

Directory of Complete Team Descriptions 2013

Students must rank their top 5 team preferences **by April 12, 2013** at

<https://www.surveymonkey.com/s/PHC2013ranking>.

Those failing to complete the ranking will be placed in remaining slots.

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2013 UMMS/ GSN Population Health Clerkship
ACTION Health Services: Fitchburg

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

a. Academic faculty: Nicholas Apostoleris PhD, Fitchburg Residency Behavioral Science Director, Clinical Associate Professor FMCH; nicholas.apostoleris@umassmed.edu 978-878-8470

b. Community faculty: Stacey Auger, Associate Director of ACTION Health Services; sauger@chcfhc.org 978-878-8523/ Kate Bettencourt, PhD, Psychologist; kbettencourt@chcfhc.org

2. Defining characteristics

a. The population of primary interest for this team is underserved and at-risk people in North Worcester County.

b. The health issue affecting this population on which this team will focus is Medical including HIV, HepC and substance abuse; behavioral and dental.

c. The primary sites and locations at which the team will spend their time are: ACTION Health Services (Accessible, Comprehensive, Treatment In Our Neighborhoods) is one of four federally qualified health centers operated by Community Health Connections, Inc., a fast growing organization which also serves as the site for the UMass Fitchburg Family Medicine Residency. ACTION partners with community agencies to bring clinical and support services to the area's most underserved and at-risk populations. Using a combination of mobile health units and a Healthcare for the Homeless clinic, ACTION provides medical, behavioral health, and dental services in Fitchburg and at sites throughout the region.

d. Primary student activities: Students will assist in caring for ACTION patients both in the clinic and in the community. Students will also travel to and gain understanding of a variety of community agencies and will also help with the mobile health operations. Additional opportunities include assisting with the Fitchburg Family Medicine Residency Program's HIV and HepC clinics, as well as participating in ACTION's dental and behavioral health programs. Students will have an opportunity to interview successful substance dependence clients and have an opportunity to screen new clients under supervision of licensed clinicians/physicians for initiation into the Buprenorphine Program. ACTION emphasizes collaborative, transdisciplinary care and students will work with physicians, psychologists, nurses, psychiatrists, dentists, and with support staff from CHC and other agencies.

e. Specific logistical details e.g. housing, transportation, etc.: A car or carpooling is needed. Fitchburg is about 25 minutes north of Worcester.

f. Maximum number of students on team: 2 (note change)

g. Typical hours, including any weekends or evenings: 8:00am-5:00pm with possible evening or

weekend session.

h. Typical daily travel distance (return trip): 15 miles round trip to/from CHC.

i. List the different types of professions that are part of the student experience: Physicians, psychologists, nurses, psychiatrists, dentists, and with support staff from CHC and other agencies.

j. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities will be pre-scheduled but students are encouraged to be proactive in proposing projects and/or improvements.

k. Possible types of service projects include creation of patient-friendly materials, resource guides/kits, presentations, assisting with outreach.

2013 UMMS/ GSN Population Health Clerkship
Adolescent Obesity in Rural Settings

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Konstantinos Deligiannidis, MD, MPH - Assistant Professor of Family Medicine and Community Health, konstantinos.deligiannidis@umassmemorial.org ; Cynthia Jeremiah, MD – Assistant Professor of FMCH, Cynthia.jeremiah@umassmemorial.org
 - b. Community faculty: Gail Murphy, RN, gail.murphy@umassmemorial.org
 - c. Mailing Address: Barre Family Health Center, 151 Worcester Road, Barre, MA 01005
 - d. Phone number: 978-355-6321 – speak with Joni Pulnik (joan.pulnik@umassmemorial.org)

2. Defining characteristics
 - a. The population of primary interest for this team is: adolescents in Barre and surrounding communities
 - b. The health issue affecting this population on which this team will focus is: adolescent obesity
 - c. The primary sites and locations at which the team will spend their time are: Barre Family Health Center; Barre Food Bank; Imbier Farm; Seeds of Solidarity; Quabbin Regional High School; Ruggles Lane School
 - d. Primary student activities: site visits and discussions with owners of a local farm; shadowing experiences at the Barre Family Health Center; interviews with school nurses and head of a teaching farm; participation in local food bank distribution and group cooking class/visit.
 - e. Specific logistical details e.g. housing, transportation, etc.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: 8am to 5pm
 - h. Typical daily travel distance (return trip): 46 miles (23 miles each way from/to Worcester)
 - i. List the different types of professions that are part of the student experience: physicians (attending and resident), nurses, farmers, school nurses.
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled: Highly self-directed.
 - k. Possible types of service projects: Evaluating the impact of the group cooking class; gathering feedback from patients re: community efforts to fight off adolescent obesity (survey).

3. Resources:
 - a. Web resources relevant for this population and/or health issue
 - i. <http://www.mass.gov/massinmotion/>
 - ii. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
 - iii. <http://www.shiftn.com/obesity/Full-Map.html>
 - iv. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>
 - v. <http://www.reversechildhoodobesity.org/webinars>
 - vi. <http://www.childreninbalance.org/>
 - vii. http://nutrition.tufts.edu/1174562918285/Nutrition-Page-nl2w_1179115086248.html
 - b. Links to relevant agency reports: NA

2013 UMMS/ GSN Population Health Clerkship
Barnstable County Behavioral Health Care

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
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Assistant Professor, Department of Family Medicine and Community Health
Researcher/Senior Project Manager, Barnstable County Department of Human Services
3195 Main Street (PO Box 427)
Barnstable, Ma 02630
(508)-375-6629
cstein@barnstablecounty.org
 - b. Community faculty:
Beth Albert, MSW
Director, Barnstable County Department of Human Services &
3195 Main Street (PO Box 427)
Barnstable, Ma 02630
(508)-375-6626
balbert@barnstablecounty.org
2. Defining characteristics
 - a. The population of primary interest for this team is:
Survivors of intimate partner violence (domestic violence) and sexual abuse
 - b. The health issue affecting this population on which this team will focus is:
The short- and long-term impact on physical and mental health of surviving intimate partner violence and sexual abuse.
 - c. The primary sites and locations at which the team will spend their time are:
The primary location will be Barnstable County Department of Human Services, located in the County Complex in Barnstable Village, Cape Cod. Faculty will arrange opportunities for students to visit staff at sites that provide services for survivors of intimate partner and sexual abuse to conduct qualitative interviews.
 - d. Primary student activities
Work with the academic faculty member to collect and analyze qualitative and quantitative data to describe: a) the incidence and prevalence of intimate partner violence and sexual abuse in the region; b) the range of services in the region that are available to survivors (including medical, social and legal services); c) the short- and long-term impact of surviving intimate partner violence and sexual abuse on physical and mental health; and d) risk and protective factors. Activities will include literature review, accessing existing data sets, and collecting primary data through interviews with providers. If feasible, we may also interview adult survivors. These activities will contribute to a summary report for the region on this issue.

- e. Specific logistical details e.g. housing, transportation, etc.
UMMS will assist students with obtaining local housing for the two-week period.
Each student should have a personal vehicle, although sharing is certainly an option.
 - f. Maximum number of students on team: Three
 - g. Typical hours, including any weekends or evenings:
9 am – 5 pm, Mon – Friday and possibly a few evenings.
 - h. Typical daily travel distance (return trip):
Approximately 20 miles round-trip to and from the department’s office and travel to providers and to collect data; the department will make every effort to compensate student for travel that is other than commuting back and forth to the office.
 - i. List the different types of professions that are part of the student experience:
Health and human services researcher, social workers, mental health clinicians, nurse practitioners, forensic interviewers, Cape and Islands District Attorney’s office legal staff
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled:
Activities will be largely pre-scheduled but the ability to work independently and as part of a team with direction is expected.
 - k. Possible types of service projects: See (d) above
 - l. Other: The Cape Cod region is a well-known tourist destination and we certainly would like the clerkship group to explore the area during non-working hours. However, during working hours the group will need to immerse themselves in understanding aspects of Cape Cod life that are less well known and understood, including violence, substance abuse, and economic challenges of living in a region with a tourist economy. Also, the area is federally designated as a Medically Underserved Area and a Health Professional Shortage Area, and the organization and delivery of
 - m. Medical and human services in this region differs to that found in a suburban or urban center.
3. Resources:
- a. Web resources relevant for this population and/or health issue
Regional providers:
Independence House on Cape Cod: <http://indhouse.net/>
Children’s Cove: <http://www.childrenscove.org/>
General information:
Intimate partner violence: www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
Sexual violence: www.cdc.gov/ViolencePrevention/sexualviolence/index.html
 - b. Links to relevant agency reports
NA at this time

2013 UMMS/ GSN Population Health Clerkship
Caring for Adults with Intellectual Disabilities (mental retardation)

1. Team faculty:

- a. Academic faculty: Robert A. Baldor, MD
Robert.Baldor@umassmed.edu
- b. Community faculty: Alixe Bonardi, MHA, OTR/L
Alexandra.Bonardi@umassmed.edu

2. Defining characteristics:

- a. *The population of primary interest for this team is:*
Adults with Intellectual Disabilities (mental retardation).
- 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 Waltham (Shriver Center), Wrentham, Marlborough, and possibly Boston are also planned.
- d. *Primary student activities:*
Students will spend time at state and private community agencies observing health and social service providers who care for this population. Activities will allow students to examine the impact of state and federal policy on health issues. Participation in a Special Olympics event (if scheduling allows) and interaction with Special Olympics athletes will be included in the clerkship. Students will also accompany an adult to a medical encounter (a day in the life experience).
- e. *Specific logistical details e.g. housing, transportation, etc.:*
Students will need to provide their own transportation to the specified sites. Car-pooling is strongly recommended.
- f. *Maximum number of students on team: 4*
- g. *Typical hours, including any weekend 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 distance (round trip):*
From Worcester, we will travel one day to Wrentham (80 mi), two trips to Waltham (80 mi), one trip

to Marlborough (40 m) and possibly one trip to Boston (90 mi). Most activities are scheduled in the Worcester area.

i. *List the types of professionals that are part of the student experience:*

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 and community faculty members are present at some but not all activities.

k. *Possible types of service projects:*

- i. Assisting at a flu-shot clinic and supporting staff to ensure people with intellectual disability are able to benefit
- ii. Presenting "health promotion and preventive health screening" materials to day program staff.
- iii. Assisting at the Special Olympics Healthy Athletes Screening event.

3. 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:

Left Out in the Cold: Health Care Experiences of Adults with Intellectual and Developmental Disabilities in Massachusetts

[http://www.arcmass.org/Portals/0/Health%20Care%20Project/TheArcofMassHealthCareExecSummary final 12.08.pdf](http://www.arcmass.org/Portals/0/Health%20Care%20Project/TheArcofMassHealthCareExecSummary%20final%2012.08.pdf)

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 article:*

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

2013 UMMS/ GSN Population Health Clerkship
Children's Mental Health (adapted from 2011)

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

a. Academic faculty:

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Mathieu.bermingham@umassmemorial.org

Community faculty:

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Director, Children's Behavioral Health Interagency Initiatives
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Lisa Lambert
Executive Director
Parent/Professional Advocacy League
The Massachusetts Family Voice for Children's Mental Health
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Boston, MA 02108
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llambert@ppal.net

2. Defining characteristics

- a. The population of primary interest for this team is children from birth to 21 years of age living in the Commonwealth of Massachusetts.
- b. The health issue affecting this population on which this team will focus is the prevention, early detection and treatment through the development of integrated systems of care within the Commonwealth of Massachusetts.
- c. The primary sites and locations at which the team will spend their time are various locations in Worcester County and Boston. Days will be organized so that the group will know well in advance in which city they will be spending their day.

- d. Primary student activities will include
 - i. clinical observation in a variety primary care, behavioral health, emergency mental health and telephonic consultation settings.
 - ii. Attendance at educational and administrative meetings regarding the MCPAP and CBHI programs.
 - iii. One on one meetings for discussions with policy makers, advocates and care providers regarding the development of comprehensive systems of care for children with serious emotional disturbances.
 - iv. Site visits to programs working on innovative practice models including co-location and home-based care.
 - v. Interviews with families of children with behavioral health issues to understand the family perspective in children's mental health care.
- e. Specific logistical details: Students will be expected to provide transportation to sites, although it is our hope that they can share rides to and from clinical sites. Some meetings will occur in the evenings, but we will endeavor to keep their commitments to the hours of 9-5.
- f. Maximum number of students on team: six

3. Resources:

- a. Web resources relevant for this population and/or health issue
 - <http://www.mass.gov/?pageID=cohhs2subtopic&L=4&L0=Home&L1=Government&L2=Special+Commissions+and+Initiatives&L3=Children's+Behavioral+Health+Initiative&sid=Eeohhs2>
 - <http://www.mcpap.com/>
 - <http://olddockeller.blogspot.com>
 - <http://holdonitsnotover.wordpress.com>
 - <http://www.childrensmentalhealthcampaign.org/index.cfm>
 - <http://www.rosied.org/>
- b. Links to relevant agency reports
 - <http://bluecrossfoundation.org/~media/Files/Publications/Policy%20Publications/091029CBHReportForWeb.pdf>
 - <http://ppal.net/default/Portals/0/Downloads/final%20report.pdf>
 - http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2010/Mar/1378_Holt_MCPAP_case_study_32.pdf
 - http://www.mass.gov/Eeohhs2/docs/dmh/publications/cbhi_annual_report.pdf

2013 UMMS/ GSN Population Health Clerkship)
Clinical and Translational Research Pathway

[open only to CTRP students]

Faculty: Carole Upshur

Community Faculty: Katherine Barnard MD, Ron Adler MD, Val Piety MD, Kosta Deligiannidis MD

The clerkship will expose students to current changes in health care delivery, such as the Patient Centered Medical Home and they will implement some practice-based data collection from patients about their health care delivery experiences in primary care. The group will build on work completed last year by the prior group of CTRP students in four medical practices, including one Community Health Center. Students will learn and apply some skills in survey development, sampling, and data analysis and prepare a report for each practice on findings for that site.

Some summer extra sessions will be required as part of CTRP commitment.

2013 UMMS/ GSN Population Health Clerkship
End of Life Care

1. 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., Instructor, Department of Family Medicine and Community Health, UMMS. 508.756.6676 Ext. 10 jcalista@cmahec.org
 - b. Community faculty: Christine McCluskey, RN, MPH, Community Outreach Director, Center for Health Policy and Research, Commonwealth Medicine, UMMS 508.856.4819
Christine.McCluskey@umassmed.edu
 - c. Community faculty: Jena Adams, Project Specialist, Central MA AHEC, Inc., 508.756.6676 Ext.20
Jbadams@cmahec.org

2. Defining characteristics

- a. The population of primary interest for this team is: Patients (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 in end of life care.
- c. The primary sites and locations at which the team will spend their time are:

Central MA AHEC (located in Worcester, MA), community based sites throughout Worcester, and possibly one to two sessions at Massachusetts state agencies located in Boston, MA (). Note: In-person attendance is required.
- d. Primary student activities (Please note: Direct Patient Contact is Limited.)
 - In depth reading;
 - Review of video 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.

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

Clerkship team is required to arrange their own transportation and lunch; however, one luncheon will be provided in the course of the Clerkship in which discussion and reflection of Clerkship experiences will occur. As noted above, travel to community based sites throughout Worcester (as well as one to two state agency visits in Boston) is required. Wireless Internet access is available on site at CM AHEC. 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.

f. Maximum number of students on team: 10

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 (return trip):

Travel to community based sites throughout Worcester (as well as one to two state agency visits in Boston) is required. Travel time is approximately 1-1.5 hours each direction (depending upon traffic) from Worcester to Boston.

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

- 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 (also known as patient navigators);
- Social workers;
- Policy makers;
- Community members;
- Members of faith communities; and
- Hospital-based patient advocates.

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 types of service projects:

Compilation of community based resources. Videography or photo essay of story telling.

3. Resources:

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

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

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

<http://www.nhpco.org/templates/1/homepage.cfm>

<http://www.apos-society.org/professionals/clinical/clinical-database.aspx>

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

b. Links to relevant agency reports

http://www.mass.gov/?pageID=hqccmodulechunk&L=1&L0=Home&sid=lhqcc&b=terminalcontent&f=Expert_Panel_End_of_Life_Care_expert_panel_final_report&csid=lhqcc

2013 UMMS Population Health Clerkship

Fire related injuries in older adults smoking while on Long Term Oxygen Therapy (LTOT)

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

a. Academic faculty:

Suzanne Cashman

b. Community faculty:

Linda Fantasia, Carlisle Health Agent

[66 Westford Street, Carlisle MA 01741](mailto:LFantasia@carlisle.mec.edu)

[978-369-0283](tel:978-369-0283)

LFantasia@carlisle.mec.edu

Catherine Galligan, Carlisle Board of Health

66 Westford Street, Carlisle MA 01741

catgalligan@comcast.net

1. Defining Characteristics:

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

Patients on Long Term Oxygen Therapy (LTOT)

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

Fire related injuries and deaths in older adults as the result of smoking in the presence of LTOT

Oxygen fires burn more rapidly and at a higher intensity resulting in increased danger of injuries and deaths. Nationally older adults are at the greatest risk for fire deaths and smoking remains the leading cause of fire deaths in this population. Many older adults continue to smoke or have relatives and visitors who smoke in the presence of oxygen medical devices without being fully aware of the dangers. Education of patients and families on the dangers of smoking and LTOT needs to be addressed. Fire prevention interventions have proven successful in reducing fire deaths in young children, and it is expected that an outreach campaign targeting patients, families, doctors, caregivers and firefighters would be similarly successful for the senior population.

From a public health prospective, there are two major concerns: first the senior population in Carlisle is increasing by 4.5% every year and it is expected that within five years the 60+ population will represent 30% of the town; secondly, with shorter hospital stays, more seniors are being treated on an outpatient basis which may include LTOT. Some seniors are at high risk for fire deaths due to continued smoking while using a medical oxygen device. Carlisle currently has three age-restricted multi-unit housing developments only one of which has imposed a smoking ban. The town is constructing a 56 unit senior

development and has not decided on a tobacco free policy. The Town is also dependent on an On-Call Fire Department which can affect response time. The goal of this project is to develop a community approach to reduce the risk of fires due to the use of home oxygen devices in senior housing.

- c. The primary site and locations at which the team will spend their time are:
Town of Carlisle, MA

- d. Primary student activities:

Students will conduct a literature review to research facts and findings of fire related deaths and injuries relative to LTOT use in the home, using fire service magazines, the internet, and research papers. The purpose of the research is to explore the need for a more robust prevention program. Students will compile and review current state and national regulatory codes and interview local fire chiefs to learn how their departments monitor LTOT households. They may also visit agencies involved in fire safety and training such as the Mass Fire Fighting Academy to learn how oxygen saturation enhances combustion and best management practices for the safe handling and storage of medical oxygen. Students will contact or meet with hospitals and/or clinicians to familiarize themselves with burn injuries, the factors involved in prescribing LTOT and considerations for high risk LTOT patients who continue to smoke. Interviews with seniors on LTOT, families, caretakers, medical equipment suppliers and housing authorities will be used to create an effective, multi-disciplinary outreach campaign about this serious public health issue.

- e. Maximum number of students on team *Five*

- f. Typical hours, including any weekends or evenings

Weekdays 9:00 am to 3:00 pm at the Carlisle Health Department (desk and office equipment are available); there may be one evening meeting with the Carlisle Board of Health depending on the Board's meeting schedule. Students should bring their lunches. One lunch will be provided by the Board as a wrap up session.

- g. Typical daily travel distance (return trip):

Sixty miles round-trip highway driving (40 minutes without traffic); there is no public transportation in Carlisle; a car is necessary.

- h. Professions that are part of the student experience

Health Agent, Clinicians, Fire Department, Council on Aging, Visiting Nurse

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

Students will be shown how to research statistics using local and state databases. Students will be introduced to local personnel and departments. Staff will arrange for field work. Students will be expected to collect, manage and organize data in order to make audience specific presentations. Program planning will be in consultation with staff. Students will be expected to initiate and recommend a variety of prevention activities and strategies

- j. Possible types of service projects:

Students will identify and help to prepare community interventions such as:

- *Collect and analyze local, state and national statistics on fire fatalities involving smoking and LTOT to increase awareness of the problem.*
- *Assist in the development of innovative community programs promoting fire safety for home medical oxygen users; this may include identifying smoking cessation programs and tobacco free multi-unit housing policies.*
- *Prepare a short 15 minute segment on safe LTOT practices for local cable TV*
- *Prepare educational materials for patients and their families about the dangers of smoking in the presence of oxygen; this may include a short fact sheet on Fire Prevention Safety Tips and LTOT.*
- *Identify outreach outlets such as hospitals, doctors, VNA's, Council on Aging, and Veterans groups.*
- *Develop a community run program for senior households to check that smoke detectors are present and functioning.*
- *Contact or meet with personnel from area Fire Department, the Mass Fire Fighting Academy (Stow, MA) and Burn Units in area hospitals to obtain a better understanding of this public health and safety issue.*

2. Resources:

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

- "Fires and Burns Involving Home Medical Oxygen" , Marty Ahrens (September 2007) www.nfpa.org
- CDC. Fatal Fires Associated with Smoking During Long-Term Oxygen Therapy --- Maine, Massachusetts, New Hampshire, and Oklahoma, 2000—2007. MMWR 2008. Vol. 57/No. 31:852-854. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5731a3.htm>
- "Fire Safety Topics" www.mass.gov/dfs
- Massachusetts Executive Office of Public Safety and Security, Department of Fire Services. Using Home Oxygen Safely: What Everyone Needs to Know When a Private Health Problem Becomes a Public Safety Threat. (Powerpoint presentation) Retrieved from: <http://www.mass.gov/eopss/docs/dfs/osfm/pubed/flyers/2011-oct-home-oxygen-what-everyone-should-know1.pdf>

Links to agency reports:

- Town of Carlisle, MA. 2009 Needs Survey. Carlisle Survey Committee
- National Fire Protection Association - www.nfpa.org
- H.R. 3220 (111th): Medicare Home Oxygen Therapy Act of 2009 <http://www.govtrack.us/congress/bills/111/hr3220>
- "Laying a Solid Foundation" Tobacco Laws Pertaining to The Commonwealth of Massachusetts Third Edition, November 2011, Mass. Assoc. of Health Boards www.mahb.org

2013 UMMS/ GSN Population Health Clerkship
Geriatrics -Health Issues for Older Adults

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

a. Academic faculty:

Sarah McGee, MD, MPH
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Director of Education
Division of Geriatric Medicine
Reynolds/AGE Project
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U Mass Graduate School of Nursing
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508 856-3726

b. Community faculty:

Linda Wincek-Moore, MEd, LSW
Client Advocacy Coordinator
Elder Affairs/Worcester Senior Center
128 Providence Street, Worcester, MA 01604
MooreLW@worcesterma.gov
508-799-1233 direct
508-799-1232main

Jennifer Snell 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

2. Defining characteristics

a. The population of primary interest for this team is: **Health Issues for Older Adults**. The health issue affecting this population on which this team will focus is:

The health of older adults in general. Focus will be determined by participants **and may include falls prevention/assessment, polypharmacy, transitions of care, the increasing prevalence of dementia.**

c. The primary sites and locations at which the team will spend their time are:

A variety of sites of care for older adults in the city of Worcester and surrounding area. Site visits may include Elder Services of Worcester Area, the Worcester Senior Center, Summit Elder Care, Jewish Family Services, Mobile Safety Street, home visits with case managers, nurses and guardians, assisted living facilities, day programs, nursing homes and a day with a geriatrician or geriatric nurse practitioner.

d. Primary student activities

Meet and speak with older adults, care providers, and leaders and staff from community agencies serving older adults. Students will visit sites providing care to older adults and shadow a geriatrician/geriatric nurse practitioner

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

A car or carpool is necessary for local travel in Worcester and the surrounding communities. Sessions may begin early morning or may continue into the early evening – a schedule will be available in advance.

f. Maximum number of students on team

4

g. Typical hours, including any weekends or evenings:

Generally 9-5; depending on opportunities available at some sites, start and ending times may result in shorter days. No weekends or evenings.

h. Typical daily travel distance (return trip):

Typically less than 10 miles per day

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

Geriatricians, Nurse practitioners, nurses, social workers, case managers, case workers, physical therapists

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

k. Possible types of service projects:

Service learning project could be related to falls prevention/assessment, polypharmacy, transitions of care, the increasing prevalence of dementia – possibilities could include a presentation to older adults at the Worcester Senior Center, developing an educational handout, participation in development of a project with public health or policy implications

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

www.eswa.org Elder Services of Worcester Area

www.800ageinfo.com Statewide

www.seniorconnection.org Central Mass Area Agency on Aging

www.aoa.ddhs.gov- Administration on Aging

www.cms.hhs.gov Centers of Medicare and Medicaid Services

<http://www.cdc.gov/homeandrecreationalafety/falls/index.html>

<http://www.healthagingprograms.org/content.asp?sectionid=69>

<http://www.nia.nih.gov/>

www.americangeriatrics.org

www.alz.org Alzheimer's Association

www.worcesterma.gov/ocm/elder-affairs City of Worcester Division of Elder Affairs:

www.mcoaonline.com Massachusetts Council on Aging:

b. Links to relevant agency reports

<http://www.aafp.org/afp/20000401/2159.html>

<http://www.ahrq.gov/research/lrc/fallspix/fallspixmanual.htm#Acknowledgments>

http://www.americangeriatrics.org/files/documents/health_care_pros/Falls.Summary.Guide.pdf

http://www.americangeriatrics.org/files/documents/health_care_pros/JAGS.Falls.Guidelines.pdf

2013 UMMS/ GSN Population Health Clerkship
Ghanaian Women's Health

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:**Robin Klar,**

 - b. Community faculty:
Shelly Yarnie, MPH
Regional Director, Central Regional Office
MA Dept of Public Health, 180 Beaman St
West Boylston, MA 01583

2. Defining characteristics
 - a. The population of primary interest for this team is: **Ghanaian Women**
 - b. The health issue affecting this population on which this team will focus is: **African Woman's Health and Disparities in Infant Mortality: An Assessment of the Ghanaian Population in Worcester**
 - c. The primary sites and locations at which the team will spend their time are: **MA Dept of Public Health, Common Pathways, Edward M Kennedy Health Center, Family Health Center, UMMS NICU, UMass Memorial Healthy Start Initiative, Akwaaba Free Health Clinic, Bethsaida Christian Church, Anokye Krom Restaurant, Lincoln Village Housing Complex; Hahneman TB Clinic, UMass Memorial Woman's Care HIV Clinic**
 - d. Primary student activities: **Clinician shadowing, Tour UMMS NICU, Meet and talk to Ghanaian women/men church groups, visit Ghanaian markets and restaurants to learn more about the culture, food and clothing. Attend church on Sunday. Service learning project will evolve from data gathered** (clinical decision will be based on data)
 - e. Specific logistical details e.g. housing, transportation, etc.
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-5pm, an evening workshop or activity may occur, church attendance is required one Sunday- a schedule is available in advance.**
 - h. Typical daily travel distance (return trip): **Local travel only**
 - i. List the different types of professions that are part of the student experience: **MD, NP, Case Managers, Program Managers**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled: **Pre-scheduled**

 - k. Possible types of service projects: **Educational workshop for Men and or Woman's church group, Development of educational materials**

3. Resources:

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

- **International impact: Faculty travel to Ghana seeking clues to Worcester's infant mortality mystery, http://www.umassmed.edu/news/articles/2010/ghana_trip.aspx**
- **Interpregnancy Primary care and Social Support for African American Women at Risk for Recurrent Very –low-birth weight Delivery: A Pilot Evaluation *Maternal Child Health J (2008) 12:461-468***
- **Pregnancy health status of Sub-Saharan refugee women who have resettled in developed countries: a review of the literature *Midwifery26 (2010) 407-414***

b. Links to relevant agency reports

- i. http://www.huffingtonpost.com/pierre-m-barker-md/new-hope-for-mothers-and-b_1894554.html
- ii. ***Health of Worcester*, www.worcesterma.gov/e...health/health-of-worcester-2012.pdf**
- iii. <http://www.cdc.gov/about/grand-rounds/archives/2012/October2012.htm>
PHGR Public Health Approaches to Reducing U_S_ Infant Mortality

2013 UMMS/ GSN Population Health Clerkship
Head Start

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Leanne Winchester, MS, RN Project Director, MassAHEC & PHCAST 617-573-1823, Leanne.Winchester@state.ma.us; EOHHS One Ashburton Place. Room 1109. Boston, MA 02108
 - b. Community faculty: Janet Boudreau Acting Director, Worcester Head Start, 508-799-3237, BoudreauJ@worc.k12.ma.us, 770 Main St. Worcester, MA 01610
2. Defining characteristics
 - a. The population of primary interest for this team is: **Head Start children ages 3 – 5 years**
 - b. The health issue affecting this population on which this team will focus is: **high risk for developmental delay**
 - c. The primary sites and locations at which the team will spend their time are: **Worcester Head Start programs located at: Greendale Head Start 130 Leeds St.; Mill Swan A/B 337 Mill Street; Millbury Street 389 Millbury Street; Vernon Hill 211 Providence St.**
 - d. Primary student activities: **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. **students need own transportation to and from early childhood program site. There is no reimbursement for travel**
 - f. Maximum number of students on team: **5**
 - g. Typical hours, including any weekends or evenings: **Program operates Monday - Friday 7am – 5pm; students should plan to be at Head Start centers from 8:30-2:30**
 - h. Typical daily travel distance (return trip): **~ 10 miles round trip; daily during the 2 weeks.**
 - i. List the different types of professions that are part of the student experience: **A Registered 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 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: **pre-scheduled**

k. Possible types of service projects: **program newsletters, parent education, (preschool) classroom education**

3. 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.childcarehealth.org www.nichd.nih.gov

b. Links to relevant agency reports www.mass.gov/eec www.eclkc.ohs.acf.hhs.gov

1. Team faculty: Erik Garcia MD

Medical Director, Homeless Outreach and Advocacy Project (HOAP)

GarciaE@ummhc.org

(508) 860 1052, page: (508) 426 1418

Joyce Landers NP

Family Nurse Practitioner, HOAP

(508) 860 1010

Jane Whelan Banks

Family Nurse Practitioner, HOAP

(508) 860 1051

Annie Parkinson

Substance Abuse Counselor

(508) 860 1060

2. 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 disparity 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 health disadvantage and it requires specialized services to help meet these needs. The term “homelessness” 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 mobile medical vans meet the needs of 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, (and/or Fitchburg) for contrast.

4. www.aafp.org/afp/2006/1001/p1132.html/

2006 AAFP article on adapting medical practice to care for America's Homeless

<http://www.nhchc.org/PrematureMortalityFinal.pdf>

2013 UMMS / GSN Population Health Clerkship
Ensuring the “Healthy Aging” of
Year Round Martha’s Vineyard Residents Over 60,
For the Next 30 Years.

The population of older adults in America is going through a seismic shift due to increases in life expectancy and the aging of the “baby boomer” generation. The number of Americans over age 65 is exploding and expected to double between the year 2000 and 2030, creating a “Silver Tsunami” of older adults that has government, the healthcare industry, human service nonprofits, older adults and their families (potential caregivers) very concerned.

Few places will feel the impact of this shift as much as Martha’s Vineyard, which has traditionally skewed older than the State and the Nation. The Martha’s Vineyard Commission’s “Island Plan,”ⁱ published in 2009, said the year round population between the ages of 60 and 70 will triple by 2020 (based on 2000 Census data) and that does not include an expected significant increase of seasonal boomer residents retiring to the Vineyard and year round families bringing their off island aging parents here for end-of-life care.

However, as an isolated rural community with a seasonal resort economy, the Island does not offer the best environment in which to age. Many homes were not designed with senior safety in mind, and many are isolated on long dirt roads far away from limited public transportation. Living, medical and housing costs are extremely high, so it’s expensive to live here, which also makes it hard for Island Health and Human Service agencies to attract needed workers. A full range of medical services are not available at the MV Hospital or elsewhere on Island, so many seniors must undertake time-consuming and expensive travel off-island to see specialists, receive cancer treatment, or have major surgeries.

The Island health and human service agencies believe they are meeting the current demand for their separate services; however, there is limited collaboration and cross-agency partnerships. How will service demands change in the future? By what standard should we judge whether people are receiving the level of care they want/need? The seismic shift is not just about the number of “boomers,” but it’s also about their very different attitudesⁱⁱ, interests, hopes and beliefs. Many commentators indicate that the “baby boomers” are not willing to accept the same options that their parents had. They want to be active, involved and living at home as long as they can. At the same time, they are also often the primary caregivers to their parents, so they know firsthand how difficult it can be to access and pay for needed services, coordinate care, or make difficult end-of-life decisions.

To meet these challenges, we need to create a healthy community for our aging population. “Healthy Aging”ⁱⁱⁱ is the development and maintenance of optimal mental, social and physical well-being and function in older adults. This is most likely to be achieved when communities use a holistic approach, where health services and all community programs are used to prevent or minimize disease.^{iv}

Healthy Aging has 5 main components:

- Physical Health – including exercise and other preventative/wellness activities;
- Behavioral or mental health – including substance abuse and factors such as isolation that lead to depression and other problems;
- Community engagement – being involved in a variety of social activities;
- Housing – having a place to live that is affordable, safe and accessible given one’s particular condition and needs;
- Transportation – key to enabling independence, engagement and access to care for as long as possible.

The Martha's Vineyard Donors Collaborative (MVDC), as the sponsoring body for this proposal, will, if this proposal is accepted, form a Project Advisory Group, to work with, supervise, and guide the activities of the Rural Scholars while on island. The MVDC is an advocacy organization devoted to sustaining the Vineyard by strengthening its nonprofit community. We have been studying island elderly needs for some time, and we believe that a project such as that described below -- particularly when conducted by the UMMS medical and nursing scholars --- can make a major contribution to the island's ability to develop the needed future strategies and resources for this key population group. We request Rural Scholar assistance in developing a strategy to ensure the “Healthy Aging” of the elder population of Martha’s Vineyard over the next 30 years

GOALS:

- 1) To forecast how our population will age, and which age cohorts will grow the fastest;
- 2) To forecast how that growth will affect demand/need for various services;
- 3) To identify the barriers to ensuring the healthy aging of this population;
- 4) To offer recommendations on how the Island community could create and maintain (coordinate and manage) a healthy community for this population.

ACTIVITIES:

The Rural Scholars will:

- 1) Review US 2010 Census Data for Massachusetts and Dukes County, as well as the population data from USBRSS, Massachusetts Departments of Public Health, Transportation, and Housing and Development;
- 2) Interview staff from the Martha’s Vineyard Commission, the regional planning body, to review available data from national, state and other sources, and to discuss their findings and needs projections for this age sector;
- 3) Research and apply statistical health incidence data to the key age categories, producing a profile of likely health care needs and services and population health promotion resources;

4) Conduct a literature review of “best practices” and models of Healthy Aging systems, using materials from the NCOA Center for Healthy Aging, the New Jersey Healthy Aging State Plan, prior Rural Scholars Reports, and other relevant sources;

5) Interview state/regional identified Elder Services staff re their planning for future population growth and service needs;

6) Interview identified Vineyard service providers (including the MV Hospital, Visiting Nurse Agency, Martha’s Vineyard Community Services, all Island Councils on Aging, Dukes County Housing Authority, Vineyard Transportation Authority, Chamber of Commerce, etc) to assess their data and planning for future service needs (including health promotion and prevention services) for the target population;

7) Based on the above, identify M.V. barriers to the development of a comprehensive community system for healthy aging;

8) Develop an Outcome Report, including recommendations (see below).

OUTCOME REPORT:

Based on research, interviews, and field observations, Rural Scholars will develop a final report that:

1) Forecasts likely growth in Island population by age group;

2) Describes a comprehensive community system model for Healthy Aging,, based on best practices models from elsewhere in the country;

3) Identifies and discusses likely barriers to the development of such a model service system on the Vineyard;

4) Recommends solutions to such barriers and priority next steps.

LEARNING OBJECTIVES:

Working with the MVDC Project Advisory Group, the students will fulfill these learning objectives:

1) Research, interpret and present population data, and extrapolate likely future growth trends for different age sectors;

2) Research key health incidence data and apply to population data;

3) Conduct interviews with key informants, in order to assess likely needed services for target population;

4) Integrate data and interview results, and make recommendations for strategies and program development to support Martha’s Vineyard as a Healthy Aging community.

This site is only available to the rural health scholars and pre-selected GSN students.

2013 UMMS / GSN Population Health Clerkship
Implementing State and National Health Policy in Massachusetts:
Monitoring the Impact on Low-Income and Vulnerable Populations
(aka Population Health Policy and Politics: Health Reform and the Uninsured)

1. Team faculty: please supply full names, titles, phone, email and mailing addresses.
 - a. Academic faculty:

Jay Himmelstein, MD, MPH
Professor of Family Medicine & Community Health
Chief health Policy Strategist
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Jay.himmelstein@umassmed.edu
333 South St.
Shrewsbury MA 01545

Doug Brown, JD
Senior Vice President & General Counsel
Family Medicine & Community Health
Phone: 508-334-0424
Douglas.Brown@umassmemorial.org
UMass Memorial Health Care
119 Belmont Street
Worcester MA 01605
 - b. Community faculty: N/A
2. Defining characteristics
 - a. The population of primary interest for this team is: Low Income and vulnerable populations.
 - b. The health issue affecting this population on which this team will focus is: Assuring access to high quality health care for lower income and vulnerable populations.
 - c. The primary sites and locations at which the team will spend their time are: Various state, community, clinical and business locations in Boston (50%) and Worcester (50%).
 - d. Primary student activities Meeting with state policymakers, officials and legislators, advocates, health care providers, health insurers, and others involved in health reform implementation.
 - e. Specific logistical details e.g. housing, transportation, etc. Students must provide their own transportation to Boston for scheduled visits.
 - f. Maximum number of students on team 7
 - g. Typical hours, including any weekends or evenings: Meetings with key policymakers and others are usually scheduled between 9am and 5pm. No weekends.
 - h. Typical daily travel distance (return trip): All meetings scheduled in Worcester or Boston area.

- i. List the different types of professions that are part of the student experience: Policymakers, advocates, business leaders, and health care providers.
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled: Many of the meetings are pre-scheduled in advance to assure access to state policy leaders, but students are encouraged to take initiative in specifics of project focus and to independent outreach and develop new information that will be useful to the health reform process in Massachusetts.
 - k. Possible types of service projects: Community brochure about health reform and public health options, provider materials about public health insurance benefits, presentation to policymakers and legislators regarding the current state of affairs for the uninsured and underinsured of Massachusetts, recommendations for improvements in the implementation process, etc.
3. Resources:
- l. Web resources relevant for this population and/or health issue.
 - [Massachusetts Health Connector](#)
 - [MassHealth](#)
 - [Center for Health Information and Analysis](#)
 - [Blue Cross Blue Shield Foundation Massachusetts](#)
 - m. Links to relevant agency reports
 - [Health Insurance Coverage in Massachusetts: 2008 – 2010](#)
 - [Health Care in Massachusetts: Key Indicators, June 2011;](#)
 - [Massachusetts Health Reform: A Five-Year Progress Report](#)
 - [The Basics of the Massachusetts Health System: Chartpacks on Coverage, Costs, and Access](#)
 - [Health Insurance Coverage in Massachusetts: 2008-2010](#)
 - [Massachusetts Health Reform: A Five-Year Progress Report](#)

2013 UMMS/ GSN Population Health Clerkship
Latinos living with HIV-Northern MA

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Donna Rivera
 - b. Community faculty: Donna Rivera, Director Merrimack Valley AHEC, Chief, Community Support Services, Greater Lawrence Family Health Center, One Griffin Brook Drive, Suite 101, Methuen, MA 01844.
987-725-7400
drivera@glfhc.org

2. Defining characteristics
 - a. The population of primary interest for this team is:
Latinos living with HIV in the socio-cultural context of Lawrence where the following factors may be present
 - Poverty
 - Dislocation
 - Marginalization
 - Language barriers
 - Unemployment
 - Domestic violence
 - Mental illness
 - Substance abuse
 - Homophobia
 - Street violence
 - Poor school achievement
 - Intra-Latino rivalry
 - HIV/AIDS stigma
 - Strong family values
 - Thriving business community
 - Active churches
 - Committed social service organizations
 - Accessible medical care
 - Vibrant cultural organizations
 - Newfound political power
 - Supernatural healing
 - Particular issues of a “majority minority” population

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

HIV care and prevention: Why are Latinos in Lawrence presenting late to care? Concurrent diagnosis (both HIV and AIDS diagnoses that occur within 2 months) has been identified as a significant barrier in the effort to reduce HIV infection and transmission, particularly in communities with higher HIV burden.

The Massachusetts Department of Public Health statistics reveal that between 2007 and 2009, Latinos represented 84% of newly diagnosed HIV cases in Lawrence. While 31% of all cases reported in Massachusetts during approximately the same time period were concurrently diagnosed, the proportion of Lawrence cases was 47%.

The PHC team will gain knowledge of both risk and protective factors present in Lawrence, and how these factors may affect how the Latino community accesses HIV prevention and care. They will become familiar with Lawrence history including immigration, health indicators, demographic data, cultural norms and GLFHC HIV prevention and care services.

Working collaboratively with the GLFHC care and prevention programs, the team will assess factors contributing to late entry into care through review of the literature, interviews with key community representatives including patients, social service agencies, city government, and grass roots organizations. The team will present the results to GLFHC/AHEC staff.

During the clerkship, the students may also accompany staff on a home visit, participate in outreach, shadow a resident or attending, participate in HIV CQI, or visit the Lawrence Heritage National Park.

c. The primary sites and locations at which the team will spend their time are:

MVAHEC office 1 Canal St., Lawrence, MA 01841
Prevention and Education Center 100 Water St., Lawrence, MA 01841
Primary Care site 34 Haverhill St.
Lawrence, MA 01841

d. Primary Student Activities

- Interviews
- Lectures
- Reading
- Analytical research
- Community visits

e. Specific logistical details:

The clerkship team will be expected to provide their own transportation and lunch.

- f. Maximum number of students:
3-5

3. Resources:

- a. Web resources relevant for this population and/or health issue <http://www.mass.gov/dph/cdc/aids>

<http://profiles.doe.mass.edu/profiles/student.aspx?orgcode=01490000&orgtypecode=5&>

Friendly URL: <http://www.mass.gov/dph/masschip> click on instant topics, then health indicators, and click on Lawrence data

- b. Links to relevant agency reports

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

2013 UMMS/ GSN Population Health Clerkship
Latinos Living with HIV & Infectious Diseases
Southern MA

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

a. Academic faculty: Lisa Morris, Director, Cross Cultural Initiatives

(508) 856-3572, lisa.morris@umassmed.edu, 333 South St, Shrewsbury, MA 01545

b. Community faculty: Shabana Naz, MD, Medical Director Infectious Disease, at Greater New Bedford Community Health Center

(508) 992-6553, snaz@gnbchc.org, 874 Purchase St., New Bedford, MA 02740

2. Defining characteristics

a. The population of primary interest for this team is: Urban Underserved Community

b. The health issue affecting this population on which this team will focus is: HIV/Aids amongst Latino population

c. The primary sites and locations at which the team will spend their time are: Greater New Bedford Community Health Center (GNBCHC) <http://www.gnbchc.org>

1990 Awarded its first Ryan White grant in the amount of \$110K for treatment of patients with HIV. The Health Center continues to receive more than \$250K annually for this.

d. Primary student activities: Attend patient group counseling visits at the health center, local community based agencies, correctional facilities, and in the local neighborhood. See patients with Dr. Naz. Dine for lunch in local restaurants daily to get a flavor of the multicultural community.

e. Specific logistical details e.g. housing, transportation, etc.: Furnished condos provided by GNBCHC which are located in close proximity to the health center. Vehicle required to travel to New Bedford and to student activities.

f. Maximum number of students on team: 4 – 6

g. Students will be expected to be at the health center each day for approximately 6 hours a day.

The hours are generally 9 – 3:00pm. The schedule will vary when sent out with the outreach workers to do community work or attend group sessions with clients in the evening or attending a community event.

3. Resources:

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

<http://hab.hrsa.gov/about/>

2013 UMMS/ GSN Population Health Clerkship
LGBT

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

a. Academic faculty:

Jeroan J. Allison, MD, MS

University of Massachusetts Medical School

Vice-Chair and Professor, Department of Quantitative Health Sciences

Associate Vice Provost for Health Disparities Research

Office: AC7-201 , Phone: 508-856-8999

b. Community faculty:

Heidi Holland, Ed.M

Program Manager, National LGBT Health Education Center

The Fenway Institute

1340 Boylston St., Boston, MA 02215

Phone: 617-927-6485

hholland@fenwayhealth.org

2. Defining characteristics

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

Lesbian, Gay, Bisexual and Transgender Communities

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

The health effects of homophobia and heterosexism

c. The primary sites and locations at which the team will spend their time are:

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

d. Primary student activities

Each site will have a project for the students to implement based on the needs of that site and student interest.

Examples of past activities include:

*Developing patient information brochures

*Developing resource guides/webpages

*Implementing focus groups and writing up findings

*Developing templates for workshops with clients on topics such as; smoking cessation, drug/alcohol use, STDs and HIV

*Reaching out to patients (eg. mammogram van at Fenway and other screening/research opportunities)

*Writing a “white paper” on transgender health protocols

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

Two sites, AIDS Project Worcester and Safe Homes are local to Worcester. Fenway and BAGLY are in Boston. Students will need to drive or take public transportation for those sites.

f. Maximum number of students on team: Eight

g. Typical hours, including any weekends or evenings:

For Fenway and AIDS Project Worcester it is a standard 9-5 schedule. For the youth programs, there are more afternoon and evening hours and the students will work out a specific schedule with the site.

h. Typical daily travel distance (return trip): For the Boston sites it is approximately 90 miles roundtrip.

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

At Fenway Health – all medical primary care professions and some specialties. APW – community health workers, social workers, health educators, counselors. For Safe Homes and BAGLY – social workers, youth workers, counselors.

j. Do students need to be highly self-directed /pre-scheduled: Self Directed.

3. Resources:

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

American Medical Student Association:

<http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality.aspx>

American Public Health Association:

<http://www.apha.org/about/Public+Health+Links/LinksGayandLesbianHealth.htm>

The National LGBT Health Education Center at The Fenway Institute:

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

Gay and Lesbian Medical Association: www.glma.org

GLBT Youth Support Project & OutHealth of Health Imperatives:

<http://www.healthimperatives.org/glys/home>

LGBT Aging Project: www.lgbtagingproject.org

Parents, Friends and Families of Lesbians and Gays: www.pflag.org

b. Links to relevant agency reports

<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

2013 UMMS/ GSN Population Health Clerkship
Living with Disabilities

1. 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**
Monika Mitra monika.mitra@umassmed.edu
 - b. Community faculty: **A variety of community faculty including persons with disabilities, physicians and nurse practitioners, and other service providers.**
2. 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.** The health issue affecting this population on which this team will focus is: **Students will learn about how to provide quality care to individuals with disabilities and some of the specific issues that need to be addressed in working with this population. Students will be exposed to a variety of community-based experiences and clinical settings which will provide the opportunity to learn about access to health care, secondary conditions, assistive technology, sexuality, employment, and long-term supports, among other topics. They will also learn about community resources that can help individuals with disabilities lead full lives in the community. Students will have the opportunity to learn about the daily lives and health care needs of people with disabilities from individuals themselves. Students' responses to past clerkships have been overwhelmingly 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."**
 - b. The primary sites and locations at which the team will spend their time are: **State and community agencies providing services to persons with disabilities primarily in the Worcester area, but there will be some activities in the Boston area as well.**
 - c. Primary student activities: **Students will spend their time at state and community agencies that provide disability-related services, including those that provide assistive technology. 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. Students will also shadow medical professionals who provide care to this population.**
 - d. Specific logistical details e.g. housing, transportation, etc. **Students will need to be able to get to locations around Worcester and in Boston and will need to carpool to various locations in these communities.**
 - e. Maximum number of students on team: **6**

- f. Typical hours, including any weekends or evenings: **9:00-4:30 or 5 p.m., Monday-Friday. Boston trips may require additional time for commuting.**
- g. 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 two trips to Boston.**
- h. 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.**
- i. Do students need to be highly self-directed or are activities largely pre-scheduled: **Largely pre-scheduled.**
- J Possible types of service projects:
 - 1) Assisting a community agency with creating materials to educate health care providers about the needs of persons with disabilities**
 - 2) Assisting a community advocacy organization with providing information to people with disabilities about getting their health care needs met**

3. 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.

Links to relevant agency reports

This report sponsored by a Massachusetts-based organization, the Disability Policy Consortium, describes issues regarding access to health care for persons with disabilities in Massachusetts.

<http://www.dpcma.org/Issues/tabid/705/articleType/ArticleView/articleId/27/Health-Care-Disparities.aspx>

This report sponsored by the National Council on Disability describes issues regarding access to health care for persons with disabilities across the United States.

<http://www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html>

These two reports by the Surgeon General's office describe health disparities experienced by persons with disabilities and propose strategies for addressing these disparities.

<http://www.surgeongeneral.gov/library/disabilities/>

<http://www.surgeongeneral.gov/topics/mentalretardation/>

This document provides guidance to health care providers to assist them in providing physical access to individuals with mobility impairments.

[http://www.ada.gov/medcare ta.htm](http://www.ada.gov/medcare_ta.htm)

2013 UMMS/ GSN Population Health Clerkship
Lowell Community Health Center

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - b. Community faculty: Sheila Och, Deputy Director
Lowell Community Health Center
161 Jackson Street, 3rd Floor, Lowell, MA 01852
2. Defining characteristics
 - a. The population of primary interest for this team is: Gay, Lesbian, Bisexual and Transgender population
 - b. The health issue affecting this population on which this team will focus is: Various health disparities and culturally sensitive care
 - c. The primary sites and locations at which the team will spend their time are: 161 Jackson Street, Lowell, MA 01852
 - d. Primary student activities: Interns will help implement LCHC's GLBT Task Force performance improvement activities. Activities/projects can include:
 - i. Revise GLBT Patient Tracer Survey based on organizational standards and needs and the Human Rights Equality Report Index from the HRC,
 - ii. Implement GLBT Patient Tracers (shadowing of patients in clinical settings to assure culturally sensitive care),
 - iii. Develop report of findings for the patient tracers and make recommendations to resources or ideas based on analysis of findings,
 - iv. Assist with the development of GLBT 101 Trainings for LCHC staff,
 - v. Implement or analyze the results of the organization-wide GLBT Cultural Competency Surveys with staff and patients, and
 - vi. Participate at the LCHC GLBT Task Force and Lowell's GLBT Task Force (community wide).
 - e. Specific logistical details e.g. housing, transportation, etc. – N/A
 - f. Maximum number of students on team: Three team members
 - g. Typical hours, including any weekends or evenings: Typical hours are 8:30am-5pm, M-F
 - h. Typical daily travel distance (return trip): N/A
 - i. List the different types of professions that are part of the student experience: Medical and BHS Providers, CHWs, Case Managers

- j. Registration Staff, Clinical Care team members such as nurses and medical assistants, and administrative staff
 - k. Do students need to be highly self-directed or are activities largely pre-scheduled: Initially pre-scheduled (patient tracers) and then self-directed (report writing)
 - l. Possible types of service projects: Interns will help implement LCHC's GLBT Task Force performance improvement activities.
3. Resources:
- a. Web resources relevant for this population and/or health issue: <http://www.hrc.org>.
4. Links to relevant agency reports – No links available, but information can be emailed upon request.

**More than an ounce of prevention-
Programs to prevent injury from trauma in all age groups**



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

a. Academic faculty:

Michael P. Hirsh, MD, FACS, FAAP
Surgeon-in-Chief, UMASS Memorial Children's Medical Center (UMMCMC)
Professor of Surgery and Pediatrics
UMASS Medical School (UMMS)
Chief, Division of Pediatric Surgery and Trauma (UMMCMC)
UMASS Memorial Health Care System (UMMHC)
Acting Commissioner of the Worcester Department of Public Health
President, Worcester District Medical Society
Past-President, Injury Free Coalition for Kids (IFCK)
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester (IFCKW)
E-Mail: michael.hirsh@umassmemorial.org
Office: 774-443-2189
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Mariann Manno, MD
Division Director, Pediatric Emergency Medicine
UMASS Memorial Children's Medical Center (UMMCMC)
Associate Chief Quality Officer
UMASS Memorial Health Care (UMMHC)
Professor of Pediatrics and Emergency Medicine
Associate Dean Admissions (Interim)
University of Massachusetts School of Medicine
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester (IFCKW)
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Office: 774-442-2599

Fax: 774-442-2510

Pager: 2244

Community faculty:

Esther Borer CPST

Injury Prevention Coordinator

Injury Prevention Center

UMass Memorial Health Care

55 Lake Ave North

Worcester, MA 01655

Room H3-507

Office # 774-443-8627

Fax # 774-441-6630

Esther.Borer@umassmemorial.org

2. Defining characteristics

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

Children, Teens and Older Adults

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

Unintentional injuries, what many call accidents, are the reason for many of the over 30,000 annual visits to the Emergency Department here at UMass Memorial Medical Center. The goal of our Injury Prevention Program is to keep our community healthy by reducing injury and death from predictable and preventable events.

c. The primary sites and locations at which the team will spend their time are:

Teen R.I.D.E. (Reality Intensive Drivers Education) is a collaborative effort with the Worcester Juvenile Court for teens who have been arrested for illegal and dangerous driving. Teen R.I.D.E. is a day long program held (on a Saturday) at our University Campus where teens interact with medical professionals to learn about the impact of injuries resulting from motor vehicle crashes. Teens attend lectures on the seriousness of injuries, see a re-enactment of what happens when an ambulance arrives at the trauma center and meet with a trauma victim survivor.

Mobile Safety Street is an interactive, safety curriculum that travels throughout Central Massachusetts and teaches children and families about safety. It resembles real life situations both inside the home and on the streets. The program covers many topics including pedestrian safety, bike helmets, stranger safety, school bus safety, and burns and poisoning.

Child Passenger Safety helps ensure that infants and children are appropriately and safely restrained in vehicles. The program has bi-weekly checkpoints where families can receive information on the proper restraints required for their children, as well as ensuring that car seats and booster seats have been installed correctly.

Mobile Safety Street for Older Adults is a new program which uses the “ house” section of Mobile Safety Street that has been retrofitted to highlight areas in the home where most accidents occur.

Most of the talking points are directed towards falls prevention but general injury prevention such as fire safety, cooking safely, and safety in and around cars is reviewed.

d. Primary Student Activities:

Activities will include opportunities for clinical shadowing of both the Pediatric and Adult Trauma Surgeons (this will be optional), Mobile Safety Street events , Teen RIDE events, a Child Passenger Checkpoint, disaster preparedness and visiting Senior centers with the adapted Mobile Safety Street.

e. Any specific logistical provisions:

Students will need transportation to attend various community events and some events take place outside of regular business days/hours (i.e. Saturdays and early mornings/evenings). Students will be expected to have a flexible approach to scheduling and time off. Our preference for group size is 6 students.

Many of the programs are pre-scheduled and Saturday, October 19th our Teen RIDE program will be scheduled where attendance will be mandatory.

The service learning project will center around a health fair at the Worcester senior center. Students will have the opportunity to plan the event and will receive any training required (ie health screenings, injection training) during the days before the event.

Resources:

Web resources relevant for this population and/or health issue

www.injuryfree.org

<http://injuryprevention.bmj.com>

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

Links to relevant agency reports:

UMass Memorial Trauma Registry Data

Journal of Trauma – Injury Free Coalition for Kids Annual Supplement

2013 UMMS/ GSN Population Health Clerkship
Parenting and Family Stability

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - b. Community faculty:
Sheilah Dooley, Executive Director; Michael Rezkalla, Director of Operations; Christopher Nelson, Director of Family Support Services.
2. Defining characteristics
 - a. The population of primary interest 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, Worcester Healthy Start, Parent Aid, Young Parent Support and 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

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

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

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/evenings: Monday through Friday 9:00 a.m – 5:00 p.m.

h. Typical daily travel distance (return trip): 10 – 20 miles

- i. List the different types of professions that are part of the student experience:

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 outline their clerkship activities with client home visits.

- k. Possible types of service projects:

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, Worcester Healthy Start, Parent Aid, Young Parent Support and Homemakers and Parenting Classes).

3. 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

2013 UMMS/ GSN Population Health Clerkship
Refugee Mental and Physical Help

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

a. Academic faculty:

Mick Godkin PhD, Professor of Family Medicine and Community Health,
UMass Medical School – 774 442 3917, michael.godkin@umassmed.edu

Robin Toft Klar DNSc, RN, Assistant Professor

Graduate School of Nursing – 508 856 5295, robin.klar@umassmed.edu

b. Community preceptors: Multiple.

2. Defining characteristics

a. The population of primary interest for this team is: Refugees.

b. The health issue affecting this population on which this team will focus is: mental and physical health and access to health care issues.

c. The primary site and location at which students will be based is the East African Community Outreach (EACO) program in Worcester and visits will include to resettlement agencies like Catholic Charities and the Refugee and Immigrant Assistance Centers (RIAC) in Worcester, and to the Edward M Kennedy (EMK) Community Health Center and the New Citizen's School as well as the African Community Education program (ACE) and the Worcester Refugee Assistance Project (WRAP),

d. Primary student activities:

Students will largely be based at one site but have the opportunity to visit other key service and policy agencies which are active in refugee resettlement and health issues. Students will have the opportunity to assist recent refugees in their resettlement including those from the African countries of Liberia, Somalia, Sudan, Uganda Congo and Burundi, and also from Iraq, Vietnam and Burma. Meeting refugees from these countries will expose you to the hardships that they have endured in their homeland, refugee camps and with their transition to the US.

These activities will enable students to understand the health and socio-economic issues facing refugees and immigrants, their plight in their homeland and sometimes refugee camps, the migration process, and available services, unmet needs, and policy issues in the US.

e. Specific logistical details e.g. housing, transportation, etc. None

f. Maximum number of students on team: 4

g. Typical hours, including any weekends or evenings:

Hours are typically 9 to 4pm but students will participate in ACE on at least one Saturday morning. ACE is a program coordinated by African community leaders and UMASS students. This program includes a Saturday academy for African children from all over Africa to augment their public school learning, afternoon one-on-one mentoring and outreach to parents' homes. Students will also participate one evening in WRAP.

h. Typical daily travel distance (return trip): all local.

i. List the different types of professions that are part of the student experience: physicians, social workers, nurse practitioners, lawyers, and resettlement agency personnel.

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

k. Possible types of service projects: last year students produced a video that can be used in lead poisoning education.

3. Resources:

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

<http://www.hcfama.org/> <http://www.miracoalition.org/>

<http://www.mass.gov/?pageID=eohhs2agencylanding&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Office+for+Refugees+and+Immigrants&sid=Eeohhs2>

<http://www.mass.gov/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Government&L2=Newsroom&L3=Office+for+Refugees+and+Immigrants&sid=Eeohhs2>

<http://refugeeresettlementwatch.wordpress.com/2008/02/28/more-refugees-headed-to-worcester-ma/>

b. Links to relevant agency reports:

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

<http://www.riac.us>

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

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

<http://ncc.worcesterschools.org/>

<http://www.worcesterrefugeeassistanceproject.org/index.html>

2013 Community Health Clerkship (CHC)
University of Massachusetts Medical School/Graduate School of Nursing
Screening School Children for BMI:
Recommended Best Practices for a Rural Community

Children's Mandated Measurement of BMI in Martha's Vineyard's Schools

Conducting ongoing or intermittent BMI screening in Massachusetts schools can provide beneficial health information to public health officials, school nurses, and parents. Appropriate planning with the stakeholders is important. Adequate educational information about the screening, the interpretation of the results, and the presentation of the summary data to children, parents, health care providers and the public needs to be approached in a positive manner allowing time for questions, comments, and system change methods to occur.

The implementation of school-based BMI measurement for surveillance purposes, that is, to identify the percentage of students in a population who are at risk for weight-related problems, is widely accepted; however, considerable controversy exists over BMI measurement for screening purposes, that is, to assess the weight status of individual students and provide this information to parents with guidance for action. Although some promising results have been reported, more evaluation is needed to determine whether BMI screening programs are a promising practice for addressing obesity.

Based on the available information, BMI screening meets some but not all of the criteria established by the American Academy of Pediatrics for determining whether screening for specific health conditions should be implemented in schools. Schools that initiate BMI measurement programs should evaluate the effects of the program on BMI results and on weight-related knowledge, attitudes, and behaviors of youth and their families; they also should adhere to safeguards to reduce the risk of harming students, have in place a safe and supportive environment for students of all body sizes, and implement science-based strategies to promote physical activity and healthy eating.

Conducting ongoing or intermittent BMI screening in schools can provide beneficial health information to public health officials, school nurses, and parents. Appropriate planning with the stakeholders at the table is important to prevent conflict and misunderstandings. Adequate educational information about the screening, the interpretation of the results, and the presentation of the summary data to children, parents, health care providers and the public needs to be approached in a positive manner allowing time for questions, comments, and system change methods to occur. To assure the screening and trend data triggers meaningful outcomes in terms of positive behavior changes among students and parents, BMI data must be used for behavior change, and ensure follow-up with the medical recommendations at home. School policies for nutrition and physical activity need to be consistent with recommendations made to parents. Screening alone is insufficient for supporting behavior change to reduce risk.

The Dukes County Health Council is working with MASS in Motion (a CDC Community Transformation grant administered by the MA DPH). The purpose of the overall MASS in Motion-MV project is to take a

prevention-based approach to improving health and wellness in the six island towns.

To further this important countywide work, we request Rural Scholar assistance for the community response effort. The question is “What are best practices for Martha’s Vineyard in addressing the BMI data?” Although every school in Massachusetts is required to collect and report this data to the state, we have not found very useful best practices for translating this data into an action plan that provides children and their families with improved health outcomes. This is where the rural scholars can help.

GOALS:

- 1) To examine data and current practices in the collection and reporting of children’s BMI
- 2) To become familiar with the many facets of carrying out a community health project in the overall context of health care, disease prevention, and health promotion.
- 3) To offer recommendations to Martha’s Vineyard for the shared community response to this data.

ACTIVITIES:

The Rural Scholars will:

- 1) Complete face-to-face interviews with the school nurses at each of the island’s seven schools;
- 2) Access annual BMI data reported to the state department of education;
- 3) Meet with the Wellness Councils at each schools as scheduled;
- 4) Help to organize and prepare data for preliminary analysis (see Outcome Report below);
- 5) Meet with MV groups and individuals already engaged in addressing healthy children’s initiatives: pediatricians and family-medicine practitioners, school administrators, parents, students, town planners, dieticians, nutritionists, family restaurants;
- 6) Examine practices in place, i.e., letters being home from each school, Safe Routes to School initiatives, daily physical education policies, lunch dieticians, Wellness Policies, Island Grown Schools;
- 7) Discuss preliminary findings with MA DPH- MASS in Motion and the Dukes County Health Council for recommendations for best practices.

Outcome Report:

Based on surveys, field observations and discussions, Rural Scholars will:

- 1) Note those best practices that are currently in place in the schools/community;
- 2) Assist in the development of more useful letters home to parents from the school nurses;
- 3) Identify factors in the community that affect children’s BMI;

- 4) Recommend new best practices to parents, schools, town planners, health practitioners, and owners of family-style restaurants;
- 5) write a report including recommendations as to what best practices can be shared by the island community in addressing the issues of BMI data collected by the school nurses;
- 6) prepare a public presentation for community and press and local MVTV station airing.

LEARNING OBJECTIVES:

In producing the outcome report, students will work with Mass in Motion staff and participants at the state and local level to develop strategies to advocate for disparate sections of the population:

- Apply basic epidemiological skills and concepts to characterize the importance to the community of BMI data
- Locate, interpret, and display relevant survey data
- Conduct a SWOT analysis (strengths-weaknesses, opportunities, threats) of mandatory BMI collection

Borra, S.T., Kelly, L., Shirreffs, M.B., Neville, K., & Geiger, C.J. (2003). Developing health messages: qualitative studies with children, parents, and teachers help identify communications opportunities for healthful lifestyles and the prevention of obesity. Journal of American Dietetic Association, 103(6): 721-8.

Centers for Disease Control and Prevention (2007). Coordinated school health program. Retrieved from <http://www.cdc.gov/HealthyYouth/CSHP/>

Centers for Disease Control and Prevention. (2005). School health index: a self-assessment and planning guide. Elementary school version. Atlanta, GA. Retrieved from <http://www.cdc.gov/HealthyYouth/SHI/pdf/Elementary.pdf>

This site is only available to the rural health scholars and pre-selected GSN students.

1. Faculty:

Academic faculty:

Ken Freedman, MD, MS, MBA, FACP, FASAM, AGAF
Chief Medical Officer, Lemuel Shattuck Hospital (LSH)
Clin. Assoc. Prof. of Medicine, Tufts University School of Medicine (TUSM)
Adjunct Clin. Assoc. Prof. of Psychiatry, University of Mass. School of Medicine
170 Morton Street, Jamaica Plain, MA 02130
Phone: (617) 971-3532, Kenneth.Freedman@state.ma.us

Other LSH faculty participants: all available at:

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

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

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
Melbeth Marlang, PA

Medical Affiliated Services

Catharina Armstrong, MD (Assistant Prof. of Med., TUSM)
Betty Gyamfi, PA
Theresa Margate, NP

Tuberculosis Treatment Unit

Marie Turner, M.D. (Assistant Prof. of Med., TUSM)
Myung Woo Roderick, NP

HIV/Infectious Diseases

Rochelle Scheib, M.D. (Associate Prof. of Med., Harvard Medical School)
Tiffany Miller, PA
Bonnie Rae, NP

Ambulatory Care Center

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

Addiction Services

Donna M. White RN, PhD, CS, CADAC

2. Defining characteristics

a. Population of primary interest for this team is:

- ♣ Patients who were, or who are currently confined to a jail or prison.
- ♣ Urban, working poor patients with acute and chronic medical conditions, often with co-existing mental health and substance abuse disorders.
- ♣ People living in the community who may have had, or currently in contact with the criminal justice system, Parole and/or Probation Departments.

Inmates currently confined to the Massachusetts State Department of Correction (DOC) receive their healthcare from the University of Massachusetts Correctional Health Program (UMCH), a Division of Commonwealth Medicine and the University of Massachusetts Medical School (UMMS). The DOC population is located within 17 sites throughout Massachusetts. The quality of care these people receive while incarcerated can have significant implications for their care once they are released from DOC custody. These patients receive their primary care, urgent and emergency care via the UMCH Program and if needed, most of the in-patient care through the Lemuel Hospital, a Department of Public Health Hospital. Most out-patient specialty exams as well as teleconferencing consultation are done with the LSH.

b. Health issue affecting this population on which this team will focus:

- History of incarceration/court involvement/family dysfunction
- Active substance abuse/ETOH history
- Lack of financial resources – not insured and/or homeless
- Medical complexity (number of diagnoses and consultant services) and/or intensive use of ancillary services (dual diagnosis)
- Infectious disease management, especially HIV/AIDS, tuberculosis and Hepatitis C
- Patients too young or inappropriate for most skilled nursing placements
- Communicable disease/isolation needs
- Substance abuse continuum of services
- Chronic mental illness and/or disruptive behaviors
- Reentry and discharge planning

3. Primary student activities: To work in collaboration with the LSH and site providers as well as Discharge Planners using Web RX, teleconferencing, discharge and triage services

b. Maximum number of students on team: 10

c. Primary sites and locations at which the team will spend their time (examples, not limited to the following): LSH inpatient units, LSH outpatient clinics/including teleconferencing

d. Transportation: Students will be on their own to travel on the days they shadow health care providers at selected sites. The two shadow areas are in the Jamaica Plain area and within walking distance to each other.

3. Resources:

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

Massachusetts Department of Correction:

<http://www.mass.gov/?pageID=eopsagencylanding&L=3&L0=Home&L1=Public+Safety+Agencies&L2=Massachusetts+Department+of+Correction&sid=Eeops>

Lemuel Shattuck Hospital:

www.Shattuckhospital.org

Department of Justice:

<http://www.justice.gov/>

Massachusetts Department of Public Health:

<http://www.mass.gov/?pageID=eohhs2agencylanding&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&sid=Eeohhs2>

b. Links to relevant agency reports:

See 3.....navigate through the websites for links to additional information, relevant data and statistics.

2013 UMMS/ GSN Population Health Clerkship
Veterans/Military Health Issues

1. 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
 - b. Community faculty: varies
 - c. Advisors:
 - i. David Smelson, PsyD; Professor of Psychiatry and Vice Chair of Clinical Research in the Department of Psychiatry
 - ii. Barry N. Feldman, PhD, Director of Psychiatry Programs in Public Safety, Department of Psychiatry
2. Defining characteristics
 - a. The population of primary interest for this team is: Veterans
 - b. The health issue affecting this population on which this team will focus is: impact of war – behavioral and physical health issues; the impact on veterans and their families; 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 and a possible trip to Northampton to visit veterans service agencies, hospitals, outpatient clinics, wellness programs
 - d. Primary student activities: meet veterans and their families, meet and shadow clinicians and service providers, 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.: transportation is needed. Students can carpool and the schedule will be available in advance. There is no reimbursement for travel.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: generally 9-5; schedule might be adjusted to reflect opportunities at sites; schedule will be available 2 weeks in advance.
 - h. Typical daily travel distance (return trip): ~50 miles round trip 3-5 times during the 2 weeks; possible trips to Northampton and Boston

- i. List the different types of professions that are part of the student experience: MD, Psychologist, NP, RN, Social Worker, Peer Counselor, Physical/Occupational/Speech Therapists,
- j. Do students need to be highly self-directed or are activities largely pre-scheduled: Pre-scheduled.
- k. Possible types of service projects: currently under development

3. Resources:

- a. Web resources relevant for this population and/or health issue:
 - i. <http://www.mass.gov/veterans/>
 - ii. http://www.va.gov/HOMELESS/NationalCenter_Collaborators.asp
 - iii. <http://www.defense.gov/>
 - iv. <http://www.va.gov/>
 - v. <http://www.mass.gov/veterans/health-and-well-being/counseling/suicide-prevention-only/save.html>
 - vi. <http://www.afterdeployment.org/> (for community health care providers treating various issues in veterans)
 - vii. <http://www.ptsd.va.gov/>
- b. Links to relevant agency reports
 - i. Laws and Benefits Guide: <http://www.sec.state.ma.us/cis/cisvet/vetidx.htm>
 - ii. Attorney General's guide: <http://www.mass.gov/ago/consumer-resources/your-rights/veterans-resources/veterans-resource-guide.html>

2013 UMMS/ GSN Population Health Clerkship
Worcester Department of Public Health

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

a. Academic faculty:

Jill Terrien PhD, APN, BC
Assistant Professor, Director NP Specialties
University of Massachusetts Worcester, GSN
55 Lake Ave.
Worcester, MA
01655
Jill.Terrien@umassmed.edu
Phone: (w): 508-856-6622 (c): 508-751-9170

b. Community faculty:

Derek Brindisi, MPA, RS - Director
City of Worcester Division of Public Health
25 Meade St. Worcester, MA
BrindisiD@worcesterma.gov Phone: 508-799-8471
Cell : 508-439-9880

Patricia Bruchmann MS, RN
Chief Public Health Nurse
City of Worcester Division of Public Health
25 Meade St. Worcester, MA
BruchmannP@worcesterma.gov
Phone: 508-799-8555

Nicole Valentine
Public Relations/Mass in Motion Coordinator
City of Worcester Division of Public Health
25 Meade Street
Worcester, MA 01610
ValentineN@worcesterma.gov
508-799-8548

2. Defining characteristics

- a. The population of primary interest for this team is: Public Health in the city of Worcester, MA The health issue affecting this population on which this team will focus is:

Community Health Assessment and Planning. Students and Community members will work through an assessment process and help define and prioritize possible areas of improvement. Having this information as a guide, members can create sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors that can be used annually to assess current policy, systems, and environmental change strategies and offer new priorities for future efforts. Emphasis will be on integrating social determinants of disease with measures of population health and projecting how this affects demand for services in the health care system

- b. The health issue affecting this population on which this team will focus is: To be determined

Given the short time frame, faculty and the team will decide which component of the assessment and/or planning process the students can take full responsibility for. This may include- collecting data, holding focus groups, conducting surveys and researching national best practices, participating in an Alpha project through the Centers for Disease Control (CDC).

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

25 Meade St. and offsite at field experiences.

- d. Primary student activities:

Research on topic, various field experiences provided via the DPH may include but is not limited to community meetings, tours of water and sewerage treatment facilities and inspectional services.

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

Students will begin their days with a morning meeting at the Worcester Department of Public Health, 25 Meade St. Worcester, MA. Students will need a car or carpool for field experiences and project work

- f. Maximum number of students on team: 6

3. Resources:

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

City of Worcester:

<http://www.worcesterma.gov/>

Centers

for Disease Control:

www.cdc.gov

Guide to Community Preventive Services

<http://www.thecommunityguide.org/index.html>

Census Bureau American Fact Finder

http://factfinder.census.gov/home/saff/main.html?_lang=en

World Health Organization-
data & statistics

<http://www.who.int/research/en/>

- c. Links to relevant agency reports Health of Massachusetts:

2013 UMMS/ GSN Population Health Clerkship

Worcester Department of Public Health

http://www.mass.gov/Eeohhs2/docs/dph/commissioner/health_mass.pdf

Health of USA:

<http://www.cdc.gov/nchs/hus.htm>

2013 UMMS/ GSN Population Health Clerkship
Worcester's Faces and Places: Family Health Center Worcester

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Lisa Carter MD, Assistant Professor of Family Medicine and Community Health; 508 860 7831; lisa.carterfhcw@umassmed.edu
Family Health Center of Worcester. 26 Queen St. Worcester MA 01610
 - b. Community faculty:
2. Defining characteristics
 - a. The population of primary interest for this team is: *Worcester's medically underserved*
 - b. The health issue affecting this population on which this team will focus is: *The challenges of providing primary care to low-income patients and the resources which the community health center model can bring to bear.*
 - c. The primary sites and locations at which the team will spend their time are: *Downtown Worcester/ Family Health Center Worcester*
 - d. Primary student activities:

Students participating in this clerkship at the Family Health Center Worcester (FHCW) will explore the health center and the surrounding community to familiarize themselves with the local demographics, cultures and medical and social issues. They will visit agencies that might include schools, churches, stores and restaurants, as well as the local teen center, advocacy centers, the drug detoxification facility, and other social service organizations. We will also explore the health center in depth to develop an understanding of the community health center model and the concept of community-oriented primary care. Students will further explore the community's resources on their own through the "patient for a day experience" in which students will be given a problem or task, and asked to accomplish this task with the resources typically available to our patients. Students will interview patients and other key informants to gain insight into the struggles, needs, strengths, and resources of our community. The students will also participate in a service project for the health center that is yet to be determined.
 - e. Specific logistical details e.g. housing, transportation, etc. *FHCW is accessible from the medical school by bus service. There will be 1-3 activities that will take place on evenings. For each evening activity there will be a morning or afternoon of unstructured time.*
 - f. Maximum number of students on team. 6

3. Resources:

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

<http://www.umassmed.edu/fmch/toolkit.aspx>

- b. Links to relevant agency reports: <http://www.fhcw.org/en/Home>

ⁱ *Island Plan: Charting the Future of the Vineyard*, Martha's Vineyard Commission, December 10, 2009.

ⁱⁱ *Final Report and Recommendations*, Metrowest Commission on Healthy Aging, January 2011

ⁱⁱⁱ *ibid*

^{iv} *Models of Community Collaboration for Long-Term Care*, Nancy Whitelaw, Ph.D., National Council on Aging, March 2006.