



Population Health Clerkship

2017 Team Catalog

*Corrected version 8/16/17

Preferences due: Monday, August 21, 5:00pm

Team placements are not assigned on a first come, first served basis so take your time and read the descriptions before submitting your rankings.

Identify and rank your top five choices for team placement at:

https://www.surveymonkey.com/r/PHC2017_rankings

Team	Team title	Summary	Pgs
#1.	Access to quality health care and services in lesbian, gay, bisexual and transgender communities	Improving health for the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities is a national priority. These communities experience inappropriate differences in access to care quality, care services and poorer health outcomes as compared to heterosexuals. Advanced practice nurses and physicians are in key positions to impact these inequities.	5-6
#2.	Addiction. advocacy and healthcare services: A deep dive into population health	Drug addiction influences all aspects of physical and social health. As students will learn and see, drug addiction contributes to homelessness, incarceration, and isolation in a social environment where access to specialized behavior and substance abuse treatment services are scarce.	7-9
#3.	Central MA Tobacco-Free Partnership	The Central MA Tobacco Free Community Partnership works to reduce smoking and secondhand smoke in Central MA. The medical students will work with the Project Director to research identified populations, youth prevention and cessation resources. They will participate in research and conduct data surveys, shadow a tobacco cessation specialist, participate in community meetings and attend a youth tobacco advocacy training event.	10
#4.	Community language access and quality improvement in Clinton	UMass Memorial Health Alliance Clinton hospital is seeking help to complete a Community Language Assessment that encompasses the hospital's catchment areas which include: Primary towns: Ashburnham, Ashby, Fitchburg, Gardner, Leominster, Lunenburg, Townsend, Westminster Secondary towns: Ayer, Bolton, Clinton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton, Shirley, Sterling, Templeton and Winchendon.	11-12
#5.	DR Batey Health Initiative **NOTE: students selecting this team are responsible for financial/ travel costs as in descripton	Travel to the Good Samaritan Mission Organization in La Romana, Dominican Republic (DR) to participate in the DR Batey Health Initiative collaborative. Medical and nursing students focus on health care needs in four adopted Bateys (sugar cane villages) where Dominican and Haitian migrant workers & families reside.	13-15
#6.	Employee Health Service	The mission of the Employee Health Service (EHS) is to help ensure the health and safety of the UMass Memorial Healthcare System (UMMHC) workforce. On this population health clerkship, students will have the opportunity to work with various EHS team members and learn about occupational and environmental medicine, workplace wellness, workers compensation, ergonomics, disability management and vocational rehabilitation.	16-18
#7.	Geriatrics: Fall risk and prevention for older adults	Students will gain an in-depth understanding of the risks, causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings.	19-21
#8.	Get with the programs: Connecting providers to community resources	Worcester is rich in community programs, but clinicians often lack training in how to identify and access these resources in order to effectively address the social determinants of health. This clerkship works to bridge the gap between healthcare and community through a series of coordinated experiences to enhance providers' knowledge of community resources	22-23
#9.	Health care for the homeless	The term "homeless" can reflect a wide spectrum of circumstances. Gain an understanding of the psychosocial and health issues faced by Worcester's homeless adults. We will visit several shelters and outreach sites to observe how funding and community shapes the	24-25

		barriers and accessibility to healthcare for the underserved.	
#10.	Health policy in the public sector: MassHealth at the forefront of healthcare reform	What are some key population health challenges facing the MassHealth (Massachusetts Medicaid) program, and what types of innovative solutions is the state developing to ensure value and sustainability of the MassHealth program? The Office of Clinical Affairs (OCA) provides clinical leadership in promoting quality of care for some of the Commonwealth's most vulnerable populations.	26-27
#11.	HIV in Massachusetts: A state's action plan and two community responses (Worcester and Lawrence)	The 2017 Massachusetts Integrated HIV/AIDS Prevention and Care Plan is a comprehensive assessment of Massachusetts HIV epidemiology, prevention and care efforts. The PHC team will read and use the Integrated Care Plan to assess the strengths and areas for improvement of two community-based HIV care sites in Worcester and Lawrence, MA.	28-30
#12.	Hotspotting in Worcester	Students gain insight into the root causes that lead some patients to have repeat emergency room visits and hospital admissions, and analyze how these additional medical care services might have been avoided. They will work with super-utilizers to understand their unique circumstances and help connect them with needed community resources.	31-32
#13.	How do I feed my family tonight? Food, health and access within our community	Even though the Greater Boston Food Bank mathematically puts enough food for three meals a day in a community, that doesn't necessarily translate into everyone in need getting food and becoming hunger-free. Other factors include knowledge, access, and utilization. Students will help discover the priorities at food pantries served by GBFB.	33-35
#14.	Incarcerated and urban working poor	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. 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.	36-42
#15.	Injury prevention IS public health	Injury prevention and trauma system development are meshed intricately with public health. The Worcester Division of Public Health (WDPH) Community Health Improvement Plan (2016) priority areas will be threaded throughout offsite experiences that include injury prevention across the lifespan, safety, substance abuse, sexual exploitation, emergency preparedness and more.	43-44
#16.	Language access and patient encounters: Worcester	Students will gain appreciation for patients with barriers to care based on their limited English proficiency (LEP patients) and their culture. Students will understand the work of an interpreter and how to work effectively with spoken language and American Sign Language interpreters, and how language access impacts the patients, families and the communities.	45-46
#17.	Living with a disability	What are the challenges of living with a disability and the resources and technological advances that enable people to lead full lives? Students will meet individuals with a range of physical (e.g. spinal cord, neuromuscular) and sensory (blindness, deafness) disabilities and shadow clinicians to learn about the impact of quality health care, assistive technology, sexuality, and community supports.	47-49
#18.	LUV (Listening to Unheard Voices): Making opioid interventions more effective by humanizing addiction	The Joint Coalition on Health (JCOH) is a grassroots health and human service coalition whose mission includes advocating for marginalized populations by addressing disparities and the social	50-51

		determinants of health. Students will gather the input and insights of those living at the center of the current addiction epidemic in order to inform strategies and improve outcomes.	
#19.	Massachusetts Health Reform 3.0: Value based payments, integration of health system with community partners and addressing the social determinants of health	This clerkship will provide students with a structured opportunity to engage with consumer advocates, health system and public policy leaders who are involved in the implementation of the Massachusetts reforms to gain a better understanding of the opportunities and challenges related to reforming our health care system and promoting population health.	52-53
#20.	Medical-Legal Partnership Pro Bono Project	Community Legal Aid and UMass Memorial Health Care have joined together to improve the health of low income families in Central Massachusetts by tackling unmet health-harming legal needs faced by the system's most vulnerable patients. This Project seeks medical and nursing students to assess patients' needs for legal intervention.	54-55
#21.	Opioid epidemic in Barre, MA: Assessment of contributing factors and the need for services in a rural community	Barre has seen a spike in number of patients needing care for opioid addiction, as well as children and families needing support for the collateral effects. With BFHC's 2nd year residents, the clerkship team will create a quantitative dataset related to substance use/abuse and interview addicts and family members to identify needed services.	56-57
#22.	Oral health as part of overall and population health – Really!	Military recruits can't go to war and children can't learn due to cavities! Learn how the mouth affects the body and communities. Students will experience clinical and public health dental settings – prison dental clinic, Head Start, pediatric dental clinic, etc. We'll talk with politicians and visit a water treatment plant to consider water fluoridation.	58-59
#23.	Palliative and end of life care	This Clerkship explores a holistic approach to enhancing care at the end of life: Including a focus on interdisciplinary medical care, emotional and spiritual support and the impact of culture and life experience. Students will also examine related health policies, ethical issues, and the advocacy role of the nurse practitioner/physician.	60-61
#24.	Parenting & family stability	Learn about many issues that have ramifications for family stability, including lack of appropriate parenting and negative parent-child interaction (with consequences for both children and parents), lack of early medical care, and abuse, which contributes to decreasing remedial education , increasing juvenile offenses, and decreasing child success in school.	62-64
#25.	People with developmental and intellectual disability: Community living and health care experiences	This clerkship includes clinical and community experiences focused on people with developmental and intellectual disability across the lifespan. 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.	65-67
#26.	Refugee health at Family Health Center Worcester	The FHCW is located in the Main South community of Worcester and serves a diverse population. Among the people served by FHCW are the newly arriving refugees from war-torn countries. In this clerkship opportunity we combine learning about community health centers in general (history, advocacy, role of CHCs in health system) together with specific learning about refugee communities, resettlement process, resources available to refugees and specific health concerns.	68-69

#27.	Veterans/military health issues	Who is a veteran? What health care needs are unique to veterans and why? Who gets care at the VA? What should all clinicians know about when caring for veterans and their families? Hear the answers from veterans and those who care for them during this informative, reflective, and powerful clerkship.	70-71
#28.	Worcester Head Start Program	Students will be introduced to the federal Head Start program and the mandatory screenings to assess children at risk of developmental delays. Working alongside Head Start nurses; students will screen children for hearing & vision loss, BMI, and blood pressure. Students may observe scheduled home visits and case management meetings.	72-73
#29.	Worcester Healthy Baby Collaborative	Students will support the Baby Box initiative of the Worcester Healthy Baby Collaborative, working with local community agencies in implementation of this project to reduce infant mortality and prematurity through education and engagement.	74-75
#30.	Worcester Public School students: Improving uptake at flu clinics	How can we improve community immunity in the public schools of Worcester? In this clerkship, you will learn about the influenza immunization rates in Worcester public schools, receive training to give injections, and lead a team of volunteers at the temporary flu clinic stations.	76-77

Please note:

- The teams are NOT created based on 'first come, first served' basis, so please take your time and rank your choices thoughtfully. Comments will be considered as teams are composed.
- If you submit rankings then change your mind, you may submit new rankings up until the deadline of 5pm on August 21. Please leave a note in the comments to alert me to the fact that you have responded more than once.
- Rural Health Scholars may be eligible for placement at our rural training site working with the Dukes County Health Council on Martha's Vineyard. Students in the RHS program selected for this option should already be in discussion with Dr. Cashman and will register for the team with her directly. Those students should not complete this ranking assignment. Thank you.
- Read team descriptions carefully before making your selections. Some are located in other parts of the state. Some require that you participate in the evening or on a weekend day. Housing and travel costs are not covered for teams on this list and are the responsibility of the student; please keep these considerations in mind while ranking.
- Questions may be directed to any member of the PHC planning team: Heather-Lyn Haley, Suzanne Cashman, Janet Hale, Jill Terrien, or Linda Cragin. We will also explain details and answer questions at the class meeting on September 21. The first hour of that session will be held in Amp 3 and will feature review of expectations and assignments as well as a presentation from Allison Blodgett from IRB. The second hour will be spent divided into small groups, meeting with team leaders for advance information and preparatory paperwork as needed.

- 1. Team title: Access to Appropriate Care for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Communities**
- 2. Brief summary description/abstract (50 words or less): Improving health for the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities is a national priority. These communities experience inappropriate differences in access to care quality, care services and poorer health outcomes as compared to heterosexuals. Advanced practice nurses and physicians are in key positions to impact these inequities and improve health for the LGBTQI communities.**
- 3. Team faculty: please supply full names, titles, phone, email and mailing addresses**
 - a. Academic faculty:**
 - i. Kenneth Peterson, PhD, MS, RN, FNP-BC, Assistant Professor, Family Nurse Practitioner Program, Graduate School of Nursing, Kenneth.peterson@umassmed.edu
 - ii. John Trobaugh, MFA, Diversity Specialist, UMMS, Office of Diversity & Inclusion john.trobaugh@umassmed.edu
 - iii. Jorge Sanchez, M.Ed., Director, Office of MA Client Relations, Commonwealth Medicine/UMMS Jorge.sanchez@umassmed.edu
 - iv. Student co-leaders: Emily Berner, MS2, Emily.berner@umassmed.edu; Patrick Giguere, MS2, Patrick.giguere@umassmed.edu
 - b. Community faculty:**
 - i. Officer Sharon McQueen, LGBTQ Community Liason, Worcester Police Department WPD-LGBTQ@worcesterma.gov
- 4. Defining characteristics**
 - a. The population of focus for this team is:**
 - i. Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Communities
 - b. The health issue affecting this population on which this team will focus is:**
 - i. Access to culturally appropriate care and relevant services for LGBTQI individuals in Worcester and within the greater Commonwealth
 - c. The primary sites and locations at which the team will spend their time are:**
 - i. UMMS with visits to Family Health Center Worcester, Edward M. Kennedy Community Health Center, Fenway Community Health Center, AIDS Project Worcester, Safe Homes, Planned Parenthood, and LGBT Asylum Support Task force
 - d. Primary student activities include:**
 - i. Investigate what health services are currently available and welcoming to Worcester's LGBTQI population. One UMASS Memorial report found that the majority of LGBTQI persons surveyed sought their healthcare outside of the Worcester area; however, there are LGBTQI sensitive and specific services offered in the Worcester area. This two week PHC will focus on (1) exploring Worcester's LGBTQI communities, (2) learning about the care and service resources currently available, and (3) working with local organizations to further their efforts in providing improved access and quality of care to the LGBT community of Worcester.
 - e. Specific logistical details, e.g. housing, transportation, etc. include:**
 - i. Majority of time will focus on exploring organizations in Worcester which support the LGBTQI community. There will be opportunities to explore care and resource options in other MA cities and towns.
 - f. Maximum number of students on team:**
 - i. Eight
 - g. Typical hours, including any weekends or evenings:**

- i. Primarily during 9-5 with some evening hours. Some weekend events in conjunction with Worcester Pride (second weekend in September).
- h. Typical daily travel distance (round trip):
 - i. Majority of events are at UMMS and the surrounding Worcester area. There will be a day trip to Boston to visit Fenway Health.
- i. The different types of professions that are part of the student experience include:
 - i. Depending on site placement, 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 or are activities largely pre-scheduled?
 - i. Many events are pre-scheduled, but self-direction is a plus.
- k. Possible micro-service projects are:
 - i. Flu clinic in conjunction with AIDS Project Worcester, continued work on PFAC, volunteering at Elder Services Rainbow lunch, collaboration with Worcester Pride

5. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training
 - i. Possibly injection training for flu clinics
- b. Readings to prepare for activities, discussions, site visits or meetings
 - i. Will be distributed as needed

6. Resources:

- a. Web resources relevant for this population and/or health issue:
 - i. [American Medical Student Association – Gender and Sexuality Action Committee](#)
 - ii. [Gay and Lesbian Medical Association](#)
 - iii. [GLBT Youth Group Network of Massachusetts – The Boston Alliance of GLBT Youth \(BAGLY\)](#)
 - iv. [LGBT Aging Project](#)
 - v. [Parents, Friends, and Families of Lesbians & Gays \(PFLAG\)](#)
- b. Links to relevant agency reports:
 - i. [Health Resources and Service Administration: LGBT Health](#)
 - ii. [Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health](#)

Addiction, Advocacy and Healthcare Services: A Deep Dive into Population Health

1 CLERKSHIP NAME: ADDICTION, ADVOCACY AND HEALTHCARE SERVICES: A DEEP DIVE INTO POPULATION HEALTH

2 FACULTY AND CLERKSHIP LEADERS

2.1 MATILDE CASTIEL MD:

Commissioner of Health & Human Services for the City of Worcester. Associate Professor Internal Medicine, Associate Professor Family and Community Medicine, Associate Professor Psychiatry at UMass Medical School and UMass Memorial Healthcare, Medical Director of Latin American Health Alliance/Hector Reyes House. Matilde.Castiel@umassmemorial.org Cell: 508.269.2428

2.2 JAIME F. VALLEJOS MD, MPH:

Assistant Professor of Health Sciences, Worcester State University. Instructor, Department of Family Medicine and Community Health, UMass Medical School. JVallejos@Worcester.edu Cell: 508.847.8876

3 DEFINING CHARACTERISTICS

3.1 THE POPULATION OF FOCUS FOR THIS TEAM IS: UNDERSERVED POPULATIONS WITH SUBSTANCE ABUSE ISSUES IN MASSACHUSETTS.

3.2 THE HEALTH ISSUE AFFECTING THIS POPULATION ON WHICH THIS TEAM WILL FOCUS IS: DRUG ADDICTION INFLUENCES ALL ASPECTS OF PHYSICAL AND SOCIAL HEALTH. AS STUDENTS WILL LEARN AND SEE; DRUG ADDICTION CONTRIBUTES TO HOMELESSNESS, INCARCERATION, AND ISOLATION IN A SOCIAL ENVIRONMENT WHERE ACCESS TO SPECIALIZED BEHAVIORAL AND SUBSTANCE ABUSE TREATMENT SERVICES ARE SCARCE.

3.3 THE PRIMARY SITES AND LOCATIONS AT WHICH THE TEAM WILL SPEND THEIR TIME ARE: WORCESTER CITY HALL, HECTOR REYES HOUSE (HRH), WORCESTER DEPARTMENT OF PUBLIC HEALTH, WORCESTER POLICE DEPARTMENT (GANG UNIT), VARIOUS FOUNDATIONS AND NONPROFITS IN THE WORCESTER (PRIMARILY), WEST BOYLSTON AND SPRINGFIELD AREAS.

3.4 PRIMARY STUDENT ACTIVITIES INCLUDE:

- SPENDING TIME WITH THE RESIDENTS OF HRH, A RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY FOR LATINO MEN IN WORCESTER PARTICIPATING IN HOUSE MEETINGS AND COUNSELING SESSIONS.
- VISITING THE WORCESTER COMMUNITY AND LEARNING ABOUT SENIOR CENTERS, COMMUNITY POLICING, HOMELESS MEDICAL CLINICS, SHELTERS AND HOUSING RESIDENCE DETOXIFICATION FACILITIES. STUDENTS WILL ALSO LEARN ABOUT AVAILABLE RESOURCES FOR OTHER VULNERABLE POPULATIONS INCLUDING THE ELDERLY, SEXUALLY EXPLOITED, IMPRISONED INDIVIDUALS AND AT-RISK YOUTH.
- MEETING ADVOCATES AND POLITICIANS, GAINING INSIGHT ON HOW THE PUBLIC AND HEALTH PROFESSIONALS CAN HELP SHAPE POLITICAL OPINIONS AND POLICIES TO IMPROVE HEALTHCARE FOR THE COMMUNITY.

3.5 SPECIFIC LOGISTICAL DETAILS, E.G. HOUSING, TRANSPORTATION, ETC. CAR AND OR CAR-POOLING IS NEEDED.

3.6 MAXIMUM NUMBER OF STUDENTS ON TEAM: 6

3.7 TYPICAL HOURS, INCLUDING ANY WEEKENDS OR EVENINGS: 8 AM TO 5 PM WITH 2-3 MEETINGS BETWEEN 5:00-7:00 PM.

3.8 TYPICAL DAILY TRAVEL DISTANCE (ROUND TRIP): MOSTLY AROUND WORCESTER WITH ONE TRIP TO SPRINGFIELD AND ANOTHER TO WEST BOYLSTON.

3.9 THE DIFFERENT TYPES OF PROFESSIONS THAT ARE PART OF THE STUDENT EXPERIENCE INCLUDE: POLITICIANS, POLICY ADVOCATES, ADDICTION COUNSELORS, PSYCHOLOGISTS, LAW ENFORCEMENT OFFICERS, PUBLIC HEALTH AND MEDICAL PROFESSIONALS.

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

3.11 Possible micro-service projects are: to be determined with students

Team title: Central MA Tobacco Free Partnership

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

The Central MA Tobacco Free Community Partnership works to reduce smoking and secondhand smoke in Central MA. The medical students will work with the Project Director to research identified populations, youth prevention and cessation resources. They will participate in research and conduct data surveys, shadow a tobacco cessation specialist, participate in community meetings and attend a youth tobacco advocacy training event.

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

a. Academic faculty: Heather-Lyn Haley PhD, Assistant Professor of Family Medicine and Community Health, UMMS. Heather-Lyn.Haley@umassmed.edu

b. Community faculty: Tina Grosowsky, MA, Project Coordinator
Central MA Tobacco Free Community Partnership
Department of Psychiatry, Room S7-730
55 Lake Ave North, Worcester, MA 01655
508-856-5067, Tina.Grosowsky@umassmed.edu

3. Defining characteristics

- a. The population of focus for this team is: youth, smokers
- b. The health issue affecting this population on which this team will focus is: tobacco related illness
- c. The primary sites and locations at which the team will spend their time are: UMass University campus, city of Worcester, community sites
- d. Primary student activities include: focus on flavored tobacco products, surveys
- e. Specific logistical details, e.g. housing, transportation, etc. include: need own transportation
- f. Maximum number of students on team: 4
- g. Typical hours, including any weekends or evenings: daytime (9-5) and Saturday Oct 28 (8:30 – 3)
- h. Typical daily travel distance (round trip): on campus, Worcester region
- i. The different types of professions that are part of the student experience include: Prevention, Tobacco Cessation Specialist, pediatricians, Addiction Psychiatry
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled
- k. Possible micro-service projects are: conduct flavored tobacco products survey in downtown Worcester including some retailers.

4. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training: none
- b. Readings to prepare for activities, discussions, site visits or meetings
www.makesmokinghistory.org

5. Resources:

- a. Web resources relevant for this population and/or health issue: www.makesmokinghistory.org, <http://the84.org/>
- b. Links to relevant agency reports:
<http://www.umassmed.edu/psychiatry/resources/tobacco/tobacco-free-community-partnership/>

1. Team title: Community Language Access and Quality Improvement

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

UMass Memorial Health Alliance Clinton hospital is seeking help to complete a Community Language Assessment that encompasses the hospital's catchment areas which include: Primary towns: Ashburnham, Ashby, Fitchburg, Gardner, Leominster, Lunenburg, Townsend, Westminster Secondary towns: Ayer, Bolton, Clinton, Groton, Harvard, Hubbardston, Lancaster, Pepperell, Princeton, Shirley, Sterling, Templeton and Winchendon.

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

- a. Academic faculty: Heather-Lyn Haley PhD, Assistant Professor and Suzanne Cashman ScD, Professor of Family Medicine and Community Health
- b. Community faculty: Rosa Fernandez, Manager Community Benefits Tel. 978-368-3716
Email: Rosa.fernandez@umassmemorial.org

4. Defining characteristics

- a. The population of focus for this team is: patients who do not speak English, or have limited English proficiency
- b. The health issue affecting this population on which this team will focus is: to ensure that a patient's or the patient's authorized representative's inability to communicate in English does not interfere with the provision of patient's medical care.
- c. The primary sites and locations at which the team will spend their time are: Clinton Hospital and HealthAlliance
Primary student activities include: Using a variety of sources, including internal hospital and external community data, develop a poster detailing commonly encountered languages, emerging populations in the hospital's area and services offered to each group.
- d. Specific logistical details, e.g. housing, transportation, etc. include:
 1. Create a demographic profile of the hospital service area.
 2. Create an internal profile of who uses the hospital.
 3. Describe services offered and set benchmarks for improvement in LEP services and toward the elimination of health disparities.
- e. Maximum number of students on team: 4
- f. Typical hours, including any weekends or evenings: weekdays
- g. Typical daily travel distance (round trip): from UMass Memorial Worcester, approximately 25miles
- h. The different types of professions that are part of the student experience include: Physician, nurse, interpreter, outreach/social worker, Community stakeholder, and community members.
- i. Do students need to be highly self-directed or are activities largely pre-scheduled? students

need to be highly self-directed and they will also have some activities pre-scheduled

- j. Possible micro-service projects are:
 - Identifying Limited English Proficiency (LEP) persons
 - Ensuring language access for persons with LEP
 - Discovering resources that exist to meet needs
 - Developing language assistance measures
 - Monitoring and updating services for LEP persons
 - Linking assessment data to quality
 - Setting priorities and tracking progress toward defined goals
- 5. Preparatory materials: Introduction to CLAS Standards:
<https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>
- 6. Resources:
 - a. Web resources relevant for this population and/or health issue: Clinton Hospital:
<http://www.umassmemorialhealthcare.org/clinton-hospital>
 - b. Links to relevant agency reports:

I will share other resources with your students as we begin the work.

1. **Team title: UMMS DR Batey Health Initiative (DR BHI)**
2. **Brief summary description/abstract (50 words or less):**

The UMass Medical School (UMMS) has partnered with the Good Samaritan Mission Organization in La Romana, Dominican Republic (DR) for the last ten plus years, to participate in the DR Batey Health Initiative collaborative. Medical and nursing students focus on health care needs in four adopted Bateys (sugar cane villages) in Central Romana where Dominican and Haitian migrant workers & families reside.

3. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: *Michele Pugnaire, MD, SOM; Jean Boucher, PhD, RN ANP-BC, GSN*
 - b. Community faculty: *Satu Salonen, MD and possibly another UMMS related preceptor (e.g. MD, NP) to be determined*
4. Defining characteristics
 - a. The population of focus for this team is:

La Romana Batey Health Initiative includes migrant Dominican and Haitian workers and families living in bateys or sugar cane villages outside of La Romana DR. These communities have little to no access to health care. UMMS has adopted four bateys to do health initiative work in partnership with the local organization, Good Samaritan (Buen Samaritano) in La Romana DR.
 - b. The health issue affecting this population on which this team will focus is:
 - *Understand social determinants of health and identify specific examples relevant to this community*
 - *Partner with Family Medicine Global Health Fellowship in a new initiative around Community Health Worker training; conduct preliminary data community assessment to inform further study*
 - *Participate in conversations with Dominican Republic partners and learn about joint goal settings and partner empowerment*
 - c. The primary sites and locations at which the team will spend their time are:

UMMS medical & nursing students focus on health care assessment in four adopted Bateys (sugar cane villages) in Central Romana where Dominican and Haitian migrant workers & families reside. Travel is required on week one for one week to DR then second week is on UMMS campus for finalizing project assessment and evaluation. (travel for 2 weeks is an option and will be discussed with the team of PHC students prior to finalizing the plan)
 - d. Primary student activities include:

Community assessments on the bateys and in the local La Romana community that provides assistance to the UMMS DR Batey Health Initiative
 - e. Specific logistical details, e.g. housing, transportation, etc. include:

Round trip airfare to Dominican Republic & transportation to and from La Romana, including accommodations (lodging, meals, etc) and work with Buen Samaritano group (interpreters, drivers) includes a student cost of \$1200-\$1500 per person to participate in this PHC experience. Cost includes all expenses covered except additional purchases student may want to make while on trip. Student will need to have current updated passport, register for UMMS international travel and make appointment at travel clinic for immunization and health-related recommendations.
 - f. Maximum number of students on team: *10 (5 medical students, 5 nursing students)*
 - g. Typical hours, including any weekends or evenings:

One week travel to La Romana, DR. includes weekday and weekend stay. Arrive on Sunday and leave following Saturday or Sunday. Work entails about 10-12 hours during weekdays to assess community and focus on specific health issues. Some of time spent by students and preceptors on Batey and other time spent visiting with local community health personnel (e.g. Good Samaritan, Light a Candle) and reviewing work at Casa de Pastoral Mission where group stays at for accommodations while in La Romana. Again, 2 week travel is an option for the group.

- h. Typical daily travel distance (round trip): *Travel from Boston to La Romana DR includes 4 hour plane ride to Santo Domingo, DR, then 90 minute bus ride to La Romana round trip. Local work includes travel to an adopted batey from La Romana which is about 45 minutes or 90 minutes round trip. Transportation and interpreters will be provided by local Good Samaritan group as the local sponsors of the UMMS DR BHI initiative.*
- i. The different types of professions that are part of the student experience include: *Physicians, Nurse Practitioners, Interpreters, Community Liaisons, Local Health Promoters*
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? *Students will need to be highly participatory including attend pre planning sessions on UMMS campus prior to trip to determine pre scheduled plan and activities with faculty and preceptors; participate in one week DR BHI experience; and, return to finalize PHC assessment, evaluation, poster, including meet to discuss trip with preceptors and faculty in week two.*
- k. Possible micro-service projects are: *Collaborate with Family Medicine Global Health Fellow on further development of the community health worker training project*

5. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training
Requires, updated current passport, travel clinic immunizations and recommendations, and registry with UMMS international travel. (including completing pre travel authorization form and state department registration form)
- b. Readings to prepare for activities, discussions, site visits or meetings
 - o Bilton, M. (2011). Community health needs assessment. *Trustee*, 64(9), 21-24.
 - o Green, T., Green, H., Scandlyn, J., & Kestler, A. (2009). Perceptions of short-term medical volunteer work: a qualitative study in Guatemala. *Global Health*, 5(4), 1-13.
 - o Maki, J., Qualls, M., White, B., Kleefield, S., & Crone, R. (2008). Health impact assessment and short-term medical missions: a methods study to evaluate quality of care. *BMC health services research*, 8(1), 121.
 - o Roberts, M. (2006). Duffle bag medicine. *Jama*, 295(13), 1491-1492.
 - o Rowe, A., McClelland, A., & Billingham, K. (2001). Community Health Needs Assessment: An Introductory Guide for the Family Health Nurse in Europe. Retrieved October 21, 2015.
 - o Suchdev, P., Ahrens, K., Click, E., Macklin, L., Evangelista, D., & Graham, E. (2007). A model for sustainable short-term international medical trips. *Ambulatory Pediatrics : The Official Journal of the Ambulatory Pediatric Association*, 7(4), 317-320. doi:S1530-1567(07)00059-7 [pii]
 - o U.S. Centers for Disease Control and Prevention. *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health*

6. Resources:

- a. Web resources relevant for this population and/or health issue:
 - o WHO Organization
 - o CDC
 - o Public Health Institute
 - o <http://www.laromana.org/bateyes.html>

Team title: Employee Health Service

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

The mission of the Employee Health Service (EHS) is to help ensure the health and safety of the UMass Memorial Healthcare System (UMMHC) workforce. On this population health clerkship, students will have the opportunity to work with various EHS team members and learn about occupational and environmental medicine, workplace wellness, workers compensation, ergonomics, disability management and vocational rehabilitation.

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

a. Academic faculty:

Maria G. Michas, MD, MPH, FACOEM
AVP/Medical Director, Employee Health Service, Occupational Injury Care & Wellness, UMMHC; Assistant Professor, Department of Family Medicine & Community Health, UMMS
508-334-6179
maria.michas@umassmemorialhealthcare.org
291 Lincoln Street, Suite 201, Worcester, MA 01605

3. Defining characteristics

- a. The population of focus for this team is:**
UMMHC Employees, volunteers, contractors, fellows, residents & students
- b. The health issue affecting this population on which this team will focus is:**
Work related injuries and illnesses from hazardous exposures in the workplace
- c. The primary sites and locations at which the team will spend their time are:**
Employee Health Department/Clinic
291 Lincoln Street, Suite 201, Worcester, MA 01605
- d. Primary student activities include:**

- 1) Rotate with various EHS team members including: department medical director, director of EHS, clinic nurse practitioners, clinic nurses, nurse case managers, ergonomic specialist, vocational rehab specialist, and wellness manager.
- 2) Attend various committee meetings with the EHS medical director to learn all that is involved to help ensure a healthy and safe working environment for our caregivers, as well as patients and visitors. Meetings may include: Sharps Injury Prevention, Workplace Violence Prevention, Safe Patient Handling, Wellness, Indoor Air Quality, Biosafety, Environment of Care, Environmental health and Safety and Emergency Management.

- e. Specific logistical details, e.g. housing, transportation, etc. include: Housing not provider. Unless the medical school covers parking, students will need to pay for parking at the Lincoln Street parking lot.
- f. Maximum number of students on team: three due to space limitations
- g. Typical hours, including any weekends or evenings:
Monday-Friday, 8am-4pm, no evenings/weekends./holidays
- h. Typical daily travel distance (round trip): 10 miles max, depending on if will need to travel between Lincoln street and Memorial or University campuses
- i. The different types of professions that are part of the student experience include: occupational and environmental medicine physician, nurse case manager, nurse practitioners, RN/LVN/MA, insurance claims specialists employee assistance professional (EAP), vocational rehab specialist, wellness specialist
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Activities will be pre-scheduled
- k. Possible micro-service projects are: depends on student interest

4. Preparatory materials:
 - a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training
Students need to make sure they are up to date with all required immunizations, flu shot and TB screening.

- b. Readings to prepare for activities, discussions, site visits or meetings
Reading assignments will be provided to students on first day of rotation

5. Resources:

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

American College of Occupational and Environmental Medicine

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

American College of Preventive Medicine

<http://www.bing.com/search?q=american+college+of+preventive+medicine&src=IE-TopResult&FORM=IETR02&conversationid>

Centers for Disease Control

<http://www.bing.com/search?q=cdc&qs=n&form=QBRE&sp=-1&pq=cdc&sc=9-3&sk=&cvid=2B6A99A46C584F66B40873CD6CB741F2>

National Institute for Occupational Safety and Health

<http://www.bing.com/search?q=niosh&qs=n&form=QBRE&sp=-1&ghc=1&pq=niosh&sc=9-5&sk=&cvid=577AFCF5B21042B1A33737A30A76A01E>

Occupational Safety and Health Administration

<https://www.osha.gov/>

- b. Links to relevant agency reports: will be provided to students as per interest.

1. Team title: Geriatrics – Fall Risk & Prevention for Older Adults

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

Students will gain an in-depth understanding of the risks, causes and impact of falls on elders and the importance of fall prevention, as well as existing resources and initiatives. Students will also learn and practice fall risk assessment techniques by interacting directly with elders in a variety of home and community settings.

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

a. Academic faculty:

Sarah McGee, MD, MPH

Associate Professor of Medicine

Interim Clinical Chief, Division of Geriatric Medicine

Department of Medicine , UMass Medical School

55 Lake Ave. North, Worcester, MA 01655

Sarah.McGee@umassmed.edu , 508-334-6251

Karen Dick, PhD, GNP-BC

Associate Professor

UMASS Medical School Graduate School of Nursing

55 Lake Ave. North, Worcester, MA 01655

Karen.Dick@umassmed.edu , 508 856-5345

Debi Lang, MS

Training & Evaluation Manager

MassAHEC Network

UMASS Medical School

333 South St., Shrewsbury, MA 01545

508 856-3404, debi.lang@umassmed.edu

b. Community faculty:

Linda Wincek-Moore, MEd, LSW

Manager of Senior Services & Education

Elder Affairs/Worcester Senior Center

128 Providence Street, Worcester, MA 01604

MooreLW@worcesterma.gov , 508-799-1233 direct

508-799-1232 main

Jennifer (Jenn) Knight

Director of Planning & Marketing

Elder Services of Worcester Area, Inc.

67 Millbrook Street, Suite 100, Worcester, MA 01602

jknight@eswa.org , (508) 756-1545 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 an adult day/adult day health program, assisted living facility, nursing home, rehabilitation center, and a community health center. Home visits with case managers and nurses, as well as opportunities to shadow a 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.
- e. Specific logistical details, e.g. housing, transportation, etc. include:
Reliable transportation is necessary for local travel in Worcester and possibly to surrounding communities; carpooling is encouraged.
- f. Maximum number of students on team: **4**
- g. Typical hours, including any weekends or evenings:
Generally between 9-5. At some sites, activities may begin earlier. The schedule varies day to day. No weekends or evenings. A detailed 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?
Students usually participate as a whole group, or in groups of two. Activities are pre-scheduled; however self-direction will be needed to arrive promptly at various locations throughout Worcester. Usually one of the faculty accompanies the students.
- k. Possible micro-service projects are:
Service learning project needs to be related to falls prevention/assessment. Possibilities could include a presentation to older adults at the Worcester Senior Center, or developing educational materials for distribution or display.

5. Preparatory materials:

- a. Site/task requirements, if any: **No site requirements**
- b. Readings to prepare for activities, discussions, site visits or meetings
 - i. Center for Disease Control and Prevention, STEADI - Stopping Elderly Accidents, Deaths & Injuries, <https://www.cdc.gov/steady/materials.html>

- ii. University Health News, Easy Stretches and Exercises for Seniors: How seniors can improve stability and core strength and prevent falls (free download)
https://universityhealthnews.com/get-download/?dtd=262&mqsc=D3893427&utm_source=WhatCountsEmail&utm_medium=UHNUHN%20Free%20Guides&utm_campaign=FR%20Spotlight_Mobility
6. 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**](#)
 - [**NIH Senior Health: Falls and Older Adults**](#)
 - [**Iowa Geriatric Education Center**](#)
 - [**What Causes Falls in the Elderly? How Can I Prevent a Fall?**](#)
 - [**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**](#)
 - [**Prevention of Falls in Older Persons - Summary of Recommendations**](#)
 - [**Clinical Practice Guideline for Prevention of Falls in Older Persons**](#)
 - [**Utilitarian Walking, Neighborhood Environment, and Risk of Outdoor Falls Among Older Adults**](#)

Title: Get With The Programs -- Connecting Providers to Community Resources

Worcester has many social programs ranging from supplemental food assistance to special education, but clinicians often lack training to identify and access these resources for their patients. Through a series of coordinated site visits, this clerkship will work to improve patient health by exposing students to patient needs, available programs, and means to access resources.

Brief Summary:

Worcester is rich in community programs, but clinicians often lack training in how to identify and access these resources in order to effectively address the social determinants of health. This clerkship works to bridge the gap between healthcare and the community through a series of coordinated experiences to enhance providers' knowledge of community resources and identify ways that programs can work more effectively together. Examples include grocery shopping on a SNAP budget and then visiting WIC and volunteering at a food bank; using public transportation to get to a clinic visit and then meeting with a WRTA rep; and visiting a local school and learning how to advocate for patients with special needs.

Team Faculty:

Leanne Jones, MD, clinical instructor, Department of Family and Community Medicine, leanne.jones@umassmed.edu

Susan Hogan, MD, clinical instructor, Department of Family and Community Medicine, susan.hogan@umassmemorial.org

Defining characteristics

- a. The population of focus for this team is: Health Care Professionals in Worcester
- b. The health issue affecting this population on which this team will focus is: Students will work to fill a common knowledge gap for health care providers by familiarizing themselves with community resources that they can use to better understand the social determinants of health.
- c. The primary sites and locations at which the team will spend their time are: Students will travel to various agencies mostly in the Worcester area.
- d. Primary student activities include: Students will simulate patient experiences to appreciate social needs, and work to connect with state and private agencies to understand how to meet those needs. Students will explore their role in advocating for patients' access to resources.
- e. Specific logistical details: Site visits will be coordinated for the students; students will need to provide their own transportation or car-pool to site visits.
- f. Maximum number of students on team: 4
- g. Typical hours, including any weekends or evenings: Weekdays, 9-5pm.
- h. Typical daily travel distance (round trip): Will vary

- i. The different types of professions that are part of the student experience include: Students will meet with a variety of professionals in the health care, education, transportation, public health, nutrition, and social work fields.
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Site visits will be prescheduled. Each day will include time for debriefing and reflection.
- k. Possible micro-service projects are: each site visit will give the opportunity for further engagement, such as packaging food at the Worcester Food Bank.

Preparatory Materials

- a. Site/task requirements: To be determined based on sites visited
- b. Required Readings:
 - Elizabeth Bradley, L. T. (2016). How Social Spending Affects Health Outcomes. - http://www.rwjf.org/en/culture-of-health/2016/08/how_social_spending.html
 - WHO factsheet: inter-sectoral action on health - http://www.who.int/kobe_centre/publications/isa_brochure_27oct.pdf?ua=1.
 - TedTalk - “What is upstream healthcare?” - <http://www.healthbegins.org/>
 - Khullar, D. (2016). Food, a place to sleep and other basic patient needs. *The New York Times*. - https://well.blogs.nytimes.com/2016/07/20/food-a-place-to-sleep-and-other-basic-patient-needs/?_r=0
- c. Interesting Reading:
<https://www.linkedin.com/pulse/20140612112054-43742182-prescriptions-must-address-more-than-medicines>

Resources:

- <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>
- <https://foodbank.org/>
- <http://www.therta.com/>
- <http://child-familyservices.org/worcester/>
- <http://www.worcesterma.gov/ocm/public-health>
- <http://worcesterschools.org/>
- <https://www.fns.usda.gov/wic/women-infants-and-children-wic>

Healthcare for the homeless

2017 UMMS / GSN Population Health Clerkship

Healthcare for the Homeless

Team faculty:

Homeless Outreach and Advocacy Project (HOAP)

Jennifer Bradford MD (Primary Care Provider)

Cell: (617) 953-5752

Jennifer.Bradford@umassmemorial.org

Erik Garcia MD (Medical Director)

Office: (508) 860-1053 | Cell: (508) 272-0934

GarciaE@ummhc.org

City of Worcester Dept. of Health & Human Services

Katherine Calano (Homeless Projects Manager)

Office: (508) 799-8486 | Cell: (508) 768-7482

calanok@worcesterma.gov

Office Contact: Yvette Sanchez (508)860-1058

HOAP Clinical Team

Jane Whelan Banks

Family Nurse Practitioner, HOAP

Stephanie Connors

Nurse Practitioner, HOAP

Jackie Howlett RN

Suboxone/OBAT coordinator, HOAP

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 reflects 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, which includes health providers, social services programs, and policy development. The term "homeless" can reflect a wide spectrum of circumstances that ranges 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, most of Worcester's homeless are concentrated in a limited area, making centralized care a possibility. Contrast this with Fitchburg, where outreach is required to serve a more scattered and suburban homeless population.

We will accept 6 students to join us at HOAP and the City of Worcester Dept. of Health and Human Services to gain an understanding of the psychosocial and health issues faced by Worcester's homeless adults. We will visit several shelters and outreach sites to observe how funding and community shapes the barriers and accessibility to healthcare for the underserved.

Defining characteristics:

- a. Population of focus: homeless adults in households without children
- b. Health issues: substance abuse, mental illness, various medical conditions, lack of permanent housing
- c. Primary sites may include:
 - a. Community Health Link (CHL)Detox facility,Passages (post-detox), and Homeless Outreach & Advocacy Program (HOAP)

Healthcare for the homeless

- b. 25 Queen Street (Shelter)
- 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. Continuum of Care for the Homeless agencies (Central Mass Housing Alliance, SMOC, Veterans Inc., etc.)
- h. Oasis and Safe Havens – housing for people with severe mental illness
- i. Street Outreach with Elliot Group (PATH team)
- j. Engagement with the Quality of Life Task Force and Worcester Police Crisis Intervention Team
- k. Possible field trip to Boston Healthcare for the Homeless
- l. Racism, Power, and Privilege training
- m. Possible field trip to Worcester Drug Court

- 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: 6
- g. Typical hours: likely M-F 9am-5pm with one Tuesday or Thursday night until approximately 6pm
- h. Typical daily travel distance: within Worcester except for one possible Boston trip
- i. Different professions encountered: The students will be interacting with a variety of professions at the clinic and in the community. Some of these professions includes physicians, nurses, substance abuse counselors, case managers, and mental health workers, government employees, and police officers
- 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; medical respite care, policy development 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>

Team title: Health Policy in the Public Sector: MassHealth at the Forefront of Healthcare Reform**1. Brief summary description/abstract (50 words or less):**

What is the role of the MassHealth (Massachusetts Medicaid) program? How is health policy developed in the public sector? What are some key population health challenges facing the MassHealth program, and what types of innovative solutions is the state developing to ensure value and sustainability of the MassHealth program? Learn from UMMS faculty and other members of the Office of Clinical Affairs (OCA) who are embedded in MassHealth how they provide clinical leadership in developing innovative solutions and promoting quality of care for some of the Commonwealth's most vulnerable populations.

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

- a. Carolyn Langer, MD, JD, MPH
Chief Medical Officer - MassHealth
Director - Office of Clinical Affairs
Associate Professor, UMass Medical School/Commonwealth Medicine
617-847-3756
carolyn.langer@state.ma.us

Jill D. Morrow, MD, MBA
Senior Medical Director, MassHealth
Office of Clinical Affairs, Commonwealth Medicine
Associate Professor, UMass Medical School/Commonwealth Medicine
617-847-3747
Jill.Morrow-Gorton@state.ma.us

b. Community faculty: Multiple OCA and MassHealth staff**3. Defining characteristics**

- a. The population of focus for this team is: MassHealth members
- b. The health issue affecting this population on which this team will focus is:
Understanding the unique needs of the MassHealth population and the multiple subpopulations served by MassHealth. Specifically, students will gain an understanding of the role of and interplay between physical health, behavioral health, long term services and supports, and social determinants of health in health outcomes.
- c. The primary sites and locations at which the team will spend their time are: Boston and Quincy
- d. Primary student activities include: Meet and learn from OCA staff, MassHealth leadership and other key stakeholders. Understand how federal and state health policy influence the payment and delivery of care. Learn about innovative strategies that the MassHealth program is pursuing in order to ensure a sustainable program that drives value and quality improvement.
- e. Specific logistical details, e.g. housing, transportation, etc. include: Transportation is required, but both locations are easily accessible via commuter rail. There is not reimbursement for travel. Remote work from home or UMMS may be possible on some days depending on the project.
- f. Maximum number of students on team: 6-7
- g. Typical hours, including any weekends or evenings: Mon-Fri 9-5
- h. Typical daily travel distance (round trip): 100 miles roundtrip to/from Worcester
- i. The different types of professions that are part of the student experience include: medical directors, pharmacists, dentists, nurses, quality experts, data analysts, administrators, policymakers

- j. Do students need to be highly self-directed or are activities largely pre-scheduled? A combination of both
- k. Possible micro-service projects are: To be determined

4. Preparatory materials:

- a. Site/task requirements, if any: none at this time
- b. Readings to prepare for activities, discussions, site visits or meetings: will be passed out at first prep meeting

5. Resources:

- a. Web resources relevant for this population and/or health issue:
 - MassHealth Basics: <https://bluecrossmafoundation.org/publication/updated-masshealth-basics-facts-trends-and-national-context>
 - MassHealth: The Basics – Enrollment Update (March 2017):
<https://bluecrossmafoundation.org/publication/masshealth-basics-%E2%80%93-enrollment-update-march-2017>
 - The MassHealth Waiver 2016–2022: Delivering Reform:
https://bluecrossmafoundation.org/sites/default/files/download/publication/MassHealth_Waiver_Jan17_report_v06.pdf
 - A Guidebook to Social Services for MassHealth ACOs:
<https://bluecrossmafoundation.org/publication/guidebook-social-services-masshealth-acos>
- b. Links to relevant agency reports:
 - MassHealth Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
 - MassHealth Innovations Website: <http://www.mass.gov/hhs/mashealth-innovations>
 - MassHealth Dental Program: <http://www.mashealth-dental.net/>
 - MassHealth Drug List: <https://masshealthdruglist.ehs.state.ma.us/MHDL/welcome.do>

2017 UMMS/GSN Population Health Clerkship

1. **Team title:** *HIV in Massachusetts: A state's action plan and two community responses (Worcester and Lawrence)*

2. **Team faculty:**

a. **Academic faculty:**

Philip Bolduc, MD, Assistant Professor of Family Medicine and Community Health, University of Massachusetts Medical School; HIV Program and Fellowship Director, Family Health Center of Worcester; Principal Investigator, New England AIDS Education and Training Center; 508-860-7858 Philip.Bolduc@fhcw.org, 26 Queen St. Worcester, MA 01610

Christopher Bositis, MD Clinical Director, HIV and Hepatitis C programs at Greater Lawrence Family Health Center cbositis@glfhc.org, 34 Haverhill St. Lawrence, MA 01841

Vanessa J. Sasso, MSW, Senior Project Director University of Massachusetts Medical Center/New England AIDS Education and Training Center (508) 723-4012 vanessa.sasso@umassmed.edu, 333 South St. Shrewsbury, MA 01545

b. **Community faculty:**

TBD Greater Lawrence Family Health Center

Martha Akstin Director of Community Relations AIDS Project Worcester (508) 755-3773 ext. 14 makstin@aidsprojectworcester.org, 85 Green St. Worcester, MA 01604

3. **Defining characteristics**

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

Persons living with HIV in Worcester and Lawrence where the following factors may be present: poverty, dislocation and marginalization, language barriers and low health literacy, unemployment, uncertain legal status, domestic violence, mental illness, substance use, and homophobia.

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

In a short span of less than 30 years, HIV evolved from a death sentence to a manageable chronic disease, and primary care providers now play an important role in diagnosing and managing HIV care. The 2017 *Massachusetts Integrated HIV/AIDS Prevention and Care Plan is a comprehensive assessment of Massachusetts HIV epidemiology, prevention and care efforts. The PHC team will read and use the Integrated Care Plan to assess the strengths and areas for improvement of two community-based HIV care sites in Worcester and Lawrence, MA. Working collaboratively with the academic and community faculty and the multidisciplinary HIV teams at each site, the PHC team will assess factors contributing to missed and late diagnoses, unsuccessful linkage to or retention in care, and inability to achieve HIV viral suppression. Literature review and interviews with patients, staff, providers, social service agencies, and other community based organizations will comprise the team's research. As part of this process, the PHC team may also identify unmet needs/opportunities for training and/or technical assistance, which could be later addressed by the New England AIDS Education and Training Center. Students may also accompany staff on a home visit or outreach, shadow a resident or attending, participate in an HIV quality improvement meeting, and visit the Lawrence Heritage National Park or Worcester Historical Museum.

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

- Family Health Center of Worcester, 26 Queen St., Worcester, MA
- Greater Lawrence Family Health Center, 34 Haverhill St., Lawrence, MA

- AIDS Project Worcester, 85 Green St., Worcester, MA
- Potential additional sites:
 - Edward M. Kennedy Community Health Center, 19 Tacoma St., Worcester, MA
 - UMass Memorial Health Care Infectious Disease Clinic, 119 Belmont St., Worcester, MA

d. Primary Student Activities

- Interviews
- Lectures
- Reading
- Analytical research
- Community visits
- Shadowing/Observation
- Community outreach

e. Specific logistical details: The clerkship team will be expected to provide their own transportation and lunch. The clerkship team will have the opportunity to engage in evening outreach work in Worcester (Thursdays).

f. Maximum number of students: 6

4. Resources:

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

Massachusetts Department Public Health

HIV/AIDS Surveillance <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hivaids-surveillance/>
Office of HIV/AIDS <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hiv-aids/>

HIV/AIDS Reports

- *[Massachusetts Integrated HIV Prevention and Care Plan](#)
- [Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts](#)
- [Consumer Study: June 2011](#)
- [Intersecting Risks - HIV Infection Among Heterosexual Females and Males in Massachusetts \(PDF\)](#)
- [Concurrent Dilemmas: Lateness to HIV/AIDS Care as a Challenge to Both Prevention and Treatment \(PDF\)](#)
- [Inequitable Impact: The HIV/AIDS Epidemic Among Gay and Bisexual Men and Other Men Who Have Sex With Men in Massachusetts \(PDF\)](#)
- [An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts \(PDF\)](#)

Epidemiologic Profile Calendar Year 2016:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hiv-aids/epi-profile/epi-2016/>

- [Regional Epidemiologic Profiles](#)

- [Statewide Fact Sheets](#)
- [Population Specific Fact Sheets](#)
- [General Appendices](#)

MassCHIP (Community Health Information Profile) <http://www.mass.gov/eohhs/researcher/community-health/masschip/> (City/Town Profiles available)

Below you will find links to all MassCHIP Instant Topic reports that have data related to HIV/AIDS.

- [Health Status Indicators](#)
- [Adolescents Report](#)
- [Behavioral Risk Factor Surveillance System - Health Screening](#)
- [Race/Hispanic Ethnicity Report - Mortality](#)

1. Team title: Hot Spotting**2. Brief summary description/abstract (50 words or less):**

Students will join a team based in the clinical system's Office of Clinical Integration. As part of that team, they will gain insight into the root causes that lead some patients to have repeat emergency room visits and hospital admissions, and analyze how these additional medical care services might have been avoided. They will work with super-utilizers to understand their unique circumstances and help connect them with needed community resources.

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

i. Monica Lowell, Community Benefits, UMMHC

ii. Suzanne Cashman, Family Med & Community Health, UMMS

b. Community faculty: William Behan, Christine Cernak, Office of Clinical Integration, UMMHC**4. Defining characteristics****a. The population of focus for this team is:**

i. Patients who are very high utilizers of the health care system

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

i. A wide array of social determinants of health as well as mental health and substance abuse issues

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

i. City of Worcester, UMMHC

d. Primary student activities include:

i. Reviewing data used to identify high utilizers, participating in home visiting orientation training, conducting home visits (with care managers) on high utilizing patients, following up on identified patient need

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

i. Students will need their own transportation around Worcester

f. Maximum number of students on team:

i. Four

g. Typical hours, including any weekends or evenings:

i. Typically day time though there could be an early evening or weekend home visit

h. Typical daily travel distance (round trip):

i. NA

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

i. Nursing, social work, emergency medicine, community health worker, case manager, administrator

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

i. A bit of both

k. Possible micro-service projects are:

i. Contributing to advancing the clinical system's hot spotting initiative and summarizing data from literature reviews prior students have conducted as well as data collected from the hot spotting initiative. Developing recommendations for expanding the initiative.

5. Preparatory materials:

- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
 - i. Students will need to be available in August and September for up to 8 hours for training and orientation to the hot spotting work. This is to ensure that they have clinical clearance and are ready to begin the work as soon as the two week clerkship begins.
- b. Readings to prepare for activities, discussions, site visits or meetings

<http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters>

http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/aug/1764_hong_caring_for_high_need_high_cost_patients_ccm_ib.pdf

http://well.blogs.nytimes.com/2013/11/21/spending-more-and-getting-less-for-health-care/?_r=0

1. Clerkship Name: **What How** do I feed my family tonight? Food, Health and Access within our Community
2. Team faculty:
 - a. Academic/Community faculty:

Kathryn K. P. Brodowski, M.D., MPH
Director of Health and Research, The Greater Boston Food Bank
Assistant Professor, Department of Family Medicine and Community Health, UMass
Email: kbrodowski@gbfb.org
Office Phone: 617-598-5047
Cell Phone: 617-992-6338
3. Defining characteristics
 - a. The population of focus for this team is: Adults, children, and seniors within a community who are food insecure.

*Food Insecurity = a household-level economic and social condition of limited or uncertain access to adequate food.
 - b. The health issue affecting this population on which this team will focus is: Food Insecurity. Lack of access to healthy food is associated with multiple health problems ranging from malnutrition to chronic diseases such as diabetes, cardiovascular issues, and depression.
 - c. The primary sites and locations at which the team will spend their time are:
 - The Greater Boston Food Bank serves 190 cities/towns within Eastern Massachusetts. Our whole group meetings would take place at our offices in Boston and field work will be done at food pantries throughout our service region.
 - d. Primary student activities include:
 - Reflections and Discussions based on readings, introduction to assistance programs (SNAP, WIC, etc), introductory meetings with community organizations, how-to skills in the clinical environment (ex. food insecurity screening), hands-on experiences in the field with organizations via a service-project with the Greater Boston Food Bank (GBFB).
 - Community Assessment: Describe and characterize the population at risk of food insecurity or experiencing food insecurity in the chosen community (where assigned food pantry located). 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 chosen 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.
 - Main Project:

GBFB's mission is to *End Hunger Here*. Hunger is an acute physiological condition that stems from inadequate access to food. Creating hunger-free communities is operationally the first stepping stone toward creating food secure communities (food security being a broader term and impacted by multiple factors). The focus on hunger-free is also consistent with our organization's mission.

GBFB seeks to understand what it would take to reach the goal of hunger-free communities. GBFB knows how much food it is putting in to communities (one-meal, two-meal, three-meal day levels). This is the supply side and we use GIS maps to monitor progress: www.gfb.org/maps/one-meal-a-day). However, this is a mathematical model. Even though we mathematically put enough food for three meals a day in a community, that doesn't necessarily translate into everyone in need getting food and becoming hunger-free.

This is not the first time this problem has been contemplated. "Beginning in the post-World War I period and increasingly during and following World War II, the international community began to collect national food balance sheets data to facilitate allocation and distribution efforts in conflict-affected regions. Food balance sheet data are 'supply side' data This choice of metric implicitly prioritizes the availability of food supplies as the primary consideration for determining a country's food security....scholars at the time soon began to recognize that food availability was not sufficient for ensuring household access to food....Nobel Laureate Amartya Sen brought to the forefront the importance of food access in determining food security by highlighting historical examples of famine conditions in countries with sufficient national food supplies" (Jones et al. 2013). So in other words, just because a nation might look like they are ok on their food balance sheet, doesn't mean the food got to where it needed to go. There are other factors beside the food supply side. I have organized these other factors into 3 additional categories: knowledge, access, and utilization. We need to understand both from service providers and from pantry recipients what are the key components in each of those categories. They can help us understand how to get to hunger-free.

In summer of 2017, GBFB set out to do qualitative work (surveys and focus groups) at a sample of our partner food pantries to inform our next steps as an organization. We will identify key themes that emerge from our conversations with clients. We then wish to prioritize these key themes. To do this, we will create a "flipchart kit" to be used by students in this clerkship. Questions will be posed to clients at food pantries with answers to choose from based upon the key themes that emerged in our earlier summer work (ex. common barriers to accessing food). Each client will be given a "voting dot" to assign their priority to an issue. In this way, we will be able to ascertain the priorities among clients in various communities. Each community is unique and so priorities may shift accordingly. We anticipate asking each student to visit 2 food pantries. The results will help the food pantry and their local partners determine which issue is most pressing - informed by the votes of their clients.

- 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 in Boston and Eastern Massachusetts. Please see the above GIS map for a full view of our service territory which extends from the North (ex. Amesbury) down to the Cape and the islands.
- f. Number of students on team: 20 students
- g. Typical hours, including any weekends or evenings:
Whole group meetings will occur during regular office hours (8am -4:30pm). However, visits to food pantries will cater to each food pantry's distribution schedule (some are open on weekends, others on a weekday night). Students will be asked to visit 2 food pantries.

- h. Typical daily travel distance (round trip):
Students will be commuting to Boston and cities/towns in Eastern Massachusetts. Travel distance depends on activities planned for that day. Your own transportation is needed.
- i. The different types of professions that are part of the student experience include:
CEOs/Executive Directors of non-profits, several project managers, registered dieticians (RDs), physicians, and food pantry staff that specialize in connecting patients with social services.
- 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. Students will learn the technique of dot voting and will visit two food pantries on their own to employ it.
- k. Possible micro-service projects are:
Food pantry data collection

4. Resources:

- a. Web resources relevant for this population and/or health issue:
GBFB GIS Maps:
www.gfb.org/maps/one-meal-a-day

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



Medical Student Elective Rotation

Population Health Clerkship Team: Incarcerated and Urban Working Poor

Faculty:

Academic faculty:

Director:

Ken Freedman, MD, MS, MBA, FACP, DFASAM, AGAF
Chief Medical Officer, Lemuel Shattuck Hospital (LSH)
Clinical Professor of Medicine, Tufts University School of Medicine (TUSM)
Adjunct Clinical Associate Prof. of Psychiatry, University of Mass. School of Medicine
Phone: (617) 971-3532
Kenneth.Freedman@state.ma.us

Co-Director:

Daniella Floru, MD (Associate Director, TYP Residency, Assistant Professor of
Medicine, TUSM)
Phone: (617) 971-3461
Daniella.Floru@state.ma.us

Co-Director:

Michelle Cooke, PsyD, LADC I, CADC (Director, Office Based Opioid Treatment
Program, Clinical Instructor of Psychiatry, TUSM)
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Michelle.Cooke@massmail.state.ma.us

Ireta Ashby, Program Coordinator
Phone: (617) 971-3338
Ireta.Ashby@state.ma.us

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

All LSH faculty participants available at:
170 Morton Street
Jamaica Plain, MA 02130
Phone: (617) 971-3338

Service Providers: *Although the subacute services have a focus on specific patient population, they all treat all age groups and illnesses.*

Geriatrics:

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

HIV/Infectious Diseases

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

Medical Affiliated Services

Rochelle Scheib, MD (Instructor of Med., Harvard Medical School)
Sue Doherty, NP
Melbeth Marlang, PA

Medical Behavioral Services:

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

Ventilator Service

Donna Roy, MD (Assistant Prof. of Med., TUSM)
Theresa Margate, NP

Ambulatory Care Center

Arielle Adrien, MD (Assistant Prof. of Med., TUSM)
Mary Connolly, PA

Office-Based Opioid Treatment (OBOT)

Michelle Cooke, PsyD, LADC I, CADC (Clinical Instructor of Psychiatry, TUSM)
Ron Jacobs, RN
Jane Dunning, RN
Angela Zaydon, LCSW

Addiction Services

Hugh McCray, CADC, LADC II
Marc Bell, CADC

Social Services

Elizabeth Burden, LICSW, MPH
Ginger Bailey, LICSW
Lamar Polk, LICSW

Other

Rev. James Gannon, M.Div., LCSW (Director of Pastoral Care)
Chris O'Connell (Clinical Psychologist)
Robert McMakin, Edd (Clinical Psychologist, Clinical Instructor in Psychiatry,
TUSM))
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.

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, co-infections, post-acute care rehabilitation, geriatric illnesses 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 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;
- 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 8:00AM to 5:00PM 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. McQuistion *et al.* (2003) Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders. *Psychiatric Services*. 54(5): 669-676.
9. Hwang, S. *et al.* (1998). Risk Factors for Death in Homeless Adults in Boston. *Archives of Internal Medicine*, 158(13), 1454-1460.
10. NASW Standards for Social Work Practice in Health Care Settings. (2005). National Association of Social Workers.
11. LSH Pastoral Care Services Guide to Religious Beliefs and Practices

III. Supplemental Materials:

1. Health Care for the Homeless Clinicians' Network (2009). *Adapting your practice: Treatment and recommendations for homeless patients with HIV/AIDS*. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/AIDS.pdf>.

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

Patient Assignments

The students will be assigned two patients from different services (Geriatrics, Infectious Diseases, Medical Affiliate Services, Medical Behavioral Service, and Ventilator Service). They will follow those patients for the duration of their rotation. Each morning they will round on their patients between 8:00 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 10-15 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 a Course Director must be notified.
- 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.
- III. Written Papers as required by UMass

Selected Exposure Descriptions

Psychiatry/Psychology Services

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

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.

OBOT

The Outpatient Based Opiate Treatment (OBOT) Program in the Ambulatory Care Clinic treats patients with a history of severe opiate use disorder who are interested in remaining sober post detox, while beginning treatment in one of the LSH vendor programs or post LSH hospitalization. To be considered for medication assisted treatment with Buprenorphine/Naloxone (e.g. Suboxone), each patient must be thoroughly screened and assessed by the OBOT staff. If approved, the patient is dosed and assessed by our providers and nurses. During this initial visit, the patient's dose is titrated and any possible side effects are assessed. Patients are seen every 1-4 weeks by the OBOT staff and ACC substance use counselor depending on their recovery status and life stressors. We have a variety of patients in our clinic; doctors, lawyers, small business owners, parents, other working

professionals, individuals in treatment and individuals who are homeless. Our mission is to treat individuals from all walks of life who struggle with the disease of addiction within a safe and secure environment. We also have interns and students from multiple disciplines rotate throughout the clinic year round. The LSH OBOT clinic is open Monday through Friday 7:00am to 6:30pm.

Pastoral Care Services

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.

Social Services

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.

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. Corectional Sites

2017 UMMS/ GSN Population Health Clerkship

Team Title: Injury prevention IS public health (Worcester DPH & UMMHC Injury Prevention Program)

Maximum Number of Students on Team: 10

Calendar for PHC: There is one Saturday event 10/21/17 for Teen RIDE. Students will be given a day off during the week to compensate for this. A detailed calendar will be discussed at the initial meeting 9/21/2017, and distributed the week before the clerkship begins.

Brief Summary: This clerkship is an experience that exposes students to trauma system development and the systematic approach of our UMMHC injury prevention program. Injury prevention is meshed intricately with public health. The Worcester Division of Public Health (WDPH) is one year into their 2016 Greater Worcester Community Health Improvement Plan (2016). The priority areas will be threaded throughout offsite experiences that include injury prevention across the lifespan, safety, substance abuse, sexual exploitation, emergency preparedness and more.

Team Faculty:

Academic	Community
Michael P. Hirsh, MD, FACS, FAAP Surgeon-in-Chief, UMASS Memorial Children's Medical Center (UMMCMC) Director, Pediatric Trauma Program, UMMCMC Co-Director, Injury Free Coalition of WORCESTER Medical Director, Worcester Division of Public Health and the Central MA. Regional Public Health Association (CMRPHA) Chairman, Worcester District Medical Society Public Health Committee Hirshm@ummhc.org hirshm@worcesterma.gov Office- UMMHC- 508 856 2128 DPH- 508- 799-8531 Cell phone - 508 523-9634	Karyn Clark, MA Director Division of Public Health , City of Worcester 25 Meade Street, Office 200Worcester, MA 01610 ClarkKE@worcesterma.gov Phone: 508-799-1762
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	Public Health Prevention Specialist Division of Public Health, City of Worcester 25 Meade Street, Office 200 Worcester, MA 01610 StockwellA@worcesterma.gov Cell: 508-868-1091
Asia Simpson CPST Injury Prevention Coordinator Asia.Simpson@umassmemorial.org Phone: (w): 774-443-8627 (c):774-261-3408	Cassandra Andersen Manager of Strategic Partnerships Division of Public Health, City of Worcester 25 Meade Street, Office 202 Worcester, MA 01610 andersenc@worcesterma.gov Cell: (857) 208-9303
	Alexis Travis, PhD, CHES Chief of Community Health Division of Public Health, City of Worcester 25 Meade Street, Office 202 Worcester, MA 01610 travisa@worcesterma.gov Phone: 508-799-1757

Defining characteristics:

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 City of Worcester's Division of Public Health). The Alliance includes the towns of Shrewsbury, West Boylston, Leicester, Grafton, Millbury and Holden.

The primary sites and locations at which the team will spend their time are: University Campus, UMMHC/UMMS, WDPH and off site locations that will be fully listed on a schedule September 2017 when we meet. Day 1 will include UMMMC orientation to trauma bay and injury prevention efforts in the morning. In the afternoon the team will convene at the WDPH for an overview of programs and services to the residents they serve.

Primary student activities: Interfacing with several community partners including the Worcester Police/Gang Unit, District Attorney's Office, Worcester Juvenile Court System with projects and efforts focused on prevention of injury, access to care and safety and WDPH leaders and directors of CHIP initiatives. Optional experiences available may include Worcester Board of Health, Worcester City Council or community task force meetings. There is a planned forum on the sexual exploitation of children, and a Saturday experience with TEEN RIDE.

Typical Hours are 8:00/9:00-4:00: The schedule will be determined at various times with the group. There is one weekend day planned: **Saturday 10/21/17 for Teen RIDE.**

Travel distance: Most meetings occur in and around Worcester. Car Pooling will be offered as needed.

Different types of professions part of the experience: Public Health, Medicine, Nursing, Administration, Community organizers—public and private initiatives.

Resources for review:

Injury Free Coalition for Kids: www.injuryfree.org

The Greater Worcester Community Health Improvement Plan (2016): 9 Priority Areas: Racism & Discrimination, Substance Use, Access to Care, Mental Health, Economic Opportunity, Cultural Responsiveness, Access to Healthy Food, Physical Activity, Safety

<http://www.worcesterma.gov/ocm/public-health/community-health/chip-cha> or
<http://www.healthycentralma.com>

WDPH: <http://www.worcesterma.gov/ocm/public-health>

MOMS Demand Action for Gun Sense in America: <https://www.facebook.com/MomsDemandAction/>

1. Team title: Language Access and Patient Encounters**2. Brief summary description/abstract (50 words or less):**

Students will gain an appreciation for patients with barriers to care based on their limited English proficiency, otherwise known as LEP patients, and their culture. Students will understand the work of an interpreter and how to work effectively with an interpreter whether a spoken language interpreter or an American Sign Language interpreter. Lastly, students will also learn to appreciate how language access impacts the patients, families and the communities.

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

- a. Academic faculty: Lisa Morris, Director of Cross Cultural Initiatives, (508) 856-3572, lisa.morris@umassmed.edu, UMASS Medical School, MassAHEC Network, 333 South Street, Shrewsbury, MA 015445
- b. Community faculty: Nancy Esparza, Director of Health Equity, Language Link Interpreter and Translation Services, (508) 556-1333, Center for Health Impact, 35 Harvard Street, Suite 300, Worcester, MA 01609

4. Defining characteristics

- a. The population of focus for this team is: Limited English Proficient patients including the ASL community
- b. The health issue affecting this population on which this team will focus is: Access to quality healthcare
- c. The primary sites and locations at which the team will spend their time are: Center for Health Impact, Edward M. Kennedy Health Center, Family Health Center, and UMMC
- d. Primary student activities include: Daily morning lectures with guest lectures and panels, afternoons shadowing interpreters in the field at the various clinical sites
- e. Specific logistical details, e.g. housing, transportation, etc. include: Ability to travel to clinical sites each afternoon
- f. Maximum number of students on team: 6
- g. Typical hours, including any weekends or evenings: 6 hours daily, No weekends or evenings
- h. Typical daily travel distance (round trip): 5 – 10 miles
- i. The different types of professions that are part of the student experience include: Trained spoken language interpreters, certified ASL interpreters, clinicians, technicians, pharmaceutical staff, financial office and insurance planning staff, health literacy educators
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? All activities will be pre-scheduled
- k. Possible micro-service projects are: Tools to better service LEP and ASL patients or guidelines for providers

5. Preparatory materials:
 - a. Site/task requirements, if any: na
 - b. Readings to prepare for activities, discussions, site visits or meetings (see links below)

6. Resources:
 - a. Web resources relevant for this population and/or health issue:
<http://khn.org/news/lost-in-translation-when-parents-and-pediatricians-dont-speak-the-same-language/>

<http://content.healthaffairs.org/content/25/3/808.full.html>
 - b. Links to relevant agency reports:
<http://www.healthlaw.org/issues/health-disparities/Medicaid-CHIP-Reimbursement-Models-Language-Services#.WV6mgE3ruM8>

<https://ncihc.memberclicks.net/assets/documents/translation%20guidelines%20for%20interpreters%20revised%20031710.pdf>

Team Title: Living with a Disability

1. Brief summary description/abstract (50 words or less): What are the challenges of living with a disability and the resources and technological advances that enable people to lead full lives? Students will meet individuals with a range of physical (e.g. spinal cord, neuromuscular) and sensory (blindness, deafness) disabilities and shadow clinicians to learn about the impact of quality health care, assistive technology, sexuality, and community supports. Past students comments include, "I have had more positive exposure to people with disabilities than I have in my whole life"
2. 3. 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 who will speak in both personal and professional capacities, physicians and nurse practitioners, and other service providers.**
3. Defining characteristics
 - a. The population of focus for this team is: **people with physical (spinal cord, neuromuscular) 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, home visits and work sites, along with clinical settings working with clinicians serving persons with disabilities. Most activities take place in the Worcester area. There will be some activities in the Boston area and some students may spend a day in Lawrence with a clinician. Students will also spend a day with a person with a disability in their home and communities.
 - d. Primary student activities: **Students will visit, school, community and state agencies and organizations that provide disability-related services. As mentioned, students will spend time with a person who has a disability and will have opportunities to hear from individuals with a variety of disabilities in both personal and professional capacities. Students will also shadow medical professionals who provide care to this population and have an opportunity to try out assistive technology devices.**
 - e. Specific logistical details e.g. housing, transportation, etc. **Students will need to be able to get to locations around Worcester, Boston and possibly Lawrence 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: **Generally, the hours will be 8:30 or 9:00 - 5 p.m., Monday-Friday. Boston and Lawrence 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 and some students may spend a day in Lawrence.** 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, some of whom occupy leadership positions in community and state agencies.**
 - 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.

4. Preparatory materials:

- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
- b. Readings to prepare for activities, discussions, site visits or meetings

5. 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 Disabilitiy 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

- 1. Team title: LUV (Listening to Unheard Voices): Making Opioid Interventions More Effective by Humanizing Addiction**
- 2. Brief summary description/abstract (50 words or less):**

The Joint Coalition on Health (JCOH) is a grassroots health and human service coalition whose mission includes advocating for underserved and marginalized populations by addressing health disparities and the social determinants of health. Students will assist JCOH to gather the input and insights of those who are living at the center of the current addiction epidemic in order to inform strategies and improve outcomes.
- 3. Team faculty: please supply full names, titles, phone, email and mailing addresses**
 - a. Academic faculty: Suzanne Cashman ScD, Professor of Family Medicine and Community Health
 - b. Community faculty: Susan Buchholz, Coordinator & Co-Chair, Joint Coalition On Health, Director, Facing Addiction Pilot Project, jointcoalitiononhealth@gmail.com, 978-855-3598
- 4. Defining characteristics**
 - a. The population of focus for this team is: Individuals in North Central Mass who are most affected by the current opioid crisis. This includes but is not limited to homeless individuals currently struggling with addiction; families of those struggling with addiction including those who have lost loved ones to the crisis; individuals in long-term recovery; individuals on the frontline of service delivery and crisis intervention including community health workers, recovery coaches, emergency medical technicians and law enforcement.
 - b. The health issue affecting this population on which this team will focus is: Substance use disorders and mental illness
 - c. The primary sites and locations at which the team will spend their time are: ACTION Health Services (Accessible, Comprehensive, Treatment In Our Neighborhoods), one of four federally qualified health centers operated by Community Health Connections, Inc.(CHC), 326 Nichols St, Fitchburg, MA 01420. ACTION partners with community agencies to bring clinical and support services to the area's most underserved and at-risk populations. Additional sites may include CHC sites in Gardner and/or Leominster; and other community partners such as the Fitchburg Police Department and the Sheriff's Fitchburg Office of Community Corrections.
 - d. Primary student activities include: Students will have the opportunity to engage and interview individuals directly impacted by the current addiction crisis. Students will conduct qualitative research to answer the following question: How might insights, from the grassroots and front-line level, be leveraged to 1) bolster the success of currently implemented but inadequately performing, addiction and opioid interventions and 2) inform future prevention and intervention strategies? Data will be collected from participants purposefully selected for their lived experience and unique perspective as it relates to addiction, opioid abuse and overdose. Data collection procedures will include written questionnaires, 1:1 interviews and focus groups.
 - e. Specific logistical details, e.g. housing, transportation, etc. include: A car or car-pooling is needed. Fitchburg is about 25 minutes north of Worcester.
 - f. Maximum number of students on team: 6
 - g. Typical hours, including any weekends or evenings: It is expected that most activities will take place during normal business hours (M-F, 9-5) however, some interviews and/or focus group may occur in the evenings.
 - h. Typical daily travel distance (round trip): From UMass Worcester Campus to Fitchburg Community Health Connections ~58 miles (RT)

- i. The different types of professions that are part of the student experience include: It is expected that students will primarily interface with community health workers e.g., Recovery Coaches, Peer Mentors, etc. as well as Law Enforcement, Social Workers, Substance Abuse Counselors and Therapists.
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Most activities will be pre-scheduled with the opportunity to engage in self-directed activities.
- k. Possible micro-service projects are:

5. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training: Students will need to complete a CORI and provide proof of immunization.
- b. Readings to prepare for activities, discussions, site visits or meetings: Students may find it helpful to review background/history of JCOH and documents related to the Facing Addiction Pilot Project; these materials will help to provide context for this project. Please find attached:
 - i. Overview of JCOH
 - ii. Overview/Press Release regarding Facing Addiction Pilot Project

6. Resources:

- a. Web resources relevant for this population and/or health issue:
 - i. <https://addiction.surgeongeneral.gov/> (The {first ever} Surgeon General's Report on Alcohol, Drugs and Health)
 - ii. <https://www.facingaddiction.org/?home> (Homepage of our national partner: Facing Addiction)
- b. Links to relevant agency reports:
 - i. <http://www.jointcoalitiononhealth.org/> (Link to Community Health Assessment of North Central Mass: Executive Summary & Full report)

Additional opportunities available prior to start of Clerkship:

- Thursday, August 31st, National Overdose Awareness Event (evening event to be held in Gardner, more info to follow.)
- Thursday, September 7th, Recovery Event at Fitchburg Art Museum (evening event, more info to follow)
- Thursday, September 21st, JCOH monthly meeting, 9:00 – 10:30, Recovery Centers of America, Westminster. Agenda will include a presentation on the Supervised Injection Facility Model (AKA “Safe consumption facilities” which are professionally supervised healthcare facilities where drug users can use drugs in safer and more hygienic conditions. There are approximately 90 sites currently operating in Europe, Australia, and Canada. The MA Medical Society supports the exploration of creating SIFs in MA but the idea is running into a lot of resistance.

<http://www.wbur.org/commonhealth/2017/06/20/boston-supervised-injection-harsh-reception>

Team Title: Massachusetts Health Reform 3.0: Value Based Payments, Integration of Health System with Community Partners and Addressing the Social Determinants of Health.

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

Massachusetts has led the nation in expanding health insurance coverage and addressing the needs of its most vulnerable citizens. Through its recent Medicaid Waiver Extension, Massachusetts is poised to promote significant changes in payment and delivery systems with the goal of improving the value of health spending while addressing social determinants of health. This clerkship will provide students with a structured opportunity to engage with consumer advocates, health system and public policy leaders who are involved in the implementation of the Massachusetts reforms to gain a better understanding of the opportunities and challenges related to reforming our health care system and promoting population health.

2. 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, 508.856.3957, 333 South Street, Shrewsbury, MA 01545; jay.himmelstein@umassmed.edu
- ii. Michael Chin, MD, Health Policy Associate, Research & Evaluation Unit; 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:

- i. Doug Brown, JD, President, UMass Memorial Community Hospitals; douglas.brown@umassmemorial.org and Instructor, Department of Family Medicine and Community Health
- ii. In addition to meeting with state policy makers, we plan to leverage UMass Memorial Healthcare and the Worcester community as a case study to better understand the challenges and opportunities of reforming payment systems and integrating clinical and community services to address social determinants of health and improve health outcomes for the population as a whole.

3. 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, public health, and public policy.

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:

- i. 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 travel 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 two times each week to Boston (approx.)
 - ii. 5 miles three times each week to Worcester locations (approx.)
- i. The different types of professions that are part of the student experience include:
 - i. Health care providers, policymakers, and health care system 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 remainder of time available for team-directed research.
- k. Possible micro-service projects are:
 - i. Develop an educational video explaining payment reform efforts in Massachusetts to medical students, physicians, and health care professionals
 - ii. Develop informational materials for consumers who are dealing with issues of affordability, lack of insurance or underinsurance
 - iii. Develop case studies of individuals and families that illustrate current challenges that they face with regards to economic insecurity due to health care costs
 - iv. Develop policy proposals that incorporate population health promotion into cost containment and payment reform efforts

4. Preparatory materials:

- a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
- b. Readings to prepare for activities, discussions, site visits or meetings

5. Resources:

- a. Web resources relevant for this population and/or health issue:
 - i. <http://www.commonwealthfund.org/topics>
 - ii. <http://kff.org/health-reform/>
 - iii. www.communitycatalyst.org
 - iv. www.hcfama.org
 - v. [Massachusetts Blue Cross Blue Shield Foundation](http://www.massbluecross.org)
- b. Links to relevant agency reports:
 - i. [The Affordable Care Act's Payment and Delivery System Reforms: A Progress Report](http://www.mass.gov/doc/2015/03/10/ma-health-reform-report)
 - ii. [Health Insurance Coverage, Access and Coverage in Massachusetts: 2015 update](http://www.mass.gov/doc/2015/03/10/ma-health-reform-report)
 - iii. [The Path to a People-Centered Health System: Next Generation Consumer Health Advocacy](http://www.mass.gov/doc/2015/03/10/ma-health-reform-report)

Medical-Legal Partnership Pro Bono Project

- 1. Team title:** Medical-Legal Partnership Pro Bono Project
- 2. Brief summary description/abstract (50 words or less):**

Community Legal Aid and UMass Memorial Health Care have joined together to improve the health of low-income families in Central Massachusetts by tackling unmet health-harming legal needs faced by the system's most vulnerable patients. This Project seeks medical and nursing students to assess patients' needs for legal intervention.

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

- a. Academic faculty:**

Heather-Lyn Haley PhD, Assistant Professor and Project Manager, Family Medicine and Community Health, UMass Medical School, 5 Lake Ave N, Benedict A3-219, Worcester, MA 01655, Heather-Lyn.Haley@umassmed.edu; 774-441-6366

Beverly Nazarian, MD, Clinical Associate Professor, Department of Pediatrics, UMass Memorial Children's Medical Center, 55 Lake Ave N, Worcester, MA 01655, Beverly.Nazarian@umassmemorial.org; 774-442-2853

- b. Community faculty:**

Weayonnoh Nelson-Davies JD, Staff Attorney, Medical-Legal Partnership, Community Legal Aid, 405 Main Street, Worcester, MA 01608, wnelsondavies@cla-ma.org; 508-425-2813

Valerie Zolezzi-Wyndham JD, Managing Attorney, Community Legal Aid, 405 Main Street, Worcester, MA 01608, vzolezziwyndham@cla-ma.org; 508-425-2803

- 4. Defining characteristics**

- a. The population of focus for this team is:** low income patients of three primary care clinics (Hahnemann Family Health Center, Benedict Family Medicine, and Pediatric Primary Care)
- b. The health issue affecting this population on which this team will focus is:** negative social determinants of health (housing insecurity, food insecurity, financial insecurity and other legal and social stressors layered on top of chronic conditions)
- c. The primary sites and locations at which the team will spend their time are:** Community Legal Aid, Hahnemann Family Health Center, Benedict Family Medicine and Pediatric Primary Care
- d. Primary student activities include:** overview of poverty law and medical-legal partnerships, surveying patients' needs, reporting results, identifying clinic patient trends to inform medical-legal partnership intervention priorities
- e. Specific logistical details, e.g. housing, transportation, etc. include:** none
- f. Maximum number of students on team:** 6 (2 per clinical site)
- g. Typical hours, including any weekends or evenings:** 9-5
- h. Typical daily travel distance (round trip):** Worcester city limits
- i. The different types of professions that are part of the student experience include:** legal and medical
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Self-directed with some organized activities**
- k. Possible micro-service projects are:** None identified at this time

Medical-Legal Partnership Pro Bono Project

5. Preparatory materials:
 - a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training **N/A**
 - b. Readings to prepare for activities, discussions, site visits or meetings: **See Resources**

6. Resources:
 - a. Web resources relevant for this population and/or health issue:
<http://www.communitylegal.org>
<https://massprobono.org/cla-medicallegalpartnership/>
<http://medical-legalpartnership.org/>

 - b. Links to relevant agency reports:
Applying the Medical-Legal Partnership Approach to Population Health, Pain Points and Payment Reform
Joanna Theiss, JD, LLM; Megan Sandel, MD, MPH; Joel Teitelbaum, JD, LLM; and Kate Marple, MSc
<http://medical-legalpartnership.org/wp-content/uploads/2016/10/Applying-the-MLP-Approach-to-Population-Health-October-2016.pdf>

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/>

Team title: The Opioid Epidemic in Barre, MA: Assessment of Contributing Factors and the Need for Services in a Rural Community

1. Brief summary description/abstract (50 words or less): Barre has recently seen a spike in number of patients needing care for opioid addiction, as well as children and families needing support for the collateral effects of the opioid epidemic. Healthcare providers, recovery groups, law enforcement and social service providers are overwhelmed. Along with the BFHC's 2nd year residents, the clerkship team will create a quantitative dataset related to substance use/abuse and interview addicts and family members to identify needed services.
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty:

Barre Family Health Center
151 Worcester Road
Barre, MA 01005
978-355-6321

 - i. **Cynthia Jeremiah MD (Cynthia.Jeremiah@umassmemorial.org)**
 - ii. **Kristina Gracey MD (Kristina.Gracey @umassmemorial.org)**
 - b. Community faculty: **none**
3. Defining characteristics
 - a. The population of focus for this team is: **People in the catchment area of the Barre Family Health Center at risk and suffering from substance use disorder, people in recovery, and immediate family/friends.**
 - b. The health issue affecting this population on which this team will focus is: **substance use disorder and pre-addiction substance (ab)use.**
 - c. The primary sites and locations at which the team will spend their time are: **Barre Family Health Center, Local Police Departments, Quabbin Regional HS/JHS**
 - d. Primary student activities include: **for interviews, open 12-step meetings (NA and AA), Quabbin Regional HS/JHS; For data collection: local pharmacies, Police Departments; Emergency Medical Services; municipal Heath Departments.**
 - e. Specific logistical details, e.g. housing, transportation, etc. include:
 - i. **It may be beneficial to carpool.**
 - 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 students can participate in Girl Talk sessions, that typically are on Wednesday evenings from 5:30-7:30 pm.**
 - h. Typical daily travel distance (round trip): **approximately 46 miles**
 - i. The different types of professions that are part of the student experience include: **Medical professionals, Health teachers, High school nurse, Sports coaches, Police Officers, Emergency Personnel, members of the QDrug Committee**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Highly self directed. They are given a schedule at the beginning of the block with coordinated meetings**

- k. Possible micro-service projects are: **TBD**

- 4. Preparatory materials:
 - a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training: **none**
 - b. Readings to prepare for activities, discussions, site visits or meetings: **none**

- 5. Resources:
 - a. Web resources relevant for this population and/or health issue:
 - i. <https://www.ruralhealthinfo.org/rural-monitor/opioid-epidemic/>
 - ii. <http://nprillinois.org/post/why-opioid-epidemic-hitting-rural-america-especially-hard#stream/0>
 - iii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>
 - iv. <http://publichealth.tufts.edu/About-Us/Public-Health-Rounds-Newsletter/The-Massachusetts-Opioid-Epidemic-Prescription-Painkillers-Gateway-Drug-to-Heroin-Use>

 - b. Links to relevant agency reports:
 - i. <http://www.mass.gov/chapter55/>
 - ii. <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/current-statistics.html>

Team title: Oral Health as part of Overall and Population Health – Really!

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

Military recruits can't go to war and children can't learn due to cavities! Learn how the mouth affects the body and communities. Students will experience clinical and public health dental settings – prison dental clinic, Headstart, pediatric dental clinic, etc. We'll talk with politicians and visit a water treatment plant to consider water fluoridation.

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

- a. Academic faculty: Hugh Silk, MD, MPH, Susan Feeney, DNP, FNP-BC, Pat White, NP
- b. Community faculty: Chengeto Vera, DMD, MPH (Worcester Kids Dentist), Dean Chang DMD (Concord MCI Dental Unit), Steven Ramos, DMD (UMass Memorial Hospital dentist), Rod Lewin DMD (Oral Surgeon Fitchburg CHC), Brandon Cairo DMD (private practice dentist), Senator Harriet Chandler, Linda Schoonmaker (Headstart), Christine Dominick (MCPHS Dental Hygiene School), Jane Gauthier (Quinsigamond Dental Hygiene School)

3. Defining characteristics

- a. The population of focus for this team is: underserved across the lifespan including but not limited to prison inmates, head start children and parents, patients on Mass Health, etc.
- b. The health issue affecting this population on which this team will focus is: Disparities in oral health of the public in the Commonwealth of Massachusetts.
- c. The primary sites and locations at which the team will spend their time are: UMMS, State House, Worcester water treatment plant, Health Care for Allocal dental offices – Concord prison, Headstart, Worcester Kids Dentist, Mass College of Pharmacy and Health Sciences Dental Hygiene Program, Qunisigamond Dental Hygiene Program, hospital oral surgeon,
- d. Primary student activities include: Exploring why oral health is not more incorporated into overall health; understand efforts at a state and local level to improve this; investigate local dental settings both private and public to understand the various ways we improve the oral health of our citizens via a debate on fluoride water fluoridation, observing dental team in action, talking to members of the Oral Health Caucus at the state house, talking to public and private health officials who are working on oral health in Massachusetts.
- e. Specific logistical details, e.g. housing, transportation, etc. include: All local; do need to be able to car pool to various sites within Worcester, Holden (1 day), Boston (1 day)
- f. Maximum number of students on team:6
- g. Typical hours, including any weekends or evenings: no weekends or evenings; 8-5
- h. Typical daily travel distance (round trip): local in Worcester except 1 morning in Holden, 1 placement day in Concord MA (30 minute drive), 1 half day in Boston (1 hour drive)
- i. The different types of professions that are part of the student experience include: dentists, dental hygienists, politicians, public health specialists, physician, nurse
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled
- k. Possible micro-service projects are: helping to educate patients

4. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training – CORI, for prison health a background check is done – each student will have to provide to the correctional health system some paper work the week before the rotation
- b. Readings to prepare for activities, discussions, site visits or meetings – a small packet of materials will be made available including non-scientific articles – editorials, etc on the importance of oral health within overall health; students will also be asked to view on-line modules over the course of the 2 weeks on oral health topics across the life span

5. Resources:

- a. Web resources relevant for this population and/or health issue:
www.smilesforlifeoralhealth.org
- b. Links to relevant agency reports: to be added

1. Clerkship Name: Palliative and End of Life Care

2. Brief Description/ Summary:

This Clerkship explores a holistic approach to enhancing care at the end of life: Including a focus on interdisciplinary medical care, emotional and spiritual support and the impact of culture and life experience. Students will also examine related health policies, ethical issues, and the advocacy role of the nurse practitioner/physician.

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

- a. Academic faculty: Joanne L. Calista, MS, LICSW, Executive Director, Center for Health Impact, Instructor, Department of Family Medicine and Community Health, UMMS. 508.756.6676 Ext. 10 jlcalista@centerforhealthimpact.org
- b. Community faculty: Jena Bauman Adams, MPH, Director of Special Projects, Center for Health Impact, 508.756.6676 Ext. 20 Jenabadams@centerforhealthimpact.org
- c. UMass Faculty: Jennifer Reidy, MD, MS, FAAHPM
Co-Chief of Palliative Care, UMass Memorial Medical Center
Assistant Professor of Medicine and Family Medicine, UMass Medical School
Board Certified in Hospice and Palliative Medicine

4. Defining characteristics

- a. The population of focus for this team is persons of any age and their family members and/or caregivers who are facing end of life issues.
- b. The health issue affecting the population on which this team will focus may be *any health condition (e.g., cancer, chronic disease, injury, frailty) with a prognosis of end of life and considerations that may include:*
 - Advance care planning and related tools [e.g., Health Care Proxy, MOLST (Medical Orders for Life Sustaining Treatment)]
 - Medical decision making;
 - Involvement of multidisciplinary team members in palliative and end of life care;
 - Hospice and palliative care options and resources;
 - Palliative and end of life care needs across diverse populations; and
 - Current public policy issues (as well as the role of health professionals as advocates) in end of life care.
- c. The primary sites and locations at which the team will spend their time: Center for Health Impact (35 Harvard St., Worcester, MA), clinical and community-based sites in the Worcester area and possibly one session at a state agency located in Boston, MA. Note: in-person attendance is required.
- d. Primary student activities include:
 - *Please note: Direct patient contact is limited*
 - Group discussions with end of life health care providers and policy makers;
 - Guest speakers including family members; clergy; others
 - Participation in conference about documenting choices about end of life care (Worcester);
 - Hospice site visit;
 - Review of video and audio materials;
 - Reflection, journaling and reporting;
 - Attendance at interdisciplinary team meetings;

- Reading of articles provided and relevant peer reviewed literature;
- Review of related data;
- Poster presentation;
- Possible service learning project; and
- Any other Population Health Clerkship course requirements.

e. Specific logistical details: Students are required to arrange their own transportation and lunch. Car-pooling is encouraged if possible, as parking is limited in some Worcester locations. As noted above, travel to community-based sites in the Worcester area, and possibly to one state agency visit in Boston, is required.

f. Maximum number of students on team: 6

g. Typical hours, including any weekends or evenings: Clerkship hours will be primarily from 9:00 a.m. - 5:00 p.m. Monday – Friday, with the potential of 1-2 sessions starting earlier to attend events, case conferencing, or clinical team meetings.

h. Typical daily travel distance (round trip): Travel to community-based sites in the Worcester area, and possibly to one state agency visit in Boston, is required. Travel time is approximately 1-1.5 hours each direction from Worcester to Boston.

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

- Physicians (from a range of specialties such as palliative care, hospice);
- Nurses (from a range of specialties such as palliative care, hospice);
- Community Health Workers;
- Social workers;
- Policy makers and Public Health Professionals;
- Community Members; and
- Members of Faith Communities.

j. Do students need to be highly self-directed or are activities largely pre-scheduled?
 Activities are largely pre-scheduled; however, the experience can be greatly enriched by students' initiative and expression of specific interests. While students will receive support for activities related to population data and service learning projects, a greater level of self-direction is required in these components.

k. Possible micro-service projects may be: Peer/health professions education; advocacy activity; outreach event; volunteering at a hospice.

5. Resources:

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

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

b. Links to relevant agency reports:

<http://www.mass.gov/?pageID=hqccmodulechunk&L=1&L0=Home&sid=1hqcc&b=terminalcontent&f=Expert%20Panel%20End%20of%20Life%20Care%20expert%20panel%20final%20report&csid=1hqcc>

Parenting and Family Stability

1. **Brief Summary description/abstract (50 words or less):** 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
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Suzanne Cashman, ScD, Professor of Family Medicine and Community Health
 - b. Community faculty: **Sheilah Dooley, Executive Director, 508-755-1228 ext. 250, sdooley@pernetfamilyhealth.org; 237 Millbury Street, Worcester, MA 01610;**
Christopher Nelson, Director of Family Support Services, 508-755-1228 ext. 231, cnelson@pernetfamilyhealth.org, 237 Millbury Street, Worcester, MA 01610;
Donna Jaworek, Director of Early Intervention, 508-755-1228 ext. 245, diaworek@pernetfamilyhealth.org, 237 Millbury Street, Worcester, MA 01610; Emily Linhares, Director of Family & Community Development, 508-755-1228 ext. 224, elinhares@pernetfamilyhealth.org, 237 Millbury Street, Worcester, MA 01610.
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. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training- CORI's should be done
- b. Readings to prepare for activities, discussions, site visits or meetings: See below.

5. 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

- 1. Team title: People with Developmental and Intellectual Disability: Community Living and Health Care Experiences**
- 2. Brief summary description/abstract (50 words or less):** This clerkship includes clinical and community experiences focused on people with developmental and intellectual disability across the lifespan. 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:** Emily Lauer, MPH, Instructor, emily.lauer@umassmed.edu, Robert Baldor, MD, Professor Robert.baldor@umassmed.edu, Alixe Bonardi, MHA, OTR/L, Assistant Professor, alexandra.bonardi@umassmed.edu, Deborah Dreyfus, MD, Assistant Professor, Deborah.Dreyfus@umassmemorial.org
 - b. Community faculty:** To be confirmed – Community service agency leadership
- 4. Defining characteristics**
 - a. The population of focus for this team is:** People with Developmental and Intellectual Disabilities, including people with autism
 - 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 people with developmental and intellectual disability across the lifespan- 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 Boston, Wrentham, Marlborough, may also possibly be included in the schedule.
 - d. Primary student activities include:** Students will spend time at clinics supporting various medical and therapeutic needs of people with these disabilities, and at state and private community agencies that provide health and social service for this population. Understanding screening, early intervention, school programs and transitions to adulthood, as well as aging-related issues will be important areas of content relating to lifespan issues for people with intellectual and developmental disabilities. Activities will allow students to examine the impact of state and federal policy on health issues, and to spend time with people with developmental and intellectual disability in community-based and clinical settings. Participation in a Special Olympics event(s) (if scheduling allows) and interaction with Special Olympics athletes may be included in the clerkship, or on an optional weekend day just prior to or after the clerkship.
 - 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:** 6

- g. Typical hours, including any weekends or evenings: Most activities will occur during normal business hours during weekdays. However, there may be an opportunity to participate in a weekend event (e.g. Special Olympics event) in place of scheduled activity during a week day.
- h. Typical daily travel distance (round trip): From Worcester, we may travel one day to Wrentham (80 mi), to Boston (90 mi). Most activities are scheduled in the Worcester area.
- i. 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 developmental and 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 people with developmental and intellectual disability. Academic faculty members are present at some but not all activities.
- k. Possible micro-service projects are (TBD):
 - i. Assisting at Special Olympics event.
 - ii. Presenting health promotion content to day program participants and staff, or engaging in preparation for health checks with people with these disabilities.
 - iii. Sorting and cataloging at Assistive Technology re-use center in Worcester.

5. Preparatory materials:

- a. Site/task requirements: CORIs
- b. Readings to prepare for activities, discussions, site visits or meetings: Will be shared ahead of the clerkship

6. 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>

<https://www.autismspeaks.org/wordpress-tags/autism-treatment-network>

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

Autism Division of the Department of Developmental Services (DDS); The Children's Autism Home and Community-Based Services Waiver Program:

http://www.google.com/search?sourceid=navclient&ie=UTF-8&rlz=1T4ADRA_enUS415US420&q=ma+dds+autism

<http://www.umassmed.edu/psychiatry/clinicalservices/child-adolescent-clinical-services/cando/>

Charting the LifeCourse Resources, UMKC Institute for Human Development

<http://www.lifecoursetools.com/planning/>

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

Developmental Milestones:

http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf

National Core Indicators:

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

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

<http://onlinelibrary.wiley.com/doi/10.1002/mrdd.20098/abstract>

(This was the foundational article - there have been more recent publications you can also review, building from this reference).

Refugee Health at Family Health Center Worcester

1. **Brief summary description (50 words or less):** The FHCW is located in the Main South community of Worcester and serves a diverse population. Among the people served by FHCW are the newly arriving refugees from war-torn countries. In this clerkship opportunity we combine learning about community health centers in general (history, advocacy, role of CHCs in health system) together with specific learning about refugee communities, resettlement process, resources available to refugees and specific health concerns.
2. Team faculty: please supply full names, titles, phone, email and mailing addresses
 - a. Academic faculty: Heather-Lyn Haley PhD Assistant professor, Family Medicine and Community Health UMass Medical School, 55 Lake Ave N, Benedict A3-219 Worcester MA 01655, 774-441-6366 Heather-Lyn.Haley@umassmed.edu
 - b. Community faculty:

Olga Valdman, MD Director of the Global Health Track of FM Residency and the Global Health Fellowship, Department of Family Medicine and Community Health, UMass Medical School; Faculty Physician at Family Health Center Worcester, Queen St. olga.valdman@fhw.org

Amber Sarkar MD, Assistant Professor of Family Medicine and Community Health Amber.SarkarFHCW@umassmed.edu Amber.Sarkar@FHCW.org
26 Queen St., Worcester MA 01609 Cell: 402 540 0989
3. Defining characteristics
 - a. The population of focus for this team is: The Family Health Center of Worcester's Patient general population (most below the poverty line, >50% non English speaking, many immigrants and refugees, very ethnically diverse, all ages) with specific emphasis on refugee population (refugees come from Bhutan, Somalia, Iraq, Central African Republic, Syria, Congo and others)
 - b. The health issue affecting this population on which this team will focus is: refugee health, preventive care, mental health and social determinants of health
 - c. The primary sites and locations at which the team will spend their time are: Family Health Center of Worcester, Refugee resettlement agencies, Worcester Refugee Assistance Project, African Community Education, New Lands Farm (tentative)
 - d. Primary student activities include:
 - learning about the hx of CHC's and advocacy projects, learning what it is like to be a patient at a CHC
 - e. -Visiting and learning about community partners: Resettlement agencies, Worcester Public Schools, non-profits working with refugees
 - working with the refugee team at FHCW to assist patients in need, create materials to be used by team for patient referral and patient care navigation;
 - conduct a population health project to assess patient outcomes in refugee population OR work on community resource guide for the refugee clinic and education materials
 - f. Specific logistical details, e.g. housing, transportation, etc. include: mostly local
 - g. Maximum number of students on team: 8 (ideal candidates are students already involved in refugee health interest group who plan to be involved with Worcester refugee community longitudinally)
 - h. Typical hours, including any weekends or evenings: Mon-Fri 8-5. Some evenings/Saturdays possible depending on refugee-related activities

- i. Typical daily travel distance (round trip): primarily within Worcester, maybe one drive to Sutton (40 miles round trip)
- j. The different types of professions that are part of the student experience include: Clinical Medical Professionals, Social Workers, Educators, Public Health Professionals resettlement workers, community health workers, volunteer mentors
- k. Do students need to be highly self-directed or are activities largely pre-scheduled? Need to be highly self-directed with particular interest in refugee care AND population health management
- l. Possible micro-service projects are: creating education and health system navigation resources for refugees, assessing impact of wrap-around care on patient outcomes within refugee population, updating community resource guides to make them useful in clinical setting

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

- a. Local
 - Family Health Center of Worcester
 1. <http://www.fhcw.org/en/Home>
 - UMMS Library Guide on refugee health:
<http://libraryguides.umassmed.edu/RefugeeHealth>
 - Non-profit refugee-serving agencies
 1. Worcester Refugee Assistance Project www.worcesterrefugees.org
 2. African Community Education www.acechildren.org
 3. South East Asian Coalition www.seacma.org
 - Resettlement agencies (volags):
 1. Ascentria Care Alliance Services for New Americans
<http://www.ascentria.org/our-services/services-new-americans>
 2. Refugee and Immigrant Assistance Center
<http://www.riacboston.org/worcester-programs>
 3. Catholic Charities <http://www.ccworc.org/>
- b. National:
 - Office of Refugee Resettlement: Refugee Health
<http://www.acf.hhs.gov/orr/programs/refugee-health>
 - CDC Immigrant and Refugee Health
<http://www.cdc.gov/immigrantrefugeehealth/index.html>

1. Team Title: Veterans/Military Health Issues**2. Brief summary description (50 words or less):**

Who is a veteran? What health care needs are unique to veterans and why? Who gets care at the VA? What should all clinicians know about when 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, Boston and other sites to visit veterans' service agencies, outpatient clinics, and 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: **8**
- g. Typical hours, including any weekends or evenings: **generally 9-5; 1-2 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 3-4 times during the 2 weeks for possible trips to Worcester, Boston and possibly other sites within a 90-minute radius (UMMS van may be available).**

- 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, yoga), 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: **to be determined**

5. Preparatory materials:

- a. Site/task requirements: **none at this time**
- b. Readings: **will be shared prior to the first prep meeting**

6. Resources:

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

1. Team title: Worcester Head Start and Early Childhood Development

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

Students will be introduced to the federal Head Start program and the mandatory screenings to assess children at risk of developmental delays. Working alongside Head Start nurses; students will screen children for hearing & vision loss, BMI, and blood pressure. Students may observe scheduled home visits and case management meetings.

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

- a. Academic faculty: Leanne Winchester, MS RN. (508) 856-8421 Leanne.winchester@state.ma.us
- b. Community faculty: MaryAnn Rollings, RN BS Health Coordinator RollingsM@worc.k12.ma.us

4. Defining characteristics

- a. The population of focus for this team is: Worcester Head Start Program
- b. The health issue affecting this population on which this team will focus is: early childhood development
- c. The primary sites and locations at which the team will spend their time are: Worcester Head Start
- d. Primary student activities include: developmental screening, parent & family engagement
- e. Specific logistical details, e.g. housing, transportation, etc. include: Travel to Worcester Head Start program
- f. Maximum number of students on team: five
- g. Typical hours, including any weekends or evenings: 8a – 2p
- h. Typical daily travel distance (round trip):
- i. The different types of professions that are part of the student experience include: nursing, nutrition, mental health, disability, family advocacy
- j. Do students need to be highly self-directed or are activities largely pre-scheduled? Pre-scheduled
- k. Possible micro-service projects are: early childhood presentation

5. Preparatory materials:

- a. Site/task requirements, if any: forms, CORIs, immunization records, CITI completion, injection training. Federal Head Start & Worcester Public School requires an original CORI be completed on every person who will be interacting with the children. UMMS CORI forms are not accepted. In addition, Federal Head Start requires all volunteers and staff receive a mandatory Orientation in: Child abuse, and neglect, OSHA, and blood borne pathogens
- b. Readings to prepare for activities, discussions, site visits or meetings: This guide, created in corporation with the American Academy of Pediatrics is intended to inform students on the regulations and guidelines that Head Start programs must follow. Students' should review the guidelines for informational purposes only: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/caring-for-our-children-basics.pdf>

Worcester Head Start, cont.

6. Resources:

- a. Web resources relevant for this population and/or health issue: Students should review for informational purposes only: <https://eclkc.ohs.acf.hhs.gov/hslc>
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/health-literacy-and-family-engagement.html>
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/physical-health>
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness>
- b. Links to relevant agency reports: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/medical-home-hs-working-together_2.pdf

2017 UMMS/ GSN Population Health Clerkship
Worcester Healthy Baby Collaborative

1. **Brief summary description (50 words or less):** Students will support the Baby Box initiative of the Worcester Healthy Baby Collaborative, working with local community agencies in implementation of this project to reduce infant mortality and prematurity through education and engagement.
 - Team faculty: Academic faculty: **Tasmina Hydery**, , Family Medicine and Community Health, UMass Med School, **Sara Shields MD**, family physician, Family Health Center Worcester; **Cathy Violette NP**, UMass Memorial
 - Community faculty: **Christina Gebel, MPH**, Regional Director, March of Dimes; Alexis Travis, PhD, Chief of Community Health, Worcester DPH
2. Defining characteristics
 - a. The population of focus for this team is: **women of child-bearing age, with specific outreach to Latina community**
 - 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, EMK Health Center, UMass Memorial Hospital, various community locations**
 - d. Primary student activities: **Continue Baby Box project student work that began winter 2017 and continued through summer 2017 student assistantships. As part of this, Students will be able to attend Baby Café, work as NICU cuddlers, meet with Centering Pregnancy program staff at FHCW, and learn more about the March of Dimes and the Worcester DPH's work to reduce infant mortality.**
 - 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 and may include some weekend work, with weekday comp time allowed.**
 - f. Maximum number of students on team: **4 (prefer Spanish speaking)**
 - g. Typical hours, including any weekends or evenings: **8am-6pm, an evening and/or weekend workshop or activity may occur**
 - 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, community agency representatives**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? **Self-directed**
 - k. Possible micro-service projects are: helping collect supplies for Baby Boxes, helping arrange a distribution day, helping with pre and post-surveys, help with improving WHBC web site regarding Baby Boxes
3. Resources
 - a. Web resources relevant for this population and/or health issue:
 - i. <http://libraryguides.umassmed.edu/worcesterhealthybaby> Library guide created by 2015 PHC team – consider relevant updates or additions
 - ii. www.worcesterhealthybaby.org Browse reports and conference proceedings.
 - b. Links to relevant agency reports:
 1. **Health of Worcester**, <http://www.worcesterma.gov/ocm/public-health>
 2. Public Health Strategies to Prevent Preterm Birth
<http://www.cdc.gov/cdcgrandrounds/archives/2015/november2015.htm>
 3. Information about Baby Boxes

- a. <http://www.bbc.com/news/magazine-35834370>
- b. <https://www.nytimes.com/2017/05/24/well/family/put-your-baby-in-a-box-experts-advise-caution.html>
- c. https://www.washingtonpost.com/local/social-issues/baby-boxes-proposed-in-dc-as-wave-of-states-look-to-finland-to-prevent-infant-deaths/2017/07/27/05b0d128-6ca0-11e7-9c15-177740635e83_story.html?utm_term=.3c864501514b
- d. <http://www.philly.com/philly/health/kids-families/temple-study-baby-boxes-help-improve-infant-sleep-safety-20170522.html>

- 1. Team title: Worcester Public Schools Flu Clinics**
- 2. Brief summary description/abstract (50 words or less):**

How can we improve community immunity in the public schools of Worcester? In this clerkship, you will learn about the influenza immunization rates in Worcester public schools and receive training to give injections, and to lead a team of volunteers at the temporary flu clinic stations.

You will spend the first week visiting schools, learning about their school-based health centers, and hearing from representatives at the Division of Public Health. During the second week, you will lead flu clinics in the schools, helping to organize the volunteers and students, and administering vaccines alongside the Worcester Public School Nurses and Public Health Nurses.

- 3. Team faculty: please supply full names, titles, phone, email and mailing addresses**
 - a. Academic faculty: Heather-Lyn Haley PhD, Family Medicine and Community Health;**
 - b. Student leaders: Emily Ziady MS4, Kelly Cakert MS3**
 - c. Community faculty: Deb McGovern, Worcester Public School Nursing Director; Pat Bruchmann, Worcester Division of Public Health Nurse**
- 4. Defining characteristics**
 - a. The population of focus for this team is: children in the Worcester Public Schools**
 - b. The health issue affecting this population on which this team will focus is: Flu vaccination**
 - c. The primary sites and locations at which the team will spend their time are: Worcester Public Schools, Worcester Division of Public Health**
 - d. Primary student activities include: coordinating and leading immunization teams at temporary flu clinic sites within the public schools;**
 - e. Specific logistical details, e.g. housing, transportation, etc. include: all local**
 - f. Maximum number of students on team: 6**
 - g. Typical hours, including any weekends or evenings: mostly weekdays with some early mornings, some work before clerkship begins (including injection training)**
 - h. Typical daily travel distance (round trip): 5-10 miles**
 - i. The different types of professions that are part of the student experience include: school nurses, public health nurses, medical reserve corp volunteers, medical, nursing and public health students**
 - j. Do students need to be highly self-directed or are activities largely pre-scheduled? Some of each**

Worcester Public Schools cont.

- k. Possible micro-service projects are: providing flu shots for all 45 Worcester Public Schools; gathering data about each of the flu clinic sites as well as soliciting feedback from volunteers in order to inform specific quality improvement measures for the upcoming years
- 5. Preparatory materials:
 - a. Site/task requirements: forms, CORIs, immunization records, CITI completion, injection training
 - We will schedule injection training for the members of this team in the weeks before the clerkship.
 - b. Readings to prepare for activities, discussions, site visits or meetings:
<http://www.aappublications.org/news/2016/11/08/flu-vaccine-in-schools-pediatrics-1116>
- 6. Resources:
 - a. Web resources relevant for this population and/or health issue:
CDC Materials re: Flu: <http://www.cdc.gov/flu/partners/success-vaxwithme.htm>
 - b. Links to relevant agency reports: