTA parking nearby)
- b. Readings to prepare for activities, discussions, site visits or meetings: Information providing an introduction to Medicaid, related research articles, ~20 page policy briefs on introduction to MassHealth ACO Program, and others as relevant (will be provided)

**8. Resources:**

- a. Web resources relevant for this population and/or health issue: <https://www.kff.org/medicaid/> and <https://www.kff.org/state-category/medicaid-chip/>
- b. Links to relevant agency reports: <https://www.mass.gov/news/masshealth-partners-with-17-health-care-organizations-to-improve-health-care-outcomes-for>
- c. [CHLE report: https://bluecrossmafoundation.org/sites/default/files/download/publication/MassHealth\\_Waiver\\_Jan17\\_report\\_v06.pdf](https://bluecrossmafoundation.org/sites/default/files/download/publication/MassHealth_Waiver_Jan17_report_v06.pdf)



**1. Team title: Geriatrics – Fall Risk & Prevention for Older Adults**

**2. Population of focus, including information on how it is defined:** Adults age 65 and older who live at home or who reside in assisted living and long term care in or near Worcester, MA

**3. Brief summary description/abstract (50 words or less):**

Students will gain an in-depth understanding of the causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives, from geriatric care providers and advocates. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings in the Worcester area.

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

a. Academic faculty:

Sarah McGee, MD, MPH  
 Associate Professor of Medicine  
 Interim Clinical Chief, Division of Geriatric Medicine  
 Department of Medicine UMass Medical School  
 55 Lake Ave. North, Worcester, MA 01655 [Sarah.McGee@umassmed.edu](mailto:Sarah.McGee@umassmed.edu) 508-334-6251

Karen Dick, PhD, GNP-BC  
 Associate Professor  
 UMASS Medical School Graduate School of Nursing  
 55 Lake Ave. North, Worcester, MA 01655 [Karen.Dick@umassmed.edu](mailto:Karen.Dick@umassmed.edu) 508 856-5345

Debi Lang, MS  
 Training & Evaluation Manager  
 Center for Health Policy & Research/Commonwealth Medicine  
 UMASS Medical School  
 333 South St., Shrewsbury, MA 01545 [debi.lang@umassmed.edu](mailto:debi.lang@umassmed.edu) 508 856-3404

b. Community faculty:

Linda Wincek-Moore, MEd, LSW  
 Manager of Senior Services & Education  
 Elder Affairs/Worcester Senior Center  
 128 Providence Street, Worcester, MA  
 01604  
[MooreLW@worcesterma.gov](mailto:MooreLW@worcesterma.gov)  
 508-799-1233 direct

508-799-1232 main

Jennifer (Jenn) Knight  
 Director of Planning & Marketing  
 Elder Services of Worcester Area, Inc.  
 67 Millbrook Street, Suite 100, Worcester, MA  
 01602  
[jknight@eswa.org](mailto:jknight@eswa.org)  
 (508) 756-1545 x318

**5. Defining characteristics:**

a. The primary sites and locations at which the students will spend their time are:  
 Worcester Senior Center, Elder Services of Worcester, and a variety of care settings for older adults in the city of Worcester and surrounding area including adult day health programs and skilled nursing, assisted living and continuous care facilities, including those serving older adults who have memory

impairment. Students will also go on home visits with case managers and nurses, as well as shadow a geriatrician and/or geriatric nurse practitioner.

b. Primary student activities include:

Meet and interact with older adults, care providers, and leaders and staff from community agencies, clinics and residential settings serving older adults to gain a broad perspective on the causes and impact of falls. Students will learn and practice fall risk assessment techniques with older adults. They must be willing to actively engage with professionals as well as members of a culturally and linguistically diverse target population (older adults). Reliable transportation is necessary for local travel in Worcester and possibly to surrounding communities; carpooling is encouraged.

c. The different types of professions that are part of the student experience include:

Geriatricians, Nurse Practitioners, Nurses, Social Workers, Case Managers, Case Workers, Physical and Occupational Therapists, Community Educators, Advocates, LTC Administrators

d. Do students need to be highly self-directed or are activities largely pre-scheduled?

Activities are pre-scheduled. Students are given a detailed calendar with locations and contact people. Students usually participate as a whole group, or in groups of two, but in some cases they will meet a clinician individually. Generally, one of the faculty accompany the students. Self-direction is needed to arrive promptly at various locations throughout Worcester.

e. Possible micro-service projects are:

Service learning project needs to be related to fall prevention/assessment. Possibilities could include a presentation to older adults at the Worcester Senior Center, or developing educational materials for distribution or display.

## **6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

a. City/Town of primary site: Worcester

b. Maximum number of students on team: FOUR

c. Typical hours, including any weekends or evenings: Generally between 9-5. Depending on opportunities available at some sites, activities may begin or end beyond these hours. Start and ending times may result in shorter days. No weekends or evenings. A schedule will be available in advance.

d. Typical daily travel distance (round trip from Worcester): On average, 10 miles per day

## **7. Preparatory materials:**

a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):

Generally, there are no site requirements with the possible exception of a CORI for one location

b. Readings to prepare for activities, discussions, site visits or meetings:

- i. Center for Disease Control and Prevention, STEADI - Stopping Elderly Accidents, Deaths & Injuries, <https://www.cdc.gov/steady/materials.html>

## 8. Resources:

- a. Web resources relevant for this population and/or health issue:
- [Fall-Prevention Solutions: How to Prevent Injuries at Home](#) (University Health News)
  - [Easy Stretches and Exercises for Seniors](#): How seniors can improve stability and core strength and prevent falls (University Health News)
  - [Elder Services of Worcester Area](#)
  - [City of Worcester, Division of Elder Affairs](#) (Worcester Senior Center)
  - [Central Mass Area Agency on Aging](#)
  - [Massachusetts Council on Aging](#)
  - [800 Age Info](#) (for Massachusetts Elders & Their Families)
  - [Pharmacy Outreach and Drug Information Programs](#) (Mass College of Pharmacy and Health Sciences)
  - [Healthy Living Center of Excellence](#) (Lawrence, MA)
  - [National Council on Aging](#)
  - [The National Institute on Aging](#)
  - [The American Geriatrics Society](#)
  - [Alzheimer's Association](#)
  - [American Physical Therapy Association](#)
  - [NIH Senior Health: Falls and Older Adults](#)
  - [Iowa Geriatric Education Center](#)
  - [What Causes Falls in the Elderly? How Can I Prevent a Fall?](#)
  - [Falls Free: Promoting a National Falls Prevention Action Plan \(2005\)](#)
- b. Links to relevant agency reports:
- [Tai Chi for Reducing Dual-task Gait Variability, a Potential Mediator of Fall Risk in Parkinson's Disease: A Pilot Randomized Controlled Trial \(2018\)](#)
  - [Primary care providers' discussion of fall prevention approaches with their older adult patients \(2018\)](#)
  - [Preventing Falls in Older Persons \(2017\)](#)
  - [Older adult falls prevention behaviors 60 days post-discharge from an urban emergency department after treatment for a fall \(2017\)](#)
  - [Falls prevention: Identification of predictive fall risk factors \(2016\)](#)
  - [A cost-benefit analysis of three older adult fall prevention interventions \(2015\)](#)
  - [Utilitarian Walking, Neighborhood Environment, and Risk of Outdoor Falls Among Older Adults \(2014\)](#)
  - [Clinical Practice Guideline for Prevention of Falls in Older Persons \(2010\)](#)

<p><b>1. Team title: Head Start and Early Head Start - Lowell</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b></p> <p><b>Lowell Early Head Start and Head Start. Defined as low income infants, toddlers, and preschool age children at risk for developmental delays attending federal Head Start program</b></p>
<p><b>3. Brief summary description/abstract (50 words or less): Students will be introduced to the federal Early/Head Start program and the mandatory screenings to assess children at risk of developmental delays. Working alongside health/nutrition coordinator students will screen for hearing &amp; vision loss, BMI, and blood pressure. Students may observe scheduled home visits and case-management meetings.</b></p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <ul style="list-style-type: none"> <li>a. Academic faculty: Leanne Winchester, MS RN</li> <li>b. Community faculty: Gloria Burnham, Health and Nutrition Coordinator</li> <li>c. Agency name, address, telephone number: Community Teamwork. 126 Phoenix Ave. Lowell, MA 01850. (978) 654-7102</li> </ul>
<p><b>5. Defining characteristics:</b></p> <ul style="list-style-type: none"> <li>a. The primary sites and locations at which the students will spend their time are: 126 Phoenix Ave Lowell, MA</li> <li>b. Primary student activities include: Developmental screenings of infants, toddlers, and preschool children. Parent &amp; family engagement</li> <li>c. The different types of professions that are part of the student experience include: health, mental health, disabilities, family advocates, and educators</li> <li>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled</li> <li>e. Possible micro-service projects are: Childhood obesity. 20% of Lowell Head Start children have a BMI for age that exceeds the 95<sup>th</sup> percentile. The Head Start program is working collaboratively with the Lowell community to respond to this crisis.</li> </ul>
<p><b>6. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <ul style="list-style-type: none"> <li>a. City/Town of primary site: Lowell MA</li> <li>b. Maximum number of students on team: 4</li> <li>c. Typical hours, including any weekends or evenings: Weekdays. 8-2p</li> <li>d. Typical daily travel distance (round trip from Worcester): 40 miles to Lowell. 80 miles round trip. The Head Start center is accessible from Rte 495N. Less than one mile from the exit with ample parking.</li> </ul>

## 7. Preparatory materials:

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): Federal Head Start and Lowell Community Teamwork requires an original CORI be completed on every person who will be interacting with the children. UMMS CORI forms are not accepted. In addition, Federal Head Start requires all volunteers and staff receive a mandatory Orientation in child abuse and neglect, OSHA and blood borne pathogens training.
- b. Readings to prepare for activities, discussions, site visits or meetings:
  - <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/caring-for-our-children-basics.pdf>
  - The Lowell Head Start focus will include child obesity. Review section: Guiding Preschool Learning in Health Education pp 31-35  
[http://www.eec.state.ma.us/docs1/research\\_planning/ta\\_guideprelearnexper.pdf](http://www.eec.state.ma.us/docs1/research_planning/ta_guideprelearnexper.pdf) (note: Students should consider the importance of movement and physical activity with early brain development, and the barriers for children who are obese).

## 8. Resources:

- a. Web resources relevant for this population and/or health issue:
  - Review MA Dept Early Education and Care Medication Training for teachers:  
<https://www.mass.gov/service-details/medication-administration-training-and-information-for-child-care>
  - Review MA Dept Early Education and Care Child Abuse & Neglect Training  
<https://www.mass.gov/service-details/reporting-alleged-child-abuse-or-neglect-filing-a-51a-report>
- b. Links to relevant agency reports:
  - Office of Head Start: <https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being>
  - Head Start Performance Standards: Review Subpart D: Health Program Services  
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-final.pdf>
  - Program information: <http://www.commteam.org/how-we-help/family-children/early-learning/>

<p><b>1. Team title:</b> Head Start – Worcester</p>
<p><b>2. Population of focus, including information on how it is defined: preschool age children 3-5 years</b></p>
<p><b>3. Brief summary description/abstract (50 words or less): Students will be introduced to the federal Head Start program and the mandatory screenings to assess children at risk of developmental delays.</b></p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <ul style="list-style-type: none"> <li>a. Academic faculty: Leanne Winchester, MS RN</li> <li>b. Community faculty: MaryAnn Rollings, RN</li> <li>c. Agency name, address, telephone number: Worcester Child Development Head Start, 770 Main St., Worcester, MA 01610, 508-799-3608</li> </ul>
<p><b>5. Defining characteristics:</b></p> <ul style="list-style-type: none"> <li>a. The primary sites and locations at which the students will spend their time are: Head Start centers in Worcester</li> <li>b. Primary student activities include: developmental health screenings of preschool children. Parent &amp; family engagement</li> <li>c. The different types of professions that are part of the student experience include: health, nutrition, dental, mental health, preschool education, and special education</li> <li>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled</li> <li>e. Possible micro-service projects are: childhood asthma, early childhood caries, childhood obesity</li> </ul>
<p><b>6. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <ul style="list-style-type: none"> <li>a. City/Town of primary site: Worcester, MA</li> <li>b. Maximum number of students on team: 4</li> <li>c. Typical hours, including any weekends or evenings: 8-2p</li> <li>d. Typical daily travel distance (round trip from Worcester): up to 17 miles</li> </ul>
<p><b>7. Preparatory materials:</b></p> <ul style="list-style-type: none"> <li>a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): Federal Head Start and Worcester Public Schools requires original CORI forms. UMMS CORI forms are not accepted. All volunteers must receive a mandatory orientation in: child abuse and neglect, OSHA, and blood borne pathogens.</li> <li>b. Readings to prepare for activities, discussions, site visits or meetings: <ul style="list-style-type: none"> <li>- <a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/caring-for-our-children-basics.pdf">https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/caring-for-our-children-basics.pdf</a></li> <li>- Review section: Guiding Preschool Learning in Health Education pp 31-35 <a href="http://www.eec.state.ma.us/docs1/research_planning/ta_guideprelearnexper.pdf">http://www.eec.state.ma.us/docs1/research_planning/ta_guideprelearnexper.pdf</a> (note: Students</li> </ul> </li> </ul>

should consider the importance of movement and physical activity with early brain development, and the barriers for children who are obese).

## **8. Resources:**

a. Web resources relevant for this population and/or health issue:

- Review MA Dept Early Education and Care Medication Training for teachers:

<https://www.mass.gov/service-details/medication-administration-training-and-information-for-child-care>

- Review MA Dept Early Education and Care Child Abuse & Neglect Training

<https://www.mass.gov/service-details/reporting-alleged-child-abuse-or-neglect-filing-a-51a-report>

b. Links to relevant agency reports:

- Office of Head Start: <https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being>

- Head Start Performance Standards: Review Subpart D: Health Program Services

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-final.pdf>

Program information: <http://headstart.worcesterschools.org/> (view left hand bar for details)

1. HIV in Massachusetts: A state's action plan and two community responses (Worcester and Lawrence)

**2. Population of focus, including information on how it is defined:**

Persons living with and at risk for HIV in Worcester and Lawrence where the following factors may be present: poverty, dislocation and marginalization, language barriers and low health literacy, unemployment, uncertain legal status, domestic violence, mental illness, substance use, and homophobia.

**3. Brief summary description/abstract (50 words or less):**

In a short span of less than 30 years, HIV evolved from a death sentence to a manageable chronic disease, and primary care providers now play an important role in diagnosing and managing HIV care. The 2017 Massachusetts Integrated HIV/AIDS Prevention and Care Plan is a comprehensive assessment of Massachusetts HIV epidemiology, prevention and care efforts. The PHC team will read and use the Integrated Care Plan to assess the strengths and areas for improvement of two community-based HIV care sites in Worcester and Lawrence, MA. Working collaboratively with the academic and community faculty and the multidisciplinary HIV teams at each site, the PHC team will assess factors contributing to missed and late diagnoses, unsuccessful linkage to or retention in care, and inability to achieve HIV viral suppression. Literature review and interviews with patients, staff, providers, social service agencies, and other community based organizations will comprise the team's research. As part of this process, the PHC team may also identify unmet needs/opportunities for training and/or technical assistance, which could be later addressed by the New England AIDS Education and Training Center. Students may also accompany staff on a home visit or outreach, shadow a resident or attending, participate in an HIV quality improvement meeting, and visit the Lawrence Heritage National Park or Worcester Historical Museum.

4. **Team faculty:** please supply full names, titles, telephone number, email addresses

**a. Academic faculty:**

Philip Bolduc, MD, Assistant Professor of Family Medicine and Community Health, University of Massachusetts Medical School; HIV Program and Fellowship Director, Family Health Center of Worcester; Principal Investigator, New England AIDS Education and Training Center  
508-860-7858, Philip.Bolduc@fhcw.org, 26 Queen St. Worcester, MA 01610

Christopher Bositis, MD Clinical Director, HIV and Hepatitis C programs at Greater Lawrence Family Health Center  
cbositis@glfhc.org, 34 Haverhill St. Lawrence, MA 01841

Vanessa J. Sasso, MSW, Senior Project Director University of Massachusetts Medical Center/New England AIDS Education and Training Center  
(508) 723-4012 vanessa.sasso@umassmed.edu, 333 South St. Shrewsbury, MA 01545

**b. Community faculty:**

Christopher Bositis, MD, Greater Lawrence Family Health Center; cbositis@glfhc.org  
Gail Scully, MD and David Bebinger, MD, UMass Dept. of Infectious Diseases;  
[gail.scully@umassmemorial.org](mailto:gail.scully@umassmemorial.org) and [david.bebinger@umassmemorial.org](mailto:david.bebinger@umassmemorial.org)



Martha Akstin Director of Community Relations AIDS Project Worcester  
(508) 755-3773 ext. 14, makstin@aidsprojectworcester.org, 85 Green St. Worcester, MA 01604

**c. Agency name, address, telephone number:** See above.

**5. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are:
  - Family Health Center of Worcester, 26 Queen St., Worcester, MA
  - Greater Lawrence Family Health Center, 34 Haverhill St., Lawrence, MA
  - AIDS Project Worcester, 85 Green St., Worcester, MA
  - Edward M. Kennedy Community Health Center, 19 Tacoma St., Worcester, MA
  - UMass Memorial Health Care Infectious Disease Clinic, 119 Belmont St., Worcester, MA
- b. Primary student activities include:
  - Interviews
  - Lectures
  - Reading
  - Analytical research
  - Community visits
  - Shadowing/Observation
  - Community outreach
- c. The different types of professions that are part of the student experience include:
  - Healthcare team members i.e. MDs, RNs, NPs, Social Workers, Medical and Social Case Managers, Peer Navigators
  - Community Health Workers
- d. Do students need to be highly self-directed or are activities largely pre-scheduled?  
Although many of the activities will be pre-scheduled our preference is that students are highly self-directed, as there will be several opportunities for more self-directed activities within the agenda i.e. time built in for reading the state HIV plan, literature review and group work on project.
- e. Possible micro-service projects are: homeless/IDU patient outreach in Worcester and Lawrence

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester
- b. Maximum number of students on team: 4
- c. Typical hours, including any weekends or evenings: Weekdays/normal business hours with the opportunity to engage in evening outreach work in Worcester (Thursdays).
- d. Typical daily travel distance (round trip from Worcester): The clerkship team will be expected to provide their own transportation. The bulk of the clerkship will occur in Worcester, but will include one trip to Lawrence that will be approximately 120 miles round trip.

## 7. Preparatory materials:

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):
- b. Readings to prepare for activities, discussions, site visits or meetings:

### **HIV/AIDS Reports**

- Massachusetts Integrated HIV Prevention and Care Plan
- Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts
- Consumer Study: June 2011
- Intersecting Risks - HIV Infection Among Heterosexual Females and Males in Massachusetts (PDF)
- Concurrent Dilemmas: Lateness to HIV/AIDS Care as a Challenge to Both Prevention and Treatment (PDF)
- Inequitable Impact: The HIV/AIDS Epidemic Among Gay and Bisexual Men and Other Men Who Have Sex With Men in Massachusetts (PDF)
- An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts (PDF)
- 2016 Integrated HIV/AIDS, STD, and Viral Hepatitis Report (DOC) | (Slideset)
- National HIV Behavioral Surveillance Status Report (DOC)

### **HIV/AIDS Epidemiologic Profiles**

## 8. Resources:

- Web resources relevant for this population and/or health issue:

### **Massachusetts Department Public Health**

**HIV/AIDS Surveillance** <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hiv-aids-surveillance/>

**Office of HIV/AIDS** <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hiv-aids/>

### **MassCHIP (Community Health Information Profile)**

<http://www.mass.gov/eohhs/researcher/community-health/masschip/> (City/Town Profiles available)

Below you will find links to all MassCHIP Instant Topic reports that have data related to HIV/AIDS.

- Health Status Indicators
- Adolescents Report
- Behavioral Risk Factor Surveillance System - Health Screening
- Race/Hispanic Ethnicity Report - Mortality

- a. Links to relevant agency reports:



**Medical Student Elective Rotation**

**Population Health Clerkship Team:**

**Incarcerated and Urban Working Poor**

**Faculty:**

Academic faculty:

**Director:**

Ken Freedman, MD, MS, MBA, FACP, DFASAM, AGAF  
Chief Medical Officer, Lemuel Shattuck Hospital (LSH)  
Clinical Professor of Medicine, Tufts University School of Medicine (TUSM)  
Adjunct Associate Prof. of Psychiatry, University of Mass. School of Medicine  
Phone: (617) 971-3532  
[Kenneth.Freedman@state.ma.us](mailto:Kenneth.Freedman@state.ma.us)

**Co-Director:**

Carlos Acuna-Villaorduna, MD (Director of Medical Education, Assistant Professor of  
Medicine, Boston University School of Medicine)  
Phone: (617) 971- 3447  
[Carlos.Acuna-Villaorduna@state.ma.us](mailto:Carlos.Acuna-Villaorduna@state.ma.us)

All LSH faculty participants available at:

170 Morton Street  
Jamaica Plain, MA 02130  
Ireta Ashby, Program Coordinator  
Phone: (617) 971-3338  
[Ireta.Ashby@state.ma.us](mailto:Ireta.Ashby@state.ma.us)

**Service Providers:**

*Although the subacute services have a focus on specific patient populations, they all treat all age groups and illnesses.*

**Geriatrics:**

Daniella Floru, MD (Assistant Prof. of Med., TUSM)  
Ellen Diggins, PA  
Mary Heaton, PA

**HIV/Infectious Diseases**

Catharina Armstrong, MD, MPH (Assistant Prof. of Med., TUSM)  
Tiffany Miller, PA  
Bonnie Rae, NP

**Medical Affiliated Services**

Tina Maiorano, MD (Assistant Prof. of Med., TUSM)  
Sue Doherty, NP  
Melbeth Marlang, PA

**Medical Behavioral Services:**

Carol Garner, MD (Assistant Prof. of Med., TUSM)  
Beth Ferguson, PA  
Betty Gyamfi, PA

**Ventilator Service**

Theresa Margate, NP

**Ambulatory Care Center**

Arielle Adrien, MD (Assistant Prof. of Med., TUSM)  
Paul Comerford, NP

**Addiction Services and Office-Based Opioid Treatment**

Angela Zaydon, LCSW  
Ron Jacobs, RN  
Jane Dunning, RN

**Other**

Rev. James Gannon, M.Div., LCSW (Director of Pastoral Care)  
Chris O'Connell (Clinical Psychologist)  
Robert McMakin, EdD (Clinical Psychologist)  
Thomas Posever, MD (Assistant Professor of Psychiatry, TUSM)

**Course Description**

Modern medicine is often seen as a science with a narrow purpose. Physicians employ numerous acute interventions to address immediate health issues, often with excellent short-term success. However, even with the best acute care, patients with chronic diseases and/or compromised social conditions continue to suffer and often re-present with recurrent or worsening disease. The futility of focusing solely on the pathophysiology of disease without seeing "the big picture" has become clear. Treating the patient "in the moment," as an isolated entity removed from his social, spiritual,

emotional framework can be wasteful, superficial, and ineffective. This is true for all patient populations, but particularly vulnerable populations include the urban, correctional, mentally ill, poor, and socially disenfranchised. These patients would benefit greatly from a multidisciplinary team approach that incorporates acute medical providers, chronic disease specialists, psychiatrists, psychologists, and social workers; such a team would work together to avoid the pitfalls of readmission, reoccurrence, and relapse.

Lemuel Shattuck Hospital is an urban hospital in Jamaica Plain that provides acute, sub-acute, and chronic medical services for patients from several disadvantaged populations in greater Boston and Massachusetts. The unique patient population makes the Hospital an ideal setting for experiencing the specific challenges in urban health care.

This course will emphasize patient care in a multifaceted approach, treating physical and mental illness simultaneously by providing support for addiction disease, and for emotional needs and sufferance. The rotation will consist of two weeks in which a patient will be longitudinally followed from each of the above-mentioned perspectives. The medical student will work with medical providers, social workers, psychologists and addiction specialists in a team-based patient care model. Primary care and specialty clinics, group meetings, hospital floors, shelters, and group homes will be used as teaching sites.

Inmates currently confined to the Massachusetts State Department of Correction (DOC) receive their healthcare from the Massachusetts Partnership for Correctional Health (MPCH). The DOC population is located within 17 sites throughout Massachusetts. The quality of care these people receive while incarcerated has significant implications for their health once they are released from DOC custody. These patients receive their primary care, urgent and emergency care via the MPCH Program and if needed, most of their in-patient care through the Lemuel Hospital. Most out-patient specialty care as well as teleconferencing consultation are performed at LSH.

## **Goals and Objectives**

After this two week rotation the student will be able to:

- Diagnose disease and formulate plans of care specific for, co-infections, post-acute care rehabilitation, geriatric illnesses and end of life care;
- Evaluate for history of mental illness and recognize when to refer to specialists;
- Identify patients at need for substance abuse treatment services and know what services are available;
- Distinguish between clinical interventions and supportive services for the population served and for ensuring patient stability upon discharge;
- Recognize the notion of spirituality and sufferance, and the need for emotional support in patient recovery;
- Identify barriers in placement and the work needed to ensure safe discharge into the community for the population served;
- Work within a multidisciplinary team; and
- Understand the medical, psychiatric, emotional and spiritual needs of hospitalized correctional patients.

## Instructions

**I. Schedule:** Activities will occur between 8:00AM to 5:00PM Monday through Friday. There are no required weekend activities, but students should use their free time to work on their project (see below). See the separate schedule for details. The schedule may be subject to change.

## II. Recommended Readings: PDF format available at LSH

1. Angell M. The epidemic of mental illness: Why? *The New York Review*, June 23, 2011.
2. Angell M. The illusions of psychiatry: An exchange. August 18, 2011.
3. Bonnano GA (2004). Loss, Trauma, and Human Resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28.
4. Centers for Disease Control and Prevention (2012, June). *HIV in Correctional Settings*. Retrieved from <http://www.cdc.gov/hiv/resources/factsheets/pdf/correctional.pdf>
5. Deiss RG, Rodwell TC, Garfein RS (2009). Tuberculosis and illicit drug use: Review and update. *Clinical Infectious Diseases*, 48, 72-92.
6. Health Care for the Homeless Clinicians' network (2010). *Adapting your practice: General recommendations for the care of homeless patients*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/GenRecsHomeless2010.pdf> In addition to the general recommendations, there are excellent guidelines on the NHCHC website for dealing with several important diseases affecting the homeless (e.g., HIV, STDs, etc.)
7. Lindy JD. Listening to what the trauma patient teaches us: A 35-year perspective.
8. McQuiston *et al.* (2003) Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders. *Psychiatric Services*. 54(5): 669-676.
9. Hwang, S. *et al.* (1998). Risk Factors for Death in Homeless Adults in Boston. *Archives of Internal Medicine*, 158(13), 1454-1460.
10. NASW Standards for Social Work Practice in Health Care Settings. (2005). National Association of Social Workers.
11. LSH Pastoral Care Services Guide to Religious Beliefs and Practices

## III. Supplemental Materials:

1. Health Care for the Homeless Clinicians' Network (2009). *Adapting your practice: Treatment and recommendations for homeless patients with HIV/AIDS*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/AIDS.pdf>.
2. Edlin BR, Carden MR (2006). Injection drug users: The overlooked core of the hepatitis C epidemic. *Clinical Infectious Diseases*, 42, 673-676.
3. Emergency Shelter Commission (2011). Homelessness in the city of Boston Winter 2011-2012, Annual Census Report. Retrieved from <http://www.bphc.org/programs/esc/homeless-census/Forms%20%20Documents/2011-2012Census-KeyFindings.pdf>
4. Health Care for the Homeless Clinicians' Network (2009). *Adapting your practice: Treatment and recommendations for homeless patients with HIV/AIDS*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/AIDS.pdf>

5. Khalsa JH, Kresina T, Sherman K, Vocci F (2005). Medical management of HIV-hepatitis C virus coinfection in injection drug users. *Clinical Infectious Diseases*, 41, 1-6.
6. Klinkenberg WD, Caslyn RJ, Morse GA, Yonker RD, McCudden S, Ketema F, et al. (2003). Prevalence of human immunodeficiency virus, hepatitis B, and hepatitis C among homeless persons with co-occurring severe mental illness and substance use disorders. *Comprehensive Psychiatry*, 44, 293-302.
7. North, C. S., Eyrich, K. M., Pollio, D. E., & Spitznagel, E. L. (2004). Are Rates of Psychiatric Disorders in the Homeless Population Changing? *American Journal of Public Health*, 94 (1), 103-108.
8. Lee *et al.* (2005). Risk Factors for Cardiovascular Disease in Homeless Adults. *Circulation*, 111, 2629-2635.
9. Hwang *et al.* (2001) Healthcare Utilization Among Homeless Adults Prior to Death. *Journal of Health Care for the Poor and Underserved*. 12(1):50-58

## **Patient Assignments**

The students will be assigned two patients from different services (Geriatrics, Infectious Diseases, Medical Affiliate Services, Medical Behavioral Service, and Ventilator Service). They will follow those patients for the duration of their rotation. Each morning they will round on their patients between 8:00 and 9:00AM. As time allows, they should shadow and observe all team members (i.e., medical, psychiatric, and social) involved in the care of their patients.

## **Student Projects**

The students will create and give a minimum of 10-15 minute presentation on a topic of interest in the field of urban health. Suggested projects include, but are not limited to, reviewing a current topic in urban health, discussing a interesting patient case, or discussing independent research conducted at LSH or elsewhere in the field of urban health. Students may collaborate on projects with a maximum of two students per project. All topics should be discussed with and approved by Dr. Freedman and/or Dr. Acuna-Villaorduna.

## **Evaluation**

- I. In order to pass this course, students must attend all sessions. If unable to attend the Course Director must be notified.
- II. Create a team project which can be used as a learning tool for medical providers and/or patients. The project will be presented during the last day of the rotation at a meeting where all the rotation advisors will be present. The course director will guide participants in choosing a topic.
- III. Written Papers as required by UMass

## **Selected Exposure Descriptions**

### *Addiction Services*

Addiction Services is a consultative service that works collaboratively with clinical teams to arrange a safe and appropriate discharge plan. They meet with patients individually and assess their motivation for change, provide support and guide them through their change process. They facilitate recovery groups on the clinical units. Barriers to treatment are identified and recommendations are made to the clinical team as to the appropriate level of care for discharge. During the rotation, students will develop a greater understanding of the disease of addiction and the impact active addiction has on successful medical treatment outcomes.

### *Pastoral Care Services (Jim Gannon)*

As part of holistic approach to patient care, pastoral care helps address patients' needs for any emotional/spiritual/religious support, by assessing, providing or accessing community spiritual/religious assistance to help patient better deal with medical, emotional stresses they are may be encountering during their hospitalization. Pastoral care also works with the patient care team to addresses emotional/spiritual/religious care needs for patients at the end of life.

### *Psychiatry/Psychology Service*

Medical inpatient hospitalization is usually a stressful experience. At LSH, patients stay for a minimum of a few weeks and sometimes the admission lasts for months, or occasionally, years. The role of the Psychiatry/Psychology Team (psychiatrist, psychologist and clinical nurse specialist, doctoral level psychology interns) is to provide clinical and consultative services to both patients and providers. The goal is to support the patient during the hospital experience and to work with the medical team to insure that psychological needs are considered in comprehensive treatment and discharge plans. The Psychiatry/Psychology Service team rounds at the bedside 2 – 5 times a week and patients receive initial and ongoing clinical assessments and medication recommendations/adjustments. In addition, many patients receive individual supportive psychotherapy with the psychologist and/or doctoral level psychology interns 1 – 3 times a week.

### *Social Services*

Social workers assist patients and family around preparing for a safe discharge where they continue to recover and heal from what brought them into the hospital in the first place. In order to help patients have a safe discharge, social workers complete a psychosocial assessment. This includes discharge needs, supports, benefits/resources, legal issues, and any other barriers. Their role is also to be an advocate for and provide psychosocial support to patients and families during their time in the hospital. Often patients are not only dealing with a serious medical illness but also have substance abuse problems, economic issues, homelessness, and other psychosocial barriers weighing on them that make it difficult to cope with a medical illness. Social workers are an integral part of the multidisciplinary medical team who contribute to the healing of a patient.

### *Tuberculosis services*

Tuberculosis (TB) is currently the leading cause of infectious disease mortality, surpassing other infections such as HIV and malaria according to the latest WHO reports. In Massachusetts, the incidence of TB is maintained at below 5 cases per



100 000 inhabitants mainly due to the efforts of the department of health to promptly treat and isolated the most infectious cases. As part of these efforts, the TB ward at Lemuel Shattuck Hospital provides care for patients with tuberculosis from Massachusetts. An integrative approach is used where people suffering from TB are provided care but also receive help with other problems often associated with TB such as homelessness, language barriers, nutritional issues among others.

## **Special Notes**

- I. DPH CORI clearance is required
- II. Maximum number students: 10
- III. Affiliated visit sites
  - a. Lemuel Shattuck Hospital outpatient clinics and inpatient floors;
  - b. Boston Living Center (facility for individuals who are HIV+ or living with AIDS);
  - c. Shelters in the Greater Boston Area: Pine Street Inn, Shattuck Shelter, and St Francis House;
  - d. Methadone and Buprenorphine (OBOT) treatment programs;
  - e. Recovery Centers: Detox Recovery program, and Recovery program, and others.
  - f. Corectional Sites

**1. Team title: Injury prevention IS public health (Worcester DPH & UMMHC Injury Prevention Program)**

**Population of focus, including information on how it is defined:**

The population of primary interest for this team is: residents of Worcester and the Greater Worcester Region (served by the Central MA Regional Public Health Alliance through the City of Worcester’s Division of Public Health). The Alliance includes the towns of Shrewsbury, West Boylston, Leicester, Grafton, Millbury and Holden.

**2. Brief summary description**

This clerkship focuses on prevention and offers participants a way to view and experience efforts that impact the population across the lifespan. Topics include (and are still being planned) injury prevention, suicide, substance use and recovery, domestic and sexual violence, guns, gangs and safety; emergency preparedness and emergency management and trauma. A full day on the opioid epidemic is planned for 10/23/18.

**3. Team Faculty**

Academic	Community
<p><b>Michael P. Hirsh, MD, FACS, FAAP</b>            Surgeon-in-Chief, UMASS Memorial Children's Medical Center (UMMCMC) Director, Pediatric Trauma Program, UMMCMC Co-Director, Injury Free Coalition of WORCESTER Medical Director, Worcester Division of Public Health and the Central MA. Regional Public Health Association (CMRPHA) Chairman, Worcester District Medical Society Public Health Committee <a href="mailto:Hirshm@ummhc.org">Hirshm@ummhc.org</a>  <a href="mailto:hirshm@worcesterma.gov">hirshm@worcesterma.gov</a>            Office- UMMHC- 508 856 2128 DPH- 508- 799-8531            Cell phone - 508 523-9634</p>	<p><b>Karyn Clark, MA</b>            Director            Division of Public Health , City of Worcester            25 Meade Street, Office 200 Worcester, MA 01610  <a href="mailto:ClarkKE@worcesterma.gov">ClarkKE@worcesterma.gov</a>            Phone: 508-799-1762</p>
<p><b>Jill Terrien PhD, ANP- BC</b>            Assistant Professor, Director NP Programs            University of Massachusetts Worcester, GSN            55 Lake Ave. Worcester, MA 01655  <a href="mailto:Jill.Terrien@umassmed.edu">Jill.Terrien@umassmed.edu</a>            Phone: (w): 508-856-6622 (c): 508-751-9170</p>	<p><b>Cassandra Andersen</b>            Acting Chief Community Health            Division of Public Health, City of Worcester            25 Meade Street, Office 202            Worcester, MA 01610  <a href="mailto:andersenc@worcesterma.gov">andersenc@worcesterma.gov</a>            Cell: (857) 208-9303</p>
<p><b>Asia Simpson CPST</b>            Injury Prevention Coordinator  <a href="mailto:Asia.Simpson@umassmemorial.org">Asia.Simpson@umassmemorial.org</a>            Phone: (w): 774-443-8627 (c):774-261-3408</p>	<p><b>Kelsey Hopkins</b>            Academic Health Collaborative Coordinator            Worcester Division of Public Health/Central MA            Regional Public Health Alliance            25 Meade Street, Room 206            Worcester, MA 01610  <b>Cell: 508-868-1091</b></p>

**4. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are: University Campus, UMMHC/UMMS, WDPH and off site locations that will be fully listed on the schedule September 2018 when we meet. Day 1 will include UMMMC orientation to trauma bay and injury prevention efforts in the morning. In the afternoon the team will convene at the WDPH for an overview of programs and services to the residents they serve.
- b. Primary student activities include: Interfacing with several community partners and partnerships/agencies that drive prevention efforts. Some examples: Worcester Police/Gang Unit, Aids Project Worcester, YWCA and Worcester Drug Court. Students will be onsite at the DPH, UMMMC and offsite in an approx. 50/50 mix. Optional experiences may occur including Worcester Board of Health, Worcester City Council or community task force meetings.

- c. The different types of professions that are part of the student experience include: Public health specialists, medical professions (MD, NP, RN), community workers, law professionals, agency directors, coalition members and others.
- d. Do students need to be highly self-directed or are activities largely pre-scheduled?: Activities are pre-scheduled.
- e. Possible mini-service projects are: In past clerkships advocacy or educational materials have been developed as well as brief data reports or community health assessments. The team will decide during the experience.

**5. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- f. City/Town of primary site: Mainly Worcester but could include health alliance towns.
- g. Maximum number of students on team: 12
- h. Typical hours, including any weekends or evenings: Estimated 8A-5P Mon-Fri
- i. Typical daily travel distance (round trip from Worcester): 5 -10 miles

**6. Preparatory materials:**

- j. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): None
- k. Readings to prepare for activities, discussions, site visits or meetings:

**AIDS Project Worcester:** <https://www.aidsprojectworcester.org/>

**Injury Free Coalition for Kids:** [www.injuryfree.org](http://www.injuryfree.org)

**MOMS Demand Action for Gun Sense:** <https://www.facebook.com/MomsDemandAction/>

**National Gun Buybacks:** <https://www.woodfdn.org/>

**Specialty Courts in MA:** <https://www.mass.gov/specialty-courts>

**The Greater Worcester Community Health Improvement Plan (2016): 9 Priority Areas:** Racism & Discrimination, Substance Use, Access to Care, Mental Health, Economic Opportunity, Cultural Responsiveness, Access to Healthy Food, Physical Activity, Safety

<http://www.worcesterma.gov/ocm/public-health/community-health/chip-cha>

**WDPH:** <http://www.worcesterma.gov/ocm/public-health>

**Worcester Alliance Against Sexual Exploitation:** <http://waase.org/>

**YWCA of Central Massachusetts:** <https://ywcacm.org/> (see Domestic Violence and other programs)

**7. Resources:**

- l. Web resources relevant for this population and/or health issue: See item 6.
- m. Links to relevant agency reports: See item 6.

<p><b>1. Team title: Language Access and Patient Encounters</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b> Limited English Proficient (LEP) patients including the ASL community that present in the clinical system and require the services of a medical interpreter to access quality health care and be able to communicate all of their health care needs accurately and completely.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> Students will gain an appreciation for patients with barriers to care based on their limited English proficiency, otherwise known as LEP patients, and their culture. Students will understand the work of an interpreter and how to work effectively with an interpreter whether a spoken language interpreter or an American Sign Language interpreter. Lastly, students will also learn to appreciate how language access affects the patients, families and the communities.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Lisa Morris, Director of Cross Cultural Initiatives, (508) 856-3572, <a href="mailto:lisa.morris@umassmed.edu">lisa.morris@umassmed.edu</a>, UMASS Medical School, MassAHEC Network, 333 South Street, Shrewsbury, MA 015445</p> <p>b. Community faculty: Nancy Esparza, Consultant, Language Link Interpreter and Translation Services, (508) 556-1333</p> <p>c. Agency name, address, telephone number: Center for Health Impact, 35 Harvard Street, Suite 300, Worcester, MA 01609</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are:</p> <ol style="list-style-type: none"> <li>1. Center for Health Impact, Edward M. Kennedy Health Center, Family Health Center, and UMMC</li> <li>2. Primary student activities include: Daily morning lectures with guest lectures and panels, afternoons shadowing interpreters in the field at the various clinical sites</li> <li>3. The different types of professions that are part of the student experience include: Trained spoken language interpreters, certified ASL interpreters, clinicians, technicians, pharmaceutical staff, financial office and insurance planning staff, health literacy educators</li> <li>4. Do students need to be highly self-directed or are activities largely pre-scheduled? All activities will be pre-scheduled</li> <li>5. Possible micro-service projects are: Tools to better service LEP and ASL patients or guidelines for providers</li> </ol>

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester/Shrewsbury
- b. Maximum number of students on team: 6
- c. Typical hours, including any weekends or evenings: 6 hours daily, no weekends or evenings
- d. Typical daily travel distance (round trip from Worcester): 5 – 10 miles

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):
- b. Readings to prepare for activities, discussions, site visits or meetings: (see links below)

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:
  - <http://khn.org/news/lost-in-translation-when-parents-and-pediatricians-dont-speak-the-same-language/>
  - <http://content.healthaffairs.org/content/25/3/808.full.html>
- b. Links to relevant agency reports:
  - <https://ncihc.memberclicks.net/assets/documents/translation%20guidelines%20for%20interpreters%20revised%20031710.pdf>

<p><b>1. Team title:</b> Living with a Disability</p>
<p><b>2. Population of focus, including information on how it is defined:</b> People with physical (spinal cord, neuromuscular), sensory (e.g. blindness and deafness) and other disabilities.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> What are the challenges of living with a disability and what resources and technological advances enable people to lead full lives? Students will meet individuals with a range of physical (e.g. spinal cord, neuromuscular), sensory (blindness, deafness) and other disabilities and will meet program leaders and shadow clinicians to learn about the impact of assistive technology, sexuality, services and quality health care. Past students comments include, "I have had more positive exposure to people with disabilities than I have in my whole life."</p>
<p>1. <b>Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Linda Long-Bellil, Assistant Professor, 508-856-8417, <a href="mailto:linda.long@umassmed.edu">linda.long@umassmed.edu</a> Dee O'Connor, Associate Professor, (774) 230-0466, <a href="mailto:dee.oconnor@jen.com">dee.oconnor@jen.com</a></p> <p>Community faculty</p> <p>b. Judy Freedman Fask, Transition Rehab Specialist Worcester Public Schools, (508) 335-3903, <a href="mailto:faskj@worc.k12.ma.us">faskj@worc.k12.ma.us</a></p>
<p><b>2. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: State and community agencies, the Worcester Public Schools Transition Program, home visits and work sites, along with clinical settings talking with or shadowing clinicians serving persons with disabilities. Most activities take place in the Worcester area. There will be some activities in the Boston area and some students may spend a day in Lawrence with a clinician. Students will also spend a day with a person with a disability in their home and communities.</p> <p>b. Primary student activities include: Students will visit, school, community and state agencies and organizations that provide disability-related services. As mentioned, students will spend time with a person who has a disability and will have opportunities to hear from individuals with a variety of disabilities in both personal and professional capacities. Students will also shadow medical professionals who provide care to this population and have an opportunity to try out assistive technology devices</p> <p>c. The different types of professions that are part of the student experience include: Physicians and nurse practitioners, assistive technology and durable medical equipment professionals, social service professionals and individuals with disabilities themselves, some of whom occupy leadership positions in community and state agencies.</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Largely pre-scheduled.</p> <p>e. Possible micro-service projects are: Assisting young adults (ages 18-21) with disabilities in a program for transition-age youth in the Worcester Public Schools to learn about getting their health care needs met.</p>
<p><b>3. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <p>a. City/Town of primary site: Worcester, MA</p> <p>b. Maximum number of students on team: 6</p> <p>c. Typical hours, including any weekends or evenings: Generally, the hours will be 8:30 or 9:00 - 5 p.m., Monday-Friday. Boston and Lawrence trips may require additional time for commuting.</p> <p>d. Typical daily travel distance (round trip from Worcester): On Boston days, round trip distance would be approximately 90 miles round trip. Some students may travel to Lawrence for one day, which is approximately 102 miles round trip.</p>

#### 4. Preparatory materials:

- a. Site/task requirements None
- b. Readings to prepare for activities, discussions, site visits or meetings: None

#### 5. Resources:

- a. Web resources relevant for this population and/or health issue:
  - DisabilityInfo.org This UMass Medical School program helps people with disabilities, service providers and clinicians find information, medical services and resources available in Massachusetts.
  - [www.disabilityinfo.org](http://www.disabilityinfo.org)
  - A platform designed for people with disabilities, their family members and caregivers to ask questions, share resources and build community around the things that matter to them.
  - <http://www.disabilityresource.org/>
  - A New York Times web page that contains link to its ongoing series of Essays, art and opinion exploring the lives of people living with disabilities
  - <https://www.nytimes.com/column/disability>  
A website that provides information about health, wellness and physical activity for persons with disabilities.
  - <https://www.nchpad.org/>
  - The Disability page on the Centers for Disease Control's Office of Minority Health and Health Disparities website provides a lot of useful information about health disparities experienced by people with disabilities.
  - <http://www.cdc.gov/omhd/populations/Disability/Disability.htm>
  - The Disabilities web page of the Agency for Healthcare Research and Quality provides access to research regarding health care for persons with disabilities.
  - <http://www.ahrq.gov/health-care-information/priority-populations/disabilities-health->
  - This website describes the activities of the Mass Department of Public Health's Health and Disability Program, which works to ensure that the needs of people with disabilities in Massachusetts are included in public health programs, services, data collection, policies, and systems.
  - <http://www.mass.gov/dph/healthanddisability>
- b. Links to relevant agency reports:
  - This report sponsored by a Massachusetts-based organization, the Disability Policy Consortium, describes issues regarding access to health care for persons with disabilities in Massachusetts.
  - <http://www.dpcma.org/Issues/tabid/705/articleType/ArticleView/articleId/27/Health-Care-Disparities.aspx>
  - This report sponsored by the National Council on Disability describes issues regarding access to health care for persons with disabilities across the United States.
  - <http://www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html>
  - These two reports by the Surgeon General's office describe health disparities experienced by persons with disabilities and propose strategies for addressing these disparities.
  - <http://www.surgeongeneral.gov/library/disabilities/>
  - <http://www.surgeongeneral.gov/topics/mentalretardation/>
  - This document provides guidance to health care providers to assist them in providing physical access to individuals with mobility impairments.
  - [http://www.ada.gov/medcare\\_ta.htm](http://www.ada.gov/medcare_ta.htm)

<p>1. <b>Team title:</b> LUV (Listening to Unheard Voices: Making Opioid Interventions More Effective by Humanizing Addiction)</p>
<p>2. <b>Population of focus, including information on how it is defined:</b> The purpose of the LUV Project is to gain a deeper understanding of barriers to recovery by speaking directly with people who have first-hand experience with addiction: People who are struggling now or have struggled in the past with addiction; People who have loved ones who are struggling; People who have lost loved ones.</p>
<p>3. <b>Brief summary description/abstract (50 words or less):</b> The Joint Coalition on Health (JCOH) is a grassroots health and human service coalition whose mission includes advocating for underserved and marginalized populations by addressing health disparities and the social determinants of health. Students will assist JCOH to gather the input and insights of those who are living at the center of the current addiction epidemic in order to inform strategies and improve outcomes.</p>
<p>4. <b>Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <ol style="list-style-type: none"> <li>Academic faculty:</li> <li>Community faculty: Susan Buchholz, Coordinator &amp; Co-Chair, Joint Coalition On Health, Director, Facing Addiction Pilot Project</li> <li>Agency name, address, telephone number: Joint Coalition On Health, <a href="mailto:jointcoalitiononhealth@gmail.com">jointcoalitiononhealth@gmail.com</a>, 978-855-3598 (JCOH is a virtual organization with no ‘brick and mortar’ address. If needed, the Coordinator’s address may be used: 97 West Shore Drive, Ashburnham, MA 01430</li> </ol>
<p>5. <b>Defining characteristics:</b></p> <ol style="list-style-type: none"> <li>The primary sites and locations at which the students will spend their time are: TBD but will be in Fitchburg at one of JCOH’s partner locations e.g., Sheriff’s Office, Acadia Healthcare, etc.</li> <li>Primary student activities include: Students will have the opportunity to engage and interview individuals directly impacted by the current addiction crisis. Students will conduct qualitative research to answer the following question: How might insights, from the grassroots and front-line level, be leveraged to 1) bolster the success of currently implemented but inadequately performing, addiction and opioid interventions and 2) inform future prevention and intervention strategies? Data will be collected from participants purposefully selected for their lived experience and unique perspective as it relates to addiction, opioid abuse and overdose. Data collection procedures will include written questionnaires, 1:1 interviews and focus groups.</li> <li>Do students need to be highly self-directed or are activities largely pre-scheduled? Most activities will be pre-scheduled with the opportunity to engage in self-directed activities.</li> <li>Possible micro-service projects are: Electronic Resource Guide,</li> </ol>
<p>6. <b>Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <ol style="list-style-type: none"> <li>City/Town of primary site: Fitchburg, MA</li> <li>Maximum number of students on team: 6</li> <li>Typical hours, including any weekends or evenings: It is expected that most activities will take place during normal business hours (M-F, 9-5) however, some interviews and/or focus group may occur in the evenings.</li> <li>Typical daily travel distance (round trip from Worcester): A car or car-pooling is needed. Fitchburg is about 25 minutes north of Worcester.</li> </ol>



**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): CORIs, Immunization records
- b. Readings to prepare for activities, discussions, site visits or meetings: Students may find it helpful to review background/history of JCOH and documents related to the Facing Addiction Pilot Project; these materials will help to provide context for this project. Please find attached:
  - i. Overview of JCOH
  - ii. Overview/Press Release regarding Facing Addiction Pilot Project

**8. Resources:**

- a. Web resources relevant for this population and/or health issue: Web resources relevant for this population and/or health issue:
  - i. <https://addiction.surgeongeneral.gov/> (The {first ever} Surgeon General’s Report on Alcohol, Drugs and Health)
  - ii. <https://www.facingaddiction.org/?home> (Homepage of our national partner: Facing Addiction)
- b. Links to relevant agency reports:
  - i. <http://www.jointcoalitiononhealth.org/> (Link to Community Health Assessment of North Central Mass: Executive Summary & Full report)

<p>1. <b>Team title:</b> Medical-Legal Partnership Project</p>
<p>2. <b>Population of focus, including information on how it is defined:</b> Families of individuals in treatment for mental health, behavioral health, and substance abuse concerns served by UMass Memorial Community HealthLink’s inpatient and outpatient facilities in Worcester.</p>
<p>3. <b>Brief summary description/abstract (50 words or less):</b> Community Legal Aid and UMass Memorial have joined together to improve the health of low-income families by tackling unmet health-harming legal needs at three primary care clinics. In the past, the Medical-Legal Partnership (MLP) has assessed and reported on the needs of patients at these clinics. This Project aims to assess whether patients at UMass Memorial Community HealthLink have similar, unmet legal needs. As a result, we are seeking medical and nursing students to administer a survey at three Healthlink locations that will assess patients’ need for legal intervention.</p>
<p>4. <b>Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty:</p> <p><b><i>Community HealthLink Faculty Member TBD</i></b></p> <p><b><i>Heather-Lyn Haley, PhD</i></b>, 774-441-6366, Heather-Lyn.Haley@umassmed.edu</p> <p>b. Community faculty:</p> <p><b><i>Kate Gannon, JD</i></b>, Staff Attorney, Medical-Legal Partnership, Community Legal Aid, 405 Main Street, Worcester, MA 01608, kgannon@cla-ma.org, 508-425-2813</p> <p><b><i>Weayonnoh Nelson-Davies, JD</i></b>, Managing Attorney, Community Legal Aid, 405 Main Street, Worcester, MA 01608, wnelsondavies@cla-ma.org, 508-425-2803</p> <p>c. Agency name, address, telephone number:</p> <p><b>Community Legal Aid</b> (see above)</p>
<p>5. <b>Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are:</p> <p><b>Community Legal Aid</b> (405 Main Street, Worcester, MA 01608)  <b>Youth and Family Services Outpatient Counseling</b> (335 Chandler St, Worcester, MA 01602)  <b>Community Healthlink Outpatient Clinic Thayer Building</b> (12 Queen St, Worcester, MA 01610)  <b>Community Healthlink Substance Abuse Continuum</b> (12 Queen St, Worcester, MA 01610)</p> <p>b. Primary student activities include: An overview of poverty law and the medical-legal partnership model, surveying patients’ legal needs, identifying clinic patient trends to inform medical-legal partnership intervention priorities, and reporting results.</p> <p>c. The different types of professions that are part of the student experience include: Legal, medical, and mental health professionals.</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? There are some organized activities; however, students should be self-directed.</p> <p>e. Possible micro-service projects are: None identified at this time.</p>

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester
- b. Maximum number of students on team: 6 (2 per clinical site)
- c. Typical hours, including any weekends or evenings: Monday to Friday from 9:00 am to 5:00 pm
- d. Typical daily travel distance (round trip from Worcester): All locations within Worcester city limits

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): N/A
- b. Readings to prepare for activities, discussions, site visits or meetings: See Resources.

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:

**Community Legal Aid** <http://www.communitylegal.org>

**UMass Memorial Community HealthLink** <http://www.communityhealthlink.org/chl>

**National Center for Medical-Legal Partnership** <http://medical-legalpartnership.org>

- b. Links to relevant agency reports:

*The Opioid Crisis in America & the Role Medical-Legal Partnership Can Plan in Recovery*

Chaundhary, J., Marple, K., & Bajema, J. (2018). *The Opioid Crisis in America & the Role Medical-Legal Partnership Can Plan in Recovery. Medical-Legal Partnership Population Series.* <http://medical-legalpartnership.org/wp-content/uploads/2018/02/MLP-and-the-Opioid-Crisis.pdf>

*The Massachusetts Opioid Epidemic: A Visualization of Findings from the Chapter 55 Report*

<http://www.mass.gov/chapter55>

*Using Health Care Center Needs Assessment to Understand and Meet Patients' Health-Harming Civil Needs*

National Center for Medical-Legal Partnership (2016). *Using Health Care Center Needs Assessments to Understand Meet Patients' Health-Harming Civil Needs.* <http://medical-legalpartnership.org/wp-content/uploads/2016/07/Needs-Assessment-MLP-Fact-Sheet-FINAL.pdf>

<p><b>1. Team title: Oral Health in Underserved Populations – More Important than you Think!</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b> Underserved as it relates to oral health – pregnant patients, young children, prisoners, people with addictions, special needs patients, rural populations – in Worcester primarily but also with state and national perspectives.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> Military recruits can't go to war and children can't learn due to cavities! Learn how the mouth affects the body and communities especially underserved communities. Students will shadow in clinical and public health dental settings – prison dental clinic, Headstart, pediatric dental clinic, etc. We'll talk with politicians and visit a water fluoridation plant.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <ul style="list-style-type: none"> <li>a. Academic faculty: Hugh Silk, MD, MPH, Susan Feeney, DNP, FNP-BC, Pat White, NP</li> <li>b. Community faculty: Chengeto Vera, DMD, MPH (Worcester Kids Dentist), Dean Chang DMD (Concord MCI Dental Unit), Steven Ramos, DMD (UMass Memorial Hospital dentist), Rod Lewin DMD (retired Oral Surgeon), Brandon Cairo DMD (private practice dentist), Senator Harriet Chandler, Linda Schoonmaker (Headstart), Christine Dominick (MCPHS Dental Hygiene School), Jane Gauthier (Quinsigamond Dental Hygiene School)</li> <li>c. Agency name, address, telephone number: as above</li> </ul>
<p><b>5. Defining characteristics:</b></p> <ul style="list-style-type: none"> <li>a. The primary sites and locations at which the students will spend their time are: UMMS, State House, Worcester water treatment plant, Health Care for All, local dental offices – Concord prison, Headstart, Worcester Kids Dentist, Mass College of Pharmacy and Health Sciences Dental Hygiene Program, Quinsigamond Dental Hygiene Program, hospital oral surgeon</li> <li>b. Primary student activities include: Exploring why oral health is not more incorporated into overall health and why certain populations have worse oral health; understand efforts at a state and local level to improve this; investigate local dental settings both private and public to understand the various ways we improve the oral health of our citizens via a debate on fluoride water fluoridation, observing dental team in action, talking to members of the Oral Health Caucus at the state house, talking to public and private health officials who are working on oral health in Massachusetts.</li> <li>c. The different types of professions that are part of the student experience include: dentists (prison-based, adult, pediatric), dental hygienists, politicians, public health specialists, physician, nurse, oral surgeon, plastic surgeon,</li> <li>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled</li> <li>e. Possible micro-service projects are: Creating a handout for an office about an aspect of oral health</li> </ul>
<p><b>6. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <ul style="list-style-type: none"> <li>a. City/Town of primary site: Worcester</li> <li>b. Maximum number of students on team: 6</li> </ul>

- c. Typical hours, including any weekends or evenings: 8-5
- d. Typical daily travel distance (round trip from Worcester): most sites are in Worcester; 1 trip to Boston, Concord, Fitchburg, Shrewsbury; optional trip to Portsmouth, New Hampshire

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): CORI, ID, white coat, for prison health a background check is done – each student will have to provide to the correctional health system some paper work two weeks before the rotation; students can opt out of going to the prison
- b. Readings to prepare for activities, discussions, site visits or meetings: a small packet of materials will be made available including non-scientific articles – editorials, etc on the importance of oral health within overall health and why some populations suffer more than others; students will also be asked to view on-line modules over the course of the 2 weeks on oral health topics across the life span – time will be given for reading during the clerkship

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:  
[www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)
- b. Links to relevant agency reports: to be added

<p><b>1. Team title: Palliative Care</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b> The population of focus is persons at any age and their family members and caregivers who are experiencing serious, advancing illness.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> The Palliative Care Clerkship explores a holistic approach to enhancing care for persons with serious and/or advancing illness and their families and caregivers, including a focus on interprofessional medical care, emotional and spiritual support, and the impact of culture and life experience. Learners will also examine related health policies, ethical issues, and the advocacy role of the nurse practitioner/ physician.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Joanne L. Calista, MS, LICSW; <a href="mailto:jcalista@centerforhealthimpact.org">jcalista@centerforhealthimpact.org</a>; 508-756-6676</p> <p>a. UMASS Faculty: Jen Reidy, MD, MS, FAAHPH, Chief, Division of Palliative Care UMASS Memorial Health Care Associate Professor, University of Massachusetts Medical School <a href="mailto:Jennifer.Reidy@umassmemorial.org">Jennifer.Reidy@umassmemorial.org</a> Vandana Nagpal, MD, Division of Palliative Care UMASS Memorial Health Care Assistant Professor, University of Massachusetts Medical School <a href="mailto:Vandana.Nagpal@umassmemorial.org">Vandana.Nagpal@umassmemorial.org</a></p> <p>b. Community faculty: James Figueiredo, MEd.; <a href="mailto:jfigueiredo@centerforhealthimpact.org">jfigueiredo@centerforhealthimpact.org</a>; 508-756-6676 Agency name, address, telephone number: Center for Health Impact, 35 Harvard St., Suite 300, Worcester, MA 01609; 508-756-6676</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: UMASS; Center for Health Impact; community-based sites in Worcester, and North Central Massachusetts. Note: In person attendance is required.</p> <p>b. Primary student activities include: <i>Please Note: Direct patient contact is limited.</i> Group discussion with palliative care health care providers; policy makers; family members; spiritual leaders; and others. Hospice site visit; Attendance at interdisciplinary team meetings; Review of video and audio materials; Research and data review (for poster presentation); reflection, journaling, and reporting; reading of articles and relevant peer reviewed literature; and completion of all Population Health Clerkship requirements.</p> <p>c. The different types of professions that are part of the student experience include: Medicine; Nursing; Social Work; Public Health; Policy; Faith; Community.</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled?</p>

Activities are largely pre-scheduled; however, the experience can be greatly enriched by learners' initiative and expression of specific interests. While students will receive support for activities related to population data and poster preparation, a greater level of self-direction and critical thinking is required in these components.

e. Possible micro-service projects are: Peer/health professions education; advocacy activity; outreach event.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester
- b. Maximum number of students on team: 8
- c. Typical hours, including any weekends or evenings: Primarily 9:00-5:00. A few early mornings (e.g., 7:30 a.m.) and/or early evenings (6:00-8:00) may be included.
- d. Typical daily travel distance (round trip from Worcester): 15 miles (from site to site)

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): CORIs, possible immunization records
- b. Readings to prepare for activities, discussions, site visits or meetings:

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:

<http://www.maseriouscare.org/>

<http://www.molst-ma.org/>

<https://www.capc.org/topics/palliative-care-guidelines-quality-standards/>

<https://www.honoringchoicesmass.com/>

<https://theconversationproject.org/>

<http://www.theschwartzcenter.org/>

<https://www.hospicefed.org/>

<http://www.npcrc.org/content/26/Palliative-Care-Organizations.aspx>

<https://www.mass.gov/comprehensive-cancer-prevention-control-network>

<https://www.bostonglobe.com/metro/2017/05/08/mass-medical-schools-plan-teach-how-discuss-patients-goals-for-care-and-for-life/fBa0sU7iJW9tZyFKxq8WWI/story.html>

- b. Links to relevant agency reports: *Gawande, Atul, author. (2014). Being mortal : medicine and what matters in the end. New York: Metropolitan Books, Henry Holt and Company,*

<https://www.mass.gov/service-details/treatment-diagnosis-through-palliative-care>

<http://www.wbur.org/commonhealth/2017/05/09/mass-survey-end-of-life>

[https://media.capc.org/filer\\_public/88/06/8806cedd-f78a-4d14-a90e-aca688147a18/nqfcrosswalk.pdf](https://media.capc.org/filer_public/88/06/8806cedd-f78a-4d14-a90e-aca688147a18/nqfcrosswalk.pdf)

**1. Team title:** Parenting and Family Stability

**2. Population of focus, including information on how it is defined:**

Low income inner-city population that are defined by possessing one or more of the following risk factors:

- Lack of maternal education
- Family isolation or lack social support
- Lack of adequate food or clothing
- Housing instability (lack of adequate housing)
- Exposure/involvement with open or confirmed protective service investigation
- Risk Positive for child abuse/neglect
- Risk of foster care or other out of home placement
- Substance abuse in the home
- Active addiction
- Domestic violence
- Parental chronic illness (mental or physical) or developmental disability limiting caregiving ability
- No prenatal care or late first visit
- Significant barriers to access health care and other services
- Smoking

**3. Brief summary description/abstract (50 words or less):**

The Clerkship team will work on understanding and analyzing the causes of the following issues and their ramifications in relation to family stability:

- Lack of appropriate parenting and how it reflects on the family (both parents and children)
- Negative parent-child interaction (consequences on both children and parents)
- Lack of early medical care
- Abuse and how it contributes to:
  - 1- decreasing remedial education
  - 2- increasing juvenile offenders
  - 3- decreasing child success in school

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

**a. Academic faculty:**

**b. Community faculty:**

- Sheilah Dooley, Executive Director, 508-755-1228 ext. 250, [sdooley@pernetfamilyhealth.org](mailto:sdooley@pernetfamilyhealth.org)
- Christopher Nelson, Director of Family Support Services, 508-755-1228 ext. 231, [cnelson@pernetfamilyhealth.org](mailto:cnelson@pernetfamilyhealth.org)
- Patricia Pichette, Director of Early Intervention, 508-755-1228 ext. 245, [ppichette@pernetfamilyhealth.org](mailto:ppichette@pernetfamilyhealth.org)
- Emily Linhares, Director of Family & Community Development, 508-755-1228 ext. 224, [elinhares@pernetfamilyhealth.org](mailto:elinhares@pernetfamilyhealth.org)
- Emilie Smiley, Director of Operations, 508-755-1228 ext. 222, [esmiley@pernetfamilyhealth.org](mailto:esmiley@pernetfamilyhealth.org)

**c. Agency name, address, telephone number:**

- Pernet Family Health Service  
237 Millbury Street



**5. Defining characteristics:**

**a. The primary sites and locations at which the students will spend their time are:**

- Pernet Family Health Service
- Client home-visits

**b. Primary student activities include:**

The Clerkship team will work on understanding and analyzing the causes of the following issues and their ramifications in relation to family stability:

- Lack of appropriate parenting and how it reflects on the family (both parents and children)
- Negative parent-child interaction (consequences on both children and parents)
- Lack of early medical care
- Abuse and how it contributes to:
  - 1- decreasing remedial education
  - 2- increasing juvenile offenders
  - 3- decreasing child success in school

Team will be asked to provide a final report that highlights the team's findings. The report should feature statistical data that focus on:

1. Client population statistics
2. Family Support Services' trends within the last three years (growth vs. declination in referrals, shifts in client population, client social and behavioral growth)
3. Evaluate the efficiency of two of Pernet's Family Support Services (Fathers, Parent Aid, Young Parent Support, Homemakers and Parenting Classes) in four of the following areas:
  - Risk reduction and enhancement of crisis prevention.
  - Ensuring adequate prenatal care.
  - Improving the overall health of served babies during the early years of life.
  - Preventing child abuse and neglect.
  - Providing early detection of developmental delays.
  - Providing parents with social and education/vocational development.
  - Promoting healthy lifestyles to eliminate social isolation.

**c. The different types of professions that are part of the student experience include:**

- Non-profit Leadership Staff
- Emergency Assistance Coordinator

- Community Development Staff
- Maternal Child Health Nurse
- Parent Aide
- Early Intervention Service Coordinators including:
  - Early Intervention Social Workers
  - Early Intervention Developmental Specialist
  - Early Intervention Nurse

**d. Do students need to be highly self-directed or are activities largely pre-scheduled?**

Students should be able to work on a project in a team self-directed with the help of Pernet’s Directors and staff members’ guidance.

**e. Possible micro-service projects are:**

- Work to develop and implement a client survey on post-partum depression. Mental health factors strongly into family stability, including postpartum depression. It is important that Pernet and the greater community has a better understanding of the prevalence of postpartum depression and the resources being used to help families affected by it.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

**a. City/Town of primary site:**

- Worcester, MA

**b. Maximum number of students on team:**

- A team of 4 students

**c. Typical hours, including any weekends or evenings:**

- Monday through Friday 9:00 AM – 5:00 PM

**d. Typical daily travel distance (round trip from Worcester):**

- 10 – 20 Miles

**7. Preparatory materials:**

**a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):**

- CORI’s should be done

**b. Readings to prepare for activities, discussions, site visits or meetings:**

- N/A

**8. Resources:**

**a. Web resources relevant for this population and/or health issue:**

- <http://www.pernetfamilyhealth.org/>
- <http://www.pernetfamilyhealth.org/programs.htm>

- [http://www.pernetfamilyhealth.org/media\\_materials.htm](http://www.pernetfamilyhealth.org/media_materials.htm)
- <http://www.pernetfamilyhealth.org/affiliates.htm>
- <http://www.mass.gov/eohhs/gov/departments/dcf/b>

**b. Links to relevant agency reports:**

- [http://www.pernetfamilyhealth.org/media\\_materials.htm](http://www.pernetfamilyhealth.org/media_materials.htm)

**1. Team title:** People Living with Food Insecurity: Food, Health and Access within our Community

**2. Population of focus, including information on how it is defined:**

- a. The population of focus for this team is: Adults, children, and seniors within a community who are food insecure. Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food.

**3. Brief summary description/abstract:**

The Greater Boston Food Bank, in collaboration with health centers, holds free produce markets to increase patients' access to healthy foods. Students will learn about food insecurity and attend markets to survey patients about their experiences with the market. The information gathered from surveys will be used to improve the markets.

**4. Team faculty:**

- a. Academic faculty: Suzanne Cashman ScD

- b. Community faculty:

Rachel Zack, ScD, ScM - Epidemiologist, The Greater Boston Food Bank

Email: [rzack@gbfb.org](mailto:rzack@gbfb.org) Office Phone: (617) 598-5017 Cell Phone: (857) 308-2450

Andrea Martinez, ScM - Community Health & Research Associate

Email: [amartinez@gbfb.org](mailto:amartinez@gbfb.org) Office Phone: 617-427-5200 Ext 5013 Cell Phone: (617) 906-6783

- c. Agency name, address, telephone number:

The Greater Boston Food Bank 70 South Bay Ave. Boston, MA 02118

**5. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are:

- GBFB
- 2-3 of the following mobile market locations:
  - Charles River Community Health, Brighton
  - Greater Lawrence Family Health Center
  - Cambridge Health Alliance - Revere Care Center
  - SSTAR Family Health Care Center, Fall River
  - Edith Nourse Rogers Memorial Veterans Hospital, Bedford
  - Edward M. Kennedy Community Health Center, Framingham
  - Lynn Community Health Center

- b. Primary student activities include:

- Reflections and Discussions based on readings, introduction to assistance programs (SNAP, WIC, etc), introductory meetings with community organizations, how-to skills in the clinical environment (ex. food insecurity screening), hands-on experiences in the field with organizations via a service-project with The Greater Boston Food Bank (GBFB).
- Community Assessment: Describe and characterize the population at risk of food insecurity or experiencing food insecurity in the chosen community (where assigned food pantry or mobile market is located). In this activity, students must tease out the important public health statistics that characterize their target population. In general they will investigate the demographics, health status,

and nutritional status of the chosen community. Faculty will serve as facilitators and guide them through this process and reveal public health resources with available data they can pull from. The ultimate responsibility of characterizing the community rests with the students.

#### Main Project:

Over half a million people, approximately 10% of the population, in Eastern Massachusetts struggle with food insecurity. Mounting evidence indicates that food insecurity is associated with higher health care costs, in addition to having profound health consequences. Low intake of fruits and vegetables – items often too expensive for low income individuals to afford – is linked to increased risk of chronic disease, including cardiovascular disease, hypertension, and obesity. Mounting evidence indicates that food insecurity can have profound health consequences (1–6) and is associated with higher health care costs (7). Despite this, providers do not commonly screen for food insecurity or feel empowered to connect patients to services. Innovative clinical-community partnerships are needed to address food insecurity as a social determinant of health. The Greater Boston Food Bank, in conjunction with partners, aims to create a replicable model to address food insecurity and diet-related disease at health centers.

The intervention offered by The Greater Boston Food Bank to health centers consists of three options from which health centers can choose: free produce mobile markets, food insecurity screenings using the Hunger Vital Sign<sup>8</sup>, and a resource toolkit to connect patients to local social services. One or multiple interventions can be selected and all three can be made to fit the unique structure and capacity of each health center. Since April 2016, The Greater Boston Food Bank and health centers have partnered to hold free monthly produce mobile markets open to patients and the public. The markets, which last for a very efficient one to two hours, occur outdoors in health center parking lots and provide 25 to 30 pounds of fresh fruits and vegetables per household. There is a one-time registration that clients can complete prior to or at the market. All registrants receive a mobile market ID that is scanned at market check-in to collect data on mobile market attendance. Some mobile markets also host nutrition education booths. The Greater Boston Food Bank drops off food via truck for each market. Volunteers, comprised of health center staff and community members, pack and distribute the produce to clients who proceed through an organized, fast-moving queue. The Greater Boston Food Bank provides logistical advice and training to health centers that are opening new markets. Additionally, existing health centers provide their lessons-learned to health centers opening new markets.

The mobile market model has been replicated in a total of seven health centers. As of January 12, 2017, 68 markets have been held and 501,610 pounds of free produce have been distributed. The mean number of mobile market clients per market varies by site from 116 to 409.

Community health centers are an optimal location for free produce distribution and nutrition education as the populations served by health centers show high levels of food insecurity. Screenings conducted by GBFB at five health centers and addiction treatment facilities found that the prevalence of food insecurity ranged from 51% to 67%, which is much higher than the statewide prevalence of 10%.

During their time with the GBFB team, students will attend 2-3 mobile markets to complete surveys with market clients. These will be short surveys (no more than 10 questions) about clients' satisfaction with and use of the mobile market and its effects in terms of greater access to healthier foods, food insecurity induced stress, and financial circumstances. Students will then be asked to perform basic analysis of the data collected and identify any patterns found (e.g. does attending the mobile market affect clients' access to produce?). Students will also have the opportunity to visit some of GBFB's

partner pantries to see how different pantries operate and to engage with pantry clients and staff/volunteers.

#### References

1. Seligman, H. K., Laraia, B. A. & Kushel, M. B. Food insecurity is associated with chronic disease among low-income NHANES participants. *J. Nutr.* 140, 304–310 (2010).
  2. Seligman, H. K., Bolger, A. F., Guzman, D., López, A. & Bibbins-Domingo, K. Exhaustion Of Food Budgets At Month’s End And Hospital Admissions For Hypoglycemia. *Health Aff. (Millwood)* 33, 116–123 (2014).
  3. Berkowitz, S. A., Gao, X. & Tucker, K. L. Food-Insecure Dietary Patterns Are Associated With Poor Longitudinal Glycemic Control in Diabetes: Results From the Boston Puerto Rican Health Study. *Diabetes Care* 37, 2587–2592 (2014).
  4. Park, C. Y. & Eicher-Miller, H. A. Iron deficiency is associated with food insecurity in pregnant females in the United States: National Health and Nutrition Examination Survey 1999-2010. *J. Acad. Nutr. Diet.* 114, 1967–1973 (2014).
  5. Gundersen, C. & Ziliak, J. P. Food Insecurity And Health Outcomes. *Health Aff. Proj. Hope* 34, 1830–1839 (2015).
  6. Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B. & Laraia, B. A. Household food insecurity is positively associated with depression among low-income supplemental nutrition assistance program participants and income-eligible nonparticipants. *J. Nutr.* 145, 622–627 (2015).
- c. The different types of professions that are part of the student experience include:  
CEOs/Executive Directors of food assistance non-profits, project managers, registered dietitians (RDs), physicians, epidemiologists, researchers, and food pantry staff that specialize in connecting patients with social services.
- d. Do students need to be highly self-directed or are activities largely pre-scheduled?  
Faculty will serve primarily as facilitators that guide students through the core activities in conjunction. Students will learn the technique of dot voting and will visit two food pantries on their own to employ it.
- e. Possible micro-service projects are:  
Data collection at free produce-only mobile markets held at health centers.

#### **6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site:  
The Greater Boston Food Bank serves 190 cities and towns in Eastern Massachusetts. Our whole group meetings would take place at our offices in Boston and field work will be done at food pantries and mobile markets throughout Eastern Massachusetts.  
  
Mobile Market locations: Charles River Community Health, Brighton; Greater Lawrence Family Health Center; Cambridge Health Alliance - Revere Care Center; SSTAR Family Health Care Center, Fall River; Edith Nourse Rogers Memorial Veterans Hospital, Bedford; Edward M. Kennedy Community Health Center, Framingham; Lynn Community Health Center
- b. Maximum number of students on team: 10 students
- c. Typical hours, including any weekends or evenings:  
Whole group meetings will occur during regular office hours (8am -4:30pm). However, visits to food pantries and/or mobile markets will cater to each food pantry or mobile market’s distribution schedule (some are open on weekends, others on weekday nights). Students will be asked to visit 2 to 3 mobile markets.

- d. Typical daily travel distance (round trip from Worcester):

Access to car required (can carpool with other students if wish). We will be visiting several sites in Boston and Eastern Massachusetts. Please see the above GIS map for a full view of our service territory which extends from the North (ex. Amesbury) down to the Cape and the islands. Students will be commuting to Boston and cities/towns in Eastern Massachusetts. Travel distance depends on activities planned for that day. Your own transportation is needed.

## 7. Preparatory materials:

- a. **Site/task requirements (parking or ID badge forms, CORIs):**

- b. Readings to prepare for activities, discussions, site visits or meetings:

Students should familiarize themselves with the mobile market survey that students will be conducting during the course.

We will provide students with some academic articles on food insecurity in the United States. We will focus on academic articles that discuss how medical providers can screen patients for food insecurity and intervene by providing patients with knowledge about food resources in their community.

Excerpt from **Nickel and Dimed: On (Not) Getting By in America** by Barbara Ehrenreich. MANDATORY reading. Excerpt will be provided from book.

## 8. Resources:

- a. Web resources relevant for this population and/or health issue:

### **GBFB GIS Maps**

[www.gbfb.org/maps/one-meal-a-day](http://www.gbfb.org/maps/one-meal-a-day)

### **Feeding America: Map the Meal Gap**

<http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

### **USDA GIS mapping tools (Food Environment Atlas and Food Access Research Atlas)**

<http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>

<http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

### **Hunger in Eastern Massachusetts 2014 Executive Summary**

<http://gbfb.org/wp-content/uploads/2016/10/hunger-eastern-ma-2014.pdf>

### **Feeding America Resources**

<http://www.feedingamerica.org/research/>

<https://hungerandhealth.feedingamerica.org/>

### **Humana's Physician Toolkit on Food Insecurity**

<http://populationhealth.humana.com/documents/Food-Insecurity-Toolkit.pdf>

### **Massachusetts Food is Medicine State Plan**

<https://www.chlpi.org/massachusetts-food-medicine-state-plan/>

### **The Root Cause Coalition**

<http://www.rootcausecoalition.org/>

**New York Times Op-Eds –**

<https://www.nytimes.com/2018/01/14/opinion/hunger-college-food-insecurity.html>

<https://www.nytimes.com/2017/09/18/opinion/school-lunch-new-york-city.html>

<https://www.nytimes.com/2016/10/05/opinion/a-remedy-for-food-insecurity.html>

<https://www.nytimes.com/2018/01/14/opinion/hunger-college-food-insecurity.html>

**Article about GBFB’s dietician Adriene Worthington on eating on a “food stamp diet”**

[http://www.bostonherald.com/news/columnists/jessica\\_heslam/2018/06/its\\_far\\_from\\_a\\_snap\\_to\\_eat\\_on\\_456\\_a\\_day](http://www.bostonherald.com/news/columnists/jessica_heslam/2018/06/its_far_from_a_snap_to_eat_on_456_a_day)

**Videos about food insecurity**

<https://www.youtube.com/watch?v=OXKkakwf6Vk>

[https://www.youtube.com/watch?v=uV2XCQZWf\\_g](https://www.youtube.com/watch?v=uV2XCQZWf_g)

<https://www.youtube.com/watch?v=1gggWDSIIB0>

<https://www.youtube.com/watch?v=eqKLoapOWpI>

<https://www.youtube.com/watch?v=xb8OTiEYJvM>

<https://www.youtube.com/watch?v=62T4SXD8-Cs>

<https://www.youtube.com/watch?v=DHBpWM0rNZI>

<https://www.youtube.com/watch?v=HakCAAdPrIm>

b. Links to relevant agency reports:



<p><b>1. Team title: People with Developmental and Intellectual Disability: Community living and Health Care experiences</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b> People with Developmental and Intellectual Disabilities, including people with autism</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> This clerkship includes clinical and community experiences focused on people with developmental and intellectual disability across the lifespan. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, and the role of the physician in the person's circle of supports.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Emily Lauer, MPH, Instructor, <a href="mailto:emily.lauer@umassmed.edu">emily.lauer@umassmed.edu</a>, Deborah Dreyfus, MD, Assistant Professor, <a href="mailto:Deborah.Dreyfus@umassmemorial.org">Deborah.Dreyfus@umassmemorial.org</a>, Alixe Bonardi, MHA, OTR/L, Assistant Professor, <a href="mailto:alexandra.bonardi@umassmed.edu">alexandra.bonardi@umassmed.edu</a>,</p> <p>b. Community faculty: To be confirmed – Community service agency leadership</p> <p>c. Agency name, address, telephone number:</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: Students will spend their time at a wide variety of sites. Some will be in the greater Worcester area, while others may be in the Boston area, Wrentham, Marlborough and other locations across Eastern and Central MA. Students should know that <u>not</u> all sites will be accessible via public transportation.</p> <p>b. Primary student activities include: Students will spend time at clinics supporting various medical and therapeutic needs of people with these disabilities, and at state and private community agencies that provide health and social service for this population. Understanding screening, early intervention, school programs and transitions to adulthood, as well as aging-related issues will be important areas of content relating to lifespan issues for people with intellectual and developmental disabilities. Activities will allow students to examine the impact of state and federal policy on health issues, and to spend time with people with developmental and intellectual disability in community-based and clinical settings. Participation in a Special Olympics event(s) (if scheduling allows) and interaction with Special Olympics athletes may be included in the clerkship, or on an optional weekend day just prior to or after the clerkship.</p> <p>c. The different types of professions that are part of the student experience include: Students will interface with a range of highly experienced professionals including physicians, nurses, occupational therapists, physical therapists, speech therapists, psychologists, and psychiatrists. They will also have the opportunity to interact with adults with developmental and intellectual disabilities, their families, and their support providers.</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities (interviews/meetings) are pre-scheduled, but students are expected to be self-directed in their ability to make the best use of time in the community. This includes planning for questions to ask direct support providers during visits to day programs and engaging with people with developmental and intellectual disability. Academic faculty members are present at some but not all activities.</p> <p>e. Possible micro-service projects are:</p> <ol style="list-style-type: none"> <li>i. Assisting at Special Olympics event.</li> <li>ii. Presenting health promotion content to day program participants and staff, or engaging in preparation for health checks with people with these disabilities.</li> <li>iii. Assistance with the development of health advocacy tools and materials.</li> </ol>

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: N/A – sites vary by day.
- b. Maximum number of students on team: 6
- c. Typical hours, including any weekends or evenings: Most activities will occur during normal business hours during weekdays. However, there may be an opportunity to participate in a weekend event (e.g. Special Olympics event) in place of scheduled activity during a week day.
- d. Typical daily travel distance (round trip from Worcester): From Worcester, we may travel to Wrentham (80 mi), to Boston (90 mi). About half of activities are scheduled in the greater Worcester area.

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): CORIs
- b. Readings to prepare for activities, discussions, site visits or meetings: Will be shared ahead of the clerkship

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:

[http://www.alphaonenow.com/story.php?news\\_id=4248](http://www.alphaonenow.com/story.php?news_id=4248)

<http://shriver.umassmed.edu/programs/cdder/preventive-health-screenings-adults-intellectual-disabilities>

<https://www.autismspeaks.org/wordpress-tags/autism-treatment-network>

<http://www.autismspeaks.org/>

Autism Division of the Department of Developmental Services (DDS); The Children's Autism Home and Community-Based Services Waiver Program:

[http://www.google.com/search?sourceid=navclient&ie=UTF-8&rlz=1T4ADRA\\_enUS415US420&q=ma+dds+autism](http://www.google.com/search?sourceid=navclient&ie=UTF-8&rlz=1T4ADRA_enUS415US420&q=ma+dds+autism)

<http://www.umassmed.edu/psychiatry/clinicalservices/child-adolescent-clinical-services/cando/>

Charting the LifeCourse Resources, UMKC Institute for Human Development

<http://www.lifecoursetools.com/planning/>

- b. Links to relevant agency reports:

The MA Department of Developmental Services (DDS) reports include detailed and relevant information on significant health issues. This is a link to the Mortality Report. See [mass.gov/DDS](http://mass.gov/DDS) and navigate on right side of page to QA and Improvement reports > Mortality Reports

Developmental Milestones:

[http://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/milestonemomentseng508.pdf](http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf)

National Core Indicators:

<http://www.nationalcoreindicators.org/>

Journal articles: Krahn, G. L., Hammond, L. and Turner, A. (2006), A cascade of disparities: Health and health care access for people with intellectual disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*, 12: 70–82. doi: 10.1002/mrdd.20098

<http://onlinelibrary.wiley.com/doi/10.1002/mrdd.20098/abstract>

(This was the foundational article - there have been more recent publications you can also review, building from this reference).

**1. Team title: Promoting Healthy Eating and Active Living with our aging population**

**2. Population of focus, including information on how it is defined:**

To increase access to healthy living opportunities (fresh food and active living) for older adults. Work with CHNA 9's Healthy Eating and Active Living Workgroup to expand access to healthy foods and recreational opportunities in partnership with area food banks, farmers markets, community garden organizations, recreational facilities, and other community organizations, adding an older adult lens to work underway, developing evidence-based recommendations and advocating for their implementation.

**3. Brief summary description/abstract (50 words or less):**

To bring an older adult voice to the North Central MA (NCM) Community Health Network Area's (CHNA9) Healthy Living initiative; key stakeholders will work together across the five most underserved communities in NCM (Clinton, Fitchburg, Gardner, Leominster and Winchendon) to mobilize and activate underserved older adults as healthy living advocates. The Clerkship will focus its efforts in the Clinton, MA area.

The population clerkship medical student(s) will work with local stakeholders to help identify evidence-based policy, system and environmental change strategies that increase access to fresh healthy food and support an active lifestyle. Efforts will result in a North Central MA Healthy Living Action Plan which includes one community specific strategy for one of the five underserved communities and a coordinated regional strategy that connects community members across the lifespan and creates a vibrant and healthy region.

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

- a. Academic faculty: Suzanne Cashman
- b. Community faculty: Rosa Fernandez
- c. Agency name, address, telephone number: UMass HealthAlliance-Clinton Hospital  
201 Highland Street, Clinton MA 01510 (978)368-3000

**5. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are: The town of Clinton and surrounding areas

Primary student activities include: Prepare and Inform

Create healthy living asset map and executive summary; research local policies/systems and build on existing knowledge about older adult's ability to access fresh healthy food and live an active life; conduct audits in the Healthy Eating Active Living (HEAL) environment with older adults; conduct older adult HEAL listening sessions; create a digital story about the Clinton HEAL environment; to help disseminate information to local policy makers; identify synergies amongst communities and strategies underway specific to older adults.

- b. The different types of professions that are part of the student experience include: Community stakeholders, medical providers, legislature, and community members.
- c. Do students need to be highly self-directed or are activities largely pre-scheduled? Both, student will self-direct and will have prescheduled meetings and community engagement activities

- d. Possible micro-service projects are: Analyze results of Community Health Assessment, develop one community specific strategy for healthier living, create a promotional tool to ensure older adults have access to healthier living.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Clinton, MA
- b. Maximum number of students on team: 4
- c. Typical hours, including any weekends or evenings: flexible
- d. Typical daily travel distance (round trip from Worcester): 40-45 miles round trip

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): ID badge forms, CORIs, immunization records
- b. Readings to prepare for activities, discussions, site visits or meetings:



UHA FINAL CHNA  
7-25-18.pdf

**8. Resources:**

- a. Web resources relevant for this population and/or health issue: Stakeholders will share resource(s)

- b. Links to relevant agency reports:



**1. Team title:** Providing Compassionate Care to Worcester’s Homeless Population

**2. Population of focus, including information on how it is defined:**

The term “homeless” can reflect a wide spectrum of circumstances: ranging from a family shelter with nutritional and vocational support to a campsite, hidden in the outskirts of an urban park. Moreover, the community itself often dictates the nature of homelessness and how services are accessed. As an example, the majority of Worcester’s homeless are concentrated in a fairly limited area, making centralized care a possibility. Contrast this with Fitchburg, where outreach is required to serve a more scattered and suburban homeless population.

**3. Brief summary description/abstract (50 words or less):** We will accept 4 students to join us at Homeless Outreach & Advocacy Program (HOAP) to gain an understanding of the psychosocial and health challenges faced by Worcester’s homeless adults. We will visit several shelters and outreach sites to observe how funding and community shapes the barriers and accessibility to healthcare for the underserved.

4.

**Academic faculty:**

Erik Garcia MD  
Physician, Homeless Outreach and Advocacy Project (HOAP)  
GarciaE@ummhc.org  
(508) 860 1053, Cell/Text: (508) 272-0934

Jennifer Bradford MD, MPH  
HOAP  
Jennifer.Bradford @umassmemorial.org  
Cell: (617) 953-5752

**Team faculty**

Jane Whelan Banks  
Family Nurse Practitioner, HOAP

Stephanie Connors  
Family Nurse Practitioner, HOAP

Jackie Howlett  
Suboxone/OBAT coordinator, HOAP  
(508) 860-1063

**Office Contact: Yvette Sanchez (508)860-1058**

**Community faculty:** TBD

### 3. Defining characteristics:

- a. The primary sites and locations at which the students will spend their time are: **HOAP**
- b. Primary student activities include: **Client/Patient Interactions, observations**
- c. The different types of professions that are part of the student experience include: **Case managers, Behavioral Health Specialist, Nurses, Medical Assistants, Housing case managers, Physicians**
- d. Do students need to be highly self-directed or are activities largely pre-scheduled? **Students need to be highly self-directed, mature, dependable, and motivated. There will be some pre-scheduled activities**
- e. Possible micro-service projects are: **Serving food at a shelter or a soup kitchen**

### 4. Specific logistical details, (e.g. housing, transportation, etc.) including:

- a. City/Town of primary site: **Worcester and surrounding areas** (less than an hour drive one way)
- b. Maximum number of students on team: **Four**
- c. Typical hours, including any weekends or evenings: **No weekends, 1-2 evenings per week (typically ends by 6:30 pm), Typical schedule 9am-4:30 pm**
- d. Typical daily travel distance (round trip from Worcester): **Depends on location of student**
- e. Dress code: **Business casual (No sweatshirts, sneakers unless going on a street outreach)**

### 5. Preparatory materials:

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): **None**
- b. Readings to prepare for activities, discussions, site visits or meetings: **TBD**

### 6. Resources:

Web resources relevant for this population and/or health issue:

<https://www.mededportal.org/publication/10271/>

**1. Team title:** Reducing Harm: Bridging Patients between Prisons and Clinicians to Treat Opiate Addiction

**2. Population of focus, including information on how it is defined:**

The population of focus for this team is: Patients cared for at the Barre Family Health Center who suffer from opiate addiction and, in particular, high risk patients who are incarcerated or were incarcerated in the past. The population will likely need to be defined through Epic data, regional and state data.

**3. Brief summary description/abstract (50 words or less):**

Prisoners with opiate addiction who leave prisons and return to communities are at high risk for relapse and opiate overdose. This initiative focuses on directly engaging medical students with patients, prisons, police and community organizations to learn about and address factors delaying reentry to medication assisted treatment.

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

a. Academic faculty:

Cynthia Jeremiah, MD [Cynthia.Jeremiah@umassmemorial.org](mailto:Cynthia.Jeremiah@umassmemorial.org)

Attending physician, UMass Family Medicine Residency Program, Barre Family Health Center

Assistant Professor, University of Massachusetts Medical School

Kristina Gracey, MD, MPH [Kristina.Gracey@umassmemorial.org](mailto:Kristina.Gracey@umassmemorial.org)

Attending physician, UMass Family Medicine Residency Program, Barre Family Health Center

Associate Residency Director of Women's Health Education

Assistant Director of Perinatal Services, UMass Memorial Hospital

Assistant Professor, University of Massachusetts Medical School

Adele Ojeda, LPN [Adele.Ojeda@umassmemorial.org](mailto:Adele.Ojeda@umassmemorial.org)

Nurse and leader, Office-based Opioid Addiction Treatment (OBOT) Program, Barre Family Health Center

Community contacts:

Nekr Jenkins ([quabbin.drug@gmail.com](mailto:quabbin.drug@gmail.com)) and Kathy Inman ([bkinman2@verizon.net](mailto:bkinman2@verizon.net)), Quabbin Drug Resistance Unifying Group (Q-DRUG)

b. Agency name, address, telephone number:

Barre Family Health Center

151 Worcester Road

Barre, MA 01005

978-355-6321

**5. Defining characteristics:**

a. The primary sites and locations at which the students will spend their time are: Barre Family Health Center, police departments, local prisons, Q-DRUG meetings in Barre.

- b. Primary student activities include: interviews with patients, phone calls and meeting with police, prison staff and Q-DRUG. For data collection, students will work with staff and clinicians at BFHC in the OBOT program, Epic charts, police, prisons and Q-DRUG leaders to identify our patients and those at high risk for relapse.
- c. The different types of professions that are part of the student experience include: Medical professionals including nurses, physicians, psychologists and social workers; police officers, prison staff, members of the Q-DRUG leadership.

Do students need to be highly self-directed or are activities largely pre-scheduled? This is highly self-directed with appropriate oversight; some meetings such as those with the prison staff and Q-DRUG will be scheduled by students; others will be pre-scheduled such as the health center sessions working with patients. Students will be introduced to the contacts needed for self-scheduling. They will be given a high level of autonomy for data collection and patient interviewing, with appropriate levels of oversight. There will be additional non-physician (OBOT program) oversight this year.

- d. Possible micro-service projects are: TBD

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Barre, MA
- b. Maximum number of students on team: 6
- c. Typical hours, including any weekends or evenings: Generally, students will work 9-5:30 Monday through Friday; additional meetings may be scheduled during evenings or on weekends. Students will likely participate in evening Suboxone sessions, typically on Monday and Wednesday evenings from 5:30-7:00 pm.
- d. Typical daily travel distance (round trip from Worcester): 46 miles

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): Epic training will be needed. Students will run reports in Epic.
- b. Readings to prepare for activities, discussions, site visits or meetings: Students should read about opiate addiction and, in particular, office-based medication assisted treatment for opiate addiction.

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:
  - i. <https://www.ruralhealthinfo.org/rural-monitor/opioid-epidemic/>
  - ii. <http://nprillinois.org/post/why-opioid-epidemic-hitting-rural-america-especially-hard#stream/0>
  - iii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>
  - iv. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4682362/>
  - v. <https://www.mass.gov/orgs/bureau-of-substance-addiction-services>
- b. Links to relevant agency reports:
  - i. <http://www.mass.gov/chapter55/>
  - ii. <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/current-statistics.html>



<p><b>1. Team title: Refugee Health at Family Health Center Worcester</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b>  The Family Health Center of Worcester’s Patient general population (most below the poverty line, &gt;50% non English speaking, many immigrants and refugees, very ethnically diverse, all ages) with specific emphasis on refugee population (refugees come from Bhutan, Somalia, Iraq, Central African Republic, Syria, Congo and others)</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b>  The FHCW is located in the Main South community of Worcester and serves a diverse population. Among the people served by FHCW are the newly arriving refugees from war-torn countries. In this clerkship opportunity we combine learning about community health centers in general (history, advocacy, role of CHCs in health system) together with specific learning about refugee communities, resettlement process, resources available to refugees and specific health concerns.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Heather-Lyn Haley PhD Assistant professor, Family Medicine and Community Health UMass Medical School, 55 Lake Ave N, Benedict A3-219 Worcester MA 01655, 774-441-6366 <a href="mailto:Heather-Lyn.Haley@umassmed.edu">Heather-Lyn.Haley@umassmed.edu</a></p> <p>b. Community faculty:</p> <p style="padding-left: 40px;">Olga Valdman, MD Director of the Global Health Track of FM Residency and the Global Health Fellowship, Department of Family Medicine and Community Health, UMass Medical School; Faculty Physician at Family Health Center Worcester, Queen St. <a href="mailto:olga.valdman@fhcw.org">olga.valdman@fhcw.org</a>  Amber Sarkar MD, Assistant Professor of Family Medicine and Community Health  <a href="mailto:Amber.SarkarFHCW@umassmed.edu">Amber.SarkarFHCW@umassmed.edu</a> <a href="mailto:Amber.Sarkar@FHCW.org">Amber.Sarkar@FHCW.org</a>  26 Queen St., Worcester MA 01609 Cell: 402 540 0989</p> <p>c. Agency name, address, telephone number:</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: Family Health Center of Worcester, Refugee resettlement agencies, Worcester Refugee Assistance Project, African Community Education, New Citizen Center</p> <p>b. Primary student activities include:</p> <p style="padding-left: 20px;">i. learning about the hx of CHC’s and advocacy projects, learning what it is like to be a patient at a CHC</p> <p style="padding-left: 20px;">ii. Visiting and learning about community partners: Resettlement agencies, Worcester Public Schools, non-profits working with refugees</p> <p style="padding-left: 20px;">iii. working with the refugee team at FHCW to assist patients in need, create materials to be used by team for patient referral and patient care navigation;</p> <p style="padding-left: 20px;">iv. aid the team with population health assessments and other projects focused on refugees’ needs</p> <p>c. The different types of professions that are part of the student experience include:  Clinical Medical Professionals, Social Workers, Educators, Public Health Professionals resettlement workers, community health workers, volunteer mentors</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled?  Need to be highly self-directed with particular interest in refugee care AND population health management</p> <p>e. Possible micro-service projects are: Creating education and health system navigation resources for refugees, assessing impact of wrap-around care on patient outcomes within refugee population, and other pertinent projects to improve health of this vulnerable population</p>

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester
- b. Maximum number of students on team: 8 (ideal candidates are students already involved in refugee health interest group who plan to be involved with Worcester refugee community longitudinally)
- c. Typical hours, including any weekends or evenings: Mon-Fri 8-5. Some evenings/Saturdays possible depending on refugee-related activities
- d. Typical daily travel distance (round trip from Worcester): primarily within Worcester

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): CORIs, immunization records
- b. Readings to prepare for activities, discussions, site visits or meetings:  
<https://commons.clarku.edu/cgi/viewcontent.cgi?article=1031&context=mosakowskiinstitute>

**8. Resources:**

- a. Web resources relevant for this population and/or health issue:
  - i. Family Health Center of Worcester
    1. <http://www.fhcw.org/en/Home>
  - ii. UMMS Library Guide on refugee health: <http://libraryguides.umassmed.edu/RefugeeHealth>
  - iii. Non-profit refugee-serving agencies
    1. Worcester Refugee Assistance Project [www.worcesterrefugees.org](http://www.worcesterrefugees.org)
    2. African Community Education [www.acechildren.org](http://www.acechildren.org)
    3. South East Asian Coalition [www.seacma.org](http://www.seacma.org)
  - iv. Resettlement agencies (volags):
    1. Ascentria Care Alliance Services for New Americans <http://www.ascentria.org/our-services/services-new-americans>
    2. Refugee and Immigrant Assistance Center <http://www.riacboston.org/worcester-programs>
    3. Catholic Charities <http://www.ccworc.org/>
- b. Links to relevant agency reports:

**1. Transition-Aged Youth with Special Health Care Needs: Bridging the Gaps in Care**

**2. Population of focus, including information on how it is defined:**

The Maternal and Child Health Bureau defines children and youth with special health care needs (CYSHCN) as children who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

**3. Brief summary description/abstract (50 words or less):**

Youth with special health care needs have many barriers as they move from pediatric to adult care. In addition to needing to develop skills to care for themselves and to interface with physicians and hospitals, they also may be facing changes in living situation, schooling, and vocation. As such, many young adults with chronic conditions fail to establish care with adult providers which leads to poor health outcomes. Further, these young adults often have less academic and vocational success than their aged matched peers. In order to provide successful overall transition from pediatric to adult care therefore entails a community approach. The goals of this clerkship will be to define transition aged youth, to identify barriers to care, to identify social barriers and to explore existing community resources.

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

a. Academic faculty: Beverly Nazarian, MD 774-442-5545 Beverly.nazarian@umassmemorial.org  
Amy Lo, MD 508-835-622 amy.lo@umassmemorial.org

b. Community faculty:

c. Agency name, address, telephone number:

**5. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are: UMass Memorial, Worcester Area community agencies as noted below, possible home visits in or outside of Worcester
- b. Primary student activities include: visiting community agencies serving transition age youth (eg., public schools, DDS, Mass Rehab, Center for Living and Working, Seven Hills), meeting with families and youth (in clinic or home visit).
- c. The different types of professions that are part of the student experience include: physicians in pediatrics, medicine-pediatrics, family medicine, community partners (social workers from DPH and WPS, parent professionals, etc)
- d. Do students need to be highly self-directed or are activities largely pre-scheduled? Community visits will be prescheduled, but some degree of self-direction is necessary.
- e. Possible micro-service projects are: 1-2 page provider/patient handouts with information about community resources for transition aged youth.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

a. City/Town of primary site: Worcester, MA

- b. Maximum number of students on team: 4
- c. Typical hours, including any weekends or evenings: Monday – Friday 9-5
- d. Typical daily travel distance (round trip from Worcester): 5 to 10 miles

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): possible CORIs if visiting Worcester Public Schools

**Readings to prepare for activities, discussions, site visits or meetings:**

**Mahan, J, Betz, C, Okumura, M, and Ferris, M. "Self-management and Transition to Adult Health Care in Adolescents and Young Adults: A Team Process"**

[Pediatrics in Review July 2017, VOLUME 38 / ISSUE 7](#)

**8. Resources:**

- a. Web resources relevant for this population and/or health issue: [www.gottransition.org](http://www.gottransition.org),  
<https://www.mass.gov/health-transition-for-youth-young-adults-with-special-health-needs>
- b. Links to relevant agency reports:

<p><b>1. Team title:</b> Veterans/Military Health Issues</p>
<p><b>2. Population of focus, including information on how it is defined:</b> Veterans, members of the military and their families.</p>
<p><b>3. Brief summary description/abstract (50 words or less):</b> Who is veteran? Who is in the National Guard and Reserves? What health care needs are unique to veterans and why? Who gets care at the VA? What should clinicians know about when caring for members of the military and their families? Hear the answers directly from veterans and those who care for them.</p>
<p><b>4. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <p>a. Academic faculty: Linda Cragin, Director, MassAHEC Network 508-856-4303, <a href="mailto:linda.cragin@umassmed.edu">linda.cragin@umassmed.edu</a> 333 South St. Shrewsbury, MA 01545 Christine Runyan, PhD, ABPP, Clinical Associate Professor, Director, Postdoc Fellowship in Clinical Health Psychology in Primary Care, Dept. of Family Medicine and Community Health <a href="mailto:Christine.runyan@umassmemorial.org">Christine.runyan@umassmemorial.org</a> (prior Air Force) Janet Hale, PhD, RN, FNP, Associate Dean Interprofessional and Community Partnerships Graduate School of Nursing <a href="mailto:janet.hale@umassmed.edu">janet.hale@umassmed.edu</a> (retired, Army)</p> <p>b. Community faculty: several local agencies are involved; will be detailed on the schedule.</p> <p>c. Agency name, address, telephone number: N/A</p>
<p><b>5. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: Presentations and discussions are at the University campus. Site visits to the local VA in Worcester and service delivery sites in Boston (drive or car pool).</p> <p>b. Primary student activities include: attendance, participation, interaction and accomplishment of PHC course requirements</p> <p>c. The different types of professions that are part of the student experience include: MD, NP, Psychologist, Rehab, acupuncturist, yoga instructor, veteran counselors,</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? Generally pre-scheduled</p> <p>e. Possible micro-service projects are: to be decided with students at 1<sup>st</sup> meeting in Sept.</p>
<p><b>6. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <p>a. City/Town of primary site: Worcester, with some trips to local sites and Boston.</p> <p>b. Maximum number of students on team: 8</p> <p>c. Typical hours, including any weekends or evenings: generally 8:30-4:30, plus travel time to Boston. Schedule will be available 2 weeks in advance.</p> <p>d. Typical daily travel distance (round trip from Worcester): ~50-miles round trip 2-4 times during the 2 weeks for possible trips to Worcester, Boston and possibly other sites within a 90-minute radius (UMMS van may be available).</p>
<p><b>7. Preparatory materials:</b></p> <p>a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): NA</p> <p>b. Readings to prepare for activities, discussions, site visits or meetings: Will be shared at 1<sup>st</sup> meeting.</p>
<p><b>8. Resources:</b></p> <p>a. Web resources relevant for this population and/or health issue:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.mass.gov/veterans/">http://www.mass.gov/veterans/</a></li> <li>• <a href="http://www.defense.gov/">http://www.defense.gov/</a></li> </ul>

- <http://www.va.gov/>
  - <http://afterdeployment.dcoe.mil/> (for community health care providers treating various issues in veterans)
  - <http://www.ptsd.va.gov/>
- b. Links to relevant agency reports:
- **Laws and Benefits Guide:** <http://www.sec.state.ma.us/cis/cisvet/vetidx.htm>
  - **Attorney General's guide:** <http://www.mass.gov/ago/consumer-resources/your-rights/veterans-resources/veterans-resource-guide.html>

<p><b>1. Team title: Worcester Healthy Baby Collaborative Baby Box Project</b></p>
<p><b>2. Population of focus, including information on how it is defined:</b></p> <p><b>Worcester city residents who are women of child-bearing age (approx 12-45), with specific outreach to immigrant and underserved communities</b></p>
<p><b>1. Brief summary description/abstract (50 words or less): Students will support the Baby Box initiative of the Worcester Healthy Baby Collaborative, working with local community agencies in ongoing work of this project to reduce infant mortality and prematurity through education and engagement.</b></p>
<p><b>2. Team faculty:</b> please supply full names, titles, telephone number, email addresses</p> <ul style="list-style-type: none"> <li>• Academic faculty: <b>Tasmina Hydery</b>, Family Medicine and Community Health, UMass Med School, <b>Sara Shields MD</b>, family physician, Family Health Center Worcester; <b>Cathy Violette NP</b>, UMass Memorial</li> <li>• Community faculty: <b>Christina Gebel, MPH</b>, Regional Director, March of Dimes; TBD from Worcester DPH</li> </ul>
<p><b>3. Defining characteristics:</b></p> <p>a. The primary sites and locations at which the students will spend their time are: Family Health Center, EMK Health Center, UMass Memorial Hospital, Worcester DPH, and various community locations</p> <p>b. Primary student activities include: Continue Baby Box project student work that began winter 2017 and continued through summer 2017 and 2018 student assistantships. As part of this, Students will be able to attend Baby Café, work as NICU cuddlers, meet with Centering Pregnancy program staff at FHCW, and learn more about the March of Dimes and the Worcester DPH's work to reduce infant mortality.</p> <p>c. The different types of professions that are part of the student experience include: physician, nurse practitioner/nurse midwife, community health worker, social worker, nurse</p> <p>d. Do students need to be highly self-directed or are activities largely pre-scheduled? self-directed with a schedule to guide them</p> <p>e. Possible micro-service projects are: helping collect supplies for Baby Boxes, helping arrange a distribution day, helping with pre and post-surveys, help with improving WHBC web site regarding Baby Boxes, help with marketing</p>
<p><b>4. Specific logistical details, (e.g. housing, transportation, etc.) including:</b></p> <p>a. City/Town of primary site: <b>Mostly in Worcester. A car or carpool is necessary for local travel in Central MA. Sessions may begin early morning or may continue into the early evening and may include some weekend work, with weekday comp time allowed.</b></p> <p>b. Maximum number of students on team: <b>4 (prefer Spanish speaking)</b></p> <p>c. Typical hours, including any weekends or evenings: <b>8am-6pm, an evening and/or weekend workshop or activity may occur</b></p> <p>d. Typical daily travel distance (round trip from Worcester): <b>Local travel, possibly one day into Boston</b></p>

## 5. Preparatory materials:

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): to work at FHCW will need standard student process (CORI, immunization); CITI completion needed
- b. Readings to prepare for activities, discussions, site visits or meetings:
  - 1) Review Baby Box materials on Google Drive (link will be provided once students are chosen)
  - 2) Attend meeting with current project staff prior to PHC to discuss background (1hr)

## 6. Resources:

Web resources relevant for this population and/or health issue: Web resources relevant for this population and/or health issue:

- i. <http://libraryguides.umassmed.edu/worcesterhealthybaby> Library guide created by 2015 PHC team – consider relevant updates or additions
  - ii. [www.worcesterhealthybaby.org](http://www.worcesterhealthybaby.org) Browse reports and conference proceedings.
- 2) Links to relevant agency reports:  
*Health of Worcester*, <http://www.worcesterma.gov/ocm/public-health>
- 3) Public Health Strategies to Prevent Preterm Birth  
<http://www.cdc.gov/cdcgrandrounds/archives/2015/november2015.htm>



**Team title: Worcester Public Schools: School-located Influenza Clinics (SLICs)**

**1. Population of focus, including information on how it is defined:** All children between the ages of 5 and 18 who attend the Worcester Public Schools.

**2. Brief summary description/abstract (50 words or less):**

How can we improve influenza immunity in the public schools of Worcester? In this clerkship you will learn about the influenza immunization rates in the Worcester Public Schools and receive training to give injections and to lead a team of volunteers at the school-located influenza clinic stations.

You will spend the first week visiting schools, learning about the school-based health centers, and hearing from representatives at the Division of Public Health. During the second week you will lead flu clinics in the schools, helping to organize the volunteers and students and administering vaccines alongside the Worcester Public School, Public Health, and volunteer nurses, volunteer physicians, and many students in health-related programs attending various colleges in the city of Worcester.

**3. Team faculty:** please supply full names, titles, telephone number, email addresses

a. Academic faculty: Heather-Lyn Haley, PhD; [Heather-Lyn.Haley@umassmed.edu](mailto:Heather-Lyn.Haley@umassmed.edu) ; 774-441-6366

b. Community faculty: Debra McGovern, DNP, RN, Director of WPS Nursing and Health Services.

c. Agency name, address, telephone number: Worcester Public School Department of Nursing and Health Services, 140 Apricot St., 508-799-8554, [mcgovernd@worc.k12.ma.us](mailto:mcgovernd@worc.k12.ma.us)

**4. Defining characteristics:**

- a. The primary sites and locations at which the students will spend their time are: The 1<sup>st</sup> week at various schools with school-based health centers and the WDPH. The second week at many schools running flu clinics.
- b. Primary student activities include: Learning to be a team leader, how to give injections, and interacting with students of all ages and developmental phases.
- c. The different types of professions that are part of the student experience include: physicians, nurses, NPs, Public Health employees, students in various health-related fields.
- d. Do students need to be highly self-directed or are activities largely pre-scheduled? Largely pre-scheduled.
- e. Possible micro-service projects are: Promoting flu vaccine in the school setting, focus groups with adolescent students on how best to reach and convince them of the importance of vaccination, policy work around having fluoride in the city water, parent education as to the value of the flu vaccine particularly around increasing herd immunity, public health campaign promoting flu vaccine for all.

**5. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester
- b. Maximum number of students on team: 8
- c. Typical hours, including any weekends or evenings: daytime during the week, typical 8-2
- d. Typical daily travel distance (round trip from Worcester): within the city travel to schools and WDPH

**6. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training): Must attend trainings for injecting and team leading.
- b. Readings to prepare for activities, discussions, site visits or meetings: Must attend kick-off meeting in September, review CDC website on influenza vaccines and running mass vaccine clinics. Google clinic schedule will be available in July- begin to recruit volunteers.

**7. Resources:**

a. **Web resources relevant for this population and/or health issue:**

<https://www.cdc.gov/flu/about/season/current.htm>

**Links to relevant agency reports:**

Morbidity and Mortality Weekly Report, August 25, 2017 / 66(33); 1–20

[https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a2.htm?s\\_cid=mm6633a2\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a2.htm?s_cid=mm6633a2_w)

Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2017–18 Influenza Season.

<https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

**1. Team title:** Working with High Health Care Utilizing Patients: The Hot Spotting Team

**2. Population of focus, including information on how it is defined:**

Patients who are high utilizers of the healthcare system by ED visits, hospital admissions, and other criteria. These patients are often low income and have chronic medical and/or mental health conditions. Inappropriate use of healthcare resources may stem from socioeconomic barriers they face such as transportation, housing, and medication issues.

**3. Brief summary description/abstract (50 words or less):**

Students will join a team based in the clinical system's Office of Clinical Integration. Under the guidance of nurse care managers, they will learn to assess and gain insight into the root causes that lead patients to over-utilize the healthcare system. They will work with super-utilizer patients to understand their unique circumstances and help connect them with appropriate community resources.

**4. Team faculty:** please supply full names, titles, telephone number, email addresses

a. Academic faculty:

Suzanne Cashman, ScD, Family Med & Community Health, UMMS, [suzanne.cashman@umassmed.edu](mailto:suzanne.cashman@umassmed.edu)  
Sean Reid, MS4, UMMS, [sean.reid@umassmed.edu](mailto:sean.reid@umassmed.edu)  
Abhi Gupta, MS4, UMMS, [abhinav.gupta@umassmed.edu](mailto:abhinav.gupta@umassmed.edu)  
Umaru Barrie, MS4, UMMS, [umaru.barrie@umassmed.edu](mailto:umaru.barrie@umassmed.edu)

b. Community faculty:

William Behan, RN, Office of Clinical Integration, UMMHC,  
[william.behan1@umassmemorial.org](mailto:william.behan1@umassmemorial.org)

c. Agency name, address, telephone number:

Office of Clinical Integration  
1 Mercantile St  
Worcester, MA 01608

**5. Defining characteristics:**

a. The primary sites and locations at which the students will spend their time are:

Office of Clinical Integration in Worcester

b. Primary student activities include:

Reviewing data used to identify high utilizers, participating in home visit orientation training, conducting home visits with high utilizing patients, following up on identified patient needs

c. The different types of professions that are part of the student experience include:

Nursing, social work, emergency medicine, community health worker, case manager, administrator

d. Do students need to be highly self-directed or are activities largely pre-scheduled?

Mixed

- e. Possible micro-service projects are:

Contributing to advancing the UMMS hot spotting initiative and summarizing data from literature reviews prior students have conducted as well as data collected from the hot spotting initiative thus far. Developing recommendations for expanding the initiative.

**6. Specific logistical details, (e.g. housing, transportation, etc.) including:**

- a. City/Town of primary site: Worcester, MA
- b. Maximum number of students on team: 3-5
- c. Typical hours, including any weekends or evenings:

Typically normal business hours, though there could be an early evening or weekend home visit

- d. Typical daily travel distance (round trip from Worcester): N/A

**7. Preparatory materials:**

- a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):

Students will need to be available in August and September for up to 8 hours for training and orientation to the hot spotting work. This is to ensure that they have clinical clearance and are ready to begin the work as soon as the two-week clerkship begins.

- b. Readings to prepare for activities, discussions, site visits or meetings:

<http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters>

[http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/aug/1764\\_hong\\_caring\\_for\\_high\\_need\\_high\\_cost\\_patients\\_ccm\\_ib.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/aug/1764_hong_caring_for_high_need_high_cost_patients_ccm_ib.pdf)

[http://well.blogs.nytimes.com/2013/11/21/spending-more-and-getting-less-for-health-care/?\\_r=0](http://well.blogs.nytimes.com/2013/11/21/spending-more-and-getting-less-for-health-care/?_r=0)

**8. Resources:**

- a. Web resources relevant for this population and/or health issue: See above
- b. Links to relevant agency reports: