

## Population Health Clerkship 2014 Team list

#	Team Title:	Summary	Pop of focus	Location	Pg
1.	Asthma in Southern Worcester County: Impact and interventions	Work with South County Connects coalition to better understand the population experiencing asthma and how other communities have addressed this issue.	people with asthma	Southbridge	5
2.	Awareness of testicular cancer in young men	Students will investigate what local male adolescents know about testicular cancer, its symptoms and warning signs, in order to raise awareness among the target population and their parents. They will also look into environmental risk factors present in the community.	adolescents	Carlisle	7
3.	Caring for adults with intellectual disabilities	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.	adults with ID	Worcester/ Waltham/ Wrentham	10
4.	Correctional health	Students will gain familiarity with common social, medical and mental health issues facing prisoners and detainees, and develop increased understanding of prison culture and how health care is adapted to this setting.	incarcerated population	Worcester/ statewide	12
5.	Cost containment: The next frontier in health care reform	A deeper look at policy, politics and the impact of affordability on population health. Students will be meeting with policy and political leaders involved in health care delivery and system reform and learning about Massachusetts individuals and families facing economic insecurity as a result of health care costs.	those trying to afford care	Worcester/ Boston	13
6.	Elder abuse prevention on Martha's Vineyard	Students will be asked to investigate incidence, resources and community needs around the topic of elder abuse, in response to a growing senior population.	elders	Martha's Vineyard*	16
7.	End of life care	Students will learn about issues facing patients as they near the end of life, including advance care planning and related tools, medical decision making, the roles of multidisciplinary team members in end of life care and hospice and palliative care options and resources.	people facing end of life	Worcester	19
8.	Even one is too many: Reducing disparities in infant mortality among Ghanaian women	Students will learn about the history of infant mortality in Worcester and efforts made to address it, and will be introduced to the local Ghanaian community.	Ghanaian women	Worcester	21
9.	Fall and injury prevention and recovery amongst the elderly and frail on rural Cape Cod	The focus of this project is on prevention of, and recovery from falls and injuries (e.g., burns, severe cuts, and motor vehicle related trauma) among the elderly and frail. We are particularly interested in gaps that may exist in preventive measures and coordination of care, and how OCHS as a primary care provider can continue to improve outcomes for this population.	frail elders on rural Cape Cod	Outer and Lower Cape Cod*	23

\* Locations marked with an asterisk provide housing. Details are available within each team's full description.

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#	Team Title:	Summary	Pop of focus	Location	Pg
10.	Geriatrics: Fall prevention for older adults	Meet and interact with older adults, care providers, and leaders and staff from community agencies serving older adults to gain a broad perspective on the causes and impact of falls. Students will learn and practice fall risk assessment techniques.	elders	Worcester	25
11.	Health care for the homeless	We will accept 5 students to join us at Homeless Outreach to gain an understanding of health issues faced by Worcester's homeless adults. We will visit several shelters and outreach sites and observe how the community shapes the barriers and accessibility to healthcare for the underserved through comparison to Boston for contrast.	People who are homeless	Worcester	28
12.	Hector Reyes House: Serving the needs of Latino men	Spend some time with the residents of this 25 bed residential treatment facility for Latino men. We will tour the community, learn about some of the issues that affect the community, and see how healthcare affects them. We will discuss what are the barriers and why do these barriers exist.	Latino men	Worcester	31
13.	How do I feed my family tonight? Food, health and access within our community	Students will learn about the population at risk of food insecurity or experiencing food insecurity in the Worcester community, and have opportunity to learn from local families: their perspectives on food insecurity, barriers, cultural attitudes on food and health, etc.	people with food insecurity	Worcester	32
14.	Incarcerated and urban working poor	This course will emphasize patient care in a multifaceted approach, treating physical and mental illness simultaneously by providing support for addiction disease and for emotional needs and sufferance. The medical students will work with medical providers, social workers, psychologists and addiction specialists in a team-based patient care model.	incarcerated and working poor	Jamaica Plain	36
15.	Injury prevention: Programs to prevent injury from trauma in all age groups	The goal of our Injury Prevention Program is to keep our community healthy by reducing injury and death from predictable and preventable events. This team will focus on a range of population-based interventions designed to reduce injuries.	children, teens and older adults	Worcester	42
16.	Integrative medicine in cancer care	Explore a range of practices that include yoga, acupuncture, nutrition, reiki, and meditation, with focus on use with oncology patients.	cancer patients	Worcester	44
17.	Latinos living with HIV in Lawrence	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. Working collaboratively with the GLFHC care and prevention programs, the team will assess factors contributing to late entry into care.	Latinos living with HIV	Lawrence	45

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#	Team Title:	Summary	Pop of focus	Location	Pg
18.	Lesbian, gay, bisexual and transgender communities	This team will focus on the health effects of homophobia, transphobia, and heterosexism. Each team member will be assigned to a community site as the focus of their community experience, to allow for an in-depth community-based experience; required team meetings/seminars will provide opportunities for facilitated group discussion and reflection, as well as seminars on LGBT research, and other relevant topics.	LGBT communities	Worcester/ Boston	47
19.	Living with disabilities	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.	people living with disabilities	Worcester	49
20.	Medical-legal partnership for refugee health	Students will learn about the trend toward integrating medical-legal partnership in clinical settings as a means of addressing the social determinants of health, with a focus on the health needs of refugees that often have legal solutions.	refugees	Worcester	51
21.	Parenting & family stability	The Clerkship team will work on understanding and analyzing the causes of poor parenting practices, neglect and abuse and their ramifications in relation to family stability.	young parents	Worcester (Pernet Family Health Services)	52
22.	Patient engagement and chronic disease self-management	Participants in this project will assist health care teams in engaging patients and family members in treatment goals, assess motivation for change and be active participants in implementing self-management strategies.	primary care patients	Mashpee	55
23.	Patients with HIV/AIDS in Southeastern MA	Students will shadowing clinical visits in Infectious Disease Clinic, attend Woman's HIV Conference and attend patient group meetings and other community group meetings as appropriate.	Diverse patients with AIDS/HIV	New Bedford*	56
24.	People with serious mental illness: Recovery-oriented peer supported services	The purpose of this course is to learn about the most recent innovative mental health services that promote recovery, wellness and social integration for people who have historically been institutionalized. . In each program we visit, experienced peer specialists work with people to develop a recovery plan, provide peer support, and serve as an example that recovery is possible.	people with serious mental illness	Worcester/ Boston	57
25.	Teen sexual health education	"Walk in the shoes of a teenager" as we review the health curriculum at Quabbin Regional High School, and work to better understand the needs of adolescents in	teens served by Quabbin Regional	Barre Family Health	60

\* Locations marked with an asterisk provide housing. Details are available within each team's full description.

## Population Health Clerkship 2014 Team list

#	Team Title:	Summary	Pop of focus	Location	Pg
		this rural area.	Schools	Center	
26.	Veteran/military health issues	Students will focus on the impact of war – including behavioral and physical health issues; the impact on veterans and their families; homelessness and suicide prevention; substance misuse, PTS(D); and traumatic brain injury.	veterans	Worcester/ Boston/ Bedford	61
27.	Worcester Department of Public Health	Students will receive an overview of the Division's work and key public health concepts. Their work will be structured around 2 ongoing initiatives within the Division's Office of Community Health 1) the Greater Worcester Community Health Improvement Plan (CHIP) and 2) the Prevention and Wellness Trust Fund.	residents of Greater Worcester region	Worcester	63
28.	Worcester's faces and places: Family Health Center Worcester	This year, the FHCW will focus on asthma, attending home visits and learning about community-level interventions.	FHCW patients, esp those with asthma	Worcester	65
29.	Worcester Head Start Program	This team will focus on screening and assessment of early growth and development; developmental delays and medical care plans.	preschool children ages 2.9-5	Worcester	66
30.	YWCA Central MA community worker challenges	The Student Team will interview and observe program participants and/or parents, as well as direct service staff to gain a clear picture of challenges to the populations served by YWCA programs, and the particular physical, mental and emotional challenges faced by direct service staff members. They will also assist in implementation and analysis of a burnout survey for employees.	careworkers	Worcester	67

\* Locations marked with an asterisk provide housing. Details are available within each team's full description.

# Asthma in Southern Worcester County: Impact and interventions

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1. Clerkship Name: Asthma in Southern Worcester County: Impact and Interventions
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Heather-Lyn Haley PhD, UMMS Family Medicine and Community Health
  - b. Community faculty: South County Connects/CHNA5 Steering Committee, to include:

Robin Weber, Chair of South County Connects and Director,  
Kennedy Donovan South Central Early Intervention  
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486 Worcester St., Southbridge, MA 01550

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Jasmin Rivas, Program Director  
Voices with Choices, YOU Inc.  
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South Bay Mental Health  
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Elizabeth Sheldon,  
DOR Child Support Enforcement Division  
508-792-7300, [Sheldon@dor.state.ma.us](mailto:Sheldon@dor.state.ma.us)  
67 Millbrook St., Suite 300, Worcester, MA 01606-2844

Danielle Morrow, Coordinator  
South County Community Partnership  
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4 Maple Rd., Oxford, MA 01540

Shelley Yarnie, Regional Director

# Asthma in Southern Worcester County: Impact and interventions

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508-792-7880, ext 2168, [Shelly.Yarnie@state.ma.us](mailto:Shelly.Yarnie@state.ma.us)  
180 Beaman St., W. Boylston, MA 01583

Lauren McLoughlin, Outreach Coordinator  
South County Connects/CHNA5  
774-230-7272, [lmclough@harringtonhospital.org](mailto:lmclough@harringtonhospital.org)  
346 Main St., Southbridge, MA 01550

## 3. Defining characteristics

- a. The population of focus for this team is: Southern Worcester County
- b. The health issue affecting this population on which this team will focus is: Asthma
- c. The primary sites and locations at which the team will spend their time are:  
Communities of CHNA5, focusing on Southbridge and Webster. Locations include human and social service agencies, private homes (as part of home visiting), community and hospital-based health providers.
- d. Primary student activities include:  
Scholarly activity/literature review, interact with providers and patients, interface with human service/social service providers, observe/participate in focus groups, prepare literature, present to community groups (CHNA5 General Membership Meeting Oct. 31)
- e. Specific logistical details, e.g. housing, transportation, etc. include:  
Harrington Hospital has agreed to provide work space for medical students which will serve as “home base” for the team. Internet and wireless access will be available. Harrington Hospital has also agreed to provide medical students with complimentary meals in the hospital cafeteria. Students must provide own transportation and housing.
- f. Maximum number of students on team: 6
- g. Typical hours, including any weekends or evenings: Monday through Friday, 9am - 4pm
- h. Typical daily travel distance (round trip): From Worcester, approximately 30 minutes
- i. The different types of professions that are part of the student experience include:  
Social Work, Psychology, Nursing, Respiratory Therapy, Physicians, Health Center workers
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?  
Team will work on scheduled activities; flexibility will be built into the two-week schedule.
- k. Possible micro-service projects are:  
Strategic plan development for next steps, catalog current interventions and best practice, identify or create effective patient education materials, identify or create social service staff education materials

## 4. Resources:

- a. Web resources relevant for this population and/or health issue: Assistance needed in identifying these
- b. Links to relevant agency reports:  
Harrington Hospital Health Needs Assessment  
South County Connects Website

# Awareness of testicular cancer among young men

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Awareness of testicular cancer in young men
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Suzanne Cashman ScD
  - b. Community faculty:  
Catherine Galligan, Board of Health  
[catgalligan@comcast.net](mailto:catgalligan@comcast.net)  
978-369-5003  
Donna Margolies, R.N  
[DWMRN@comcast.net](mailto:DWMRN@comcast.net)  
978-287-424  
Linda Fantasia, Health Agent  
[LFantasia@carlisle.mec.edu](mailto:LFantasia@carlisle.mec.edu)  
978-369-0283
3. Defining characteristics
  - a. The population of focus for this team is:  
Young men and adolescents between the ages of 15 and 25.
  - b. The health issue affecting this population on which this team will focus is:  
Improving the outcomes of testicular cancer through public health education.

The Center for Disease Control estimates that there are approximately 8000 cases of testicular cancer diagnosed each year. Testicular cancer is highly treatable even at an advanced stage. Treatment typically involves surgery, chemotherapy, radiation and surveillance. Early detection can make a significant difference in quality of life for the patient. A recent study presented at the 2014 American Urological Association Scientific Meeting demonstrated the cost-utility benefit of self-exams compared to late stage treatment of the disease.

The Town of Carlisle (population 5200) had two cases of testicular cancer diagnosed in 2012. One case involved a high school student, the second a college student. Whether statistically significant or not, these two cases had an emotional impact on the community. Adolescent males may be at risk of testis cancer because of lack of knowledge about symptoms or warning signs and a reluctance to seek help. They may be in transition from pediatric to adult medical care without the advantage of regular checkups. Students will investigate what local male adolescents know about testicular cancer, its symptoms and warning signs, in order to raise awareness among the target population (males ages 15-25) and their parents.

In considering possible risk factors, students may also want to look at local environmental correlations. Carlisle is 100% dependent on private bedrock wells. A 2008-2011 US Geological Survey (USGS) conducted in cooperation with the Mass. Dept. of Environmental Protection and Mass. Dept. of Public Health identified Carlisle as having geological characteristics indicative of a higher probability of contamination from arsenic and uranium. The results of the study were published in 2011 and are available online. Since long term exposure to inorganic arsenic can increase the risk of certain cancers

## Awareness of testicular cancer among young men

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it would be interesting to do have additional research on this subject. Students will research whether drinking water high in arsenic poses a risk.

And finally, the Board of Health is in the process of evaluating local cancer rates based on the Massachusetts Cancer Registry (MCR). This is a population based registry of newly diagnosed cancers. Due to Carlisle's small population it can be difficult to obtain meaningful data since only cancers with five or more cases are tabulated. Students may wish to broaden the scope of their project to explore other ways of determining cancer trends in children and adolescents in the community.

- c. The primary sites and locations at which the team will spend their time are:  
Carlisle Town Hall, 66 Westford Street, Carlisle MA 01741  
Students may be expected to visit other locations such as the regional high school, specialty clinics and state offices (Dept. of Environmental Protection).
- d. Primary student activities include:
  - Investigate what male adolescents and their parents know about testicular cancer; methods may include organizing a focus group or creating a survey to explore knowledge gaps and develop improved risk communication messaging.
  - Research whether testicular cancer is on the rise and whether self- exams should be promoted as a screening tool.
  - Examine whether school health curriculums include this topic, or whether a curriculum should be developed to raise awareness.
  - Conduct a literature review using relevant peer reviewed literature, the internet, and applicable data
  - Interview medical specialists; school nursing staff; health and fitness department staff; and pediatricians as time allows.
- e. Specific logistical details, e.g. housing, transportation, etc. include:  
A car or carpooling is necessary. There is no public transportation in Carlisle. Students may occasionally work from the medical school campus to access the medical library. Lunch will be provided on the last day.
- f. Maximum number of students on team: Five
- g. 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.
- h. Typical daily travel distance (round trip):  
Sixty miles round-trip highway driving (40 minutes without traffic).
- i. The different types of professions that are part of the student experience include:



## Awareness of testicular cancer among young men

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Oncologists, urologists, pediatricians, school nurses; school administrators and state environmentalists (DEP Drinking Water Program)

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

Program planning will be in consultation with staff. Students will be expected to work independently and collectively as a team. Students will be expected to collect, manage and organize data in order to make audience specific presentations. There will be some prescheduled activities.

- k. Possible micro-service projects are:

- Develop a survey that could be utilized by high schools, youth groups, and medical practices.
- Create a short health curriculum on testis cancer that could be accessed by schools, athletic departments, parent groups and youth group leaders.

4. Resources:

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

Testicular Self-Exams a Bargain Compared With Cancer Care. Neil Osterweil. May 22, 2014  
<http://www.medscape.com/viewarticle/825584>

No Screening for Testicular Cancer, USPSTF Reaffirms. Zosia Chustecka April 05, 2011  
<http://www.medscape.com/viewarticle/740231>

American Cancer Society - Special Section: Cancer in Children & Adolescents  
<http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-041787.pdf>

SEER Stat Fact Sheets: Testis Cancer <http://seer.cancer.gov/statfacts/html/testis.html>

Testicular cancer incidence trends in the USA (1975-2004): plateau or shifting racial paradigm?  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2551560/>

Childhood & Adolescent Cancer Statistics  
<http://www.acco.org/LinkClick.aspx?fileticket=gAi0ji8IFPU%3D&tabid=670>

Cancer Facts & Figures 2014  
<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index>

- b. Links to relevant agency reports:

Arsenic and Uranium in Water from Private Wells Completed in Bedrock of East-Central Massachusetts— Concentrations, Correlations with Bedrock Units, and Estimated Probability Maps  
<http://pubs.usgs.gov/sir/2011/5013/> and  
<http://www.mass.gov/eea/docs/dep/water/drinking/au/maps/carlisle-a.pdf>

Mass. Cancer Registry [www.mass.gov/dph/mcr](http://www.mass.gov/dph/mcr)

# Caring for adults with intellectual disabilities

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2014 UMMS/ GSN Population Health Clerkship

Caring for Adults with Intellectual Disabilities (mental retardation)

1. Team faculty:

- a. Academic faculty: Alixe Bonardi, MHA, OTR/L  
Alexandra.Bonardi@umassmed.edu
- b. Community faculty: Pat Cerrone RN (Seven Hills)

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 Shriver Center in Boston (Charlestown), Wrentham, Marlborough, and possibly Boston (statehouse) 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 senior athlete 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: 5*

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 Charlestown (90 mi 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

## Caring for adults with intellectual disabilities

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their ability to make the best use of time in the community. This includes planning for questions to ask direct support providers during visits to day programs and engaging with adults with intellectual disability. Academic faculty members are present at some but not all activities.

k. *Possible types of service projects:*

- i. Developing a 'functional baseline' summary for an individual, in collaboration with staff/support team/family (upon request from agency staff).
- 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>

b. *Links to relevant agency reports:*

The MA Department of Developmental Services (DDS) reports

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

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

Students can view last year's team poster at:

[http://umassmed.edu/PageFiles/43715/Intell\\_Dis2.pdf](http://umassmed.edu/PageFiles/43715/Intell_Dis2.pdf)

# Correctional Health

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Correctional Health Clerkship
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: University lead: Warren Ferguson, MD; Community faculty lead: Patricia Ruze, MD. Other faculty: Tom Groblewski, DO Assistant Professor Ayesha Hameed, MD, Lecturer, Rebecca Lubelzyk, MD, Associate Professor; Hugh Silk, MD nursing faculty member TBA;
3. Student learning objectives:
  - a. Describe population demographics and characteristics associated with increased risk of incarceration.
  - b. Gain familiarity with common social, medical and mental health issues facing prisoners and detainee
  - c. Develop increased understanding of prison culture and how health care is adapted to this setting
4. Community service objectives:
  - a. Assess health care needs of population in context of health literacy, co-morbid medical, mental and substance abuse disorders
5. Service learning objectives: Assist medical staff with one of the two following projects:
  - a. Gain better understanding of the motivation and impact of ingesting foreign objects as a self-injurious behavior
  - b. Assist in the development of health education strategies for chronic conditions.
6. Defining characteristics
  - a. The population of focus for this team is: Individuals incarcerated in the Mass State Prisons
  - b. The health issue affecting this population on which this team will focus is: Substance Abuse, Mental Health, HCV, HIV, other chronic medical conditions
  - c. The primary sites and locations at which the team will spend their time are: MPCH Offices, Westborough, MA, MCI-Concord, MCI-Framingham, MCI-Shirley, Northeastern Correctional Center. Students will be required to have automobile transportation to sites across Massachusetts and will be traveling as a group of four students or as pairs to sites.
  - d. Primary student activities include: Research on Population Demographics; Tours of Correctional Facilities with special populations; One-on-one precepted clinical experiences at sites.
  - e. Specific logistical details, e.g. housing, transportation, etc. include: Students will need to provide their own transport to MPCH offices (Westborough) and assigned sites above
  - f. Maximum number of students on team: 4
  - g. Typical hours, including any weekends or evenings: 8-4 daily
  - h. Typical daily travel distance (round trip): 30min-60min from Worcester
  - i. The different types of professions that are part of the student experience include: primary care physicians, midlevel providers, nurses, correctional officers
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Mostly pre-scheduled
  - k. Possible micro-service projects are: See above under objectives.

# Cost containment: the next frontier in health care reform

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## 1. Clerkship Name:

**Cost containment: the next frontier in health care reform**  
Policy, politics and the impact of affordability on population health

## 2. Team Faculty:

### a. Academic faculty:

#### **Jay Himmelstein, MD, MPH**

Professor of Family Medicine & Community Health,  
Chief Health Policy Strategist  
Center for Health Policy and Research  
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#### **Michael Chin, MD**

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333 South Street Shrewsbury MA 01545

### b. Community faculty:

During the two week field experience the students will be meeting with policy and political leaders involved in health care delivery and system reform including state legislators, business, and health care providers among others.

## 3. Defining characteristics

- a. The population of primary interest for this team is:
  - *Massachusetts individuals and families facing economic insecurity as a result of health care costs*
- b. The health issue affecting this population on which this team will focus is:
  - Although Massachusetts is the state with the lowest percent of individuals who lack health insurance coverage, the gains in insurance coverage will not be sustainable if health care costs are not controlled through payment reform and other cost containment efforts.

In addition, having health insurance does not always protect individuals and family from economic insecurity. Research from the Massachusetts Health Reform Survey has shown that in 2012, more than one in four Massachusetts adults reported that health care spending had caused financial problems over the past year, and more than one in 10 nonelderly adults with insurance coverage all year were estimated to be "underinsured", which was defined as having high health care costs that were not covered by their insurance.

## Cost containment: the next frontier in health care reform

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- c. The primary sites and locations at which the team will spend their time are:
  - *Various state, community and clinical locations in Boston (50%) and Worcester (50%).*
- d. Primary student activities include:
  - *Meetings with state policymakers, officials and legislators, advocates, health care providers, health insurers, and others involved in health reform design and implementation.*
- e. Specific logistical details e.g. housing, transportation, etc. include:
  - *Students must provide their own transportation to Boston for scheduled visits.*
- f. Maximum number of students on team:
  - *Eight (8)*
- g. Typical hours, including any weekends or evenings:
  - *Meetings with key policymakers and others are usually scheduled between 9am and 5pm. No scheduled weekends.*
- h. Typical daily travel distance (round trip):
  - *All meetings scheduled in Worcester or Boston area.*
- i. The different types of professions that are part of the student experience include:
  - *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 micro-service projects:
  - *Develop an educational video explaining payment reform efforts in Massachusetts to medical students, physicians, and health care professionals*
  - *Develop materials for health care professionals that explain the state's 2012 payment reform law.*
  - *Develop informational materials for consumers who are dealing with issues of affordability, lack of insurance or underinsurance*
  - *Develop case studies of individuals and families that illustrate current challenges that they face with regards to economic insecurity due to health care costs*
  - *Develop policy proposals that incorporate population health promotion into cost containment and payment reform efforts*

## Cost containment: the next frontier in health care reform

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### 3. Resources:

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

- Massachusetts Health Connector:
  - <https://www.mahealthconnector.org/>
  - <https://bettermahealthconnector.org/>
- [MassHealth](#)
- [Center for Health Information and Analysis \(CHIA\)](#)
- [Blue Cross Blue Shield of Massachusetts \(BCBSMA\) Foundation](#)

b. Links to relevant agency reports

#### **Regarding Massachusetts health care reform:** (listed chronologically)

- [Massachusetts Health Reform: A Five-Year Progress Report.](#) (November 2011. BCBSMA Foundation)
- [Health Reform in Massachusetts: Assessing the Results.](#) (March 2014. BCBSMA Foundation)
- [MassHealth: The Basics – Facts, Trends and National Context.](#) (April, 2014. MMPI)

#### **Regarding affordability, costs, cost containment and payment reform:**

- [Health care costs and spending in Massachusetts: A review of the evidence.](#) (March 2013. BCBSMA Foundation)
- [Health Insurance Coverage and Health Care Access, Use and Affordability in Massachusetts: An update as of Fall 2012](#) (March 2014. Sharon Long)
- [Publications by CHIA:](#)
  - [Annual report on the Massachusetts health care market.](#) (August 2013. CHIA)
  - [Alternative Payment Methods in the Massachusetts: 2012 Data](#) (December 2013. CHIA)
  - [CHIA Report on Bundled Payments: Volume 2.](#) (August 2013, CHIA)

# Elder abuse on Martha's Vineyard

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1. Academic faculty: Suzanne Cashman ScD
2. Community faculty: Jennifer Neary, Director of CONNECT to End Violence; Julie Fay, Education director, Martha's Vineyard Community Services

Elder abuse is a serious problem in the United States. Research indicates that one in 10 American elders is affected by abuse.<sup>1</sup> Many cases are not reported because elder abuse often results from family dynamics or caregiver interactions and the elders are afraid to tell police, friends or family that they are being hurt or continue being abused by someone they depend upon or care deeply for.

In Massachusetts, elder abuse is defined as the abuse of a person over the age of 60 and affects people of all ethnic backgrounds and social status—and affects both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- **Physical Abuse**—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- **Emotional and Verbal Abuse**—Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- **Sexual Abuse**—Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- **Exploitation**—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect**—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- **Abandonment**—The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.<sup>2</sup>

Due to the growing number of aging Americans and the rapid increase expected here on Martha's Vineyard (note the Rural Health Scholars' report on the Martha's Vineyard Healthy Aging Task Force completed in 2013), the Island will need to ensure that its elder abuse prevention efforts are effective and that protection from abuse is available and accessible.

Many of the Island health and human service agencies believe they are doing what they can to prevent elder abuse; however, there is limited collaboration and communication which leads to confusion about responsibility, leadership, case management and mandatory reporting as well as following up on reports made to the authorities. Our Island's agencies committed to the aging community must improve communication between each other and with the community to make clear which services they offer and to identify gaps in services to address elder abuse on the Island.

It will be vital that these entities collaborate and communicate to prevent abuse and neglect as well as to identify and confront abuse of elders in our community. These entities and their staff members must be able to:

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<sup>1</sup> Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, Kilpatrick DG. Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health* 2010; 100:292-7.

<sup>2</sup> Dept. of Health and Human Services, Administration on Aging, National Center on Elder Abuse FAQ sheet available from: [www.ncea.aoa.gov/faq/index.aspx](http://www.ncea.aoa.gov/faq/index.aspx).



## Elder abuse on Martha's Vineyard

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- 1) Define and understand the problem here on the Island;
- 2) Identify elder abuse and neglect;
- 3) Develop and implement a single process for reporting elder abuse here on the Island (and a process for follow up);
- 4) Invest in community education and prevention efforts; and
- 5) Strategies to address self-isolation.

Martha's Vineyard Community Services (MVCS), 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. MVCS is an Island agency whose mission it is to enhance the lives of those it serves by meeting the comprehensive needs of individuals, families and the community through a partnership of programs that provides accessible education and health and human services of the highest quality. MVCS has been a part of the Healthy Aging Task Force and through its CONNECT to end violence program, feels it is incredibly important to team with the Rural Health Scholars to develop an elder abuse awareness and prevention strategy to ensure the health and safety of the elder population of Martha's Vineyard.

### **ACTIVITIES:**

The Rural Scholars will:

- 1) Review available court and/or Adult Protective Services data for Massachusetts and Dukes County and related data from the Executive Office of Elder Affairs and Massachusetts Department of Public Health (through contact with both Boston and regional offices) and update the research and statistics related to elder abuse on the island;
- 2) Assess community education, prevention and awareness efforts over last 5 years here on the Island;
- 3) Interview staff from Elder Services of the Cape and Islands; the Martha's Vineyard Hospital Emergency Department; VNA of Cape Cod; MVCS; local Councils on Aging; MV Center for Living; Meals on Wheels; Island Elderly Housing; Vineyard Mediation and the Dukes County Superior Court and review available data on elder abuse and neglect on the Island;
- 4) Evaluate current reporting policies and mechanisms as well as the training of mandatory reporters;
- 5) Examine existing resources (above mentioned entities and others) and identify gaps in services or possible delays in services and/or follow up;
- 6) Survey primary care physicians across the island regarding their experience with abuse; what process(es) they use when they suspect or know there is abuse or neglect; what would assist them—community-wise and/or facility-wise—when faced with this issue;
- 7) Identify how other similar rural communities organize response to elder abuse through researching national organizations such as the National Center on Elder Abuse and state and local initiatives to see what has worked (examples include: "Not Forgotten" outreach campaign

## Elder abuse on Martha's Vineyard

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in Texas, the Senior Crime Prevention Program developed by the Ventura County (CA) DA's office, and the Massachusetts Bank Reporting Project –a collaborative effort by the Attorney General's office, the Executive Office of Elder Affairs and the Executive Office of Consumer Affairs in Massachusetts);

- 8) Based on the above, identify barriers to the development of a comprehensive community prevention plan and response to elder abuse; and
- 9) Develop an outcome report, including recommendations on how to increase community education, prevention and awareness; institute more streamlined training and reporting mechanisms for mandatory reporting of abuse; and improve efficient and timely access to necessary services on-island.

Maximum number of students: 5; Rural Health Scholars will have preference.

Housing will be provided; ferry fares will be paid by the MassAHEC Network. Students will be responsible for their own meals.

# End of life care

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: End of Life Care
2. 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](mailto: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](mailto:Christine.McCluskey@umassmed.edu)
  - c. Community faculty: Jena Bauman Adams, MPH, Director of Special Projects, Central MA AHEC, Inc., 508.756.6676 Ext. 20  
[jenabadams@cmahec.org](mailto:jenabadams@cmahec.org)
3. Defining characteristics
  - a. The population of focus 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 Mass AHEC (located in Worcester, MA), local hospitals and community-based sites in the Worcester area and possibly one to two sessions at Massachusetts state agencies located in Boston, MA. Note: in-person attendance is required.
  - d. Primary student activities include:
    - *Please note: direct patient contact is limited*
    - In depth reading;
    - Review of video/audio materials;
    - Hospice site visit;
    - Group discussion with end of life health care providers and policy makers;
    - Review of relevant peer reviewed literature;
    - Review of related data;
    - Reflection and reporting;
    - Attendance at interdisciplinary team meetings;
    - Service learning project;
    - Poster presentation; and
    - Population related course requirements.
  - e. Specific logistical details, e.g. housing, transportation, etc. include:  
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

## End of life care

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experiences will occur. As noted above, travel to community based sites in the Worcester area (as well as one to two possible state agency visits in Boston) is required. Wireless Internet access is available on site at Central Mass AHEC.

- f. Maximum number of students on team: 6
- g. Typical hours, including any weekends or evenings: Clerkship hours will be primarily 9:00-5:00 weekdays, with the potential exception of one to two sessions beginning at 7:30 a.m. to maximize exposure to case conferencing and/or clinical team meetings.
- h. Typical daily travel distance (round trip): Travel to community based sites in the Worcester area (as well as one to two possible state agency visits in Boston) is required. Travel time is approximately 1-1.5 hours each direction from Worcester to Boston.
- i. The different types of professions that are part of the student experience include:
  - Physicians (from a range of specialties such as palliative care, hospice);
  - Nurses (from a range of specialties such as palliative care, hospice);
  - Community health workers (also known as patient navigators);
  - Social workers;
  - Policy makers;
  - Community members;
  - Members of faith communities; and
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities are largely scheduled; however, the experience can be greatly enriched by students' initiative and expression of specific interests. While students are supported in activities related to population data and service learning projects, a greater level of self-direction is required in these components.
- k. Possible micro-service projects are: Compilation of community based resources. Videography or photo essay; storytelling.

#### 4. Resources:

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

- <http://www.molst-ma.org/>
- <http://www.betterending.org/>
- <http://www.massmed.org/search/?q=End%20of%20Life>
- <http://www.honoringchoicesmass.com/>
- <http://www.theschwartzcenter.org/>
- <http://www.hospicefed.org/>
- [http://web.mit.edu/workplacecenter/hndbk/sec3\\_prt3.html](http://web.mit.edu/workplacecenter/hndbk/sec3_prt3.html)
- <http://theconversationproject.org/>
- <http://www.nhpco.org/templates/1/homepage.cfm>
- <http://www.apos-society.org/professionals/clinical/clinical-database.aspx>

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

[http://www.mass.gov/?pageID=hqccmodulechunk&L=1&L0=Home&sid=Ihqcc&b=terminalcontent&f=Expert\\_Panel\\_End\\_of\\_Life\\_Care\\_expert\\_panel\\_final\\_report&csid=Ihqcc](http://www.mass.gov/?pageID=hqccmodulechunk&L=1&L0=Home&sid=Ihqcc&b=terminalcontent&f=Expert_Panel_End_of_Life_Care_expert_panel_final_report&csid=Ihqcc)

Students can view last year's team poster at: [http://umassmed.edu/PageFiles/43715/EOLPoster\\_Final.pdf](http://umassmed.edu/PageFiles/43715/EOLPoster_Final.pdf)

# Even one is too many: Reducing disparities in infant mortality among Ghanaian women

2014 UMMS/ GSN Population Health Clerkship

- Clerkship Name: **For Central MA, Even One Baby is Too Many: Reducing Disparities in Infant Mortality**
- Team faculty: please supply full names, titles, phone, email and mailing addresses
  - Community faculty:  
**Shelly Yarnie, MPH**  
Regional Director  
MA Dept. of Public Health  
180 Beaman St.  
West Boylston, MA 01583  
[Shelly.yarnie@state.ma.us](mailto:Shelly.yarnie@state.ma.us)
- Defining characteristics
  - a. The population of focus for this team is: **Vulnerable populations and Immigrant communities**
  - b. The health issue affecting this population on which this team will focus is: **For Central MA, Even One Baby is Too Many: Reducing Disparities in Infant Mortality**
  - c. The primary sites and locations at which the team will spend their time are: **MA Dept of Public Health, March of Dimes, 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 include: **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. include: **A car or carpool is necessary for local travel in Central MA. Sessions may begin early morning or may continue into the early evening.**
  - f. Maximum number of students on team: **4**
  - g. Typical hours, including any weekends or evenings: **8am-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 (round trip): **Local travel only**
  - i. The different types of professions that are part of the student experience include: **MD, NP, Case Managers, Program Managers**
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Pre-scheduled**
  - k. Possible micro-service projects are: **Educational workshops, development of educational materials**

## Even one is too many: Reducing disparities in infant mortality among Ghanaian women

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### Resources:

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

- Working Hard- Woman Self- Care Practices in Ghana *Health Care for Women International*, 34:651–673, 2013
- International impact: Faculty travel to Ghana seeking clues to Worcester’s infant mortality mystery, [http://www.umassmed.edu/news/articles/2010/ghana\\_trip.aspx](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 *Midwifery* 26 (2010) 407-414

### j. Links to relevant agency reports:

- [http://www.huffingtonpost.com/pierre-m-barker-md/new-hope-for-mothers-and-b\\_1894554.html](http://www.huffingtonpost.com/pierre-m-barker-md/new-hope-for-mothers-and-b_1894554.html)
- **Health of Worcester**, [www.worcesterma.gov/e...health/health-of-worcester-2012.pdf](http://www.worcesterma.gov/e...health/health-of-worcester-2012.pdf)
- <http://www.cdc.gov/about/grand-rounds/archives/2012/October2012.htm>  
PHGR Public Health Approaches to Reducing U\_S\_ Infant Mortality

Students can view last year’s poster at:

[http://umassmed.edu/PageFiles/43715/GhanaianHealthPoster\\_Final.pdf](http://umassmed.edu/PageFiles/43715/GhanaianHealthPoster_Final.pdf)

# Fall and injury prevention/recovery amongst the elderly and frail on rural Cape Cod

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1. Clerkship Name: **Fall and Injury Prevention and Recovery Amongst the Elderly and Frail on Rural Cape Cod**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Suzanne Cashman ScD
  - b. Community faculty: Robin Robinson and Catherine Riessman
3. Defining characteristics
  - a. The population of focus for this team is: Elderly and frail on rural Cape Cod
  - b. The health issue affecting this population on which this team will focus is: The focus of this project is on prevention of, and recovery from falls and injuries (e.g., burns, severe cuts, and motor vehicle related trauma) among the elderly and frail.
  - c. The primary sites and locations at which the team will spend their time are: Outer Cape Health Services & 8 towns in its catchment area
  - d. Primary student activities include:

The trainees will gather qualitative information from key stakeholders. Interviewees will be providers of social and other services to the elderly and frail in the eight towns of the OCHS catchment area. The trainees will ask about their experiences, reflections on the problems of falls and injuries, referral resources, and general ideas about how to prevent and respond appropriately. We are particularly interested in gaps that may exist in preventive measures and coordination of care amongst this population, and how OCHS as a primary care provider can continue to improve outcomes for this population. Students will interview directors of Councils on Aging in the eight towns, local ambulance services, Nauset Neighbors and any other aging-in-place and in-home supports (e.g., Visiting Nurses Association).

They will conduct qualitative interviews using a guide developed by the OCHS Research Committee and receive training in interview skills and supervision of fieldwork from two experienced qualitative researchers who are Research Committee members. They will conduct a debriefing meeting to which interviewees will be invited at the end of their assignment.

The trainees will gain interviewing and active listening skills, which will be useful in their future work with patients and families in other settings. This field experience will also give them valuable insights into the needs and service delivery issues for this population in a rural environment, thus providing workforce development for future providers in these settings. OCHS will gain a greater knowledge of the resources -- and the limitations of those resources -- available to prevent falls and injuries among the elderly and frail on the Outer and Lower Cape, and will gain some personal connections with service providers through coordinating the project and participation in the final meeting.

- e. Specific logistical details, e.g. housing, transportation, etc. include: Housing, training, supervision, space to work, and community contacts will be provided; students will be responsible for their own laptops, transportation (car needed), digital recording device, and any other equipment and living expenses (e.g., meals, gas). The OCHS Research Committee will arrange volunteer housing and will coordinate the overall project for the four students, who will work in pairs, ideally a medical student and nursing student in each pair.
- f. Maximum number of students on team: This two-week internship beginning on October 20<sup>th</sup> will accommodate four trainees (two second-year medical students and two 1<sup>st</sup> year graduate nursing students) in the "Population Health Clerkship: Caring for Populations Within Their Communities.
- g. Typical hours, including any weekends or evenings: 9-5
- h. Typical daily travel distance (round trip): See (e) for logistics

## Fall and injury prevention/recovery amongst the elderly and frail on rural Cape Cod

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- i. The different types of professions that are part of the student experience include: Students will interview directors of Councils on Aging in the eight towns, local ambulance services, Nauset Neighbors and any other aging-in-place and in-home supports (e.g., Visiting Nurses Association), research committee members
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Balance of the two
- k. Possible micro-service projects are: See above

#### 4. Resources:

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

<http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

- b. Links to relevant agency report

- c. References of interest:

American College of Surgeons Committee on Trauma. Injury Prevention. Includes several conceptual frameworks used in discussions of injury prevention and control.

<https://www.facs.org/~media/files/quality%20programs/trauma/injuryprevent.ashx>

CDC: Injury Center. Falls Among Older Adults: An Overview.

<http://www.cdc.gov/homeandrecreationalafety/Falls/adultfalls.html>

Harvey LA<sup>1</sup>, Close JC. Traumatic brain injury in older adults: characteristics, causes and consequences. *Injury*. 2012 Nov;43(11):1821-6. <http://www.ncbi.nlm.nih.gov/pubmed/22884759>

Coronado VG<sup>1</sup>, Thomas KE, Sattin RW, Johnson RL. The CDC traumatic brain injury surveillance system: characteristics of persons aged 65 years and older hospitalized with a TBI. *J Head Trauma Rehabil*. 2005 May-Jun;20(3):215-28. <http://www.ncbi.nlm.nih.gov/pubmed/15908822>

Kennedy RL<sup>1</sup>, Henry J, Chapman AJ, Nayar R, Grant P, Morris AD. Accidents in patients with insulin-treated diabetes: increased risk of low-impact falls but not motor vehicle crashes--a prospective register-based study *J Trauma*. 2002 Apr;52(4):660-6. <http://www.ncbi.nlm.nih.gov/pubmed/11956379>

Thompson HJ, McCormick WC, and Kagan SH, Traumatic Brain Injury in Older Adults: Epidemiology, Outcomes, and Future Implications. Published in final edited form as: *J Am Geriatr Soc*. Oct 2006; 54(10): 1590–1595.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367127/>

Johnston AT, Barnsdale L, Smith R, Duncan K, Hutchison JD. Change in long-term mortality associated with fractures of the hip. Evidence from the Scottish Hip Fracture Audit; *Bone Joint Surg [Br]* 2010;92-B:989-93 [http://www.boneandjoint.org.uk/highwire/filestream/17592/field\\_highwire\\_article\\_pdf/0/989.full-text.pdf](http://www.boneandjoint.org.uk/highwire/filestream/17592/field_highwire_article_pdf/0/989.full-text.pdf)



# Geriatrics: Fall prevention for older adults

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2014 UMMS/ GSN Population Health Clerkship

**1. Geriatrics – Fall Prevention for Older Adults**

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

a. Academic faculty:

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

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

b. Community faculty:

**Linda Wincek-Moore, MEd, LSW**  
Manager of Senior Services & Education  
Elder Affairs/Worcester Senior Center  
128 Providence Street, Worcester, MA 01604  
[MooreLW@worcesterma.gov](mailto:MooreLW@worcesterma.gov)  
508-799-1233 direct  
508-799-1232main

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

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

## Geriatrics: Fall prevention for older adults

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### 3. Defining characteristics

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

**Older Adults in the greater Worcester area**

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

**Fall prevention/fall risk assessment**

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

**A variety of care settings for older adults in the city of Worcester and surrounding area, as well as home visits. Site visits will include Elder Services of Worcester Area, the Worcester Senior Center, and may also include visits to adult day programs, an assisted living facility, nursing home, rehabilitation center, and a multicultural social service center. Home visits with case managers and nurses, as well as opportunities to shadow a geriatrician and/or geriatric nurse practitioner, are also planned.**

d. Primary student activities

**Meet and interact with older adults, care providers, and leaders and staff from community agencies serving older adults to gain a broad perspective on the causes and impact of falls. Students will learn and practice fall risk assessment techniques. Students will also participate in the annual Senior Health & Safety Fair at the Worcester Senior Center, which will include resources such as Mobile Safety Street.**

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

**A car or carpool is necessary for local travel in Worcester and the surrounding communities.**

f. Maximum number of students on team: **4**

g. Typical hours, including any weekends or evenings:

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

h. Typical daily travel distance (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 and Occupational Therapists**

## Geriatrics: Fall prevention for older adults

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- j. Do students need to be highly self-directed or are activities largely pre-scheduled:  
**Activities are largely pre-scheduled; however some self-direction will be needed**
  - k. Possible types of service projects:  
**Service learning project needs to be related to fall prevention/assessment. Possibilities could include a presentation to older adults at the Worcester Senior Center, or developing educational materials for distribution or display.**
4. Resources:
- a. Web resources relevant for this population and/or health issue
    - [www.eswa.org](http://www.eswa.org) Elder Services of Worcester Area
    - [www.worcesterma.gov/ocm/elder-affairs](http://www.worcesterma.gov/ocm/elder-affairs) City of Worcester, Division of Elder Affairs (Worcester Senior Center)
    - [www.seniorconnection.org](http://www.seniorconnection.org) Central Mass Area Agency on Aging
    - [www.mcoaonline.com](http://www.mcoaonline.com) Massachusetts Council on Aging
    - [www.800ageinfo.com](http://www.800ageinfo.com) Statewide
    - [www.massresources.org/massmedline.html](http://www.massresources.org/massmedline.html) Pharmacy Outreach and Drug Information Programs (Mass College of Pharmacy and Health Sciences)
    - [www.healthyliving4me.org](http://www.healthyliving4me.org) Healthy Living Center of Excellence (Lawrence, MA)
    - [www.aoa.ddhs.gov](http://www.aoa.ddhs.gov)- Administration on Aging
    - [www.cms.hhs.gov](http://www.cms.hhs.gov) Centers of Medicare and Medicaid Services
    - <http://www.cdc.gov/homeandrecreationalafety/falls/index.html> Centers for Disease Control and Prevention
    - <http://www.healthyagingprograms.org/content.asp?sectionid=69> National Council on Aging
    - <http://www.nia.nih.gov/> The National Institute on Aging
    - [www.americangeriatrics.org](http://www.americangeriatrics.org) The American Geriatrics Society
    - [www.alz.org](http://www.alz.org) Alzheimer's Association
  - b. Links to relevant agency reports
    - <http://www.aafp.org/afp/20000401/2159.html>
    - <http://www.ahrq.gov/research/lrc/fallspx/fallspxmanual.htm#Acknowledgments>
    - [http://www.americangeriatrics.org/files/documents/health\\_care\\_pros/Falls.Summary.Guide.pdf](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](http://www.americangeriatrics.org/files/documents/health_care_pros/JAGS.Falls.Guidelines.pdf)

## Healthcare for the homeless

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### 2014 UMMS / GSN Population Health Clerkship

#### Healthcare for the Homeless

Team faculty: Erik Garcia MD  
Medical Director, Homeless Outreach and Advocacy Project (HOAP)  
GarciaE@ummhc.org  
(508) 860 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

The Clerkship:

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

With increased incidence of mental illness and substance abuse, less access to preventive medicine and poorer management of treatable chronic disease, homeless adults are at a tremendous disadvantage and it requires specialized services to help meet these needs. The term “homeless” can reflect a wide spectrum of circumstances: ranging from a family shelter with nutritional and vocational support to a campsite, hidden in the outskirts of an urban park. Moreover, the community itself often dictates the nature of homelessness and how services are accessed. As an example, the majority of Worcester’s homeless are concentrated in a fairly

## Healthcare for the homeless

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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 for contrast.

Defining characteristics:

- a. Population of focus: homeless adults
- b. Health issues: substance abuse, mental illness, various medical conditions
- c. Primary sites may include:
  - a. Detox facility and Passages (post-detox)
  - b. 25 Queen Street (affiliate)
  - c. St. Johns Outreach Clinic
  - d. Medical Clinic/Mental Health at 162 Chandler Street
  - e. Mental Health/Wellness Center Clinic at 12 Queen Street
  - f. Suboxone Treatment Groups
  - g. Central Mass Housing Alliance
  - h. Oasis and Safe Havens – housing for people with severe mental illness
  - i. Street Outreach with Elliot Group
  - j. Possible field trip to Boston Healthcare for the Homeless
  - k. Racism, Power, and Privilege training
  - l. Possible exchange with PHC group at Hector Reyes House
  - m. Health Fair
- d. Primary student activities: includes observation, participation in interviews/groups as appropriate and at discretion of each site; opportunity to develop individual projects per student interest
- e. Transportation: students must provide own transportation but may elect to carpool together
- f. Maximum number of students: 5

## Healthcare for the homeless

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- g. Typical hours: likely M-F 9am-5pm with one Thursday night until approximately 6pm
- h. Typical daily travel distance: within Worcester except for one possible Boston trip
- i. Different professions encountered: Students are expected to interact with physicians, nurses, substance abuse counselors and mental health workers, among other professionals
- j. Do students need to be self-directed? Daily activities are scheduled, but within activities, and for any micro-service projects self-direction is advantageous
- k. Possible micro-service projects: Multiple opportunities, based on individual student interest. Areas may include food/nutrition (access, barriers, food justice); patient education; integration with yearly health fair, and other ideas students may have.

### Web Resources of Interest:

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

You can see last year’s team poster at :

<http://umassmed.edu/PageFiles/43715/Healthcare%20for%20the%20Homeless.pdf>

# Hector Reyes House: Serving the needs of Latino men

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1. Clerkship Name: Hector Reyes House: Serving the Needs of Latino Men
2. Team faculty: please supply full names, titles, phone, email and mailing addresses

Community faculty: Matilde Castiel MD

Executive Director of Latin American Health Alliance

Associate Professor Internal Medicine

Associate Professor Family and Community Medicine

Associate Professor Psychiatry

UMass Medical School

Umass Memorial Healthcare

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

Cell: 508.269.2428

LAHA: 508.459.1801

These two weeks will be spent in discovery. We will tour the community, learn about some of the issues that affect the community, and see how healthcare affects them. We will discuss what are the barriers and why do these barriers exist. We will focus on addiction and the Latino community

3. Defining characteristics
  - a. The population of focus for this team is: Latino men
  - b. The health issue affecting this population on which this team will focus is: addiction
  - c. The primary sites and locations at which the team will spend their time are: Hector Reyes House (HRH)
  - d. Primary student activities include: spend some time with the residents of this 25 bed residential treatment facility for Latino men. You will visit the community with the residents of HRH and see how they lived and how can we prevent or help overcome some of these issues. You will participate in AA meetings, House meetings with the residents along with medical clinics, and counseling sessions that hopefully will improve their overall outcomes. You will see how advocating for issues that are important to the community will foster programs like the Hector Reyes House. You will meet with politicians, both locally and at the state level, foundations that helped in providing funding for the program and other agencies which helped in establishing the Hector Reyes House. Hopefully the outcome is to learn how the same advocacy can be used for any issue to improve health care in the Latino community or any other community
  - e. Specific logistical details, e.g. housing, transportation, etc. include: car or car pooling is needed
  - f. Maximum number of students on team: 6
  - g. Typical hours, including any weekends or evenings: 9-5
  - h. Typical daily travel distance (round trip): Worcester, maybe once to Boston
  - i. The different types of professions that are part of the student experience include: Addiction counselors, psychologist and medical
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities are largely scheduled
  - k. Possible micro-service projects are: to be determined with students

# What How do I feed my family tonight? Food, health and access within our community

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1. Clerkship Name: ~~What How~~ do I feed my family tonight? Food, Health and Access within our Community
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty:

Kathryn K. P. Brodowski, M.D.  
UMass Preventive Medicine Resident  
Department of Family Medicine and Community Health  
Email: [Kathryn.Brodowski@umassmemorial.org](mailto:Kathryn.Brodowski@umassmemorial.org)  
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Heather-Lyn Haley, PhD  
Assistant Professor  
Department of Family Medicine and Community Health  
Email: [Heather-Lyn.Haley@umassmed.edu](mailto:Heather-Lyn.Haley@umassmed.edu)  
Phone: 774-441-6366
  - b. Community faculty:

Liz Sheehan Castro  
Worcester Food & Active Living Policy Council  
Phone: 508-757-5631 ext 304
3. Defining characteristics
  - a. The population of focus for this team is: Adults and Children within Worcester and surrounding communities *who are or who are at risk* of becoming food insecure.
  - b. The health issue affecting this population on which this team will focus is: Food Insecurity. Lack of access to healthy food can lead to multiple health problems ranging from malnutrition to chronic diseases such as cardiovascular disease, diabetes, and obesity.
  - c. The primary sites and locations at which the team will spend their time are:
    - Educational activities (meetings with community organization leaders, introduction to nutrition, and discussion sessions):

Conference Room in Benedict Building (UMass University Campus)  
Conference Room in Shaw Building, 2<sup>nd</sup> floor (UMass University Campus)
    - Distribution Theme:

Community Harvest (37 Wheeler Rd, North Grafton MA)  
Worcester County Food Bank (474 Boston Turnpike Rd, Shrewsbury MA)  
Local Food Pantry (TBD)
    - Cooking Matters Grocery Tour + Class: TBD



## What How do I feed my family tonight? Food, health and access within our community

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- Culinary Lab: Shaw Building on UMass University Campus, Test Kitchen (2<sup>nd</sup> floor)
  - REC: Mobile Farmer's Market (various sites throughout Worcester)
  - UMass Extension SNAP-Ed (237 Chandler St, Worcester)
  - Food Day (Saturday October 25, 2014 at Fuller Family Park, adjacent to Worcester YMCA). Time for this year's event will yet to be announced, but likely 9:30am to 2pm.
- d. Primary student activities include:
- Reflections and Discussions based on readings, introduction to assistance programs (SNAP, WIC, etc), introductory meetings with community organizations, hands-on experiences in the field with organizations (Cooking Matters and REC: Mobile Farmer's Market), and service-project at Food Day
  - Community Assessment: Describe and characterize the population at risk of food insecurity or experiencing food insecurity in the Worcester community. In this activity, students must use detective skills to tease out the important public health statistics that characterize their target population. In general they will investigate the demographics, health status, and nutritional status of the Worcester community. Faculty will serve as facilitators and guide them through this process and reveal public health resources with available data they can pull from. The ultimate responsibility of characterizing the community rests with the students.
  - Field Work with Organizations: 1.) Cooking Matters: students will participate in a grocery tour and assist in a Cooking Matters class for low-income families (classes involve nutrition education and hands-on cooking wherein families are taught how to prepare a healthy and budget friendly meal). Students should use this opportunity to learn from participant families: their perspectives on food insecurity, barriers, cultural attitudes on food and health, etc., 2.) REC: Mobile Farmer's Market: students will meet the Mobile Farmer's Market at various sites during the second week of the clerkship and present their Food Day meal demos. Also assist, in shifts, with the logistics of the Farmer's Market.
  - Main Project:
    - Students work in teams of 2. Their challenge will be to create a healthy meal demo for Food Day on a SNAP budget. Student pairs will be given a fixed amount of money to purchase the groceries they deem necessary and then practice their meal demos in the Shaw Test Kitchen on University Campus. They will finalize their demos and present them at Food Day. Students will be teaming up with Cooking Matters to put on a booth at Food Day.
    - Engage the public and collect suggestions using a flip chart that will improve the quality of the meal demo projects offered in subsequent years on Food Day. Are we addressing the needs of the target community? Goal will be to identify: 1.) foods population is uncertain how to cook with, 2.) available cooking equipment, and 3.) culinary techniques (stock, de-bone, etc) they would like taught next year at Food Day. This will be a quality improvement project.

## What How do I feed my family tonight? Food, health and access within our community

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- e. Specific logistical details, e.g. housing, transportation, etc. include:  
Access to car required (can carpool with other students if wish). We will be visiting several sites around the Worcester and greater Worcester area.
- f. Maximum number of students on team: 6
- g. Typical hours, including any weekends or evenings:  
IMPORTANT: service project will be on Food Day on October 25 (*Saturday, likely 9:30am - 2:00pm*). We will be partnering with Cooking Matters to put on a booth at Food Day (food demos and surveys). Food Day is held on a *Saturday* and student attendance is required. To counterbalance this weekend day work, students will be assigned an independent study day during the last week of the Clerkship. They may work on their final poster preparations during this time.
- h. Typical daily travel distance (round trip):  
Students will be commuting to Worcester, Shrewsbury, and North Grafton. Sites are typically *within 15 minutes* of UMass Medical School.
- i. The different types of professions that are part of the student experience include:  
Executive Directors of Non-Profits, several Project Managers, Clinical Registered Dietitians (RDs) as well as RDs serving as managers/educators in organizations, PhD, and Preventive Medicine Residents.
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?  
Faculty will serve primarily as facilitators that guide students through the core activities in conjunction with several organization leaders.

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

Students will also be responsible for crafting their own budget friendly meal demos to be displayed at a booth on Food Day. They will also, with some guidance from faculty, engage the public to determine needs of the target community and ways to improve quality of next year's program.

## What How do I feed my family tonight? Food, health and access within our community

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k. Possible micro-service projects are:

Letter campaign set up next to main booth at Food Day. Policy can only be changed when one acts. Help the public become aware of an important issue that relates to food insecurity and take action by encouraging them to write a letter to policy makers.

4. Resources:

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

**National Health and Nutrition Examination Survey (NHANES):**

Homepage is located at: <http://www.cdc.gov/nchs/nhanes.htm>

**CDC:**

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

**National Cancer Institute:**

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

**Behavioral Risk Factor Surveillance System (BRFSS):**

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

**CDC’s Nutrition Resources for Health Professionals:**

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

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

b. Links to relevant agency reports:

**Worcester CHIP – Domain 1 (Healthy Eating/Active Living) is MANDATORY reading**

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

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

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

Additional *MANDATORY reading assignments* will be assigned on *Day 1* of the Clerkship.



## Population Health Clerkship Team: Incarcerated and Urban Working Poor

### **Faculty:**

Academic faculty:

#### **Director:**

Ken Freedman, MD, MS, MBA, FACP, FASAM, AGAF  
Chief Medical Officer, Lemuel Shattuck Hospital (LSH)  
Clinical Associate Prof. of Medicine, Tufts University School of Medicine (TUSM)  
Adjunct Clinical Associate 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](mailto:Kenneth.Freedman@state.ma.us)

#### **Co-Director:**

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

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

All LSH faculty participants available at:

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

### **Service Providers:**

#### **Geriatrics:**

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

#### **Medical Behavioral Services:**

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

#### **Medical Affiliated Services**

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

# Incarcerated and urban working poor

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## **Tuberculosis Treatment Unit**

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

## **HIV/Infectious Diseases**

Rochelle Scheib, MD (Assistant Prof. of Med., Harvard Medical School)  
Tiffany Miller, PA  
Bonnie Rae, NP

## **Ambulatory Care Center**

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

## **Addiction Services**

Donna M. White RN, PhD, CS, CADAC  
Jennifer C. Malizia LMHC, CADAC, LADC-1 (Addiction Services Supervisor)

## **Other**

Cynthia Chase, Ph.D. (Neuropsychologist)  
Rev. James Gannon, M.Div., LCSW (Director of Pastoral Care )  
Lisa Gurland, RN, Psych.D (Clinical Psychologist)  
Robert McMakin, EdD (Clinical Psychologist)  
Thomas Posever, MD (Assistant Professor of Psychiatry, TUSM)

## **Course Description**

Modern medicine is often seen as a science with a narrow purpose. Physicians employ numerous acute interventions to address immediate health issues, often with excellent short-term success. However, even with the best acute care, patients with chronic diseases and/or compromised social conditions continue to suffer and often re-present with recurrent or worsening disease. The futility of focusing solely on the pathophysiology of disease without seeing “the big picture” has become clear. Treating the patient “in the moment,” as an isolated entity removed from his social, spiritual, emotional framework can be wasteful, superficial, and ineffective. This is true for all patient populations, but particularly vulnerable populations include the urban, correctional, mentally ill, poor, and socially disenfranchised. These patients would benefit greatly from a multidisciplinary team approach that incorporates acute medical providers, chronic disease specialists, psychiatrists, psychologists, and social workers; such a team would work together to avoid the pitfalls of readmission, reoccurrence, and relapse.

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

This course will emphasize patient care in a multifaceted approach, treating physical and mental illness simultaneously by providing support for addiction disease and for emotional needs and suffering. The rotation will consist of two weeks in which a

## Incarcerated and urban working poor

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patient will be longitudinally followed from each of the above-mentioned perspectives. The medical student will work with medical providers, social workers, psychologists and addiction specialists in a team-based patient care model. Primary care and specialty clinics, group meetings, hospital floors, shelters, and group homes will be used as teaching sites.

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

### Goals and Objectives

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

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

### Instructions

**I. Schedule:** Activities will occur between 9AM to 5PM Monday through Friday. There are no required weekend activities, but students should use their free time to work on their project (see below). See the separate schedule for details. The schedule may be subject to change.

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

1. Angell M. The epidemic of mental illness: Why? *The New York Review*, June 23, 2011.
2. Angell M. The illusions of psychiatry: An exchange. August 18, 2011.
3. Bonnano GA (2004). Loss, Trauma, and Human Resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28.
4. Centers for Disease Control and Prevention (2012, June). *HIV in Correctional Settings*. Retrieved from <http://www.cdc.gov/hiv/resources/factsheets/pdf/correctional.pdf>

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5. Deiss RG, Rodwell TC, Garfein RS (2009). Tuberculosis and illicit drug use: Review and update. *Clinical Infectious Diseases*, 48, 72-92.
6. Health Care for the Homeless Clinicians' network (2010). *Adapting your practice: General recommendations for the care of homeless patients*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/GenRecsHomeless2010.pdf> In addition to the general recommendations, there are excellent guidelines on the NHCHC website for dealing with several important diseases affecting the homeless (e.g., HIV, STDs, etc.)
7. Lindy JD. Listening to what the trauma patient teaches us: A 35-year perspective.
8. McQuiston *et al.* (2003) Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders. *Psychiatric Services*. 54(5): 669-676.
9. Hwang, S. *et al.* (1998). Risk Factors for Death in Homeless Adults in Boston. *Archives of Internal Medicine*, 158(13), 1454-1460.
10. NASW Standards for Social Work Practice in Health Care Settings. (2005). National Association of Social Workers.
11. LSH Pastoral Care Services Guide to Religious Beliefs and Practices

### III. Supplemental Materials:

1. Health Care for the Homeless Clinicians' Network (2009). *Adapting your practice: Treatment and recommendations for homeless patients with HIV/AIDS*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/AIDS.pdf>.
2. Edlin BR, Carden MR (2006). Injection drug users: The overlooked core of the hepatitis C epidemic. *Clinical Infectious Diseases*, 42, 673-676.
3. Emergency Shelter Commission (2011). Homelessness in the city of Boston Winter 2011-2012, Annual Census Report. Retrieved from <http://www.bphc.org/programs/esc/homeless-census/Forms%20%20Documents/2011-2012Census-KeyFindings.pdf>
4. Health Care for the Homeless Clinicians' Network (2009). *Adapting your practice: Treatment and recommendations for homeless patients with HIV/AIDS*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/AIDS.pdf>
5. Khalsa JH, Kresina T, Sherman K, Vocci F (2005). Medical management of HIV-hepatitis C virus coinfection in injection drug users. *Clinical Infectious Diseases*, 41, 1-6.
6. Klinkenberg WD, Caslyn RJ, Morse GA, Yonker RD, McCudden S, Ketema F, *et al.* (2003). Prevalence of human immunodeficiency virus, hepatitis B, and hepatitis C among homeless persons with co-occurring severe mental illness and substance use disorders. *Comprehensive Psychiatry*, 44, 293-302.
7. North, C. S., Eyrich, K. M., Pollio, D. E., & Spitznagel, E. L. (2004). Are Rates of Psychiatric Disorders in the Homeless Population Changing? *American Journal of Public Health*, 94 (1), 103-108.
8. Lee *et al.* (2005). Risk Factors for Cardiovascular Disease in Homeless Adults. *Circulation*, 111, 2629-2635.
9. Hwang *et al.* (2001) Healthcare Utilization Among Homeless Adults Prior to Death. *Journal of Health Care for the Poor and Underserved*. 12(1):50-58

# Incarcerated and urban working poor

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## **Patient Assignments**

The students will be assigned two patients from two different services (Geriatrics, Infectious Diseases, Medical Affiliate Services, Medical Behavioral Service, Pulm/TB). They will follow those patients for the duration of their rotation. Each morning they will round on their patients between 7:30 and 9:00AM. As time allows, they should shadow and observe all team members (i.e., medical, psychiatric, and social) involved in the care of their patients.

## **Student Projects**

The students will create and give a minimum of 15-20 minute presentation on a topic of interest in the field of urban health. Suggested projects include, but are not limited to, reviewing a current topic in urban health, discussing a interesting patient case, or discussing independent research conducted at LSH or elsewhere in the field of urban health. Students may collaborate on projects with a maximum of two students per project. All topics should be discussed with and approved by Dr. Freedman and/or Dr. Floru.

## **Evaluation**

I. In order to pass this course, students must attend all sessions. If unable to attend the Course Director must be notified and make up session(s) must be scheduled.

II. Create a team project which can be used as a learning tool for medical providers and/or patients. The project will be presented during the last day of the rotation at a meeting where all the rotation advisors will be present. The course director will guide participants in choosing a topic.

## **Selected Exposure Descriptions**

### *Neuropsychiatry (Cynthia Chase)*

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

### *Psychiatry/Psychology Service (Lisa Gurland)*

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



## Incarcerated and urban working poor

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assessments and medication recommendations/adjustments. In addition, many patients receive individual supportive psychotherapy with the psychologist and/or doctoral level psychology interns 1 – 3 times a week.

### *Addiction Services (Jennifer Malizia)*

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

### *Social Services (TBD)*

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

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

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

## **Special Notes**

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

Students can view last year's team poster at:

<http://umassmed.edu/PageFiles/43715/PHC%20poster%20-%20Shattuck%20group.pdf>

# Injury prevention: Programs to prevent injury from trauma in all age groups

2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Injury Prevention- Programs to Prevent Injury from Trauma in all age Groups**
2. 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](mailto:michael.hirsh@umassmemorial.org)

Office: 774-443-2189, Fax: 508-856-2043, Pager: 508-426-8095, Mobile: 508-523-9634

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)

E-Mail: [mariann.manno@umassmemorial.org](mailto:mariann.manno@umassmemorial.org)

Office: 774-442-2599, Fax: 774-442-2510, Pager: 2244

Community faculty: Esther Borer CPST

Injury Prevention Coordinator, Injury Prevention Center Room H3-507

UMass Memorial Health Care, Lake Ave North, Worcester, MA 01655

Office # 774-443-8627, Fax # 774-441-6630

[Esther.Borer@umassmemorial.org](mailto:Esther.Borer@umassmemorial.org)

3. Defining characteristics
  - a. The population of focus 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:  
**University Campus Medical Center, Schools where Mobile Safety Street may be having an event, Schools where Teen DRIVE may be during that period.**
  - d. Primary student activities include:

## Injury prevention: Programs to prevent injury from trauma in all age groups

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Activities will include Mobile Safety Street events , Teen RIDE events,( this is a Saturday program and will be a mandatory event on October 25<sup>th</sup>), a Child Passenger Checkpoint, disaster preparedness and a health and safety fair at the Worcester Senior Center. There may also be limited, optional opportunities for clinical shadowing of both the Pediatric and Adult Trauma Surgeons.

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

**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 25<sup>th</sup> 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.**

f. Maximum number of students on team: 6

g. Typical hours, including any weekends or evenings: 8 am-4pm, Saturday, October 25<sup>th</sup> 7:30am-4 pm

h. Typical daily travel distance (round trip):

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

Worcester Police department/gang unit, District Attorney's office, Juvenile Court Judge

j. Do students need to be highly self-directed or are activities largely pre-scheduled? Several of the activities are pre-scheduled but there will be many self directed opportunities also such as optional shadowing of the Trauma Dr's.

k. Possible micro-service projects are: October 29<sup>th</sup> the students will host an interactive Senior Health and Safety Fair at the Worcester Senior Center

4. Resources:

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

**[www.injuryfree.org](http://www.injuryfree.org)**

**[www.mobilesafetystreet.com](http://www.mobilesafetystreet.com)**

**[www.umassmemorialhealthcare.org/umass.../injury-prevention-center](http://www.umassmemorialhealthcare.org/umass.../injury-prevention-center)**

b. Links to relevant agency reports:

**UMass Memorial Trauma Registry Data**

**Journal of Trauma – Injury Free Coalition for Kids Annual Supplement**

Last year's team poster can be viewed at:

<http://umassmed.edu/PageFiles/43715/InjuryPrevention%20PHC.pdf>

# Integrative medicine in cancer care

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Integrative Medicine in Cancer Care
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Melissa Rathmell, MD. 508-792-7850.  
[Melissa.rathmell@umassmed.edu](mailto:Melissa.rathmell@umassmed.edu)  
645 Park Ave, Worcester 01603
  - b. Community faculty:
3. Defining characteristics
  - a. The population of focus for this team is: Cancer patients
  - b. The health issue affecting this population on which this team will focus is: Cancer
  - c. The primary sites and locations at which the team will spend their time are: multiple – includes visits to Kripalu, the Virginia Thurston Healing Garden, and the Simonds-Hurd Complementary Care Center
  - d. Primary student activities include: site visits, discussions with practitioners, literature review
  - e. Specific logistical details, e.g. housing, transportation, etc. include: student-provided
  - f. Maximum number of students on team: 7-8
  - g. Typical hours, including any weekends or evenings: typically work days, a few potential evenings
  - h. Typical daily travel distance (round trip): primarily local, one day trip up to 200mi round-trip
  - i. The different types of professions that are part of the student experience include: physicians, alternative providers for practices that include yoga, acupuncture, nutrition, reiki, meditation
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? A bit of both
  - k. Possible micro-service projects are: preparing patient literature; interviewing and informing oncologists, quality improvement for wellness programs, assessing bias/understanding of integrative medicine in students and/or practitioners
4. Resources:
  - a. Web resources relevant for this population and/or health issue:
    - i. <http://nccam.nih.gov/>
    - ii. [www.umassmed.edu/cfm](http://www.umassmed.edu/cfm)
    - iii. [www.medicalacupuncture.org](http://www.medicalacupuncture.org)
    - iv. [http://www.umassmed.edu/uploadedFiles/cfm2/Psychiatry\\_Research\\_Mindfulness.pdf](http://www.umassmed.edu/uploadedFiles/cfm2/Psychiatry_Research_Mindfulness.pdf)
    - v. Integrative Cancer Therapies Journal: <http://ict.sagepub.com/>
  - b. Links to relevant agency reports: na

# Latinos living with HIV in Lawrence

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## 2014 UMMS/ GSN Population Health Clerkship

1. Team title: Latinos living with HIV in Lawrence
2. 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

3. 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

## Latinos living with HIV in Lawrence

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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

4. 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/>

Students can see last year's team poster at:

[http://umassmed.edu/PageFiles/43715/PopHealthClerkshipPoster103013\\_Lawrence.pdf](http://umassmed.edu/PageFiles/43715/PopHealthClerkshipPoster103013_Lawrence.pdf)

# Lesbian, Gay, Bisexual and Transgender Communities

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## 2014 UMMS/ GSN Population Health Clerkship

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

**Emily Ferrara, MA**

University of Massachusetts Medical School

Assistant Professor, Family Medicine and Community Health

Patient Representative, UMass Memorial Medical Center

Phone: 774-443-2778 (direct line); Office: 774-442-3701

[emily.ferrara2@umassmemorial.org](mailto:emily.ferrara2@umassmemorial.org)

b. Community Faculty: **Community faculty are specific to each placement site**

### 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, transphobia, 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 LGBT Asylum Support Task Force. Each team member will be assigned to one of the above sites as the focus of their community experience, to allow for an in-depth community-based experience. During the two-week period, several (3-4) required team meetings/seminars will be held at the Medical School with Clerkship faculty, to provide opportunities for facilitated group discussion and reflection, as well as seminars on LGBT research, and other relevant topics.

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

## Lesbian, Gay, Bisexual and Transgender Communities

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

Three sites— AIDS Project Worcester, Safe Homes, and LGBT Asylum Support Task Force—are local to Worcester. Fenway Community Health Center is in Boston, and will require student to drive or take public transportation to this site (approx 90 miles, roundtrip from Worcester).

f. Maximum number of students on team: Six

g. Typical hours, including any weekends or evenings:

For Fenway Community Health Center, AIDS Project Worcester, and LGBT Asylum Support Task Force, it is generally a standard 9-5 schedule, although there may be opportunities to flex this schedule in order to participate in 'after hours' events. The Safe Homes placement has more afternoon and evening hours (after school hours), in order to allow for direct interaction with the participating youth. The students will work out specific schedules with the site coordinator. Required team meetings will be scheduled for late afternoon at the Medical School.

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

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

Depending upon site placement, the professions include: medical primary care professions and some specialties, community health workers, social workers, health educators, counselors, youth workers, and community activists.

j. Do students need to be highly self-directed /pre-scheduled: There is a combination of highly self directed aspects (e.g. at community sites for project work), along with scheduled required team meetings, facilitated by faculty.

### 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](http://www.glma.org)

GLBT Youth Support Project & OutHealth of Health Imperatives:

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

LGBT Aging Project: [www.lgbtagingproject.org](http://www.lgbtagingproject.org)

Parents, Friends and Families of Lesbians and Gays: [www.pflag.org](http://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>

Students can see the poster from last year's team at:

[http://umassmed.edu/PageFiles/43715/LGBT%20Population%20Health%20Clerkship\\_final.pdf](http://umassmed.edu/PageFiles/43715/LGBT%20Population%20Health%20Clerkship_final.pdf)



## Living with disabilities

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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.**
  - b. 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."**
  - c. 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.**
  - d. 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.**
  - e. 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.**
  - f. Maximum number of students on team: **6**
  - g. 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.**
  - h. Typical daily travel distance (return trip): **Most activities will take place within 10 miles of the medical school. There will likely also be at least two trips to Boston.** 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.**
  - j. Activities are largely pre-scheduled: **Largely pre-scheduled.**
  - k. Possible types of service projects:

## Living with disabilities

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**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.

<http://www.ahrq.gov/health-care-information/priority-populations/disabilities-health->

#### a. Links to relevant agency reports

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

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

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

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

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

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

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

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

Students can view last year's team poster at:

[http://umassmed.edu/PageFiles/43715/PHC\\_Disabilities\\_poster%20.pdf](http://umassmed.edu/PageFiles/43715/PHC_Disabilities_poster%20.pdf)

# Medical-legal partnerships for refugee health

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Medical-legal partnerships for refugee health
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Heather-Lyn Haley PhD
  - b. Community faculty:  
Valerie Zolezzi-Wyndham JD Community Legal Aid  
Madha Makhoulouf JD and Weayonnoh Nelson-Davies JD, Central West Justice Center
3. Defining characteristics
  - a. The population of focus for this team is: refugees in Worcester County
  - b. The health issue affecting this population on which this team will focus is: health issues with legal solutions
  - c. The primary sites and locations at which the team will spend their time are: Community Legal Aid, Main St, Worcester.
  - d. Primary student activities include: observation of community legal aid consultations and a day in housing court, tour of client neighborhoods, shadow refugee health clinic assessments, attend Massachusetts MLP conference
  - e. Specific logistical details, e.g. housing, transportation, etc. includes: transportation for tour provided, otherwise student responsibility
  - f. Maximum number of students on team:6
  - g. Typical hours, including any weekends or evenings: mostly 9-5, and 4 hours of Saturday activity between 8-2
  - h. Typical daily travel distance (round trip): one day in Boston, otherwise local to Worcester
  - i. The different types of professions that are part of the student experience include: medical and legal providers, refugee aid and resettlement organizations, case workers, community health center staff and providers, interpreters
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Some of each
  - k. Possible micro-service projects are: Create and pilot-test outreach materials, brochure for free clinics
4. Resources:
  - a. Web resources relevant for this population and/or health issue:  
<http://www.communitylegal.org/>  
[http://medical-legalpartnership.org/;](http://medical-legalpartnership.org/)  
[www.mlpboston.org](http://www.mlpboston.org)
  - b. Links to relevant agency reports:  
Required readings:  
Rosenberg, Tina. 2014. When Poverty Makes You Sick, a Lawyer Can Be the Cure. New York Times, July 17, 2014. <http://nyti.ms/1nCBPjh>

Students can view last year's team poster at :  
[http://umassmed.edu/PageFiles/43715/Med\\_LegalPartner\\_PHC%20Poster.pdf](http://umassmed.edu/PageFiles/43715/Med_LegalPartner_PHC%20Poster.pdf)

# Parenting and family stability

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Parenting and Family Stability**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Community faculty: **Sheilah Dooley, Executive Director; Christopher Nelson, Director of Family Support Services.**

3. Defining characteristics

- a. The population of focus for this team is:

Low income inner-city population with one of the following risk factors or more:

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

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

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

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

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

- 1- Client population statistics
- 2- Family Support Services' trends within the last three years (growth vs. declination in referrals, shifts in client population, client social and behavioral growth)
- 3- Evaluate the efficiency of two of Pernet's Family Support Services (Fathers, Parent Aid, Young Parent Support, Homemakers and Parenting Classes) in four of the following areas:

## Parenting and family stability

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- Risk reduction and enhancement of crisis prevention.
- Ensuring adequate prenatal care.
- Improving the overall health of served babies during the early years of life.
- Preventing child abuse and neglect.
- Providing early detection of developmental delays.
- Providing parents with social and education/vocational development.
- Promoting healthy lifestyles to eliminate social isolation.

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

- Pernet Family Health Service
- Client home-visits

d. Primary student activities include:

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

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

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

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

f. Maximum number of students on team: A team of 4 students

Typical hours, including any weekends or evenings: Monday through Friday 9:00 AM – 5:00 PM

Typical daily travel distance (round trip): 10 – 20 Miles

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

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

## Parenting and family stability

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

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

- k. Possible micro-service projects are:

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

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

4. Resources:

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

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

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

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

Students can view last year's team poster at:

<http://umassmed.edu/PageFiles/43715/PHC%20Pernet%20Poster.pdf>

# Patient engagement and chronic disease self-management

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Student Project – Fall 2014

Clerkship Title: Patient Engagement and Chronic Disease Self-Management

Primary Site: Community Health Center of Cape Cod 107 Commercial Street Mashpee, MA 02649

Joanne Mazar HR Director 508-539-6000 Ext 1141 Jmazar@chcofcapecod.org

**Health Center Description:** Community Health Center of Cape Cod (CHC of CC) is a Federally Qualified Community Health Center (FQHC) in Mashpee, MA, with satellite locations in Falmouth and Bourne. The health center cares for nearly 15,000 registered patients and provides access to high quality, comprehensive services to all regardless of ability to pay. Services include medical, behavioral health/psychiatry, dental, chronic disease management, care coordination and navigation and teen/adolescent services. In addition, access to several specialty programs is available. Community Health Center of Cape Cod is recognized by the National Association for Quality Assurance as a Patient Centered Medical Home, Level 3. [www.chcofcapecod.org](http://www.chcofcapecod.org)

**Project Summary:** All primary care patients of CHC of CC have access to a regular team of health professionals, including the provider, a team nurse, medical assistant, administrative support and behavioral health staff. Health care teams work to identify health goals and improve the overall health of all assigned patients. A comprehensive organizational quality improvement program is in place; team members actively work to reduce barriers to improved health and encourage patient centered interactions. With a basic structure in place, teams are embarking on a structure and methodology to identify/stratify patients based on assessed risk. Integrated care plans will be designed and implemented based on need. Participants in this project will assist health care teams in engaging patients and family members in treatment goals, assess motivation for change and be active participants in implementing self-management strategies. Specifically, this project may include:

- Outreaching to patients to assess lifestyle and motivation for change
- Enrollment in chronic disease/wellness programming
- Working closely with one or two health care teams
- Compare health outcomes of those engaged to non engaged patients/families
- Provide recommendations regarding best practices seen within health center

We can take up to two students to work as a team. The hours would be 9-5 Monday through Friday, with flexibility to schedules. There would be no weekend or evening hours. We do not have housing available at this time. Students will interact with clinical teams, including physicians, Mid-levels, Nursing Staff and case management. Students should be highly self- directed, with many resources available.

# Patients with HIV/AIDS in Southeastern MA

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Patients with HIV/AIDS in Southeastern Massachusetts
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Lisa M. Morris
  - b. Community faculty: Dr. Shabana Naz
3. Defining characteristics
  - a. The population of focus for this team is: **Diverse patient population**
  - b. The health issue affecting this population on which this team will focus is: **HIV/AIDS & Hep C**
  - c. The primary sites and locations at which the team will spend their time are: **Greater New Bedford Community Health Center**
  - d. Primary student activities include: **Shadowing clinical visits in Infectious Disease Clinic, Attending Woman's HIV Conference, Meeting with incarcerated patients, Attend patient group meetings and other community group meetings as appropriate.**
  - e. Specific logistical details, e.g. housing, transportation, etc. include: **Hotel lodging available for students (2 students/room)**
  - f. Maximum number of students on team: **6**
  - g. Typical hours, including any weekends or evenings: **No weekends, some evenings, typical day 8:30 – 4:00pm**
  - h. Typical daily travel distance (round trip): **150 miles roundtrip (1 hour 15 mins one way) Hotel walking distance**
  - i. The different types of professions that are part of the student experience include: **MD, NP, LICSW, Registered Dietitians, Medical Assistants**
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled?  
**All activities are pre-scheduled**
  - k. Possible micro-service projects are: **Projects related to injection drug users & teen infection of HIV/AIDS**
4. Resources:
  - a. Web resources relevant for this population and/or health issue:  
<http://gnbchc.org/infectious.htm>, CDC, National Institute of Health, World Health Organization, Boston Public Health Commission
  - b. Links to relevant agency reports: Mass Department of Health State HIV/AIDS Plan 9/10/2013

Students can see last year's team poster at:

[http://umassmed.edu/PageFiles/43715/New\\_BedfordFinal%20Poster.pdf](http://umassmed.edu/PageFiles/43715/New_BedfordFinal%20Poster.pdf)



# People with serious mental illness: Recovery-oriented peer supported services

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## *Learning objectives:*

- 1) *The role of peer support, peer specialists and peer run programs in promoting recovery outcomes, and related research;*
- 2) *Approaches through which peer advocacy has influenced mental health care delivery*
- 3) *Advocacy support needs of peer organizers and community*

## 1. Clerkship Name: **People with serious mental illness: Recovery-oriented peer supported services**

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

#### a. Academic faculty:

Jonathan Delman, PhD, JD, MPH

Assistant Research Professor

Director of the Program for Recovery Research

University of Massachusetts Medical School, Department of Psychiatry

12 Summer St.

Stoneham, MA 02180

617-877-4148.

Jonathan.Delman@umassmed.edu.

#### b. Community faculty:

Deborah R. Delman, CPS (Certified Peer Specialist)

Executive Director

Transformation Center

98 Magazine St.

Boston, Massachusetts 02119

[deborahd@transformation-center.org](mailto:deborahd@transformation-center.org)

617-442-4111

### 3. Defining characteristics

#### a. The population of focus for this team is:

*People with serious mental illness.*

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

*Relative to the general population, people with serious mental illness (SMI) experience elevated risks of physical disease and illness and live shorter lives. They also struggle with various psychosocial challenges related to housing, employment, and discrimination.*

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

*The purpose of this course is to learn about the most recent innovative mental health services that promote recovery, wellness and social integration for people who have historically been institutionalized. These programs address community integration barriers such as stigma, discrimination, hopelessness, self-responsibility, self-efficacy and poverty. In each program we visit, experienced peer specialists work with people to develop a recovery plan, provide peer support, and serve as an example that recovery is possible. Developing research supports the efficacy of this approach (including research being conducted at UMass). We will also examine how peers have successfully acted as external, and now internal, change agents, along with the challenges faced.*

*The primary sites are the Worcester area Recovery Learning Community and several providers who employ peer specialists to work in treatment teams for adults at Community HealthLink (Worcester) or Advocates (Framingham) and for young adults at Wayside (Framingham). Both the statewide peer lead policy group (Transformation Center) and the Department of Mental Health will prepare times for discussions on advocacy and policy.*

## People with serious mental illness: Recovery-oriented peer supported services

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- d. Primary student activities include:
  - i. *In depth reading;*
  - ii. *Review of video materials;*
  - iii. *Site visits to RLC activities and providers that hire peer specialists*
  - iv. *One on one and group meetings for discussions with peer leaders, policy makers, advocates, researchers, and service recipients regarding the role of peer support*
  - v. *Reflection and reporting;*
  - vi. *Service learning project;*
  - vii. *Poster presentation; and*
  - viii. *Population related course requirements.*

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

*Meetings and events will largely be happening in the greater Worcester area, and at times in the community. There may be one or two meetings in Boston depending on scheduling needs. A car or carpool is necessary for local travel in Worcester and the surrounding communities.*

- f. Maximum number of students on team: *Three*
- g. Typical hours, including any weekends or evenings:
  - Meetings and events will generally happen during business hours– a schedule will be available in advance.*
- h. Typical daily travel distance (round trip):
  - Typically less than 10 miles per day*
- i. The different types of professions that are part of the student experience include:
  - The new variety of peer roles, from peer support workers, to peer navigators, to peer administrators. Provider staff who supervise or work with peer specialists- they may include nurses and social workers*
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?
  - Activities are largely pre-scheduled; however some self-direction will be needed*
- k. Possible micro-service projects are:
  - We would like to see a service learning focus on the health disparity outcomes between people with SMI and others. A review of the related data on that both nationally and locally would be useful. We are also interested on disparities based on race and ethnicity. Finally, we are interested in the role and prevalence of trauma in people with SMI- an assessment of local data regarding that issue would be useful.*

*For any of these, and assessment of the peer role in addressing the issue would be very important.*

# People with serious mental illness: Recovery-oriented peer supported services

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## 3. Resources:

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

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

<http://transformation-center.org/>

<http://www.mass.gov/eohhs/gov/departments/dmh/>

<http://beta.samhsa.gov/partners-for-recovery/resources-and-links>

<http://www.nasmhpd.org/index.aspx>

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

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

<http://inaops.org/>

<http://www.umassmed.edu/cmhsr/additional-cmhsr-centers/program-for-recovery-research>

### b. Links to relevant agency reports:

[\*Peers as Valued Workers: A Massachusetts Roadmap for Successfully Integrating Certified Peer Specialists and Peer Support Workers into the Public Mental Health System\*](#)

[\*Status of the Developing Mental Health Peer Workforce in Massachusetts\*](#)

[\*Bringing Massachusetts' Recovery Supports to Scale Moving Towards a Recovery-Oriented System\*](#)

[\*PEER LED RECOVERY LEARNING COMMUNITIES: EXPANDING SOCIAL INTEGRATION OPPORTUNITIES FOR PEOPLE WITH THE LIVED EXPERIENCE OF PSYCHIATRIC DISABILITY AND EMOTIONAL DISTRESS\*](#)

# Teen sexual health education: Barre Family Health Center PHC

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Teen Sexual Health Education
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Kosta Deligiannidis, MD, Cynthia Jeremiah, MD
  - b. Community faculty: Susan Begley, BFHC Ambulatory Manager, MBA
3. Defining characteristics
  - a. The population of focus for this team is: Adolescents in our community (served by our health center and the Quabbin Regional High School)
  - b. The health issue affecting this population on which this team will focus is: teenage sexual health.
  - c. The primary sites and locations at which the team will spend their time are: Barre Family Health Center, Quabbin Regional High School)
  - d. Primary student activities include: Review of health curriculum QRHS, needs assessment of adolescents in QRHS; lectures from guest speakers; “walk in the shoes of a teenager”
  - e. Specific logistical details, e.g. housing, transportation, etc. include: Carpooling is recommended as Barre is an approximately 40 minute drive from Worcester.
  - f. Maximum number of students on team: 6 students
  - g. Typical hours, including any weekends or evenings: 830 am to 430 pm M-F.
  - h. Typical daily travel distance (round trip): approximately 46 miles.
  - i. The different types of professions that are part of the student experience include: physicians, high school teachers, nurses.
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Highly self-directed
  - k. Possible micro-service projects are: needs assessment of teenagers in QRHS and Barre FHC, reviewing our processes of reaching out to adolescents for sexual health issues, making patient-centered recommendations for how to approach adolescents as a health center and in coordination with QRHS, and coordinating a talk between teenage moms and other teenagers.

#### 4. Resources:

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

Sexual and Reproductive Health Care: Adolescent and Adult Men’s Willingness to Talk and Preferred Approach, Robert V. Same, David L. Bell, Susan L Rosenthal, Arik V. Marcell  
Published Online: June 17, 2014 DOI: <http://dx.doi.org/10.1016/j.amepre.2014.03.009>

Links to relevant agency reports: *Youth Risk Behavior Survey: Massachusetts Dept of Education*  
<http://www.doe.mass.edu/cnp/hprograms/yrbs/>

# Veterans/military health issues

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2014 UMMS/ GSN Population Health Clerkship  
Team Development Template: **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](mailto: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](mailto:Christine.runyan@umassmemorial.org) (Air Force)**  
**Janet Hale, PhD, RN, FNP, Associate Dean for Academic Affairs, Graduate School of Nursing [janet.hale@umassmed.edu](mailto:janet.hale@umassmed.edu) (retired, Army)**
  - b. Community faculty: **varies**
  - c. Advisors:
    - **David Smelson, PsyD; Professor of Psychiatry and Vice Chair of Clinical Research in the Department of Psychiatry**
    - **Barry N. Feldman, PhD, Director of Psychiatry Programs in Public Safety, Department of Psychiatry**
2. Defining characteristics
  - a. The population of primary interest for this team is: **Veterans/Members of the military and their families**
  - b. The health issue affecting this population on which this team will focus is: **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 to visit veterans service agencies, hospitals, outpatient clinics, wellness programs**
  - d. Primary student activities: **meet veterans and their families, meet and learn from clinicians, service providers and veterans, learn about and visit the health systems and resources serving veterans and their families, learn about military culture, learn about federal and state policies and innovative strategies responding to the needs of this population.**
  - e. Specific logistical details e.g. housing, transportation, etc.: **transportation is required. Students can carpool and the schedule will be available in advance. There is no reimbursement for travel. School van may be used for some sessions.**
  - f. Maximum number of students on team: **6**
  - 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 Bedford 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**

## Veterans/military health issues

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- j. Do students need to be highly self-directed or are activities largely pre-scheduled: **Pre-scheduled.**
- k. Possible types of service projects: **Flu clinic at Veterans, Inc.**

### 3. Resources:

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

Students can see last year's team poster at:

<http://umassmed.edu/PageFiles/43715/Veteran's%20Health%20Final%20Poster.pdf>

# Worcester Department of Public Health

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1. Team faculty:

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](mailto:Jill.Terrien@umassmed.edu)

Phone: (w): 508-856-6622 (c): 508-751-9170

b. Community faculty:

Derek Brindisi, MPA, RS Director

25 Meade St. Worcester, MA 01610

[BrindisiD@worcesterma.gov](mailto:BrindisiD@worcesterma.gov)

Phone: (w) 508-799-8471 (c): 508-439-9880

Academic Health Department Coordinator TBA

2. Defining characteristics

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

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

Students will receive an overview of the Division's work and key public health concepts. Their work will be structured around 2 ongoing initiatives within the Division's Office of Community Health 1) the Greater Worcester Community Health Improvement Plan (CHIP) and 2) the Prevention and Wellness Trust Fund.

These community-based efforts are aimed at improving the health of the community through primary and secondary prevention efforts in the areas of: healthy eating/active living, behavioral health, access to primary care, violence/injury prevention, health equity, hypertension, pediatric asthma, and senior falls.

Students will work with WDPH staff to complete a project relating these efforts which may include: data collection and/or analysis, literature review, program planning etc. Given the short time frame and the ongoing nature of these efforts, faculty and the team will identify a component of either the CHIP or the Trust Fund for which the students can take full responsibility for at the outset of the clerkship.

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:

## Worcester Department of Public Health

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Potential sessions will include: shadowing routine food/housing inspections, visiting Direct Observed Therapy (TB) patients with the public health nurses, conducting home assessments for pediatric asthma patients with community health workers, and volunteering at flu clinics and the Worcester Senior Health Fair. Joint sessions will be held with the Violence and Injury prevention group as they relate to Domain 4 of the CHIP.

- 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/ocm/public-health/greater-worcester-chip>

Students can see last year's team poster at: [http://umassmed.edu/PageFiles/43715/DPH\\_PHC2013Poster.pdf](http://umassmed.edu/PageFiles/43715/DPH_PHC2013Poster.pdf)



# Worcester's places and faces: Family Health Center Worcester

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## 2014 UMMS/ GSN Population Health Clerkship

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

Students can see last year's team poster at:

[http://umassmed.edu/PageFiles/43715/FHCW\\_Referral%20Project%20Poster%20FINAL.pdf](http://umassmed.edu/PageFiles/43715/FHCW_Referral%20Project%20Poster%20FINAL.pdf)

# Worcester Head Start program

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## 2014 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Worcester Head Start Program
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Leanne Winchester
  - b. Community faculty: Mary Ann Rollings
3. Defining characteristics
  - a. The population of focus for this team is: preschool children ages 2.9 to 5 years
  - b. The health issue affecting this population on which this team will focus is: screening and assessment of early growth and development; developmental delays and medical care plans
  - c. The primary sites and locations at which the team will spend their time are: Worcester Head Start
  - d. Primary student activities include: health screenings, family and community engagement
  - e. Specific logistical details, e.g. housing, transportation, etc. include: Transportation to and from the Head Start programs
  - f. Maximum number of students on team: 5
  - g. Typical hours, including any weekends or evenings: 8am – 2pm M-F
  - h. Typical daily travel distance (round trip): 8-10 miles
  - i. The different types of professions that are part of the student experience include: registered nurse, registered dietician, OT/PT, speech and language specialist, mental health specialist, family advocates/ social workers, early childhood educators,
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Prescheduled
  - k. Possible micro-service projects are: health screenings, health education
4. Resources:
  - a. Web resources relevant for this population and/or health issue:  
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>
  - b. Links to relevant agency reports: <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/parent-and-family-support/>
  - c. <http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-w-all.pdf>
  - d. <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/btt>
  - e. <http://www.naeyc.org/yc/>

Students can see last year's team poster at:

[http://umassmed.edu/PageFiles/43715/HeadStart2013\\_Poster.pdf](http://umassmed.edu/PageFiles/43715/HeadStart2013_Poster.pdf)

# YWCA Central MA community worker challenges

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## 2014 UMMS/ GSN Population Health Clerkship

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1. Clerkship Name: YWCA Central Massachusetts Community Worker Challenge Study
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
  - a. Academic faculty: Heather-Lyn Haley PhD
  - b. Community faculty: YWCA Central Massachusetts, 1 Salem Square, Worcester, MA 01608
    - i. Patty Flanagan, Director of Health Promotion Services, [pflanagan@ywcacentralmass.org](mailto:pflanagan@ywcacentralmass.org)  
Phone Extension: 3021
    - ii. Amarely Gutierrez, Director of Domestic Violence Services, [agutierrez@ywcacentralmass.org](mailto:agutierrez@ywcacentralmass.org) Phone Extension: 3014
    - iii. Aly Whalen, Director of Women's Economic Empowerment, [awhalen@ywcacentralmass.org](mailto:awhalen@ywcacentralmass.org) Phone Extension: 3028
    - iv. Darlene Belliveau, Director of Early Education and Care, [dbelliveau@ywcacentralmass.org](mailto:dbelliveau@ywcacentralmass.org) Phone Extension: 3031
3. Learning objectives
  - a. Student learning objectives: Gain understanding of challenges faced by both the populations served by YWCA programs, and those of the staff who directly serve these populations.
  - b. Community service objectives: Evaluate correlations between client challenges and staff concerns.
  - a. Initial meeting time, place: YWCA Central Massachusetts, 9:00 a.m. October 20, 2014
  - b. Daily expectations - time and place, supervision and activities, Monday through Friday 9:00-5:00; there may be some necessary variations.
4. Defining characteristics
  - a. The population of focus for this team is: Program Staff, working in YWCA program areas, including Domestic Violence, Health and Wellness, Residence, Young Parents, and Early Education and Care
  - b. The health issue affecting this population on which this team will focus is: To identify and evaluate the correlation between client challenges, needs and concerns, and staff workload, stress, mental/physical health, burnout, etc. Ideally, the project will also include an evaluation and comparison of staff pay rates across the state.
  - c. The primary sites and locations at which the team will spend their time are: YWCA Central Massachusetts, 1 Salem Square, Worcester
  - d. Primary student activities include: The Student Team will interview and observe program participants and/or parents, as well as direct service staff to gain a clear picture of challenges to the populations served by YWCA programs, and the particular physical, mental and emotional challenges faced by direct service staff members.
  - e. Specific logistical details, e.g. housing, transportation, etc. include: YWCA is located in downtown Worcester; however there may be a need to travel to the Fitchburg/Leominster area.
  - f. Maximum number of students on team: PHC Planning Group may decide.
  - g. Typical hours, including any weekends or evenings: 9-5 Monday through Friday
  - h. Typical daily travel distance (round trip): 2 miles

## YWCA Central MA community worker challenges

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- i. The different types of professions that are part of the student experience include: Health and Wellness, Early Education and Care Teachers and Assistants, Domestic Violence Workers, Teachers, Mentors and Case Workers in Young Parent and other programs.
  - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Students need to be self-directed, after a period of orientation and planning.
  - j. Possible micro-service projects are: Comparative study of staff pay rates for similar positions at other agencies and businesses within Massachusetts. This may include a geographic focus, as a way of determining variations in pay rate between different areas of the state.
5. Resources:
- a. Web resources relevant for this population and/or health issue:  
<http://www.annualreviews.org/doi/pdf/10.1146/annurev.soc.31.041304.122317>
  - b. Links to relevant agency reports: [www.ywcacentralmass.org](http://www.ywcacentralmass.org)