

2015 Population Health Clerkship Teams

Team Title:	Location	summary	Pg.
1. Adolescent sexual health education	Barre	The purpose of this clerkship is to expand on our outreach to the regional high school and enhance our “Girl Talk” curriculum, and develop an outreach program for adolescent males in our community.	4
2. Adults with Intellectual Disability: Community living and health care experiences	Worcester	This clerkship includes clinical and community experiences focused on people with intellectual disability. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, and the role of the physician in the person's circle of supports.	5
3. Asthma Initiative in Southern Worcester County, Stage Two: Patient Education	Southbridge	Students will learn about the approach to asthma management being used in clinical settings, and assist in development of patient education materials.	7
4. Clinton Hospital: meeting patient needs close to home	Clinton	Collect secondary data to characterize and describe the population (14,000) of Clinton, MA as well as of those 1000 residents who travel to Edward M Kennedy CHC to obtain care. Hold focus groups with these residents; develop suggestions for how Clinton Hospital can meet their needs.	9
5. Complementary and Integrative Health	Worcester	The purpose of this population health clerkship experience is to introduce students to different complementary medicine modalities incorporated into UMass Programs (e.g., within Psychiatry, Pediatrics, Cancer Center, etc.), as well as community CAM resources that are available to support patient and staff wellness.	10
6. Correctional health	Worcester	The population of focus for this team is: Individuals incarcerated in the Mass State Prisons. The health issues affecting this population on which this team will focus are: Substance Abuse, Mental Health, HCV, HIV, other chronic medical conditions.	13
7. Creating a “people-centered” approach to health care and population health: Advocating for patients and families in Health System Transformation	Worcester	This clerkship will provide students with a structured opportunity to engage with patients, consumer advocates, and health system and public policy leaders in Massachusetts to gain a better understanding of the opportunities and challenges related to integrating the consumer perspective in health system transformation and promoting population health.	14
8. Geriatrics: Fall prevention for older adults	Worcester	Students will gain an in-depth understanding of the causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives, from geriatric care providers and advocates. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings in the Worcester area.	16
9. Health care for the homeless	Worcester	We will accept 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.	19
10. Hector Reyes House: Serving the needs of Latino men	Worcester	These two weeks will be spent in discovery. We will focus on addiction and the Latino community. 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 the barriers are and why these barriers exist.	22

11. How do I feed my family tonight? Food, health and access within our community	Worcester	Faculty will guide students through the process of conducting a community assessment and share available resources that provide population metrics. Students will work as detectives to come up with the best way, in their eyes, to characterize the population at risk for experiencing food insecurity.	23
12. Incarcerated and urban working poor (Lemuel Shattuck Hospital)	Jamaica Plain	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. A patient will be longitudinally followed from each of the above-mentioned perspectives. The medical student will work with medical providers, social workers, psychologists and addiction specialists in a team-based patient care model.	27
13. Injury prevention: Programs to prevent injury from trauma in all age groups	Worcester	Our Clerkship curriculum is a representation of all of the programs from the Injury Prevention Department as well as a number of themed days when students will have the opportunity to meet with many of the community partners we collaborate with such as the Worcester Police Department/gang unit, the Worcester Juvenile Court System and the District Attorney's office and South High.	33
14. Language Access at Lowell Community Health Center	Lowell	Lowell Community Health Center's GSN Population Clerkship will provide the opportunity for students to focus on identifying ways to improve linguistic access utilizing various performance improvement methodologies. As a result, students will be able to define steps to providing appropriate linguistic access, research and recommend strategies to improve the current language access system and present findings and recommendations to Lowell CHC's Language Access Systems Improvement Team (LASIT).	35
15. Latinos living with HIV in Lawrence	Lawrence	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.	37
16. Living with a disability	Worcester	Students will meet individuals with disabilities and professionals in community-based and clinical settings to learn about providing quality health care, assistive technology, sexuality, and community supports that enable them to lead full lives. Past responses have been very positive. Typical comments include, "I have had more positive exposure to people with disabilities than I have in my whole life and "I now feel much more comfortable and self-assured."	39
17. Medical-legal partnerships for health	Worcester	Students will explore the use of medical-legal partnerships to improve health by addressing social determinants. They will explore services provided and how these are promoted in the local and health care communities.	41
18. Meeting the needs of the LGBT Community in Worcester	Worcester	Students will investigate what health services are currently available and welcoming to Worcester's LGBT population. There is a sense that a need for transgender & LGBT-sensitive and appropriate health care exists here in the city – can we find evidence?	42
19. Parenting & family stability	Worcester	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	44

		<p>family (both parents and children)</p> <ul style="list-style-type: none"> • Negative parent-child interaction (consequences on both children and parents) • Lack of early medical care 	
20. Racism and Health	Worcester	This team will focus on the healthcare experiences of people of color in the city of Worcester. We will explore what is known about disparities in local provision of care, and learn about what is being done to address these disparities. Service project will include organizing a community conversation on Racism and Health.	47
21. Rainbow of Healthy Babies: Worcester Healthy Baby Collaborative	Worcester	Students will explore culturally-specific approaches to prenatal and newborn care, familiarizing themselves with programs designed for use with African women and working toward adaptation for use with other populations	48
22. Refugee Health	Worcester	Worcester is home to many resettled refugees. Students will learn about the mix of folks resettling in the Worcester area, the resources available to them, and their health concerns on arrival as well as during and following the resettlement process.	49
23. Veterans' health	Worcester	Who is a veteran? What healthcare needs are unique to veterans and why? Who gets healthcare at the VA? What should all clinicians know about caring for veterans and their families? Hear the answers from veterans and those who care for them during this informative, reflective, and powerful clerkship.	50
24. Worcester Division of Public Health	Worcester	This clerkship focuses on the health and wellness of the residents in the city of Worcester and surrounding Central MA Regional Public Health Alliance towns. Programs, projects and efforts focused on prevention of disease and wellness will be addressed.	52
25. Worcester Head Start Program	Worcester	Students will be introduced to the federal Head Start program and the fundamental role of the health and education programs to assess, screen, and refer children at risk of developmental delays. Students will be introduced to the role of community partners to promote optimal childhood growth and development.	54
26. Worcester's faces and places: Family Health Center Worcester	Worcester	Students will learn about the populations served in the community health center environment and the ways in which CHCs provide care.	56
27. YWCA Central MA community care challenges	Worcester	Gain understanding of challenges faced by both the populations served by YWCA programs, and those of the staff who directly serve these populations.	57

2015 UMMS/ GSN Population Health Clerkship
Adolescent Sexual Health in Barre, MA

1. **Brief summary description (50 words or less):**
 - a. **The purpose of this clerkship is to expand on our outreach to the regional high school and enhance our “Girl Talk” curriculum, and develop an outreach program for adolescent males in our community.**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
 - i. Kosta Deligiannidis, MD, MPH, FAAFP;
 - ii. Cynthia Jeremiah, MD;
 - iii. Kimberly Sikule, MD, PGY-3
 - b. Community faculty:
3. Defining characteristics
 - a. The population of focus for this team is:
 - i. adolescent girls and boys in the Quabbin Regional School District
 - b. The health issue affecting this population on which this team will focus is:
 - i. Sexual health
 - c. The primary sites and locations at which the team will spend their time are:
 - i. Barre Family Health Center
 - ii. Quabbin Regional High School
 - d. Primary student activities include:
 - i. Participating in Girl Talk small groups
 - ii. Getting feedback re: Girl Talk and health center outreach (from adolescent females and their parents)
 - iii. Gathering feedback (via survey, focus groups, etc) to create an outreach program for adolescent males
 - e. Specific logistical details, e.g. housing, transportation, etc. include:
 - i. It may be beneficial to arrange for carpooling.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: General start time will be between 8-9 am, and end time will be between 4-5 pm. No weekend hours, but we may involve students in a Girl Talk class on Wednesday evenings.
 - h. Typical daily travel distance : From Worcester to Barre (round trip): approx. 46 miles.
 - i. The different types of professions that are part of the student experience include:
 - i. Medical professionals, Health teachers, High school nurse, Sports coaches
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
 - i. Highly self-directed
 - k. Possible micro-service projects are:
 - i. Creation of outreach program targeting adolescent males, that will then continue with the input of the health center’s residents.
4. Resources:
 - a. Web resources relevant for this population and/or health issue:
 - i. <http://www.advocatesforyouth.org>

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Adults with Intellectual Disability: Community living and Health Care experiences.
2. **Brief summary description (50 words or less):**

This clerkship includes clinical and community experiences focused on people with intellectual disability. Students will learn about health disparities affecting this population, conditions that are more prevalent, services and supports that currently exist, and the role of the physician in the person's circle of supports.
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Alixe Bonardi, MHA, OTR/L alexandra.bonardi@umassmed.edu; Emily Lauer, MPH emily.lauer@umassmed.edu
 - b. Community faculty: Pat Cerrone (Seven Hills)
4. Defining characteristics
 - a. The population of focus for this team is: Adults with Intellectual Disabilities and Developmental Disabilities
 - b. The health issue affecting this population on which this team will focus is:

Students will have the opportunity to understand the unique issues related to caring for adults with intellectual disability - a population that experiences significant disparities in preventive screenings and health outcomes.
 - c. The primary sites and locations at which the team will spend their time are: Students will travel primarily in the greater Worcester area. Visits to Shriver Center in Boston (Charlestown), Wrentham, Marlborough, and possibly Boston (statehouse) are also planned.
 - d. Primary student activities include:

Students will spend time at state and private community agencies that provide health and social service for this population. Activities will allow students to examine the impact of state and federal policy on health issues, and to spend time with people with intellectual disability in community based settings. Participation in a Special Olympics senior athlete event (if scheduling allows) and interaction with Special Olympics athletes will be included in the clerkship. Students will participate in a one-day state leadership meeting, learning about state efforts to enhance the lives of people with intellectual disability.

Students will also accompany an adult to a medical encounter (a day in the life experience) and observe a specialized geriatric screening clinic.
 - e. Specific logistical details, e.g. housing, transportation, etc. include: Students will need to provide their own transportation to the specified sites. Car-pooling is strongly recommended.
 - f. Maximum number of students on team: 5
 - g. Typical hours, including any weekends or evenings: There may be an opportunity to participate in a weekend (Saturday) Special Olympics event in place of scheduled activity during a week day.
 - h. Typical daily travel distance (round trip): From Worcester, we will travel one day to Wrentham (80 mi), two trips to Charlestown (90 mi and possibly one trip to Boston (90 mi). Most activities are scheduled in the Worcester area.

- i.
- j. The different types of professions that are part of the student experience include: Students will interface with a range of highly experienced professionals including physicians, nurses, occupational therapists, physical therapists, speech therapists, psychologists, and psychiatrists. They will also have the opportunity to interact with adults with intellectual disabilities, their families, and their support providers.

j. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities (interviews/meetings) are pre-scheduled, but students are expected to be self-directed in their ability to make the best use of time in the community. This includes planning for questions to ask direct support providers during visits to day programs and engaging with adults with intellectual disability. Academic faculty members are present at some but not all activities.

- k. Possible micro-service projects are:
 - i. Assisting at Special Olympics event.
 - ii. Assisting at state-wide leadership conference.
 - iii. Presenting health promotion content to day program participants and staff.

5. Resources:

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

http://www.alphaonenow.com/story.php?news_id=4248

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

- b. Links to relevant agency reports:

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

c. *Journal articles:*

Krahn, G. L., Hammond, L. and Turner, A. (2006), A cascade of disparities: Health and health care access for people with intellectual disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*, 12: 70–82. doi: 10.1002/mrdd.20098 (This was the foundational article - there have been more recent publications you can also review, building from this reference).

1. Clerkship Name: Asthma Initiative in Southern Worcester County, Stage Two: Patient Education
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
508-765-0292, rweber@kdc.org, 486 Worcester St., Southbridge, MA 01550

Thomas Trask, Executive Director of Physician Services
Harrington Hospital, 508-765-9771, ttrask@harringtonhospital.org,
100 South St. , Southbridge, MA 01550

Janine Mitchell, Health Educator, Voices With Choices, YOU Inc.
508-765-9101, mitchelli@youinc.org, 328 Main St. , Southbridge, MA 01550

Jasmin Rivas, Program Director, Voices with Choices, YOU Inc.
508-765-9101, rivasj@youinc.org , 328 Main St., Southbridge, MA 01550

Stacey Tucker, Program Director , South Central WIC, 508-765-0139
stucker@harringtonhospital.org , 61 Pine St., Southbridge, MA 01550

Danielle Pettiford, Clinical Supervisor, South Bay Mental Health
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Elizabeth Sheldon, DOR Child Support Enforcement Division
508-792-7300, Sheldon@dor.state.ma.us,
67 Millbrook St., Suite 300, Worcester, MA 01606-2844

Danielle Morrow, Coordinator , South County Community Partnership
508-987-6050, ext. 1123; dmorrow@oxps.org , 4 Maple Rd., Oxford, MA 01540

Shelley Yarnie, Regional Director, Massachusetts Department of Public Health
508-792-7880, ext 2168, 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, 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:
On the recommendation of last year's team, this year students will develop a patient education product.

Stage One activity included: 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)

- 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** (preferred 2015), 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
Harrington Hospital Health Needs Assessment Survey. (2014).
http://www.harringtonhospital.org/for_patients/health_assessment_survey
HNA Final Report. (2014).
http://www.harringtonhospital.org/pdfs/community_support/Final_Report_011314.pdf
HNA Secondary Data Report. (2014).
http://www.harringtonhospital.org/pdfs/for_patients/Secondary_Data_Final_2014.pdf
HNA Focus Group Report. (2014).
http://www.harringtonhospital.org/pdfs/for_patients/Focus_Group_Final_2014.pdf

2015 UMMS/ GSN Population Health Clerkship
Clinton Hospital: meeting patient needs close to home

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

Collect secondary data to characterize and describe the population (14,000) of Clinton, MA as well as of those 1000 residents who travel to Edward M Kennedy CHC to obtain care. Hold focus groups with these residents; develop suggestions for how Clinton Hospital can meet their needs.

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

- a. Academic faculty: Suzanne Cashman
- b. Community faculty: Sheila Daly

3. Defining characteristics

- a. The population of focus for this team is: The people of Clinton, MA who travel to Edward M Kennedy Community Health Center for care.
- b. The health issue affecting this population on which this team will focus is: Access and meeting health care needs.
- c. The primary sites and locations at which the team will spend their time are: Clinton, MA; Clinton Hospital and possibly EMKCHC
- d. Primary student activities include: Collecting and analyzing secondary data; holding several focus groups; analyzing focus group data
- e. Specific logistical details, e.g. housing, transportation, etc. include: Travel to Clinton, MA.
- f. Maximum number of students on team: 4
- g. Typical hours, including any weekends or evenings: Weekdays with a possible weekend day and/or evening
- h. Typical daily travel distance (round trip):
- i. The different types of professions that are part of the student experience include: Physician, nurse, interpreter, outreach worker
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Self-directed
- k. Possible micro-service projects are: Completing an analysis of the focus group data and developing suggestions for how Clinton Hospital might meet the needs of Clinton residents, esp those who currently travel into Worcester for outpatient care.

4. Resources:

- a. Web resources relevant for this population and/or health issue:
Town of Clinton website: www.clintonma.gov
Clinton Hospital: <http://www.umassmemorialhealthcare.org/clinton-hospital>
EMKennedy Community Health Center: <http://www.kennedychc.org/>
- b. Links to relevant agency reports: na

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Complementary and Integrative Health (also known as, CAM, complementary medicine)
2. Brief summary description: The purpose of this population health clerkship experience is to introduce students to different complementary medicine modalities incorporated into UMass Programs (e.g., within Psychiatry, Pediatrics, Cancer Center, etc.), as well as community CAM resources that are available to support patient and staff wellness.
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
Mary Ahn, MD
Director, Career Development and Research Office
Director, Child and Adolescent Psychiatry Training
Department of Psychiatry, University of Massachusetts Medical School
55 Lake Avenue North, Worcester, MA 01655
508-334-3872
Mary.Ahn@umassmed.edu
 - b. Clerkship Coordinator:
Barbara Grimes-Smith, MPH
Program Director
Wellness Initiative & Central MA Tobacco-Free Community Partnership
Department of Psychiatry, University of Massachusetts Medical School
55 Lake Avenue North, Worcester, MA 01655
(508) 856-8786
Barbara.Grimes-Smith@umassmed.edu
4. Defining characteristics
 - a. The population of focus for this team is: Citizens of Worcester County, Central MA
 - b. The health issue affecting this population on which this team will focus is: Supporting overall wellness at different stages of life.
 - c. The primary sites and locations at which the team will spend their time are: Multiple Central MA sites including, UMass, Family Health Center, Community Healthlink, Simonds Hurd Complementary Care Center, etc.
 - d. Primary student activities include: Site visits, discussions with CAM practitioners, literature review.
 - e. Specific logistical details, e.g. housing, transportation, etc. include: Student-provided.
 - f. Maximum number of students on team: 7-8 students.
 - g. Typical hours, including any weekends or evenings: Typical work days with a few possible evenings.
 - h. Typical daily travel distance (round trip): primarily local, with possible trip to Fitchburg.
 - i. The different types of professions that are part of the student experience include: Physicians, nurses, mental health providers, public health, CAM practitioners.
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
Combination of both.

- k. Possible micro-service projects are:
 - i. Catalog UMass CAM resources (what programs are already incorporating into the care they provide).
 - ii. Develop a resource list for health professionals to give to their patients (including the national credentialing bodies for different CAM modalities and how someone would find a credentialed practitioner off of their websites).
 - iii. Begin developing a brochure for Psychiatry patients on different CAM modalities that may be helpful in their recovery.

5. Resources:

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

- b. Links to relevant agency reports: NA

What they will be doing:

- Engaging in discussions with CAM practitioners.
- Participate in /observe CAM modalities (yoga, meditation, pet therapy, etc.).
- Literature review /Natural Medicine website review (formerly Natural Standard).
- Catalog UMass CAM resources.
- Develop a resource list for health professionals to give to their patients.
- Begin developing a brochure for Psychiatry patients on different CAM modalities that support recovery.

Learning Objectives:

The Clerkship is designed to help you:

- Describe different CAM modalities and how they support wellness.
- Discuss CAM modalities and how they are integrated into a medical setting.
- Analyze different CAM modalities.
- List UMass CAM resources available to patients.
- Compile a CAM resource list for health professionals to give to their patients.
- Create a CAM brochure for psychiatry patients.

Based on the Clerkship experiences I am able to:

- Describe at least 2 CAM approaches and how they support wellness.
- Explain how 2 CAM modalities can be integrated into a medical setting.
- Utilize at least 1 CAM modality in my future practice.
- List CAM resources available to UMass patients.
- Provide a CAM resource list to health professionals to give to their patients.

- Provide a CAM brochure to psychiatry patients.

Sample Activities- Schedule to be arranged

Participate in / observe UMass activities:

- Kundalini yoga- Thursday 4-5 p.m., Ambulatory Psychiatry, Queen Street, Worcester
- Meet with Hari Kirin Kaur Khalsa to discuss bedside yoga
- Meditation- psychiatry program/Center for Mindfulness
- Thursday Wellness Class- ACC Building
- Pet Therapy- Community Healthlink, Pediatrics, WRCH (adolescent unit)
- Reiki

Observe /discussions with UMass MD's and RD's practitioners

- Melissa Rathmell, MD (visualization, hypnosis, acupuncture, herbs)
- Suzanna Makowski, MD (Palliative Care)
- Center for Applied Nutrition, Preventive & Behavioral Medicine
- Doug Ziedonis, MD (Department of Psychiatry)

Community Field Trips in Central MA

- Heartwell Center
- Simonds Hurd Complementary Care Center
- UMass Mindfulness Center
- Ivy Child

2015 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.
 - b. Other faculty: Tom Groblewski, DO Assistant Professor Ayesha Hameed, MD, Lecturer, Rebecca Lubelzyk, MD, Associate Professor; Hugh Silk, MD; Janet Hale, PhD, RN, CS, FNP
3. 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: 6
 - 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.

1. Clerkship Name:

Creating a “people-centered” approach to health care and population health: Advocating for patients and families in Health System Transformation

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

This clerkship will provide students with a structured opportunity to engage with patients, consumer advocates, and health system and public policy leaders in Massachusetts to gain a better understanding of the opportunities and challenges related to integrating the consumer perspective in health system transformation and promoting population health.

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

a. Academic faculty:

i. **Jay Himmelstein, MD, MPH**, Professor, Family Medicine and Community Health and Quantitative Health Sciences, Chief Health Policy Strategist, Center for Health Policy and Research, 508.856.3284, 333 South Street, Shrewsbury, MA 01545; jay.himmelstein@umassmed.edu

ii. **Michael Chin, MD**, Health Policy Associate, Office of Health Policy & Technology; Co-Director, International Medical Education Program; Assistant Professor, Department of Family Medicine & Community Health; 508.856.1894, 333 South Street, Shrewsbury, MA 01545; Michael.chin@umassmed.edu

b. Community faculty:

During the two week field experience the students will meet with patients and advocates working to improve health system responsiveness to consumer needs, health system leaders, and Massachusetts health policy and political leaders responsible for health system oversight.

4. Defining characteristics

a. The population of focus for this team is:

i. Middle and low income Massachusetts individuals and families who face challenges in accessing, understanding and paying for health care

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

i. Access, quality and cost of health care/Intersection between health care and public health.

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

i. **Boston and Worcester: variety of locations**

d. Primary student activities include: meeting with patients and families, community activists, health system and public health leaders. Additional independent research will be required for development of a team presentation of project and poster.

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

i. **Students will need to have/arrange for transportation to various offsite locations (Worcester/Boston)**

f. Maximum number of students on team: **8**

g. Typical hours, including any weekends or evenings:

i. **8-5pm, weekdays for two weeks**

h. Typical daily travel distance (round trip):

i. **56 miles 3x a week to Boston (approx.)**

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

i. **Medical doctors, health policymakers, health care system and insurance leaders**

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

- i. Approximately 60% of time is pre-scheduled with time available for self-directed research.
 - k. Possible micro-service projects are:
 - o Develop an educational video explaining payment reform efforts in Massachusetts to medical students, physicians, and health care professionals
 - o Develop informational materials for consumers who are dealing with issues of affordability, lack of insurance or underinsurance
 - o Develop case studies of individuals and families that illustrate current challenges that they face with regards to economic insecurity due to health care costs
 - o Develop policy proposals that incorporate population health promotion into cost containment and payment reform efforts
- 5. Resources:
 - a. Web resources relevant for this population and/or health issue:
 - i. www.communitycatalyst.org
 - ii. www.hcfama.org
 - iii. Others to be added
 - b. Links to relevant agency reports:
 - i. [The Path to a People-Centered Health System: Next Generation Consumer Health Advocacy](#)
 - ii. Others to be added

1. Clerkship Name: **Geriatrics – Fall Prevention for Older Adults**
2. Brief summary description (50 words or less):
Geriatrics – Fall Prevention for Older Adults
Students will gain an in-depth understanding of the causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives, from geriatric care providers and advocates. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings in the Worcester area.
3. Team faculty:
 - a. Academic faculty:

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 - b. Community faculty:

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Jennifer (Jenn) Knight

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(508) 756-1545 x318

4. Defining characteristics

- a. The population of focus for this team is:
Older Adults in the greater Worcester area
- b. The health issue affecting this population on which this team will focus is:
Fall prevention/fall risk assessment
- c. The primary sites and locations at which the team will spend their time are:
A variety of care settings for older adults in the city of Worcester and surrounding area, as well as home visits. Site visits will include Elder Services of Worcester Area, the Worcester Senior Center, and may also include visits to adult day programs, an assisted living facility, nursing home, rehabilitation center, and a multicultural social service center. Home visits with case managers and nurses, as well as opportunities to shadow a geriatrician and/or geriatric nurse practitioner, are also planned.
- d. Primary student activities include:
Meet and interact with older adults, care providers, and leaders and staff from community agencies serving older adults to gain a broad perspective on the causes and impact of falls. Students will learn and practice fall risk assessment techniques. Students will also participate in the annual Senior Health & Safety Fair at the Worcester Senior Center.
- e. Specific logistical details, e.g. housing, transportation, etc. include:
A car or carpool is necessary for local travel in Worcester and the surrounding communities.
- f. Maximum number of students on team: **4**
- g. Typical hours, including any weekends or evenings:
Generally 9-5. Depending on opportunities available at some sites, activities may begin or end beyond these hours. Start and ending times may result in shorter days. No weekends or evenings. A schedule will be available in advance.
- h. Typical daily travel distance (round trip):
Typically less than 10 miles per day
- i. The different types of professions that are part of the student experience include:
Geriatricians, Nurse Practitioners, Nurses, Social Workers, Case Managers, Case Workers, Physical and Occupational Therapists, Community Educators, Advocates
- j. Do students need to be highly self-directed or are activities largely pre-scheduled?
Activities are largely pre-scheduled; however self-direction will be needed to arrive promptly at various locations throughout Worcester.
- k. Possible micro-service projects are:

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

5. Resources:

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

- [Elder Services of Worcester Area](#)
- [City of Worcester, Division of Elder Affairs](#) (Worcester Senior Center)
- [Central Mass Area Agency on Aging](#)
- [Massachusetts Council on Aging](#)
- [800 Age Info](#) (for Massachusetts Elders & Their Families)
- [Pharmacy Outreach and Drug Information Programs](#) (Mass College of Pharmacy and Health Sciences)
- [Healthy Living Center of Excellence](#) (Lawrence, MA)
- [U.S. Administration on Aging](#)
- [Centers of Medicare and Medicaid Services](#)
- [Centers for Disease Control and Prevention](#)
- [National Council on Aging](#)
- [The National Institute on Aging](#)
- [The American Geriatrics Society](#)
- [Alzheimer's Association](#)
- [American Physical Therapy Association](#)
- [Falls and Older Adults](#)
- [Iowa Geriatric Education Center](#)
- [What Causes Falls in the Elderly? How Can I Prevent a Fall?](#)
- [Prevention of Falls in Older Persons - Summary of Recommendations](#)
- [Falls Free: Promoting a National Falls Prevention Action Plan \(2005\)](#)
- [Jordan Liebhaber Scholarship](#)

b. Links to relevant agency reports:

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

2015 UMMS / GSN Population Health Clerkship

Healthcare for the Homeless

Team faculty: Erik Garcia MD
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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 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
- 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>

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

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LAHA: 508.459.1801

These two weeks will be spent in discovery. We will focus on addiction and the Latino community. 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 the barriers are and why these barriers exist.

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

2014 UMMS/ GSN Population Health Clerkship
Team Development Template

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:

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 - 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, 2nd floor (UMass University Campus)
 - Distribution Theme:

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

- Culinary Lab: Shaw Building on UMass University Campus, Test Kitchen (2nd floor)
 - REC: Mobile Farmer’s Market (various sites throughout Worcester)
 - UMass Extension SNAP-Ed (237 Chandler St, Worcester)
 - Food Demo at Farmers Market (**Saturday** October 24, 2015 at Fuller Family Park, adjacent to Worcester YMCA). Time for this year’s event will yet to be announced, but likely 9:30am - 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, and service-project with Cooking Matters and REC Mobile Farmers Market.
 - 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 Farmers Market at various sites during the second week of the clerkship. Students will conduct a “photo booth” needs assessment at each REC Mobile Market Site as well as at Main South Farmers Market with Cooking Matters. Students will also have the opportunity to visit a hunger-relief farm and help out with farm chores during this clerkship.
 - Main Project:
 - Cooking Demo: Students work in teams of 2. Their challenge will be to utilize Cooking Matters recipes to create a healthy, budget-friendly meal demos for the Main South Farmers Market in Worcester. 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 Main South FM in Worcester on Saturday October 24th. Students will be teaming up with Cooking Matters to put on this booth.
 - “Photo Booth” Needs Assessment: Students will partner with REC Mobile Market and Cooking Matters to put on several photo booth needs assessments. A photo booth is a fun and fast way to collect opinions on a range of issues from the public. REC and Cooking Matters will identify topics that they want addressed (ex. health priorities,

quality improvement, food access, opinions on Food Hub, etc.). Students will then use these topics to craft questions for the public. Participants write their answers on small white boards and get their picture taken. Students will analyze answers for major themes.

- 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. May include a trip to Boston for Food Day.
- f. Maximum number of students on team: 6 (need an even number of students)
- g. Typical hours, including any weekends or evenings:
IMPORTANT: Food Demo service project will be on Main South Farmers Market on **October 24** (*Saturday, likely 9:00am -2:00pm*). We will be partnering with Cooking Matters to put on a booth (food demos and photo booth needs assessment). This event is held on a **Saturday** and **student attendance is required**. To counterbalance this weekend day work, students will be assigned an independent study day during the last week of the Clerkship. They may work on their final poster preparations during this time.
- h. Typical daily travel distance (round trip):
Students will be commuting to Worcester, Shrewsbury, and North Grafton. Sites are typically *within 15 minutes* of UMass Medical School. Students will also need to attend one Cooking Matters course of their choosing. Some sites are in Worcester and others are farther out (Central Mass or Boston). Choose what works best for you.
- 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 Specialist.
- 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 budget friendly meal demos (they can pick from a huge array of Cooking Matters recipes) to be displayed at a booth at Main South Farmers Market. They will also, with some guidance from faculty, engage the public to determine needs/opinions of the target community via a photo booth needs assessment.

- k. Possible micro-service projects are:

NA

4. Resources:

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

National Health and Nutrition Examination Survey (NHANES):

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

CDC:

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

National Cancer Institute:

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

Behavioral Risk Factor Surveillance System (BRFSS):

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

CDC’s Nutrition Resources for Health Professionals:

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

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

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

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

Feeding America: Map the Meal Gap

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

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

- b. Links to relevant agency reports:

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

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Service Providers:

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Beth Ferguson, PA
Betty Gyamfi, PA

Medical Affiliated Services

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Melbeth Marlang, PA
Theresa Margate, NP

Pulmonary / Tuberculosis (TB) Team

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HIV/Infectious Diseases

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

Ambulatory Care Center

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

Addiction Services

Jennifer C. Malizia LMHC, CADC, LADC-1 (Addiction Services Supervisor)

Other

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

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

Goals and Objectives

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

- Diagnose disease and formulate plans of care specific for 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>

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

III. Supplemental Materials:

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

Patient Assignments

The students will be assigned two patients from 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 (Kara Fitzgerald)

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

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

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Injury Prevention
2. Brief summary description (50 words or less):
Our Clerkship curriculum is a representation of all of the programs from the Injury Prevention Department as well as a number of themed days when students will have the opportunity to meet with many of the community partners we collaborate with such as the Worcester Police Department/gang unit, the Worcester Juvenile Court System and the District Attorney's office and South High.

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

- a. Academic faculty:

Michael P. Hirsh, MD, FACS, FAAP
Surgeon-in-Chief, UMASS Memorial Children's Medical Center (UMMCMC)
Professor of Surgery and Pediatrics
UMASS Medical School (UMMS)
Chief, Division of Pediatric Surgery and Trauma (UMMCMC)
UMASS Memorial Health Care System (UMMHC)
Acting Commissioner of the Worcester Department of Public Health
President, Worcester District Medical Society
Past-President, Injury Free Coalition for Kids (IFCK)
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester (IFCKW)
E-Mail: michael.hirsh@umassmemorial.org
Office: 774-443-2189
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
Office: 774-442-2599, Fax: 774-442-2510, Pager: 2244

Community faculty: Esther Borer CPST
Injury Prevention Coordinator, Injury Prevention Center, UMass Memorial Health Care
55 Lake Ave North, Worcester, MA 01655, Room H3-507
Office # 774-443-8627, Fax # 774-441-6630, Esther.Borer@umassmemorial.org

4. 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. We will also spend a day at South High and the Worcester Juvenile Court.

d. Primary student activities include:
Activities will include Mobile Safety Street events , Teen RIDE events,(this is a Saturday program and will be a mandatory event on October 24th), 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.

f. Maximum number of students on team: Our preference for group size is 6 students

g. Typical hours, including any weekends or evenings: 8-4pm, Saturday, October 24th 7:30am-2pm

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

k. Possible micro-service projects are: On October 28th, the students will host a Senior Health and safety fair at the Worcester Senior Center.

5. Resources:

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

www.injuryfree.org

www.mobilesafetystreet.com

www.umassmemorialhealthcare.org/massd/injurypreventioncenter

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Improvement of Language Access System at a Community Health Center
2. **Brief summary description (50 words or less):**
Lowell Community Health Center's GSN Population Clerkship will provide the opportunity for students to focus on identifying ways to improve linguistic access utilizing various performance improvement methodologies. As a result, students will be able to define steps to providing appropriate linguistic access, research and recommend strategies to improve the current language access system and present findings and recommendations to Lowell CHC's Language Access Systems Improvement Team (LASIT).
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Heather-Lyn Haley & Suzanne Cashman
 - b. Community faculty: Mercy Anampiu, Health Promotion and Education Manager, Carla Caraballo, Language Services Coordinator/CHW, and Sheila Och , Deputy Director.
4. Defining characteristics
 - a. The population of focus for this team is: Lowell Community Health Center staff and patients
 - b. The health issue affecting this population on which this team will focus is: Access to timely and appropriate language services (i.e., medical interpretation)
 - c. The primary sites and locations at which the team will spend their time are: 161 Jackson Street and 135 Jackson Street, Lowell, MA
 - d. Primary student activities include: Review and Revise tools and conduct patient tracers, patient satisfaction surveys and various staff interviews and aggregate and analyze data collected
 - e. Specific logistical details, e.g. housing, transportation, etc. include: N/A
 - f. Maximum number of students on team: Two to three students maximum
 - g. Typical hours, including any weekends or evenings: 8:30am-5:00pm, M-F
 - h. Typical daily travel distance (round trip): N/A
 - i. The different types of professions that are part of the student experience include: Medical doctors, nurse practitioners, behavioral health providers, community health workers, medical interpreters and public health administrators
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Some activities will be pre-scheduled, but students will need to be self-directed within those activities (i.e., patient tracers might be scheduled, but a patient might not show).
 - k. Possible micro-service projects are: Assisting Health Promotion Department with various community health events (i.e., community screenings, health fairs)
5. Resources:
 - a. Web resources relevant for this population and/or health issue:
 - National CLAS Standards:
 - <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>
 - <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
 - Joint Commission Patient Tracer Methodology
 - http://www.jointcommission.org/facts_about_the_tracer_methodology/default.aspx
 - International Medical Interpreters Association – Standards of Practice for Medical Interpreters

- <http://www.imiaweb.org/uploads/pages/102.pdf>
- b. Links to relevant agency reports:
 - i. Relevant policies, procedures, tools and resources will be provided to those students who choose project (via email).

Return to Heather-Lyn.Haley@umassmed.edu by May 22, 2015. Thanks!

Your team should also consider the following topics before the clerkship field experience in the fall:

How objectives will be interpreted for this team

- a. Student learning objectives:*
- b. Community service objectives:*
- c. Service learning objectives:*

Schedule for the two weeks of the clerkship:

- a. Initial meeting time, place*
- b. Daily expectations - time and place, supervision and activities*
- c. Activity to keep students engaged for at least 30 hours per week*

2015 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

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/>

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**
 - b. Community faculty: **A variety of community faculty including persons with disabilities, physicians and nurse practitioners, and other service providers.**
 - c. Brief Summary Description: **Students will meet individuals with disabilities and professionals in community-based and clinical settings to learn about providing quality health care, assistive technology, sexuality, and community supports that enable them to lead full lives. Past responses have been very positive. Typical comments include, "I have had more positive exposure to people with disabilities than I have in my whole life and "I now feel much more comfortable and self-assured."**
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: **Health disparities, secondary conditions and the need for quality health care.**
 - c. The primary sites and locations at which the team will spend their time are: **State and community agencies, the Transition-Age Youth program in the Worcester Public School System, along with clinical settings providing services to persons with disabilities primarily in the Worcester area. There will be some activities in the Boston area as well.**
 - d. Primary student activities: **Students will spend their time at state, school and community organizations that provide disability-related services. In addition, students will spend a day with a person who has a disability and will have other opportunities to hear from individuals with a variety of disabilities. 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 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 one or more 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. Do students need to be highly self-directed or are activities largely pre-scheduled: **Largely pre-scheduled.**
 - k. Possible micro-service projects are:

1) Assisting young adults (ages 18-21) with disabilities in a program for transition-age youth in the Worcester Public Schools to learn about getting their health care needs met.

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

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Medical-legal partnerships for health among vulnerable populations
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
Weayonnoh Nelson-Davies JD, Central West Justice Center
3. Defining characteristics
 - a. The population of focus for this team is: vulnerable populations 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, staff table at senior health fair, educate fellow students
 - e. Specific logistical details, e.g. housing, transportation, etc. includes: transportation for tour provided, otherwise student responsibility
 - f. Maximum number of students on team:4
 - g. Typical hours, including any weekends or evenings: mostly 9-5
 - h. Typical daily travel distance (round trip): one day in Boston possible, 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 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/>;
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>

Public/Private Partnership To Address Housing And Health Care For Children With Asthma
Ted Kremer, Monica Lowell, and Valerie Zolezzi-Wyndham
<http://healthaffairs.org/blog/2015/07/22/publicprivate-partnership-to-address-housing-and-health-care-for-children-with-asthma/>

2014 UMMS/ GSN Population Health Clerkship

1. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:
Heather-Lyn Haley PhD, UMass Worcester, Family Medicine and Community Health
Assistant Professor, Family Medicine and Community Health
Phone: 774-441-6366, Cell 508-471-6405; Heather-Lyn.Haley@umassmed.edu
 - b. Community Faculty: **tbn**

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:
Access to culturally appropriate and relevant care
 - c. The primary sites and locations at which the team will spend their time are:
UMMS, with visits to Family Health Center Worcester, Edward M Kennedy Community Health Center, UMass Memorial, Fenway Community Health Center, AIDS Project Worcester, Safe Homes, and LGBT Asylum Support Task Force.
 - d. Primary student activities: investigate what health services are currently available and welcoming to Worcester's LGBT population. There is a sense that a need for transgender & LGBT-sensitive and appropriate health care exists here in the city – can we find evidence?
 - e. Specific logistical details e.g. housing, transportation, etc.
Most work will occur in and be focused on Worcester. There will be opportunities to explore care options in other MA cities and towns.
 - f. Maximum number of students on team: Four
 - g. Typical hours, including any weekends or evenings: Primarily during 9-5, though some evening hours may be planned.
 - h. Typical daily travel distance (return trip): na
 - 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: Mostly self directed
3. Resources:
 - a. Web resources relevant for this population and/or health issue

American Medical Student Association:

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

American Public Health Association:

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

Gay and Lesbian Medical Association: www.glma.org

GLBT Youth Support Project & OutHealth of Health Imperatives:

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

LGBT Aging Project: www.lgbtagingproject.org

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

b. Links to relevant agency reports

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

Another great place to find reports and reading materials on GLBT health, The National LGBT Health Education Center at The Fenway Institute:

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

:

which includes links to such materials as

- Providing Welcoming Services and Care for LGBT People: A Learning Guide for Health Care Staff
- Do Ask, Do Tell: Talking to your provider about being LGBT
- Why gather data on sexual orientation and gender identity in clinical settings
- How to gather data on sexual orientation and gender identity in clinical settings
- Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities
- Addressing the Needs of LGBT People in Community Health Centers: What the Governing Board Needs to Know
- Promoting Cervical Cancer Screening Among Lesbians and Bisexual Women
- Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff
- Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers
- Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Parenting and Family Stability**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Suzanne Cashman ScD, UMass Med School
 - b. Community faculty: **Sheilah Dooley, Executive Director; Christopher Nelson, Director of Family Support Services, Donna Jaworek, Director of Early Intervention.**
3. Defining characteristics
 - a. The population of focus for this team is:
Low income inner-city population with one of the following risk factors or more:
 - Lack of maternal education
 - Family isolation or lack social support
 - Lack of adequate food or clothing
 - Housing instability (lack of adequate housing)
 - Exposure/involvement with open or confirmed protective service investigation
 - Risk Positive for child abuse/neglect
 - Risk of foster care or other out of home placement
 - Substance abuse in the home
 - Active addiction
 - Domestic violence
 - Parental chronic illness (mental or physical) or developmental disability limiting caregiving ability
 - No prenatal care or late first visit
 - Significant barriers to access health care and other services
 - Smoking
 - b. The health issue affecting this population on which this team will focus is:
The Clerkship team will work on understanding and analyzing the causes of the following issues and their ramifications in relation to family stability:
 - Lack of appropriate parenting and how it reflects on the family (both parents and children)
 - Negative parent-child interaction (consequences on both children and parents)
 - Lack of early medical care
 - Abuse and how it contributes to:
 - 1- decreasing remedial education
 - 2- increasing juvenile offenders
 - 3- decreasing child success in school

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

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

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

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

- Pernet Family Health Service
- Client home-visits

d. Primary student activities include:

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

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

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

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

f. Maximum number of students on team:

A team of 4 students

g. Typical hours, including any weekends or evenings:

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

h. Typical daily travel distance (round trip):

10 – 20 Miles

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

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

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

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

- k. Possible micro-service projects are:

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

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

4. Resources:

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

<http://www.pernetfamilyhealth.org/>
<http://www.pernetfamilyhealth.org/programs.htm>
http://www.pernetfamilyhealth.org/media_materials.htm
<http://www.pernetfamilyhealth.org/affiliates.htm>
<http://www.mass.gov/eohhs/gov/departments/dcf/>

- b. Links to relevant agency reports:

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

2015 UMMS/ GSN Population Health Clerkship
Racism and Health

1. Clerkship Name: Racism and Health
2. **Brief summary description (50 words or less): This team will focus on the healthcare experiences of people of color in the city of Worcester. We will explore what is known about disparities in local provision of care, and learn about what is being done to address these disparities. Service project will include organizing a community conversation on Racism and Health.**
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Heather-Lyn Haley PhD, Chioma Nnaji MPH MEd (tentative)
 - b. Community faculty: Keesha LaTulippe, Marianna Islam, Worcester Partnership for Racial and Ethnic Health Equity
4. Defining characteristics
 - a. The population of focus for this team is: people of color
 - b. The health issue affecting this population on which this team will focus is: racism
 - c. The primary sites and locations at which the team may spend their time include: UMMS, Worcester Department of Public Health, City Hall, Mosaic Cultural Complex, Communities United Collective, Multicultural Wellness Center, YMCA, Barbershop Health network, and others
 - d. Primary student activities include: key informant interviews and small group conversations, examination of local data, planning and hosting community event
 - e. Specific logistical details, e.g. housing, transportation, etc. include: all will be local. Students are expected to participate in person at all scheduled activities during the two weeks. There is potential for some weekend and evening work.
 - f. Maximum number of students on team: 4
 - g. Typical hours, including any weekends or evenings: Varies, to include some evening and weekend hours.
 - h. Typical daily travel distance (round trip): 5 miles
 - i. The different types of professions that are part of the student experience include: racial justice advocates and educators, public health officials, community health center and hospital patients and staff
 - j. Do students need to be highly self-directed / pre-scheduled? Self-directed
 - k. Possible micro-service projects are: developing and leading community conversation on Racism and Health with Worcester Partnership for Racial and Ethnic Health Equity; developing library guide
5. Resources:
 - a. Web resources relevant for this population and/or health issue: <https://www.apha.org/events-and-meetings/webinars/racism-and-health>
 - b. Links to relevant agency reports: "[An Uncomfortable Truth — Our Country's Failure to Address Racism](#)" by Alameda County Health Officer Muntu Davis, MD, MPH
 - c. [A Silent Curriculum](http://jama.jamanetwork.com/article.aspx?articleid=2293299) by KC Brooks- a powerful recent student opinion piece in JAMA: <http://jama.jamanetwork.com/article.aspx?articleid=2293299>

2015 UMMS/ GSN Population Health Clerkship
A Rainbow of Healthy Babies: Worcester Healthy Baby Collaborative

1. Brief summary description (50 words or less): Students will explore culturally-specific approaches to prenatal and newborn care, familiarizing themselves with programs designed for use with African women and working toward adaptation for use with other populations

- Team faculty: Academic faculty: **Heather-Lyn Haley PhD**, assistant professor, UMass Med School, **Sara Shields MD**, family physician, Family Health Center Worcester
- Community faculty: **Shelly Yarnie, MPH**, Regional Director, MA Dept. of Public Health
180 Beaman St., West Boylston, MA 01583, Shelly.yarnie@state.ma.us

2. Defining characteristics

- a. The population of focus for this team is: **women of child-bearing age**
- b. The health issue affecting this population on which this team will focus is: **healthy childbearing (decreasing infant mortality)**
- c. The primary sites and locations at which the team will spend their time are: **Family Health Center, UMMS NICU, UMass Memorial Healthy Start Initiative, March of Dimes, EMK Health Center**
- d. Primary student activities include: **Tour UMMS NICU, Meet and talk to Ghanaian and Latino women/men church groups, visit Ghanaian and Latino market and restaurant to learn about the culture, food and clothing. Attend Ghanaian and/or Latino church service on Sunday.**
- 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? **Self-directed**
- k. Possible micro-service projects are: **Educational workshops, development of educational materials –**

library guide on culturally-relevant prenatal care and resources

3. Resources:

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

5. Working Hard- Woman Self- Care Practices in Ghana *Health Care for Women International*, 34:651–673, 2013

6. International impact: Faculty travel to Ghana seeking clues to Worcester’s infant mortality mystery, http://www.umassmed.edu/news/articles/2010/ghana_trip.aspx

7. 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

8. Pregnancy health status of Sub-Saharan refugee women who have resettled in developed countries: A review of the literature *Midwifery* 26 (2010) 407-414

a. Links to relevant agency reports:

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

2015 UMMS/ GSN Population Health Clerkship
Refugee Health

1. Clerkship Name: Refugee Health
2. **Brief summary description (50 words or less): Worcester is home to many resettled refugees. Students will learn about the mix of folks resettling in the Worcester area, the resources available to them, and their health concerns on arrival as well as during and following the resettlement process.**
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Heather-Lyn Haley
 - b. Community faculty: Meredith Walsh NP, Sue Schlotterbeck, and more
4. Defining characteristics
 - a. The population of focus for this team is: refugees resettled in Worcester
 - b. The health issue affecting this population on which this team will focus is: family planning, prenatal and family preventive care
 - c. The primary sites and locations at which the team will spend their time are: UMMS, Worcester Refugee Assistance Project, African Community Education, resettlement agencies, refugee clinics at FHCW and EMKCHC
 - d. Primary student activities include: tbd
 - e. Specific logistical details, e.g. housing, transportation, etc. include: na
 - f. Maximum number of students on team: 4
 - g. Typical hours, including any weekends or evenings: some evenings will be spent at refugee-serving organizations
 - h. Typical daily travel distance (round trip): na
 - i. The different types of professions that are part of the student experience include: resettlement workers, clinicians, volunteer mentors
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Self-directed
 - k. Possible micro-service projects are: tbd, expanding library guide
5. Resources:
 - a. Web resources relevant for this population and/or health issue:
www.worcesterrefugees.org
www.acechildren.org
www.seacma.org

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Veterans/Military Health Issues**

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

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

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

- a. Academic faculty: **Linda Cragin, Director, MassAHEC Network 508-856-4303, linda.cragin@umassmed.edu 333 South St. Shrewsbury, MA 01545**
Christine Runyan, PhD, ABPP, Clinical Associate Professor, Director, Postdoc Fellowship in Clinical Health Psychology in Primary Care, Dept. of Family Medicine and Community Health Christine.runyan@umassmemorial.org (prior Air Force)
Janet Hale, PhD, RN, FNP, Associate Dean for Academic Affairs, Graduate School of Nursing janet.hale@umassmed.edu (retired, Army)
- b. Community faculty: varies
- c. Advisors:
David Smelson, PsyD; Professor of Psychiatry and Vice Chair of Clinical Research in the Department of Psychiatry
Barry N. Feldman, PhD, Director of Psychiatry Programs in Public Safety, Department of Psychiatry

4. Defining characteristics

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

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

5. Resources:

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

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Worcester Department of Public Health
2. Brief Summary This clerkship focuses on the health and wellness of the residents in the city of Worcester and surrounding Central MA Regional Public Health Alliance towns. Programs, projects and efforts focused on prevention of disease and wellness will be addressed.

3. Team faculty:

a. Academic faculty:

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

b. Community faculty:

Zac Dyer, MPH
Chief of Community Health
Division of Public Health, City of Worcester
25 Meade St. Worcester, MA 01610
DyerZ@worcesterma.gov
Phone: (w)508-799-8120

Karyn Clark
Interim Director, Division of Public Health
Division of Public Health, City of Worcester
25 Meade St. Worcester, MA 01610
ClarkKE@worcesterma.gov
Phone: 508-799-8531 (main number)

3. 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 as the date approaches. 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:

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. Current work on the Community Health Assessment is ongoing and will provide a project opportunity.

- 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

g. Typical Hours are 8:00/9:00-4:00 or 5:00PM. The schedule will be determined at various times with the group. No weekends are planned. There may be optional opportunities offered for Worcester City Council meetings that occur in the evening.

h. Travel distance: Most meetings occur in and around Worcester. Carpooling to alliance towns for field experience may occur.

i. Different types of professions part of the experience: Public Health, Nursing, Administration, Medicine

j. Schedule: The 2 weeks will be planned out and presented with the first meeting in September (calendar). There will be open time for student input and completion of deliverables. "Just in time" opportunities may occur during the clerkship which is an exciting factor in public health.

5. 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>

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: Head Start
2. **Brief summary description (50 words or less):**
Students will be introduced to the federal Head Start program and the fundamental role of the health and education programs to assess, screen, and refer children at risk of developmental delays. Students will be introduced to the role of community partners to promote optimal childhood growth and development.
3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Leanne Winchester, MS RN
 - b. Community faculty: Mary Ann Rollings Head Start Health Manager, Worcester Head Start, 508-799-3238, RollingsM@worc.k12.ma.us, 770 Main St. Worcester, MA 01610
4. Defining characteristics
 - a. The population of focus for this team is: **Head Start children ages 3-5 yrs**
 - b. The health issue affecting this population on which this team will focus is: **high risk for developmental delays**
 - c. The primary sites and locations at which the team will spend their time are: **Worcester Head Start. Four central programs located throughout Worcester.**
 - d. Primary student activities include: **Support Head Start healthcare team to conduct federally mandated developmental pediatric screenings; shadow health staff with monitoring of medically involved children and classroom observations; learn about the issues facing these children and their families and the interdisciplinary team that supports them**
 - e. Specific logistical details, e.g. housing, transportation, etc. include: **students need own transportation to and from early childhood program site. There is no reimbursement for travel**
 - f. Maximum number of students on team: **4**
 - g. Typical hours, including any weekends or evenings: **Prior to the clerkship students must attend an evening orientation session that is mandated by the federal Head Start program. The clerkship program follows Worcester Head Start Program operating hours Monday - Friday 7am – 5pm; students should plan to be at Head Start centers from 8:30-2:30**
 - h. Typical daily travel distance (round trip): **approximately 10 miles round trip during the two weeks**
 - i. The different types of professions that are part of the student experience include: **A Registered nurse is onsite at every Head Start program, early childhood educators are in every preschool classroom. To support children with special needs, the Worcester Head Start has on staff the following professionals: early intervention specialists, mental health specialists, a Registered Dietician, Social workers, and a dental hygienists. The Worcester Head Start program has a formal agreement with the Mass College of Health Sciences for occupational therapists and physical therapists to participate in case management for all children with special needs care plans.**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled?
Prescheduled
 - k. Possible micro-service projects are: **program newsletters, parent education, (preschool) classroom education**

5. Resources:

Web resources relevant for this population and/or health issue www.eclkc.ohs.acf.hhs.gov
www.headstart.worcesterschools.org www.massaeyc.com www.nrckids.org
www.healthykids.us www.healthychildcare.org www.brightfutures.org
www.naeyc.org <http://hccne.communityzero.com/hccne> www.childcarehealth.org
www.nichd.nih.gov

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

2015 UMMS/ GSN Population Health Clerkship

1. Clerkship Name: **Places and Faces**
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: **Amber Sarkar MD**
 - 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
 - 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

2015 UMMS/ GSN Population Health Clerkship

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
Phone Extension: 3021
 - ii. Amarely Gutierrez, Director of Domestic Violence Services,
agutierrez@ywcacentralmass.org Phone Extension: 3014
 - iii. Aly Whalen, Director of Women's Economic Empowerment,
awhalen@ywcacentralmass.org Phone Extension: 3028
 - iv. Darlene Belliveau, Director of Early Education and Care,
dbelliveau@ywcacentralmass.org Phone Extension: 3031
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: Expand community awareness of services offered
 - a. 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: domestic violence & healthy families
 - 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
 - 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: development of domestic violence resources for culturally diverse populations.

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