Addressing the Healthy Living Limitations of the Greater Clinton Area

Russell Behmer¹, Geargin Wilson², Rosa Fernández-Penaloza²
¹University of Massachusetts Medical School, ²Clinton Hospital

Background

In May 2015, UMass Memorial HealthAlliance Hospital and Heywood Healthcare, in partnership with the Joint Coalition on Health, the Montachusett Public Health Network, and Community Health Connections and Center for Health Impact, developed a Community Health Needs Assessment (CHNA) for the North Central Massachusetts area, encompassing a total of 29 towns. In response to this CHNA, Clinton Hospital published a Community Health Improvement Plan (CHIP), in which they identified four major disparities in health in Clinton and its surrounding towns:

- Health disparities of obesity and related diseases across every age group, obesity is more prevalent in North Central MA than in the state as a whole. Individuals are more overweight than the state average even when accounting for education level and gender (consistently 2-3% higher). Higher levels of obesity should of course correlate with higher levels of obesity-related diseases, and the data in the CHNA confirms that. Patients in North Central MA have a higher rate of diabetes (9.3% vs. 8%), high blood pressure (49.5% vs. 43.7% in the 15-64 age group), COPD (death rate of 123.8 vs. 86.9), and a higher overall mortality rate (736.11 per 100,000 vs. 686.2) than the state as a whole. Clearly, these issues need to be addressed in a preventative, population-wide manner. As part of our project, we hope to recommend a strategy to address these issues via healthy eating and active living.

- The demographics of the greater Clinton area are also crucial to our project. 24 of 29 towns in North Central MA have a lower median annual household income than the state-wide average of $64,509. Latinos are the largest minority (8.5%), followed by African-Americans (3%). Finally, there is a significant percentage of Spanish-speaking residents in the area (see figure). These social factors must be considered as well in formulating a plan that will be both efficient and effective.

Methods

Our goal with our project was to use a multifaceted approach to promote healthy eating and active living while not over-extending the limited resources of Clinton Hospital. We began by reading through the CHNA and CHIP, and identifying the background for our research. We identified the health needs of the community and established the need for healthy, active living, educational resources, and community outreach, and subsequently examined which community resources would allow Clinton Hospital to work towards their goals.

To research the available resources and those in need, we primarily identified those people who had already participated in CHNA or CHIP efforts and working groups and those identified as “Clinton Area Community Partners,” given lists provided to us by our advisor. We interviewed some of these individuals, and garnered their perspective on their biggest limitations, their current programming, and how Clinton Hospital can help them improve their operations to address the community’s health needs. For those programs we did not interview, we looked at their websites or other materials to determine how their objectives aligned with ours. Finally, we visited the WHEAT Community Cupboard and Café, and subsequently examined which community resources would allow Clinton Hospital to work towards their goals.

To research the available resources and those in need, we primarily identified those people who had already participated in CHNA or CHIP efforts and working groups and those identified as “Clinton Area Community Partners,” given lists provided to us by our advisor. We interviewed some of these individuals, and garnered their perspective on their biggest limitations, their current programming, and how Clinton Hospital can help them improve their operations to address the community’s health needs. For those programs we did not interview, we looked at their websites or other materials to determine how their objectives aligned with ours. Finally, we visited the WHEAT Community Cupboard and Café, and subsequently examined which community resources would allow Clinton Hospital to work towards their goals.

WHEAT Community Cupboard and Café

First, we have identified the WHEAT Community Cupboard and Café as an entity that should be a major partner of the Clinton Hospital. WHEAT functions as a food pantry for families to come and get groceries as well as hot meals 5 days a week. Outside of this, WHEAT functions to provide dental services on site, fuel assistance, food stamps, pet food, the state as a whole. Clearly, these issues need to be addressed in a preventative, population-wide manner. As part of our project, we hope to recommend a strategy to address these issues via healthy eating and active living.

Conclusions

Clinton is a very diverse population and area and succeeding in carrying out the goals of the CHIP relies on using this diversity to our advantage. After speaking with many community stakeholders, it has become clear that for the CHIP to succeed, Clinton Hospital will need to focus its efforts on forming lasting relationships with both WHEAT and Clinton Community. This addresses the dietary focus on the CHIP both at the adolescent and family level and would hopefully form a lasting relationship between the Clinton Hospital and the Greater Clinton area that benefits both and can accomplish what the CHIP seeks to accomplish. Beyond this, establishing this paradigm in Clinton proper lends itself to showing that the same approach can work in the surrounding townships that are part of the CHNA, and may, in fact, spill over to them as well.

Acknowledgements

• Laura Taylor – Clinton Community Partnerships for Children
• Rose Solar – Clinton High School Guidance
• Jodi Breidel – WHEAT Social Services
• Staff of the Clinton Hospital
• Members of the CHNA Board

Special thanks to our course leader Rosa Fernández-Penaloza

References
