

Population Health Clerkship

2016 Team Catalog

Preferences due: August 15, 12:00 noon

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/PHC2016_rankings

UMMS Population Health Clerkship 2016 team catalog

See page	Team Title:	City	# students max
8	1. Access to quality health care and services in lesbian, gay, bisexual and transgender communities	Worcester	8
11	2. Adolescent sexual health education in a rural setting	Barre Family Health Center	6
12	3. Adults with intellectual disability: Community living and health care experiences	Worcester/ Waltham/ Wrentham	5
14	4. Assessing domestic and sexual violence needs in underserved communities (Medical-legal partnership)	Worcester	4
16	5. Caring for children and youth with autism	Worcester	4
18	6. Clinton Hospital: Meeting the region's community health improvement plan (CHIP) locally	Clinton	4
19	7. Complementary and alternative medicine for wellness: Burnout prevention for ourselves and our community	Worcester	6
20	8. End of life care	Worcester	6
23	9. Geriatrics: Fall risk and prevention for older adults	Worcester	4
26	10. Health care for the homeless	Worcester	5
29	11. Healthcare, advocacy and addiction in the Latino community in Worcester	Worcester	6
31	12. High utilizers of emergency room services in Lowell: Creating a culture shift toward seeking appropriate care with the PCP and reducing non-urgent ER use.	Lowell	4
33	13. Hotspotting in Worcester	Worcester	4
35	14. How do I feed my family tonight? Food, health and access within our community	Worcester	8
39	15. Incarcerated and urban working poor	Jamaica Plain	10
46	16. Injury prevention IS public health	Worcester	10
48	17. Living with a disability	Worcester	6
51	18. Parenting & family stability	Worcester	4
54	19. Refugee health	Worcester	4
56	20. Teaching and learning about race, power and privilege	Worcester	6
57	21. US health reform, health system transformation and population health: Challenges and opportunities for improvement	Worcester/Boston	8
59	22. Veterans/military health issues	Worcester/ Boston/ Bedford	8
62	23. Worcester Head Start Program	Worcester	5
63	24. Worcester Healthy Baby Collaborative	Worcester	4
64	25. Worcester's faces and places: Family Health Center Worcester	Worcester	8

This document provides brief summaries of each team at the front, then directs you to longer, more detailed descriptions to help you identify the teams that may best suit your learning style and goals.

See page	Team Title:	Summary	City
8	Access to Quality Health Care and Services in Lesbian, Gay, Bisexual and Transgender Communities	Improving health for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community is a national priority. Members of this community 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 LGBT community. This PHC offers participants the opportunity to explore a local community and consider the care and service resources for LGBT members. Participants will collaborate on a project that has the potential to support the community and improve health.	Worcester
11	Adolescent sexual health education in a rural setting	The purpose of this clerkship is to expand on Barre Family Health Center's outreach to the regional high school, enhance our "Girl Talk" curriculum, and develop outreach programs for parents and adolescent males in our community.	Barre
12	Adults with intellectual disability: Community living and health care experiences	This clerkship includes clinical and community experiences focused on people with intellectual disability. 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.	Worcester/ Waltham/ Wrentham
14	Assessing domestic and sexual violence needs in underserved communities (Med-Legal Partnership)	Population Health Clerks will work with Community Legal Aid/Central West Justice Center and New Hope on the development of a needs assessment focused on addressing domestic and sexual violence needs in the elder and Ecuadorian communities of southern Worcester County. Project includes involvement in focus groups and community stakeholder meetings.	Worcester
16	Caring for children and youth with autism	This clerkship includes clinical and community experiences focused on children and youth with autism. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, transitional needs as the child grows and the role of the physician in the child's and their family's circle of supports.	Worcester
18	Clinton Hospital: Meeting the region's community health improvement plan (CHIP) locally	Clinton Hospital, a member and in partnership with The Community Health Network Area 9(CHNA9), developed a Community Health Improvement Plan (CHIP) for the region - a broad, action-oriented strategic plan that contains opportunities for partnership, leverage, and focus to enhance impact. The Clinton Area Community Partners advises Clinton Hospital and proposes looking at the priority areas to determine where Clinton fits into the Community Health Improvement Plan (CHIP) for the region and how we can	Clinton

See page	Team Title:	Summary	City
		implement strategies to meet the region's CHIP locally. Using the indicators of the Region's CHIP can help determine what is affecting Clinton and surrounding towns.	
19	Complementary and alternative medicine for wellness: Burnout prevention for ourselves and our community	The purpose of this population health clerkship experience is to introduce students to different complementary medicine modalities and complementary and alternative medicine resources available to the Worcester community. Students will learn about CAM in order to facilitate a Wellness Week at the YWCA Central MA, as well as for development of personal burnout prevention techniques.	Worcester
20	End of life care	This Clerkship explores a holistic approach to enhancing care at the end of life: Including a focus on interdisciplinary medical care; emotional and spiritual support; and the impact of culture and life experience. The group will also examine related health policies, ethical issues, and the advocacy role of the nurse practitioner/physician.	Worcester
23	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.	Worcester
26	Health care for the homeless	We will accept 5 students to join us at Homeless Outreach to gain an understanding of health issues faced by Worcester's homeless adults. We will visit several shelters and outreach sites and observe how the community shapes the barriers and accessibility to healthcare for the underserved through comparison to Boston for contrast.	Worcester
29	Healthcare, Advocacy and Addiction in the Latino Community in Worcester	Join Worcester's Commissioner of Health & Human Services and learn about the city's underserved and their needs. Students will learn about advocacy, vulnerable populations, social determinants of health and population health by experiencing first-hand public health efforts through visiting service providers, members of the community, and local & state politicians.	Worcester
31	High utilizers of emergency room services: Creating a culture shift toward seeking appropriate care with the PCP and reducing non-urgent ER use.	Lowell Community Health Center would like to reduce the non-urgent use of the ER by its patients. Lowell CHC has many patients who frequently use the ER for minor issues during regular clinic operating hours. We would like to determine how to change this behavior and encourage appropriate ER use.	Lowell
33	Hotspotting	Students will join a team based in the clinical system's Office of Clinical Integration. As part of that team, they will gain insight into the root causes that lead some patients to have repeat emergency room visits and hospital admissions and	Worcester

See page	Team Title:	Summary	City
		analyze how these additional medical care services might have been avoided. They will work with super-utilizers to understand their unique circumstances and help connect them with community resources.	
35	How do I feed my family tonight? Food, health and access within our community	Faculty will guide students through the process of conducting a community assessment and share available resources that provide population metrics. Students will work as detectives to come up with the best way, in their eyes, to characterize the population at risk for experiencing food insecurity.	Worcester
39	Incarcerated and urban working poor	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. 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 suffering.	Jamaica Plain
46	Injury prevention IS public health	This clerkship is an experience that exposes students to trauma system development and the systematic approach of our UMMHC injury prevention program. Injury prevention is meshed intricately with public health. The Worcester Division of Public Health (WDPH) has just launched their new 2016 Greater Worcester Community Health Improvement Plan (2016). The priority areas will be threaded throughout offsite experiences that include injury prevention, safety, substance abuse and others.	Worcester
48	Living with a disability	Students will meet individuals with disabilities and professionals in community-based and clinical settings to learn about providing quality health care, assistive technology, sexuality, and community supports that enable them to lead full lives. Past responses have been very positive. Typical comments include, "I have had more positive exposure to people with disabilities than I have in my whole life" and "I now feel much more comfortable and self-assured."	Worcester
51	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: <ul style="list-style-type: none"> • 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 	Worcester
54	Refugee health	Worcester is home to many resettled refugees. Students will learn about those resettling in the Worcester area, the resources available to them, and their health concerns on arrival as well as during and following the resettlement process.	Worcester

See page	Team Title:	Summary	City
56	Teaching and learning about race, power and privilege	This team will focus on exploring the ways in which race, power and privilege can affect the provision and receipt of quality healthcare, and how medical education can reduce negative consequences of bias. Students will assist with planning and delivery of a workshop for PHC teams in week two, and/or with focus groups of healthcare providers discussing their experiences and best practices in cases of patient-expressed racism.	Worcester
57	US health reform, health system transformation and population health: Challenges and opportunities for improvement	The US health care system is going through tremendous change in response to national and state reform efforts which seek to expand access, control costs and improve health outcomes and population health. This clerkship will provide students with a structured opportunity to engage with consumer advocates, and health system and public policy leaders in Massachusetts to gain a better understanding of the opportunities and challenges related to reforming our health care system and promoting population health. We plan to leverage UMass Memorial Healthcare and the Worcester community as a case study to better understand the challenges and opportunities of coordinating clinical and community services to address social determinants of health and improve health outcomes and population health.	Worcester/Boston
59	Veterans/military health issues	Who is a veteran? What healthcare needs are unique to veterans and why? Who gets healthcare at the VA? What should all clinicians know about caring for veterans and their families? Hear the answers from veterans and those who care for them during this informative, reflective, and powerful clerkship.	Worcester/ Boston/ Bedford
62	Worcester Head Start Program	Students will be introduced to the federal Head Start program and the fundamental role of the health and education programs to assess, screen, and refer children at risk of developmental delays. Students will be introduced to the role of community partners to promote optimal childhood growth and development.	Worcester
63	Worcester Healthy Baby Collaborative	Students will support initiatives of the Worcester Healthy Baby Collaborative, working with local communities to reduce infant mortality and prematurity through education and engagement.	Worcester
64	Worcester's faces and places: Family Health Center Worcester	Students will learn about the populations served in the community health center environment and the ways in which CHCs provide care. What is it like to live in Main South and not know what you are going to feed your kids for dinner? Learn what it is like to be a patient at FHCW who suffers from food insecurity. We will get to know the neighborhood, health center and available resources.	Worcester

Access to Quality Health Care and Services in Lesbian, Gay, Bisexual and Transgender Communities

2016 UMMS SOM and GSN Population Health Clerkship

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - i. Kenneth Peterson, PhD, MS, RN, FNP-BC, Assistant Professor, Family Nurse Practitioner Program, Graduate School of Nursing
 - ii. Student co-leader: Kirsten Hartwick, MSII
 - b. Community Faculty: **tbn**
2. Brief Summary: Improving health for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community is a national priority. Members of this community experience inappropriate differences in access to care quality, care services and poorer health outcomes as compared to heterosexuals. Stigma and discrimination rank as significant influences on insufficient access and poor quality of care. Advanced practice nurses and physician are in key positions to impact these inequities and improve health for the LGBT community This PHC offers participants the opportunity to explore a local community and consider the care and service resources for LGBT members. Participants will collaborate on a project that has the potential to support the community and improve health.
3. Defining characteristics
 - a. The population of primary interest for this team is:
 - i. Lesbian, Gay, Bisexual and Transgender Communities
 - b. The health issue affecting this population on which this team will focus is:
 - i. Access to culturally appropriate care and relevant services for LGBT individuals in Worcester and within the greater Commonwealth
 - c. The primary sites and locations at which the team will spend their time are:
 - i. UMMS with visits to Family Health Center Worcester, Edward M Kennedy Community Health Center, UMass Memorial, Fenway Community Health Center, AIDS Project Worcester, Safe Homes, Planned Parenthood, and LGBT Asylum Support Task Force.
 - d. Primary student activities:
 - i. Investigate what health services are currently available and welcoming to Worcester's LGBT population. One UMASS Memorial report found that the majority of LGBT persons surveyed sought their healthcare outside of the Worcester area; however, there are LGBT sensitive and specific services offered in the Worcester area. This two week PHC will focus on (1) exploring Worcester's LGBT community (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.
 - e. Specific logistical details e.g. housing, transportation, etc.

Access to Quality Health Care and Services in Lesbian, Gay, Bisexual and Transgender Communities

- i. Majority of time will focus on exploring organizations in Worcester which support the LGBT community. There will be opportunities to explore care and resource options in other MA cities and towns.
 - f. Maximum number of students on team:
 - i. Eight
 - g. Typical hours, including any weekends or evenings:
 - i. Primarily during 9-5, though some evening hours may be planned.
 - h. Typical daily travel distance (return trip):
 - i. Majority of events are at UMMS and the surrounding Worcester area; however, there will be a day trip to Boston to visit Fenway Health.
 - i. List the different types of professions that are part of the student experience:
 - i. Depending upon site placement, the professions include: medical primary care professions and some specialties, community health workers, social workers, health educators, counselors, youth workers, and community activists.
 - j. Do students need to be highly self-directed /pre-scheduled:
 - i. Mostly self directed
- 4. Resources:
 - a. Web resources relevant for this population and/or health issue
 - o American Medical Student Association – Gender and Sexuality Action Committee
 - o [Gay and Lesbian Medical Association](#)
 - o GLBT Youth Support Project & OutHealth of Health Imperatives
 - o [LGBT Aging Project](#)
 - o Parents, Friends, and Families of Lesbians & Gays, [PFLAG](#)
 - b. Links to relevant agency reports
 - o Health Resources and Service [Administration](#): LGBT Health
 - o Institute of Medicine: The Health of LGBT People
 - o [Health People 2020: Lesbian, Gay, Bisexual and Transgender Health](#)
 - c. Another great place to find reports and reading materials on GLBT health, [The National LGBT Health Education Center](#) at The Fenway Institute which links to the following information:
 - o Providing Welcoming Services and Care for LGBT People: A Learning Guide for Health Care Staff
 - o Do Ask, Do Tell: Talking to your provider about being LGBT
 - o Why gather data on sexual orientation and gender identity in clinical settings
 - o How to gather data on sexual orientation and gender identity in clinical settings
 - o Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities

Access to Quality Health Care and Services in Lesbian, Gay, Bisexual and Transgender Communities

- Addressing the Needs of LGBT People in Community Health Centers: What the Governing Board Needs to Know
- Promoting Cervical Cancer Screening Among Lesbians and Bisexual Women
- Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff
- Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers
- Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers

Team title: Adolescent Sexual Health Education in a Rural Setting

The purpose of this clerkship is to expand on our outreach to the regional high school and enhance our “Girl Talk” curriculum, and develop outreach programs for parents and adolescent males in our community.

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
**Barre Family Health Center
151 Worcester Road
Barre, MA 01005
978-355-6321**
 - i. **Cynthia Jeremiah MD (Cynthia.Jeremiah@umassmemorial.org)**
 - ii. **Christina Gracey MD (not yet assigned an email)**
 - j. Defining characteristics
 - a. The population of focus for this team is:
 - i. **Adolescent girls and boys in the Quabbin Regional School District**
 - ii. The health issue affecting this population on which this team will focus is: **Sexual Health**
 - b. The primary sites and locations at which the team will spend their time are:
 - i. **Barre Family Health Center & Quabbin Regional High School**
 - c. Primary student activities include:
 - i. **Participating in Girl Talk Small Groups**
 - ii. **Participating in Resident Sexual Health Talks at QRHS**
 - iii. **Finding resources for staff to help educate parents/teens**
 - iv. **Finding reliable resources for teens (possibly accessible on FB, Twitter, an app, etc)**
 - v. **Reach out to PTA to help coordinate a “Parent Talk” on how to talk to teens**
 - vi. **Work towards launching “Guy Talk”. Most male based programs are linked to an activity. What kind of activity can we link this curriculum to?**
 - vii. Specific logistical details, e.g transportation, etc. include: **may be beneficial to carpool.**
 - d. Maximum number of students on team: **6**
 - e. Typical hours, including any weekends or evenings: **General start time will be between 8-9 am, and end time will be between 4-5 pm. No weekend hours. But students can participate in Girl Talk sessions, that typically are on Wednesday evenings from 5:30-7:30 pm.**
 - f. Typical daily travel distance (round trip): **approximately 46 miles**
 - g. The different types of professions that are part of the student experience include: **Medical professionals, Health teachers, High school nurse, Sports coaches**
 - j. **Do students need to be highly self-directed or are activities largely pre-scheduled? Highly self directed. They are given a schedule at the beginning of the block with coordinated meetings at the high school and the health center. But they have a lot of self directed time to work on the activities listed above.**
 - k. Possible micro-service projects are:
 - i. **Creating a list of resources for staff to be adjunct educators.**
 - ii. **Creating a list of resources for teens to educate themselves.**
 - iii. **Starting Parent Talk.**
 - iv. **Developing a plan to launch Guy Talk.**
 - k. Resources:
 - i. **<http://www.advocatesforyouth.org>**
 - ii. **<http://www.uua.org/re/owl>**

1. **Team title:** Adults with Intellectual Disability: Community living and Health Care experiences
2. **Brief summary description/abstract (50 words or less):** This clerkship includes clinical and community experiences focused on people with intellectual disability. 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.
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Emily Lauer, MPH emily.lauer@umassmed.edu, Alixe Bonardi, MHA, OTR/L alexandra.bonardi@umassmed.edu
 - b. Community faculty: To be confirmed – Community service agency leadership
4. Defining characteristics
 - a. The population of focus for this team is: Adults with Intellectual Disabilities and Developmental Disabilities
 - b. The health issue affecting this population on which this team will focus is:
Students will have the opportunity to understand the unique issues related to caring for adults with intellectual disability - a population that experiences significant disparities in preventive screenings and health outcomes.
 - c. The primary sites and locations at which the team will spend their time are: Students will travel primarily in the greater Worcester area. Visits to Shriver Center in Boston (Charlestown), Wrentham, Marlborough, and possibly Boston are also planned.
 - d. Primary student activities include:
Students will spend time at state and private community agencies that provide health and social service for this population. Activities will allow students to examine the impact of state and federal policy on health issues, and to spend time with people with intellectual disability in community based settings. Participation in a Special Olympics senior athlete event (if scheduling allows) and interaction with Special Olympics athletes will be included in the clerkship. Students will participate in a one-day state leadership meeting, learning about state efforts to enhance the lives of people with intellectual disability.
Students will also accompany an adult to a medical encounter (a day in the life experience) and observe a specialized geriatric screening clinic.
 - e. Specific logistical details, e.g. housing, transportation, etc. include: Students will need to provide their own transportation to the specified sites. Car-pooling is strongly recommended.
 - f. Maximum number of students on team: 5
 - g. Typical hours, including any weekends or evenings: There may be an opportunity to participate in a weekend (Saturday) Special Olympics event in place of scheduled activity during a week day.
 - h. Typical daily travel distance (round trip): From Worcester, we will travel one day to Wrentham (80 mi), two trips to Charlestown (90 mi and possibly one trip to Boston (90 mi). Most activities are

scheduled in the Worcester area.

- i. 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 intellectual disabilities, their families, and their support providers.
- j. 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 adults with intellectual disability. Academic faculty members are present at some but not all activities.
- k. Possible micro-service projects are:
 - i. Assisting at Special Olympics event.
 - ii. Presenting health promotion content to day program participants and staff.

5. Preparatory materials:

- a. Site/task requirements: CORIs
- b. Readings to prepare for activities, discussions, site visits or meetings: Will be shared ahead of the clerkship

6. Resources:

- a. Web resources relevant for this population and/or health issue:
http://www.alphaonenow.com/story.php?news_id=4248
<http://shriver.umassmed.edu/programs/cdder/preventive-health-screenings-adults-intellectual-disabilities>
- 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 and navigate on right side of page to QA and Improvement reports > Mortality Reports
- c. 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 (This was the foundational article - there have been more recent publications you can also review, building from this reference).

1. **Team title:** Assessing domestic and sexual violence needs in underserved communities
2. **Brief summary description/abstract (50 words or less):**

Population Health Clerks will work with Community Legal Aid/Central West Justice Center and New Hope on the development of a needs assessment focused on addressing domestic and sexual violence needs in the elder and Ecuadorian communities of southern Worcester County. Project includes involvement in focus groups and community stakeholder meetings.
3. **Team faculty: please supply full names, titles, phone, email and mailing addresses**
 - a. **Academic faculty: Heather-Lyn Haley**
 - b. **Community faculty:**
 - i. Sherri
Community Based Advocate - New Hope
140 Park St., Attleborough, MA 02703 (Main office)
advocacy@new-hope.org
 - ii. Melina Muñoz
Staff Attorney - Central West Justice Center
405 Main Street, Worcester, MA 01608
mmunoz@cwjustice.org, (508) 425-2818
4. **Defining characteristics**
 - a. **The population of focus for this team is:**
 - i. Survivors of domestic and sexual violence in Southern Worcester County.
 - b. **The health issue affecting this population on which this team will focus is:**
 - i. Domestic and sexual violence, and legal issues.
 - c. **The primary sites and locations at which the team will spend their time are:**
 - i. Community locations in southern Worcester County where stakeholder meetings and focus groups will be held.
 - ii. New Hope (Milford satellite office)
 - iii. Central West Justice Center
 - d. **Primary student activities include:**
 - i. Involvement in community-based agency stakeholder meetings and population-specific focus groups focused on domestic and sexual violence (prevalence, perceptions, community needs).
 - ii. Compile and analyze data collected from agency stakeholder meetings and focus groups.
 - iii. Domestic Violence Pre-service training (Aug 29-Sept 1) and related trainings, if available
 - iv. Observation of restraining order hearing.
 - v. Community-based scavenger hunt aimed at developing a resource list focused on the elder communities in Bellingham, Medway, Upton, Hopedale and the Ecuadorian community in Milford.
 - vi. Participation in other community-wide meetings, as available.
 - e. **Specific logistical details, e.g. housing, transportation, etc. include:**
 - i. Housing travel, etc. student responsibility.
 - f. **Maximum number of students on team: 4**

- g. **Typical hours, including any weekends or evenings:** Generally 9:00 AM – 5:00 PM with a couple of evenings.
- h. **Typical daily travel distance (round trip):**
 - i. Locally in Worcester but also travel to Milford and surrounding towns.
- i. **The different types of professions that are part of the student experience include:**
 - i. Community based advocates
 - ii. Legal providers
 - iii. Domestic and sexual violence providers
 - iv. Elder and Latino community providers
 - v. Interpreters
 - vi. Potentially, community health center staff
- j. **Do students need to be highly self-directed or are activities largely pre-scheduled?** Yes
- k. **Possible micro-service projects are:**
 - i. Compile and analyze data/results collected from agency stakeholder meetings and focus groups.
 - ii. Present results to New Hope and Central West Justice Center

5. Preparatory materials:

- a. **Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training:** None
- b. **Readings to prepare for activities, discussions, site visits or meetings**
 - i. Rosenberg, Tina. 2014. When Poverty Makes You Sick, a Lawyer Can Be the Cure. New York Times, July 17, 2014. <http://nyti.ms/1nCBPjh>.
 - ii. Davies, Jill. 2011. Advocacy Beyond Leaving Guide, http://www.vawnet.org/Assoc_Files_VAWnet/AdvocacyBeyondLeavingGuide.pdf
 - iii. Davies, Jill. 2010. TANF is Not Enough, What TANF Offers Family Violence Victims, <http://www.legalmomentum.org/sites/default/files/reports/not-enough-what-tanf-offers.pdf>

6. Resources:

- a. **Web resources relevant for this population and/or health issue:**
 - i. <http://www.new-hope.org/>
 - ii. <http://www.communitylegal.org/>
 - iii. <http://medical-legalpartnership.org/>;
 - iv. <https://www.futureswithoutviolence.org/>
 - v. <http://www.preventelderabuse.org/elderabuse/>
 - vi. <http://www.nnirr.org/drupal/>
- b. **Links to relevant agency reports:**
 - i. New Hope's annual report: <http://www.new-hope.org/wp-content/uploads/2016/01/FY15-Annual-Report-FINAL.pdf>
 - ii. Community Legal Aid's annual report: <http://www.communitylegal.org/sites/default/files/cla-report-2015-web.pdf>

1. **Team title:** Caring for Children and Youth with Autism
2. **Brief summary description/abstract (50 words or less):** This clerkship includes clinical and community experiences focused on children and youth with autism. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, transitional needs as the child grows and the role of the physician in the child's and their family's circle of supports.
3. **Team faculty:** please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Emily Lauer, MPH, Instructor, emily.lauer@umassmed.edu, 774-455-6563
Robert A. Baldor, MD, Professor
 - b. Community faculty: TBN
4. **Defining characteristics**
 - a. The population of primary interest for this team is: Caring for Children with Autism
 - b. The health issue affecting this population on which this team will focus is: Students will have the opportunity to understand the unique issues related to caring for children with autism - a population that experiences significant disparities in health access, prevention, and outcomes.
 - c. The primary sites and locations at which the team will spend their time are: Students will travel mostly in the Worcester area, and with some trips to the Boston area.
 - d. Primary student activities include: The student will spend time at state and private community agencies exploring their role in providing for this population, including activities to appreciate how health policies impact on health issues for this population. Understanding screening, early intervention, school programs and transitions to adulthood will be key. Appreciating the impact of behavioral health and areas for research will also be explored. Students will also have the opportunity to visit a family with a child who has autism to fully appreciate the impact of autism on the family. (i.e. a day in the life experience).
 - e. Specific logistical details e.g. housing, transportation, etc.: Students will need to provide their own transportation and often car-pool.
 - f. Maximum number of students on team: 4
 - g. Typical hours, including any weekends or evenings: Weekdays, 9-5.
 - h. Typical daily travel distance (round trip): Most activities are scheduled in the Worcester area. From Worcester, we will travel on some days to Boston/Charlestown/Quincy (90 mi).
 - i. 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, psychiatrists, neurologists, speech pathologists, family resource specialists, and social workers. They will also have the opportunity to interact with children and youth with autism, their families, and their support providers.

2016 UMMS/ GSN Population Health Clerkship

- j. 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 children and youth with autism and their families. Academic faculty members are present at some but not all activities.
- k. Possible micro-service projects are:
 - i. Generate content to educate adult medical providers about the needs of transition-aged youth coming from pediatric practices. Content will be part of a 20-minute web presentation/module in development by Dr. Baldor

5. Preparatory materials:

- a. Site/task requirements: CORIs
- b. Readings to prepare for activities, discussions, site visits or meetings: Will be shared ahead of the clerkship

6. Resources:

A detailed list of resources will be available at the time of the clerkship. Below are selected resources that describe major issues.

- a. Web resources relevant for this population and/or health issue: <http://www.autismspeaks.org/>
- b. Links to relevant agency reports: 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

2016 UMMS/ GSN Population Health Clerkship
Clinton Hospital: Meeting the region's community health improvement plan (CHIP) locally

1. Brief summary description (50 words or less):

Clinton Hospital, a member and in partnership with The Community Health Network Area 9(CHNA9), developed a Community Health Improvement Plan (CHIP) for the region - a broad, action-oriented strategic plan that contains opportunities for partnership, leverage, and focus to enhance impact.

The Clinton Area Community Partners advises Clinton Hospital and proposes looking at the priority areas to determine where Clinton fits into the Community Health Improvement Plan (CHIP) for the region and how we can implement strategies to meet the region's CHIP locally. Using the indicators of the Region's CHIP can help determine what is affecting Clinton and surrounding towns.

2. Team faculty: please supply full names, titles, phone, email and mailing addresses

- a. Academic faculty: Suzanne Cashman
- b. Community faculty: Rosa Fernandez, Manager Community Benefits Tel. 978-368-3716
Email: Rosa.fernandez@umassmemorial.org

3. Defining characteristics

- a. The population of focus for this team is: The health care needs of the people of Clinton, MA
- b. The health issue affecting this population on which this team will focus is: Access and meeting health care needs.
- c. The primary sites and locations at which the team will spend their time are: Clinton, MA; Clinton Hospital and Social Service Agencies in the area.
- d. Primary student activities include: Collecting and analyzing secondary data; meeting with stakeholders to identify strategies to meet goals and objectives of the Region's CHIP; analyzing data
- e. Specific logistical details: Examine priority areas for the region ; Healthy Living, Individuals and Families in Healthy and Safe Relationships, Mental and Behavioral Health and Substance Abuse, Transportation and Access
- f. Maximum number of students on team: 4
- g. Typical hours, including any weekends or evenings: Weekdays with a possible evening
- h. Typical daily travel distance (round trip): from UMass Memorial Worcester approximately 25miles
- i. The different types of professions that are part of the student experience include: Physician, nurse, interpreter, outreach/social worker, Community stakeholder
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Self-directed
And one meeting with Clinton Area Community Partners
- k. Possible micro-service projects are: Completing an analysis of the CHIP data and developing suggestions for how Clinton Hospital and the Clinton Area Community Partners can implement strategies that address the Region's CHIP, locally.

4. Resources:

- a. Web resources relevant for this population and/or health issue:
Town of Clinton website: www.clintonma.gov
Clinton Hospital: <http://www.umassmemorialhealthcare.org/clinton-hospital>
Community Health Network Area 9(CHNA9): www.chna9.com
- b. Links to relevant agency reports: n/a however will have Region's CHIP and Health Assessment available

2016 UMMS/GSN Population Health Clerkship

1. Clerkship Name: **Complementary and Alternative Medicine for Wellness: Burnout Prevention for Ourselves and Our Community**
2. Brief summary description (50 words or less): The purpose of this population health clerkship experience is to introduce students to different complementary medicine modalities and complementary and alternative medicine resources available to the Worcester community. Students will learn about CAM in order to facilitate a Wellness Week at the YWCA Central MA, as well as for development of personal burnout prevention techniques.
3. Team faculty
 - a. Academic faculty: Heather-Lyn Haley PhD;
 - b. Student co-leaders: MS4s Jane Harrington and Lauren Woo
 - c. Community faculty: YWCA Central Massachusetts, 1 Salem Square, Worcester, MA 01608
 - i. Patty Flanagan, Director of Health Promotion Services, pflanagan@ywcacentralmass.org Phone Extension: 3021
 - ii. Amarely Gutierrez, Director of Domestic Violence Services, agutierrez@ywcacentralmass.org Phone Extension: 3014
 - iii. Aly Whalen, Director of Women's Economic Empowerment, awhalen@ywcacentralmass.org Phone Extension: 3028
 - iv. Darlene Belliveau, Director of Early Education and Care, dbelliveau@ywcacentralmass.org Phone Extension: 3031
4. Defining characteristics
 - a. The population of focus for this team is: Citizens of Worcester County, Central MA as well as human services workers at/community members of the YWCA Central MA.
 - b. The health issue affecting this population on which this team will focus is: Supporting overall wellness in an effort to prevent burnout.
 - c. The primary sites and locations at which the team will spend their time are: Multiple Central MA sites including, UMass, Simonds Hurd Complementary Care Center, & the YWCA Central MA in Worcester.
 - d. Primary student activities include: Site visits, discussions with CAM practitioners, Wellness Week at the YWCA Central MA (leading sessions, putting together a wellness guide).
 - e. Specific logistical details, e.g. housing, transportation, etc. include: Student-provided.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: Typical work days with a few possible evenings.
 - h. Typical daily travel distance (round trip): primarily local, with possible trip to Fitchburg.
 - i. The different types of professions that are part of the student experience include: Physicians, nurses, public health, CAM practitioners, human services workers at YWCA Central MA, members of the YWCA Central MA.
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Combination of both.
 - k. Possible micro-service projects are:

- i. Develop a resource list/wellness guide for YWCA (including the national credentialing bodies for different CAM modalities and how someone would find a credentialed practitioner off of their websites).
 1. This includes resources already available to the YWCA employees as we have found there is a discomfort with the understanding of benefits/resources available
 2. Wellness guide may include things like healthy eating on a budget/nutritional info, staying up to date on healthcare screenings, exercise tips, etc.
- ii. Hold guided meditations/guided imagery sessions at YWCA.
- iii. Give “talks” on self-care, burnout prevention, wellness.

5. Resources:

- a. Web resources relevant for this population and/or health issue:
<http://nccam.nih.gov/>
www.umassmed.edu/cfm
www.medicalacupuncture.org
<https://naturalmedicines.therapeuticresearch.com/>
- b. www.ywcacentralmass.org

End of Life Care

2016 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: End of Life Care
2. Brief Description/ Summary

This Clerkship explores a holistic approach to enhancing care at the end of life: Including a focus on interdisciplinary medical care; emotional and spiritual support; and the impact of culture and life experience. The group will also examine related health policies, ethical issues, and the advocacy role of the nurse practitioner/physician.

3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Joanne L. Calista, MS, LICSW, Executive Director, Central MA AHEC, Inc./ Center for Health Impact™, Instructor, Department of Family Medicine and Community Health, UMMS. 508.756.6676 Ext. 10 jcalista@cmahec.org
 - b. Community faculty: Jena Bauman Adams, MPH, Director of Special Projects, Central MA AHEC, Inc. / Center for Health Impact™, 508.756.6676 Ext. 20 jenabadams@cmahec.org
4. Defining characteristics
 - a. The population of focus for this team is: Persons of any age and their caregivers who are facing end of life issues.
 - b. The health issue affecting this population on which this team will focus is: End of life issues related to any health condition and will include the following components:
 - Advance care planning and related tools [e.g., Health care Proxy, MOLST (Medical Orders for Life Sustaining Treatment)]
 - Medical decision making;
 - The roles of multidisciplinary team members in end of life care;
 - Hospice and palliative care options and resources;
 - End of life care across diverse populations; and
 - Current public policy issues (as well as the role of health professionals as advocates) in end of life care.
 - c. The primary sites and locations at which the team will spend their time are: Central Mass AHEC / Center for Health Impact™ (located in Worcester, MA), local hospitals and community-based sites in the Worcester area and possibly one session at a Massachusetts state agency located in Boston, MA. Note: in-person attendance is required.
 - d. Primary student activities include:
 - *Please note: direct patient contact is limited*
 - In depth reading;
 - Review of video/audio materials;
 - Hospice site visit;
 - Group discussion with end of life health care providers and policy makers;
 - Review of relevant peer reviewed literature;
 - Review of related data;
 - Reflection and reporting;
 - Attendance at interdisciplinary team meetings;
 - Service learning project;
 - Poster presentation; and
 - Population related course requirements.

End of Life Care

- e. Specific logistical details, e.g. housing, transportation, etc. include:
Clerkship team is required to arrange their own transportation and lunch.
As noted above, travel to community based sites in the Worcester area (as well as to possibly one state agency visit in Boston) is required. Wireless Internet access is available on site at Central Mass AHEC/ Center for Health Impact™.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: Clerkship hours will be primarily 9:00-5:00 weekdays, with the potential exception of one to two sessions beginning at 7:30 a.m. to maximize exposure to case conferencing and/or clinical team meetings.
 - h. Typical daily travel distance (round trip): Travel to community based sites in the Worcester area (as well as one possible state agency visit in Boston) is required. Travel time is approximately 1-1.5 hours each direction from Worcester to Boston.
 - i. The different types of professions that are part of the student experience include:
 - Physicians (from a range of specialties such as palliative care, hospice);
 - Nurses (from a range of specialties such as palliative care, hospice);
 - Community Health Workers;
 - Social workers;
 - Policy makers and Public Health Professionals;
 - Community Members; and
 - Members of Faith Communities.
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
Activities are largely scheduled; however, the experience can be greatly enriched by students' initiative and expression of specific interests. While students are supported in activities related to population data and service learning projects, a greater level of self-direction is required in these components.
 - k. Possible micro-service projects are: Videography or photo essay; storytelling; peer/health professions education; advocacy activity; outreach event.
5. Resources:
- a. Web resources relevant for this population and/or health issue:
 - <http://www.molst-ma.org/>
 - <http://www.betterending.org/>
 - <http://www.massmed.org/search/?q=End%20of%20Life>
 - <http://www.honoringchoicesmass.com/>
 - <http://www.theschwartzcenter.org/>
 - <http://www.hospicefed.org/>
 - http://web.mit.edu/workplacecenter/hndbk/sec3_prt3.html
 - <http://theconversationproject.org/>
 - <http://www.nhpco.org/templates/1/homepage.cfm>
 - <http://www.apos-society.org/professionals/clinical/clinical-database.aspx>
 - b. Links to relevant agency reports:
http://www.mass.gov/?pageID=hqccmodulechunk&L=1&L0=Home&sid=1hqcc&b=terminalcontent&f=Expert_Panel_End_of_Life_Care_expert_panel_final_report&csid=1hqcc

Students can view a previous team's poster at: http://umassmed.edu/PageFiles/43715/EOLPoster_Final.pdf

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

2. Brief summary description/abstract (50 words or less): Geriatrics – Fall 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.

3. Team faculty: please supply full names, titles, phone, email and mailing addresses

a. Academic faculty:

Sarah McGee, MD, MPH
Associate Professor of Medicine
Clinical Director, Division of Geriatric Medicine
Division of Geriatric Medicine
UMass Medical School
55 Lake Ave. North, Worcester, MA 01655
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
508 856-5345

Debi Lang, MS
Training & Evaluation Manager
MassAHEC Network
UMASS Medical School
333 South St., Shrewsbury, MA 01545
508 856-3404
debi.lang@umassmed.edu

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
508-799-1233 direct, 508-799-1232main

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

4. Defining characteristics

- a. The population of focus for this team is: **Older Adults in the greater Worcester area**
- b. The health issue affecting this population on which this team will focus is:
Fall prevention/fall risk assessment
- c. The primary sites and locations at which the team will spend their time are:
A variety of care settings for older adults in the city of Worcester and surrounding area, as well as home visits. Site visits will include Elder Services of Worcester Area, the Worcester Senior Center, and may also include visits to adult day programs, an assisted living facility, nursing home, rehabilitation center, and a multicultural social service center. Home visits with case managers and nurses, as well as opportunities to shadow a geriatrician and/or geriatric nurse practitioner, are also planned.
- d. Primary student activities include:
Meet and interact with older adults, care providers, and leaders and staff from community agencies serving older adults to gain a broad perspective on the causes and impact of falls. Students will learn and practice fall risk assessment techniques. Students will also participate in the annual Senior Health & Safety Fair at the Worcester Senior Center.
- e. Specific logistical details, e.g. housing, transportation, etc. include:
A car or carpool is necessary for local travel in Worcester and the surrounding communities.
- f. Maximum number of students on team: **4**
- g. 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.
- h. Typical daily travel distance (round trip): **Typically less than 10 miles per day**
- i. 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
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?
Students usually participate as a whole group, or in groups of two. Activities are pre-scheduled; however self-direction will be needed to arrive promptly at various locations throughout Worcester. Generally, one of the faculty accompany the students.
- k. 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.

5. Preparatory materials:

- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
No site requirements
- b. Readings to prepare for activities, discussions, site visits or meetings

Not at this time; however, it's recommended students check out the resources listed below to become familiar and up-to-date with organizations, policy and research in the field of fall risk and prevention.

6. Resources:

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

- [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)
- [U.S. Administration on Aging](#)
- [Centers of Medicare and Medicaid Services](#)
- [Centers for Disease Control and Prevention](#)
- [National Council on Aging](#)
- [The National Institute on Aging](#)
- [The American Geriatrics Society](#)
- [Alzheimer's Association](#)
- [American Physical Therapy Association](#)
- [Falls and Older Adults](#)
- [Iowa Geriatric Education Center](#)
- [What Causes Falls in the Elderly? How Can I Prevent a Fall?](#)
- [Prevention of Falls in Older Persons - Summary of Recommendations](#)
- [Falls Free: Promoting a National Falls Prevention Action Plan \(2005\)](#)
- [Jordan Liebhaber Scholarship](#)

b. Links to relevant agency reports:

- [Falls Prevention: Identification of predictive fall risk factors](#)
- [Falls in the Elderly](#)
- [Clinical Practice Guideline for Prevention of Falls in Older Persons](#)
- [Utilitarian Walking, Neighborhood Environment, and Risk of Outdoor Falls Among Older Adults](#)

Healthcare for the homeless

2016 UMMS / GSN Population Health Clerkship

Healthcare for the Homeless

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

Office Contact: Yvette Sanchez (508)860-1058

Joyce Landers NP
Family Nurse Practitioner, HOAP
(508) 860 1010

Jane Whelan Banks
Family Nurse Practitioner, HOAP

Stephanie Connors NP

Jackie Farmerie
Suboxone/OBOT coordinator
(508) 860-1063

Jen Bradford MD

The Clerkship:

The average life expectancy for a homeless adult in Boston is 47 years old. This mirrors the mortality rates seen in the US and is a reflection of both profound health care disparities and the inherent risks of being street homeless.

With increased incidence of mental illness and substance abuse, less access to preventive medicine and poorer management of treatable chronic disease, homeless adults are at a tremendous disadvantage and it requires specialized services to help meet these needs. The term

Healthcare for the homeless

“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.

We will accept 5 students to join us at Homeless Outreach to gain an understanding of health issues faced by Worcester’s homeless adults. We will visit several shelters and outreach sites and observe how the community shapes the barriers and accessibility to healthcare for the underserved through comparison to Boston for contrast.

Defining characteristics:

- a. Population of focus: homeless adults
- b. Health issues: substance abuse, mental illness, various medical conditions
- c. Primary sites may include:
 - a. Detox facility and Passages (post-detox)
 - b. 25 Queen Street (affiliate)
 - c. St. Johns Outreach Clinic
 - d. Medical Clinic/Mental Health at 162 Chandler Street
 - e. Mental Health/Wellness Center Clinic at 12 Queen Street
 - f. Suboxone Treatment Groups
 - g. Central Mass Housing Alliance
 - h. Oasis and Safe Havens – housing for people with severe mental illness
 - i. Street Outreach with Elliot Group
 - j. Possible field trip to Boston Healthcare for the Homeless
 - k. Racism, Power, and Privilege training
 - l. Possible exchange with PHC group at Hector Reyes House
 - m. Health Fair

Healthcare for the homeless

- d. Primary student activities: includes observation, participation in interviews/groups as appropriate and at discretion of each site; opportunity to develop individual projects per student interest
- e. Transportation: students must provide own transportation but may elect to carpool together
- f. Maximum number of students: 5
- g. Typical hours: likely M-F 9am-5pm with one Thursday night until approximately 6pm
- h. Typical daily travel distance: within Worcester except for one possible Boston trip
- i. Different professions encountered: Students are expected to interact with physicians, nurses, substance abuse counselors and mental health workers, among other professionals
- j. Do students need to be self-directed? Daily activities are scheduled, but within activities, and for any micro-service projects self-direction is advantageous
- k. Possible micro-service projects: Multiple opportunities, based on individual student interest. Areas may include food/nutrition (access, barriers, food justice); patient education; integration with yearly health fair, and other ideas students may have.

Web Resources of Interest:

- 1. Article “Health Care for Homeless Persons” in NEJM by Drs. Jim O’Connell and Bruce Levy of Boston Healthcare for the Homeless: <http://www.nejm.org/doi/full/10.1056/NEJMp038222>
- 2. National Healthcare for the Homeless Council website – various articles, research, and resources: <http://www.nhchc.org>
- 3. Homeless Outreach & Advocacy Project (HOAP) website at Community Healthlink – description of program: <http://www.communityhealthlink.org/chl/index.php/2013-04-18-20-58-59/homeless-services>

Healthcare, Advocacy and Addiction in the Latino Community in Worcester

Clerkship Name: Healthcare, Advocacy and addiction in the Latino Community- Worcester

Faculty and clerkship leaders

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 Cell: 508.269.2428

Jaime F. Vallejos MD, MPH:

Manager of Massachusetts Area Health Education Centers (MassAHEC) health careers pipeline program at UMass Medical School/Commonwealth Medicine. Instructor in the Department of Family Medicine and Community Health at UMass Medical School. Jaime.Vallejos@umassmed.edu Cell: 508.847.5692

Defining Characteristics

The population of focus for this team is: Latino and underserved Community in Worcester.

The health issue affecting this population on which this team will focus is: Drug addiction, homelessness, incarceration, isolation, access to healthcare; All social determinants of health.

The primary sites and locations at which the team will spend their time are: City Hall, Hector Reyes House (HRH) Department of Public health DPH, Worcester Police Department (gang Unit), Foundations, and various non-profits in the Worcester area. You will also meet various Politicians to see how they formulate their opinions and how we can help shape their ideas to improve health care for the entire community/Population.

Primary student activities include: spend time with the residents of HRH, the residential treatment facility for Latino men. Students will participate with the residents in house meetings, counseling sessions and will attend an alcoholics anonymous meeting. Students will also visit medical clinics, detox facilities as well as a housing residence.

Students will visit the community and see available resources for other vulnerable populations as the elderly, the homeless, sexually exploited, recently released post-imprisonment individuals and at-risk youth. Visits to senior centers, homeless shelters, food pantries, outreach programs, and police gang units. Students will see firsthand the effects of the opioid epidemic and will learn how advocacy can be used to improve health care in the community.

Students will also have the opportunity to meet with politicians, both locally and at the state level and learn about functioning and funding of the HRH program, ma state health insurance, and the affordable care act.

Participation in all previously mentioned activities will help students better understand typical social issues that affect a community and how these directly affect people's health. Students will also learn how advocating for issues that are important to the community help foster programs like the HRH and how these help improve the residents' overall health.

Specific logistical details, e.g. housing, transportation, etc. include: car or car-pooling is needed.

Maximum number of students on team: 6

Typical hours, including any weekends or evenings: 9am to 5Pm with 2-3 meetings between 5:00-7:00PM.

Typical daily travel distance (round trip): Worcester.

The different types of professions that are part of the student experience include: Addiction counselors, psychologists, law enforcement officers, public health officials and medical professionals that are decision makers in health policy.

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

Possible micro-service projects are: to be determined with students

1. Team title:

High Utilizers of Emergency Room Services: Creating a culture shift toward seeking appropriate care with the PCP and reducing non-urgent ER use.

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

3. Lowell Community Health Center would like to reduce the non-urgent use of the ER by its patients. Lowell CHC has many patients who frequently use the ER for minor issues during regular clinic operating hours. We would like to determine how to change this behavior and encourage appropriate ER use.

4. Team faculty: please supply full names, titles, phone, email and mailing addresses

- a. Academic faculty: Suzanne Cashman ScD, Professor, Family Medicine and Community Health
- b. Community faculty:
Marylou Leonhard, RN, BSN
Manager of Quality and Education
Lowell Community Health Center
161 Jackson St.
Lowell MA 01852
PH: 978-322-8543
Email: maryloule@lchealth.org

5. Defining characteristics

- a. The population of focus for this team is:
 - Lowell CHC patients with high ER utilization for non-urgent issues during regular clinic operating hours.
- b. The health issue affecting this population on which this team will focus is:
 - Behavioral Health
- c. The primary sites and locations at which the team will spend their time are:
 - Lowell Community Health Center
 - Lowell General Hospital-Saints and Main Campuses
- d. Primary student activities include:
 - Review of records to determine who high utilizers are and reason for ER utilization.
 - Develop an intervention plan change this behavior.
- e. Specific logistical details, e.g. housing, transportation, etc. include:
 - NA
- f. Maximum number of students on team:
 - Four
- g. Typical hours, including any weekends or evenings:
 - Lowell CHC hour of operation are:
Monday, Tuesday, Wednesday- 8am to 8pm
Thursday, Friday-8am to 5pm
Saturday 8:30am to 1:30pm
- h. Typical daily travel distance (round trip):
 - From Lowell CHC to LGH is 1 mile or less.
- i. The different types of professions that are part of the student experience include:
 - Lowell CHC Nurses

- BH clinicians
 - LGH staff
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
 - Largely self-directed.
 - k. Possible micro-service projects are:
 - Determine other populations who also use the ER for primary care, such as drug seeking and intoxication.
6. Preparatory materials:
- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
 - Students must complete a CORI
 - Submit resumes' for HR and
 - See the Lowell CHC Employee Health Nurse
 - Students will also require IS training to receive a password to log onto Lowell CHC HER (eCW).
 - b. Readings to prepare for activities, discussions, site visits or meetings.
 - Students and faculty are welcome to visit Lowell CHC before the project begins.
7. Resources:
- a. Web resources relevant for this population and/or health issue:
 - b. Links to relevant agency reports:

<http://www.lchealth.org/about-lchc>

Shared resources from Worcester Hotspotting team:

<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://well.blogs.nytimes.com/2013/11/21/spending-more-and-getting-less-for-health-care/?_r=0

1. Team title: Hot Spotting

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

Students will join a team based in the clinical system's Office of Clinical Integration. As part of that team, they will gain insight into the root causes that lead some patients to have repeat emergency room visits and hospital admissions and analyze how these additional medical care services might have been avoided. They will work with super-utilizers to understand their unique circumstances and help connect them with community resources.

3. Team faculty: please supply full names, titles, phone, email and mailing addresses

- a. Academic faculty: Monica Lowell, Suzanne Cashman
- b. Community faculty: William Behan, Christine Cernak

4. Defining characteristics

- a. The population of focus for this team is:
 - i. Patients who are very high utilizers of the health care system
- b. The health issue affecting this population on which this team will focus is:
 - i. A wide array of social determinants of health as well as mental health and substance abuse issues
- c. The primary sites and locations at which the team will spend their time are:
 - i. City of Worcester, UMMHC
- d. Primary student activities include:
 - i. Reviewing data used to identify high utilizers, participating in home visiting orientation training, conducting home visits (with care managers) on high utilizing patients, following up on identified patient need
- e. Specific logistical details, e.g. housing, transportation, etc. include:
 - i. Students will need their own transportation around Worcester
- f. Maximum number of students on team:
 - i. Four
- g. Typical hours, including any weekends or evenings:
 - i. Typically day time though there could be an early evening or weekend home visit
- h. Typical daily travel distance (round trip):
 - i. NA
- i. The different types of professions that are part of the student experience include:
 - i. Nursing, social work, emergency medicine, community health worker, case manager, administrator
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?
 - i. A bit of both
- k. Possible micro-service projects are:
 - i. Contributing to advancing the clinical system's hot spotting initiative and summarizing data from literature reviews prior students have conducted as well as data collected from the hot spotting initiative. Developing recommendations for expanding the initiative.

5. Preparatory materials:
- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
 - i. 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://well.blogs.nytimes.com/2013/11/21/spending-more-and-getting-less-for-health-care/?_r=0

2016 UMMS/ GSN Population Health Clerkship
October 17 – 28, 2016

1. Clerkship Name: ~~What~~ **How** do I feed my family tonight? Food, Health and Access within our Community
2. Team faculty:
 - a. Academic/Community faculty:
Kathryn K. P. Brodowski, M.D., MPH
Director of Public Health and Research, The Greater Boston Food Bank
Assistant Professor, Department of Family Medicine and Community Health, UMass
Email: kbrodowski@gbfb.org
Office Phone: 617-598-5047
Cell Phone: 617-992-6338
3. Defining characteristics
 - a. The population of focus for this team is: Adults, children, and seniors within a community who are food insecure.
*Food Insecurity = a household-level economic and social condition of limited or uncertain access to adequate food.
 - b. The health issue affecting this population on which this team will focus is: Food Insecurity. Lack of access to healthy food is associated with multiple health problems ranging from malnutrition to chronic diseases such as diabetes, cardiovascular issues, and depression.
 - c. The primary sites and locations at which the team will spend their time are:
 - Educational activities (discussion sessions and meetings with community organization leaders):
 - Boston area: Greater Boston Food Bank (70 South Bay Avenue, Boston, MA)
 - Worcester area: Conference Room in Benedict Building (UMass University Campus)
 - Distribution Theme:
Greater Boston Food Bank (70 South Bay Avenue, Boston, MA)
GBFB Food Pantry (TBD)
Community Harvest Project, a non-profit hunger relief farm (37 Wheeler Rd, North Grafton MA)
Worcester County Food Bank (474 Boston Turnpike Rd, Shrewsbury MA)
 - Cooking Matters class: students choose site location
 - GBFB Mobile Markets: free farmer's market style distributions of whole fruits and vegetables set up at community health centers in Eastern Massachusetts.
 - Brighton, MA
 - Lawrence, MA
 - Food Day at the Massachusetts State House (Boston, MA)

- d. Primary student activities include:
- Reflections and Discussions based on readings, introduction to assistance programs (SNAP, WIC, etc), introductory meetings with community organizations, hands-on experiences in the field with organizations, and 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. In this activity, students must use detective skills to 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.
 - Field Work with Organizations: 1.) Cooking Matters: students will assist in a Cooking Matters class for low-income families. Classes involve nutrition education and hands-on cooking wherein families are taught how to prepare a healthy and budget friendly meal. Students should use this opportunity to learn from participant families: their perspectives on food insecurity, barriers, cultural attitudes on food and health, etc., 2.) Volunteer at one of GBFB's Mobile Markets, 3.) Get an inside look at what a Food Bank is and how it works. Help sort through donated food and then travel to a local food pantry to learn about distribution to clients. 4.) Students will also have the opportunity to visit a hunger-relief farm and help out with farm chores during this clerkship.
 - Main Project: Mobile Market Quality Improvement Project
The GBFB is currently offering programs for community health centers that have identified food insecurity/hunger/food access/diet-related disease as a problem in their community. The GBFB is leveraging its powerful logistic and distribution capacity (not to mention all of its healthy produce!) to get food to areas of unmet need. We are rolling out a mobile market program for community health centers. This avoids the barrier of inside space constraints. Instead, we bring our truck to the community health center parking lot and a farmer's market style produce only distribution is set up. We offer free, healthy fruits and vegetables for folks. We are also encouraging providers to start screening for food insecurity using the Hunger Vital Sign (an easy and quick 2 question assessment) and will be providing a tool kit to connect food insecure patients with local resources (SNAP, WIC, local food pantry, etc.). This three pronged approach (mobile market, screening, and tool kit) will be offered like a menu to health centers. By working together, we hope to improve access to healthy food, decrease hunger, and to help community health center's improve patient health as well as cost containment. Students in this clerkship will help the GBFB to evaluate and improve upon our pilot mobile market program with community health centers. Students will first observe and volunteer at one mobile market. Drawing from that hands-on experience and with the help of faculty, students will craft interview questions and conduct key informant interviews with health center staff, volunteers, and clients at a second mobile market event. Students will utilize feedback results to identify program strengths, weaknesses, and propose ideas for improvement.
- e. Specific logistical details, e.g. housing, transportation, etc. include:
Access to car required (can carpool with other students if wish). We will be visiting several sites in Boston and Eastern Massachusetts.

- f. Maximum number of students on team: 8 (need an even number of students)
- g. Typical hours, including any weekends or evenings:
 IMPORTANT: Mobile Market will be held on **October 22** (*Saturday, likely 9am-1pm*) in a town in Eastern Massachusetts. This event is held on a ***Saturday*** and **student attendance is required**. To counterbalance this weekend day work, students will be assigned an independent study day during the last week of the Clerkship. They may work on their final poster preparations during this time.
- h. Typical daily travel distance (round trip):
 Students will be commuting to Boston, towns in Eastern Massachusetts, and around Worcester. Travel distance depends on activities planned for that day. Carpooling is encouraged.
- i. The different types of professions that are part of the student experience include:
 CEOs/Executive Directors of non-profits, several project managers, registered dietitians (RDs), physicians, and health center staff that specialize in connecting patients with social services.
- j. 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 with several organization leaders.

Faculty will also help guide students through the process of conducting a community assessment and share available resources that provide population metrics (ex. databases that contain information on demographics of chosen community as well as health and nutrition statistics). Students will work as detectives to come up with the best way, in their eyes, to characterize the population at risk or experiencing food insecurity. This will require some self-direction and teamwork.

Students will also be responsible for crafting and conducting key informant interviews at mobile market pilot sites. Faculty will guide students in this process.

- k. Possible micro-service projects are:
 NA

4. Resources:

- a. Web resources relevant for this population and/or health issue:
National Health and Nutrition Examination Survey (NHANES):
 Homepage is located at: <http://www.cdc.gov/nchs/nhanes.htm>

CDC:

You might also enjoy the easy use of “FastStats” by the CDC, which uses data collected from sources such as NHANES. Here is the link: <http://www.cdc.gov/nchs/fastats/diet.htm>

National Cancer Institute:

<http://appliedresearch.cancer.gov/diet/usualintakes/pop/2007-10/>

Behavioral Risk Factor Surveillance System (BRFSS):

<http://apps.nccd.cdc.gov/BRFSS/display.asp?cat=FV&yr=2009&qkey=4415&state=MA>

CDC’s Nutrition Resources for Health Professionals:

<http://www.cdc.gov/nutrition/professionals/data/>

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>

Feeding America: Map the Meal Gap

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

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

b. Links to relevant agency reports:

Worcester CHIP – Domain 1 (Healthy Eating/Active Living)

<http://www.worcesterma.gov/uploads/27/ef/27ef2f0d2a9411e2d8537e1cfad5e89a/chip-domain-1.pdf>

MA State Indicator Report on Fruits and Vegetables (2013):

<http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf>

Any MANDATORY reading assignments will be assigned during the Clerkship.



Medical Student Elective Rotation

Population Health Clerkship Team: Incarcerated and Urban Working Poor

Faculty:

Academic faculty:

Director:

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

Co-Director:

Daniella Floru, MD (Associate Residency Program Director, President of the Medical Staff and Assistant Professor of Medicine, TUSM)
Phone: (617) 971-3461
Daniella.Floru@state.ma.us

Salah Alrakawi, MD (Chief of Medicine and Associate Clinical Professor of Medicine, TUSM)

All LSH faculty participants available at:

170 Morton Street
Jamaica Plain, MA 02130
Phone: (617) 971-3337

Service Providers:

Geriatrics:

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

Medical Behavioral Services:

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

Medical Affiliated Services

Rochelle Scheib, MD (Assistant Prof. of Med., Harvard Medical School)
Myung Woo Roderick, NP
Theresa Margate, NP

HIV/Infectious Diseases

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

Ambulatory Care Center

Arielle Adrien, MD (Assistant Prof. of Med., TUSM)
Donna Roy, MD (Assistant Prof. of Med., TUSM)

Addiction Services and Office-Based Opioid Treatment

Michelle Cooke, Psych.D.
Ron Jacobs, RN
Jane Dunning, RN

Other

Kara Fitzgerald, Ph.D. (Neuropsychologist)
Rev. James Gannon, M.Div., LCSW (Director of Pastoral Care)
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., Eylich, 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). 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. Floru.

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

Neuropsychiatry ?????

The Neuropsychology Service is a consultation service for inpatients at LSH. The most common referral questions are for evaluation for competence, possible CNS sequelae of medical conditions (such as TB, HIV, or TBI) and recommendations regarding the patient's ability to follow through with medical care and self care following discharge. The evaluations are conducted on the medical units and typically consist of a 1-3 hour assessment including review of history, assessment of mental status, intellectual ability, memory, executive function and judgment and formulation of recommendations. The Neuropsychology Service collaborates with a variety of other health professionals including medicine, psychiatry, social work, and case management.

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.

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.

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.

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.

Special Notes

- I. 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 treatment programs;
 - e. Recovery Centers: Detox Recovery program, Dimock Health Center and Recovery program, and others.
 - f. Corectional Sites

2016 UMMS/ GSN Population Health Clerkship

Team Title: Injury prevention IS public health.

Maximum Number of Students on Team: 10

Calendar for PHC: There is one Saturday event 10/22/16 for Teen RIDE. Students will be given a day off during the week to compensate for this. A detailed calendar will be distributed 9/2016 at the first group meeting.

Brief Summary: This clerkship is an experience that exposes students to trauma system development and the systematic approach of our UMMHC injury prevention program. Injury prevention is meshed intricately with public health. The Worcester Division of Public Health (WDPH) has just launched their new 2016 Greater Worcester Community Health Improvement Plan (2016). The priority areas will be threaded throughout offsite experiences that include injury prevention, safety, substance abuse and others.

Team Faculty:

Academic	Community
Michael P. Hirsh, MD, FACS, FAAP 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 Hirshm@ummhc.org hirshm@worcesterma.gov Office- UMMHC- 508 856 2128 DPH- 508- 799-8531 Cell phone - 508 523-9634	Karyn Clark, MA Director Division of Public Health , City of Worcester 25 Meade Street, Office 200 Worcester, MA 01610 ClarkKE@worcesterma.gov Phone: 508-799-1762
Jill Terrien PhD, ANP- BC Assistant Professor, Director NP Programs University of Massachusetts Worcester, GSN 55 Lake Ave. Worcester, MA 01655 Jill.Terrien@umassmed.edu Phone: (w): 508-856-6622 (c): 508-751-9170	Zach Dyer, MPH Deputy Director Division of Public Health, City of Worcester 25 Meade Street, Office 200, Worcester, MA 01610 DyerZ@worcesterma.gov Phone: 508-799-8120
Esther Borer , CPST Injury Prevention Coordinator UMass Medical Center 55 Lake Ave North, Worcester, MA 01655 Office# 774-443-8627 Cell# 508-340-1061 Esther.Borer@umassmemorial.org	Cassandra Andersen Manager of Strategic Partnerships Division of Public Health, City of Worcester 25 Meade Street, Office 202 Worcester, MA 01610 andersenc@worcesterma.gov Cell: (857) 208-9303
Robin Rodney CPST Office: 774-443-8626 Robin.rodney@umassmemorial.org	Alexis Travis, PhD, CHES Chief of Community Health Division of Public Health, City of Worcester 25 Meade Street, Office 202 Worcester, MA 01610 travisa@worcesterma.gov Phone: 508-799-1757

Defining characteristics:

The population of primary interest for this team is: residents of 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.

The primary sites and locations at which the team will spend their time are: University Campus, UMMHC/UMMS, WDPH and off site locations that will be fully listed on a schedule September 2016 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.

Primary student activities: Interfacing with several community partners including the Worcester Police/Gang Unit, District Attorney's Office, Worcester Juvenile Court System with projects and efforts focused on prevention of injury, access to care and safety and WDPH leaders and directors of CHIP initiatives. Optional experiences available may include Worcester Board of Health, Worcester City Council or community task force meetings.

Typical Hours are 8:00/9:00-4:00: The schedule will be determined at various times with the group. There is one weekend day planned: Saturday 10/22/16 for Teen RIDE.

Travel distance: Most meetings occur in and around Worcester. There will be one field experience at Liberty Mutual in Hopkinton.

Different types of professions part of the experience: Public Health, Medicine, Nursing, Administration, Community organizers—public and private initiatives.

Resources for review:

Injury Free Coalition for Kids: www.injuryfree.org

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> or www.healthycentralma.com

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

1. Team Title: **Living with a Disability**
2. Brief Summary Description: **Students will meet individuals with disabilities and professionals in community-based and clinical settings to learn about providing quality health care, assistive technology, sexuality, and community supports that enable them to lead full lives. Past responses have been very positive. Typical comments include, "I have had more positive exposure to people with disabilities than I have in my whole life" and "I now feel much more comfortable and self-assured."**
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: **Linda Long-Bellil, linda.long@umassmed.edu, Darlene (Dee) O'Connor, darlene.oconnor@umassmed.edu**
 - b. Community faculty: **A variety of community faculty including persons with disabilities who will speak in both personal and professional capacities, physicians and nurse practitioners, and other service providers.**
4. Defining characteristics
 - a. The population of primary interest for this team is: **The primary population of interest is people with physical and sensory (e.g. blindness and deafness) disabilities.**
 - b. The health issue affecting this population on which this team will focus is: **Health disparities, secondary conditions and the need for quality health care.**
 - c. The primary sites and locations at which the team will spend their time are: **State and community agencies, the Transition-Age Youth program in the Worcester Public School System, along with clinical settings providing services to persons with disabilities. Most activities will take place in the Worcester area. There will be some activities in the Boston area and some students may spend one day in Lawrence shadowing clinicians as well.**
 - d. Primary student activities: **Students will spend their time at state, school and community organizations that provide disability-related services. In addition, students will spend a day with a person who has a disability and will have other 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.**
 - e. Specific logistical details e.g. housing, transportation, etc. **Students will need to be able to get to locations around Worcester, Boston and Lawrence and will need to carpool to various locations in these communities.**
 - f. Maximum number of students on team: **6**
 - g. 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.**
 - h. Typical daily travel distance (return trip): **Most activities will take place within 10 miles of the medical school. There will likely also be at least one or more trips to Boston and some students will need to spend a day in Lawrence.** List the different types of professions that are part of the student experience: **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.

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

Largely pre-scheduled.

- k. Possible micro-service projects are:

1) 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.

- 5. Preparatory materials:

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

- 6. Resources:

Web resources relevant for this population and/or health issue

This website describes the activities of the Department of Public Health's Office of Health and Disability, which promotes the health and well being of people with disabilities in Massachusetts and seeks to prevent secondary conditions.

<http://www.mass.gov/dph/healthanddisability>

A very useful website that provides information about community resources throughout the United States.

<https://www.disability.gov/health>

A website that provides information about health, wellness and physical activity for persons with disabilities.

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

A website that provides articles by and for people with disabilities on a wide range of topics.

<http://www.disaboom.com/>

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->

- a. 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

Return to Heather-Lyn.Haley@umassmed.edu by Friday, July 1, 2016. Thanks!

2016 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Parenting and Family Stability**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - b. Community faculty: **Sheilah Dooley, Executive Director; Christopher Nelson, Director of Family Support Services, Donna Jaworek, Director of Early Intervention.**
3. Defining characteristics
 - a. The population of focus for this team is:
Low income inner-city population with one of the following risk factors or more:
 - 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
 - b. The health issue affecting this population on which this team will focus is:
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 primary sites and locations at which the team will spend their time are:

- Pernet Family Health Service
- Client home-visits

d. Primary student activities include:

- In depth reading
- Client home-visits
- Interviews
- Analytical research
- Reporting

e. Specific logistical details, e.g. housing, transportation, etc. include:

Clerkship students will be primarily stationed at Pernet Family Health Service located at 237 Millbury Street, Worcester, MA 01610. Clerkship team is encouraged to arrange their own transportation and lunch.

Pernet Family Health will provide space for project activities, web access and two computers if needed.

f. Maximum number of students on team:

A team of 4 students

g. Typical hours, including any weekends or evenings:

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

h. Typical daily travel distance (round trip):

10 – 20 Miles

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

Under the supervision of the Executive Director, students will be mainly working with program directors, case managers, parent aides, nurses and most importantly clients (including parents and children).

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

Although, supervision and guidance will be provided, students are highly encouraged to coordinate with community faculty (Pernet) to align their clerkship activities with client home visits.

- k. Possible micro-service projects are:

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 statistical/trend analysis
- 2- The prevalence of substance abuse in affecting the quality of parenting.
- 3- Health-related issues that might lead to poor parenting.

4. 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/affiliates.htm>
<http://www.mass.gov/eohhs/gov/departments/dcf/>

- b. Links to relevant agency reports:

http://www.pernetfamilyhealth.org/media_materials.htm

1. Clerkship Name: Refugee Health
2. **Brief summary description (50 words or less): Worcester is home to many resettled refugees. Students will learn about those resettling in the Worcester area, the resources available to them, and their health concerns on arrival as well as during and following the resettlement process.**
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:

Meredith Walsh, MPH, NP-C
Family Nurse Practitioner, Edward M. Kennedy Community Health Center
19 Tacoma St, Worcester, MA 01605
TEL 508-852-1805
Meredith.Walsh@kennedychc.org

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.
Olga.ValdmanFHCW@umassmed.edu

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
Heather-Lyn.Haley@umassmed.edu
 - b. Community faculty: tbd
4. Defining characteristics
 - a. The population of focus for this team is: refugees resettling in Worcester
 - b. The health issue affecting this population on which this team will focus is: family preventive care, mental health
 - c. The primary sites and locations at which the team will spend their time are: UMMS, Worcester Refugee Assistance Project, African Community Education, resettlement agencies, refugee clinics at FHCW and EMKCHC, New Lands Farm (tentative)
 - d. Primary student activities include: accompany and/or assist with resettlement process and refugee health assessments; explore and document referral processes, ages served by various programs targeting refugee populations, etc.
 - e. Specific logistical details, e.g. housing, transportation, etc. include: mostly local
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: Monday and Thursday evenings will be spent at refugee-serving organizations, possible Saturday event
 - h. Typical daily travel distance (round trip): primarily within Worcester, maybe one drive to Sutton (40 miles round trip)
 - i. The different types of professions that are part of the student experience include: resettlement workers, clinicians, community health workers, volunteer mentors

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

k. Possible micro-service projects are: assessing needs for citizenship education among refugees from Burma; adding needed detail to community resource guides to make them useful in clinical setting; data mapping (tentative)

5. Resources:

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

i. National:

1. Office of Refugee Resettlement: Refugee Health
<http://www.acf.hhs.gov/orr/programs/refugee-health>
2. CDC Immigrant and Refugee Health
<http://www.cdc.gov/immigrantrefugeehealth/index.html>

ii. Local

1. UMMS Library Guide on refugee health:
<http://libraryguides.umassmed.edu/RefugeeHealth>
2. Non-profit refugee-serving agencies
 - a. Worcester Refugee Assistance Project www.worcesterrefugees.org
 - b. African Community Education www.acechildren.org
 - c. South East Asian Coalition www.seacma.org
3. Resettlement agencies (volags):
 - a. Ascentria Care Alliance Services for New Americans
<http://www.ascentria.org/our-services/services-new-americans>
 - b. Refugee and Immigrant Assistance Center
<http://www.riacboston.org/worcester-programs>
 - c. Catholic Charities <http://www.ccworc.org/>

2016 UMMS/ GSN Population Health Clerkship
Teaching and Learning about Race, Power and Privilege

1. Clerkship Name: Teaching and Learning about Race, Power and Privilege
2. **Brief summary description (50 words or less): This team will focus on exploring the ways in which race, power and privilege can affect the provision and receipt of quality healthcare, and how medical education can reduce negative consequences of bias. Students will assist with planning and delivery of a workshop for PHC teams in week two, and/or with focus groups of healthcare providers discussing their experiences and best practices in cases of patient-expressed racism.**
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Heather-Lyn Haley PhD, Jennifer Bradford MD, Ivonne McLean MD
 - b. Community faculty: Keesha LaTulippe, RedTab Consulting, and the Worcester Partnership for Racial and Ethnic Health Equity
4. Defining characteristics
 - a. The population of focus for this team is: people of color
 - b. The health issue affecting this population on which this team will focus is: racism
 - c. The primary sites and locations at which the team may spend their time include: UMMS, Worcester Division of Public Health, City Hall, YWCA, Harvard TH Chan School of Public Health, others
 - d. Primary student activities include: attendance at the 2016 Forum on Population Health Equity, assisting with key informant interviews and small group conversations, examination of local data
 - e. Specific logistical details, e.g. housing, transportation, etc. include: Two or three days travel to Boston Longwood area. Students are expected to participate in person at all scheduled activities during the two weeks.
 - f. Maximum number of students on team: 4
 - g. Typical hours, including any weekends or evenings: Varies, with potential to include some evening and weekend hours.
 - h. Typical daily travel distance (round trip): 5 miles
 - i. The different types of professions that are part of the student experience include: racial justice advocates and educators, public health officials, community health center and hospital patients and staff
 - j. Do students need to be highly self-directed / pre-scheduled? Self-directed
 - k. Possible micro-service projects are: assisting with focus groups, resource development for Worcester Partnership for Racial and Ethnic Health Equity; enhancing library guide
5. Resources:
 - a. Web resources relevant for this population and/or health issue: <https://www.apha.org/events-and-meetings/webinars/racism-and-health>
 - b. Links to relevant agency reports: "[An Uncomfortable Truth — Our Country's Failure to Address Racism](#)" by Alameda County Health Officer Muntu Davis, MD, MPH
 - c. [A Silent Curriculum](#) by KC Brooks- a powerful recent student opinion piece in JAMA: <http://jama.jamanetwork.com/article.aspx?articleid=2293299>

2016 UMMS/ GSN Population Health Clerkship

2016 UMMS/GSN Population Health Clerkship

1. Team title:
US Health Reform, Health System Transformation and Population Health: Challenges and Opportunities for Improvement
2. Brief summary description/abstract (50 words or less):
The US health care system is going through tremendous change in response to national and state reform efforts which seek to expand access, control costs and improve health outcomes and population health. This clerkship will provide students with a structured opportunity to engage with consumer advocates, and health system and public policy leaders in Massachusetts to gain a better understanding of the opportunities and challenges related to reforming our health care system and promoting population health. We plan to leverage UMass Memorial Healthcare and the Worcester community as a case study to better understand the challenges and opportunities of coordinating clinical and community services to address social determinants of health and improve health outcomes and population health.
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - i. Jay Himmelstein, MD, MPH, Professor, Family Medicine and Community Health and Quantitative Health Sciences, Chief Health Policy Strategist, Center for Health Policy and Research, 508.856.3284, 333 South Street, Shrewsbury, MA 01545; jay.himmelstein@umassmed.edu
 - ii. Michael Chin, MD, Health Policy Associate, Research & Evaluation Unit; Director, International Medical Education Program; Assistant Professor, Department of Family Medicine & Community Health; 508.856.1894, 333 South Street, Shrewsbury, MA 01545; michael.chin@umassmed.edu
 - b. Community faculty:
 - i. Doug Brown, JD, President, UMass Memorial Community Hospitals; douglas.brown@umassmemorial.org and Instructor, Department of Family Medicine and Community Health
 - ii. Students will make site visits to meet with advocates, health system leaders, and policy makers working to improve health care access, quality and costs in the context of overall population health.
4. Defining characteristics
 - a. The population of focus for this team is:
 - i. Middle and low income Massachusetts individuals and families who face challenges in accessing, understanding and paying for health care
 - b. The health issue affecting this population on which this team will focus is:
 - i. Access, quality and cost of health care/Intersection between health care and public health.
 - c. The primary sites and locations at which the team will spend their time are:
 - i. Boston and Worcester: variety of locations
 - d. Primary student activities include:

- i. Meeting with patients and families, community activists, health system and public health leaders. Additional independent research will be required for development of a team presentation of project and poster.
 - e. Specific logistical details, e.g. housing, transportation, etc. include:
 - i. Students will need to travel to various offsite locations (Worcester/Boston)
 - f. Maximum number of students on team: **8**
 - g. Typical hours, including any weekends or evenings:
 - i. 8-5pm, weekdays for two weeks
 - h. Typical daily travel distance (round trip):
 - i. 56 miles two times each week to Boston (approx.)
 - ii. 5 miles three times each week to Worcester locations (approx.)
 - i. The different types of professions that are part of the student experience include:
 - i. Medical doctors, health policymakers, health care system and insurance leaders
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
 - i. Approximately 60% of time is pre-scheduled with remainder of time available for team-directed research.
 - k. Possible micro-service projects are:
 - i. Develop an educational video explaining payment reform efforts in Massachusetts to medical students, physicians, and health care professionals
 - ii. Develop informational materials for consumers who are dealing with issues of affordability, lack of insurance or underinsurance
 - iii. Develop case studies of individuals and families that illustrate current challenges that they face with regards to economic insecurity due to health care costs
 - iv. Develop policy proposals that incorporate population health promotion into cost containment and payment reform efforts
5. Preparatory materials:
- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
 - b. Readings to prepare for activities, discussions, site visits or meetings
6. Resources:
- a. Web resources relevant for this population and/or health issue:
 - i. <http://www.commonwealthfund.org/topics>
 - ii. <http://kff.org/health-reform/>
 - iii. www.communitycatalyst.org
 - iv. www.hcfama.org
 - v. [Massachusetts Blue Cross Blue Shield Foundation](http://www.massblue.org)
 - b. Links to relevant agency reports:
 - i. [The Affordable Care Acts Payment and Delivery System Reforms: A Progress Report](#)
 - ii. [Health Insurance Coverage, Access and Coverage in Massachusetts: 2015 update](#)
 - iii. [The Path to a People-Centered Health System: Next Generation Consumer Health Advocacy](#)

1. **Team Title:** Veterans/Military Health Issues

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

Who is a veteran? What healthcare needs are unique to veterans and why? Who gets healthcare at the VA? What should all clinicians know about caring for veterans and their families? Hear the answers from veterans and those who care for them during this informative, reflective, and powerful clerkship.

3. **Team faculty:** please supply full names, titles, phone, email and mailing addresses

- a. Academic faculty: **Linda Cragin, Director, MassAHEC Network 508-856-4303, linda.cragin@umassmed.edu 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 Christine.runyan@umassmemorial.org (prior Air Force)
Janet Hale, PhD, RN, FNP, Associate Dean for Academic Affairs, Graduate School of Nursing janet.hale@umassmed.edu (retired, Army)
- b. Community faculty: varies
- c. Advisors:
David Smelson, PsyD; Professor of Psychiatry and Vice Chair of Clinical Research in the Department of Psychiatry
Barry N. Feldman, PhD, Director of Psychiatry Programs in Public Safety, Department of Psychiatry

4. **Defining characteristics**

- a. The population of focus for this team is: **Veterans/Members of the military and their families**
- b. The health issue affecting this population on which this team will focus is: **Understanding the unique needs of veterans and their families and the importance of assessing military history; Impact of war on veterans and their families – psychological, behavioral, and physical health issues; homelessness and suicide prevention; substance misuse, PTS(D); traumatic brain injury.**
- c. The primary sites and locations at which the team will spend their time are: **Worcester, Bedford, Boston, possibly Holyoke, to visit veterans' service agencies, hospitals, outpatient clinics, and wellness programs.**
- d. Primary student activities include: **meet veterans and their families, meet and learn from clinicians, service providers and veterans, learn about and visit the health systems and resources serving veterans and their families, learn about military culture, learn about federal and state policies and innovative strategies responding to the needs of this population**
- e. Specific logistical details, e.g. housing, transportation, etc. include: **transportation is required. Students can carpool and the schedule will be available in advance. There is no reimbursement for travel. School van may be used for some sessions**
- f. Maximum number of students on team: **6-8**
- g. Typical hours, including any weekends or evenings: **generally 9-5; 1-3 evenings possible. Schedule might be adjusted to reflect opportunities at sites; schedule will be available 2 weeks in advance**

- h. Typical daily travel distance (round trip): **~50 miles round trip 3-5 times during the 2 weeks for possible trips to Bedford and Boston and possibly Holyoke; other time on Worcester campus (UMMS van may be available for road trips). May include one trip to Westover Air Reserve Base on Saturday, Nov. 5th to tour a Lockheed C-5 (plane) and the base.**
- i. The different types of professions that are part of the student experience include: **MD, psychologist, NP, RN, social worker, peer counselor, physical/occupational/speech therapists, alternative and complementary medicine providers (e.g., acupuncture), veteran health researchers, veterans**
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Pre-scheduled.**
- k. Possible micro-service projects are: **to be determined**

5. Preparatory materials:

- a. Site/task requirements: none at this time
- b. Readings: will be passed out at first prep meeting

6. Resources:

- a. Web resources relevant for this population and/or health issue:
 - <http://www.mass.gov/veterans/>
 - http://www.va.gov/HOMELESS/NationalCenter_Collaborators.asp
 - <http://www.defense.gov/>
 - <http://www.va.gov/>
 - <http://www.mass.gov/veterans/health-and-well-being/counseling/suicide-prevention-only/save.html>
 - <http://www.afterdeployment.org/> (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>

Clerkship Name: Head Start

Brief summary description (50 words or less):

Students will be introduced to the federal Head Start program and the fundamental role of the health and education programs to assess, screen, and refer children at risk of developmental delays. Students will be introduced to the role of community partners to promote optimal childhood growth and development.

Team faculty: please supply full names, titles, phone, email and mailing addresses

1. Academic faculty: Leanne Winchester, MS RN
2. Community faculty: Mary Ann Rollings Head Start Health Manager, Worcester Head Start, 508-799-3238, RollingsM@worc.k12.ma.us, 770 Main St. Worcester, MA 01610

Defining characteristics

- a. The population of focus for this team is: **Head Start children ages 3-5 yrs**
- b. The health issue affecting this population on which this team will focus is: **low socio-economic status; high risk for health disparities and developmental delays**
- c. The primary sites and locations at which the team will spend their time are: **Worcester Head Start. Four central programs located throughout Worcester.**
- d. Primary student activities include: **Support Head Start healthcare team to conduct federally mandated developmental pediatric screenings; shadow health staff with monitoring of medically involved children and classroom observations; learn about the issues facing these children and their families and the interdisciplinary team that supports them**
- e. Specific logistical details, e.g. housing, transportation, etc. include: **students need own transportation to and from early childhood program site. There is no reimbursement for travel**
- f. Maximum number of students on team: **4**
- g. Typical hours, including any weekends or evenings: **Prior to the clerkship students must attend an evening orientation session that is mandated by the federal Head Start program. The clerkship program follows Worcester Head Start Program operating hours Monday - Friday 7am – 5pm; students should plan to be at Head Start centers from 8:30-2:30**
- h. Typical daily travel distance (round trip): **approx 10 miles round trip during the two weeks**
- i. The different types of professions that are part of the student experience include: **A nurse is onsite at every Head Start program, early childhood educators are in every preschool classroom. To support children with special needs, the Worcester Head Start has on staff the following professionals: early intervention specialists, mental health specialists, a Registered Dietician, Social workers, and a dental hygienists. The Worcester Head Start program has a formal agreement with the Mass College of Health Sciences for occupational therapists and physical therapists to participate in case management for all children with special needs care plans.**
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Prescheduled**
- k. Possible micro-service projects are: **program newsletters, parent education, (preschool) classroom education**

Resources:

- Web resources relevant for this population and/or health issue www.eclkc.ohs.acf.hhs.gov
www.headstart.worcesterschools.org www.massaeyc.com www.nrckids.org
www.healthykids.us www.healthychildcare.org www.brightfutures.org
www.naeyc.org <http://hccne.communityzero.com/hccne> www.childcarehealthorg www.nichd.nih.gov
- b. Links to relevant agency reports www.mass.gov/eec www.eclkc.ohs.acf.hhs.gov

2016 UMMS/ GSN Population Health Clerkship
Worcester Healthy Baby Collaborative

1. **Brief summary description (50 words or less): Students will support initiatives of the Worcester Healthy Baby Collaborative, working with local communities to reduce infant mortality and prematurity through education and engagement.**
 - Team faculty: Academic faculty: **Heather-Lyn Haley PhD**, assistant professor, Family Medicine and Community Health, UMass Med School, **Sara Shields MD**, family physician, Family Health Center Worcester; **Cathy Violette NP**, UMass Memorial
 - Community faculty: **Christina Gebel, MPH**, Regional Director, March of Dimes
2. Defining characteristics
 - a. The population of focus for this team is: **women of child-bearing age, with specific outreach to Latina community**
 - b. The health issue affecting this population on which this team will focus is: **healthy childbearing (decreasing infant mortality)**
 - c. The primary sites and locations at which the team will spend their time are: **Family Health Center, EMK Health Center, various community locations**
 - d. Primary student activities: **will be determined at Community Forum to be held in September. Will probably include development and presentation of patient education on safe sleep and prenatal care options to Latina community members. Students will be able to attend Baby Café and meet with Centering Pregnancy program staff, and learn more about March of Dimes.**
 - e. Specific logistical details, e.g. housing, transportation, etc. include: **A car or carpool is necessary for local travel in Central MA. Sessions may begin early morning or may continue into the early evening.**
 - f. Maximum number of students on team: **4**
 - g. Typical hours, including any weekends or evenings: **8am-6pm, an evening workshop or activity may occur**
 - h. Typical daily travel distance (round trip): **Local travel only**
 - i. The different types of professions that are part of the student experience include: **MD, NP, Case Managers, Program Managers**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Self-directed**
 - k. Possible micro-service projects are: **Educational workshops, development of educational materials – library guide on culturally-relevant prenatal care and resources**
3. Resources
 - a. Web resources relevant for this population and/or health issue:
 - i. <http://libraryguides.umassmed.edu/worcesterhealthybaby> Library guide created by last year's PHC team – consider relevant updates or additions
 - ii. www.worcesterhealthybaby.org Browse reports and conference proceedings.
 - b. Links to relevant agency reports:
 1. **Health of Worcester**, <http://www.worcesterma.gov/ocm/public-health>
 2. Public Health Strategies to Prevent Preterm Birth
<http://www.cdc.gov/cdcgrandrounds/archives/2015/november2015.htm>
 3. <http://www.bbc.com/news/magazine-35834370> Baby boxes

Worcester's places and faces: Family Health Center Worcester

2016 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Places and Faces**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: **Amber Sarkar MD**
3. Defining characteristics
 - a. The population of focus for this team is: **low income, multicultural, urban**
 - b. The health issue affecting this population on which this team will focus is: **food insecurity**
 - c. The primary sites and locations at which the team will spend their time are: **Family Health Center of Worcester and surrounding community**
 - d. Primary student activities include: **Patient-for-a-day exercises in which students experience what it is like to try to solve problems with minimal resources, Home visits with patients, site visits to various community organizations.**
 - e. Specific logistical details, e.g. housing, transportation, etc. include: **All activities take place in Worcester or nearby, FHCW is on the bus line, parking available onsite as well. Our population is multilingual, so language skills are very helpful but students who only speak English will do fine as well.**
 - f. Maximum number of students on team: **8**
 - g. Typical hours, including any weekends or evenings: **8:00 – 5:00 Monday through Friday. There may be a need to do a home visit or 2 in the evening, in which case there will be a compensatory morning or afternoon off.**
 - h. Typical daily travel distance (round trip):
 - i. The different types of professions that are part of the student experience include: **physicians, nurse practitioners, pharmacists, disease management nurses**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Lots of activities take place independently and the student will get out of it what they put into it. Self-directed learners will learn best.**
 - k. Possible micro-service projects are: **Home visits on patients to do home assessments and teaching.**
4. Resources:
 - a. Web resources relevant for this population and/or health issue: www.fhcw.org
 - b. Links to relevant agency reports:
<http://www.thecommunityguide.org/asthma/multicomponent.html>

Students can see last year's team poster at:

http://umassmed.edu/PageFiles/43715/FHCW_Referral%20Project%20Poster%20FINAL.pdf

5. 50-Word Summary

What is it like to live in Main South and not know what you are going to feed your kids for dinner? Learn what it is like to be a patient at FHCW who suffers from food insecurity. We will get to know the neighborhood, health center and available resources.