

# Addressing the Healthy Living Limitations of the Greater Clinton Area



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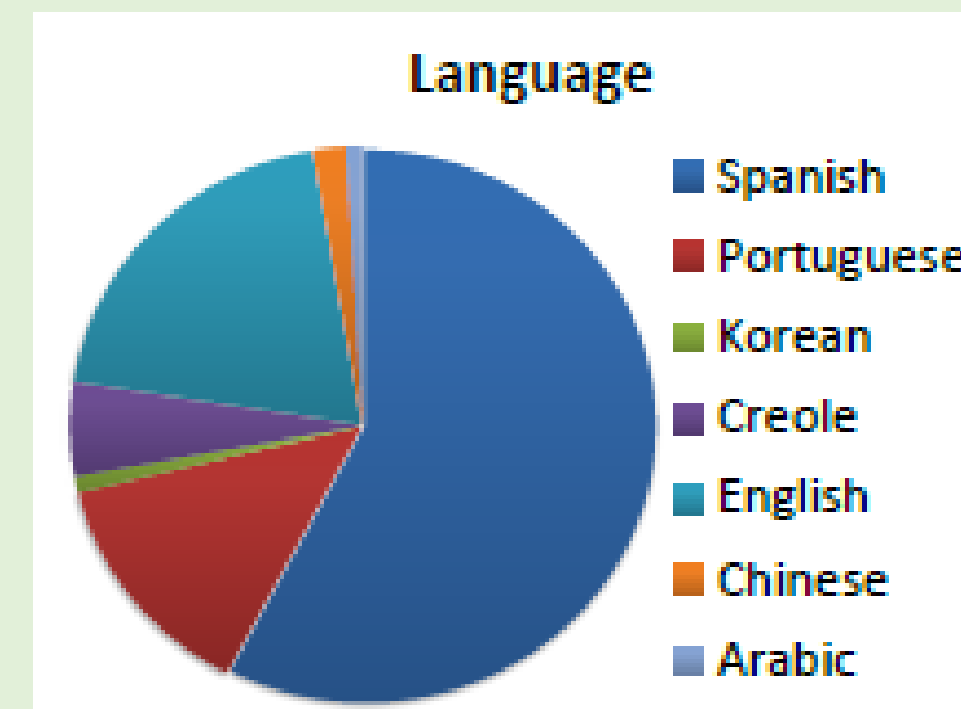
## Background

In May 2015, UMass Memorial Health Alliance 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: healthy relationships, substance abuse and addiction, transportation, and the initiative we worked on—healthy eating and active living.

Clinton and North Central Massachusetts have extraordinarily high rates of obesity and obesity-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 55-64 age group), COPD (death rate of 123.8 vs. 86.9), and a higher overall mortality rate (736.11 per 100,000 vs. 668.2) 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.

	Area Count	Area Age Specific Rate	State Age Specific Rate
<b>Total</b>	<b>956</b>	<b>386.7</b>	<b>383.4</b>
<i>Race</i>			
White, Non-Hispanic	785	338.4	314.7
Black, Non-Hispanic	37	1025.3	952.0
Asian Pacific Islander, Non-Hispanic	N/A	N/A	179.5
Hispanic	38	452.8	486.7



## 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 eating, 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 resources available to residents 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 directly 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 were given a tour of their facilities. Our goal in developing our plan was to focus primarily on community outreach and education at the family and childhood level, as well as incorporating an integrative, team-oriented approach by including as many resources as possible. We attempted to keep this perspective throughout the formulation of our plan.

## References

Clinton Community Partnerships for Children. Digital image. *Clinton Community Partnerships for Children*. Clinton Public Schools. Web. 17 Oct. 2016.  
 Community Health Assessment of North Central Massachusetts. Rep. Heywood Healthcare, UMass Memorial Health Alliance Hospital, University of Massachusetts. May 2015. Print.  
 Miller, Alex, Ankur Sheel, Rachel Stamateris, David Stein, Zach Weitzner, and Rosa Fernandez-Penaloza. *Healthcare Needs Profile of the Rural Clinton Area*. University of Massachusetts Medical School. Print.  
 WHEAT Community Cupboard and Cafe. Digital image. *WHEAT Community Cupboard and Cafe*. United Way of Tri-County. Web. 17 Oct. 2016.



## Results and Solutions – Community Partnership

After concluding our work in the Clinton community, we have come away with a number of resources that have expressed interest and are worth the Clinton Hospital exploring to set up partnerships within the Greater Clinton Area.

A goal of the CHIP itself, as well as one identified last year via the demographic analysis done by the previous students in the CHIP clerkship, is addressing the dietary issues in Clinton, specifically with obesity and diabetes. Coupled with this is the high percentage of Hispanic individuals in Clinton that struggle with communicating in English. To address this issue, we believe the best approach is two-fold. 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, senior care, and psychiatric care. In meetings with the administration there, while they do have a diverse range of functions that address many aspects of the CHIP, they have identified areas that could be improved or augmented with a relationship with the Clinton Hospital. While groceries are supplied to families, little effort goes towards addressing the dietary needs or concerns of families with certain restrictions such as diabetes. One way to counteract this issue would be having a dietician on staff at Clinton Hospital to perhaps make specific bags or meals that could facilitate healthy options for diabetics and individuals with other dietary restrictions. The administration also noted that forming some sort of relationship with the local gyms should be pursued as it has had some success in the past.

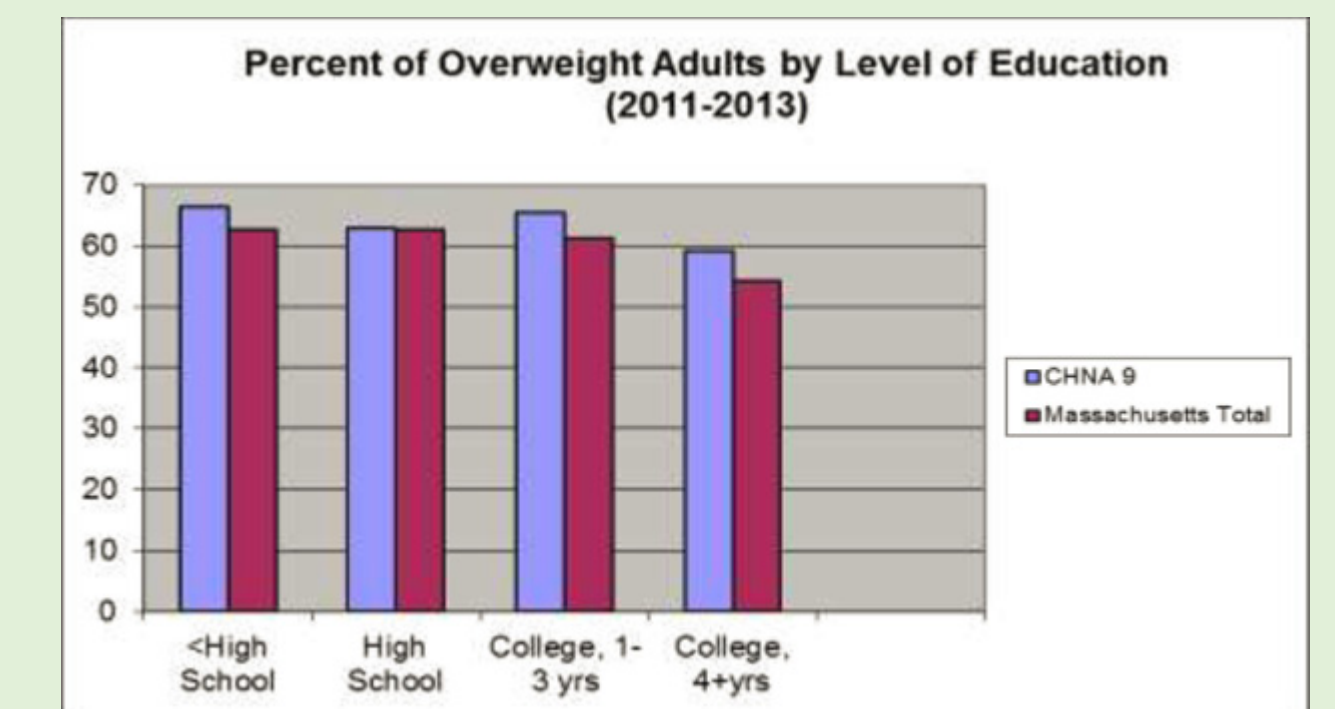
Second, while WHEAT can help address the dietary needs of the Clinton area at the family level, developing healthy habits and teaching them to younger children and first-time parents is imperative. To address this, we have reached out to the Clinton Community Partnerships for Children. The program is funded by the Massachusetts Department of Education and focuses primarily on early care of children in education and literacy. After speaking with the group, they have shown interest in helping to put on educational programs slated towards dietary literacy and healthy activities taught to both parents and younger children to foster this concept of healthy living at a younger age. The administration also mentioned that they have relationships with individuals within the school system that could facilitate these programs as well, at the elementary, middle, and high school levels. Beyond this, they expressed interest in advertising any programs the Clinton Hospital would like to put on, as well as providing spaces to run programs and having speakers come in.



WHEAT Community Cupboard and Café



Clinton Community Partnerships for Children



## 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 CHNA9, and may, in fact, spill over to them as well.

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 Rosa Fernández-Penaloza