

Fiscal Year 2003
UMass Memorial Health Care, Inc.
Community Benefits Report

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Executive Summary

Community Benefit Mission Statement

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

UMass Memorial Health Care, Inc.

UMass Memorial Health Care, Inc., (UMMHC) is the clinical partner of the University of Massachusetts Medical School (UMMS) and the largest health care system in Central and Western Massachusetts. UMass Memorial Health Care is a not-for-profit, integrated delivery system designed to provide all levels of health care, from primary to quaternary. UMass Memorial delivers care through the UMass Memorial Medical Center (UMMMC) and its member hospitals (Clinton, HealthAlliance, Marlborough and Wing Memorial) with health care services further enhanced and augmented by UMass Memorial Medical Group, University Commons Nursing Care Center, Fairlawn Nursing Home, Highlands Long-term Care Facility, Community Healthlink, Diversified Visiting Nurses Association and UMass Memorial Home Health and Hospice.

The Partnership with the University of Massachusetts Medical School

UMass Memorial Medical Center plays a critical role in training the next generation of primary care physicians for the Commonwealth, and provides continuing education to both primary care physicians and specialists in the region. In 2003, there were a total of 407 medical students, 17 PhD/MD students, and 531 residents and fellows trained at the University of Massachusetts Medical School (UMMS). The residency programs, which are administered by the University, provide training in many specialties including surgery, obstetrics, pediatrics, internal medicine, emergency medicine, psychiatry, and family medicine.

UMass Medical School has garnered a national reputation for its primary care program. *U.S. News & World Report* consistently ranks UMMS among the top of the nation's 125 medical schools for primary care education. The success of UMMS in training primary care physicians can be attributed in part to a curriculum that emphasizes early exposure to community practice, beginning with the first year of medical school. Third-year students are required to complete an innovative clerkship rotation program in which they spend six weeks at a time with community-based physicians.

Beyond its core mission of distinction in health sciences education, the past decade has seen UMMS explode onto the national scene as a major center for research. Federal and private research grants and contracts at UMMS rose from about \$2 million in 1977 to more than \$145 million in 2003, putting UMMS in the top third of all research medical schools, public or private. UMMS continues to be one of the fastest growing research institutions in the country.

UMass Memorial Medical Center

As the advanced tertiary care referral center for Central and Western Massachusetts, UMass Memorial Medical Center is a 761*-licensed bed facility on three campuses (University, Memorial and Hahnemann campuses). The Medical Center offers a full complement of sophisticated technology and support services. UMass Memorial Medical Center is accredited by the Office of Emergency Medical Services as the region's only designated Level I Trauma Center, and the University Campus is home to LifeFlight, New England's first hospital-based air ambulance. The Memorial Campus houses the region's only Level III Obstetrical and Newborn Intensive Care Unit. A patient-centered, state-of-the-art Ambulatory Surgery center is located on the Hahnemann Campus which provides dermatology, cosmetic surgery and sports medicine patient care services among others.

The UMass Memorial Medical Center hospital campuses are: the Memorial Campus located at 119 Belmont Street, the University Campus at 55 Lake Avenue North, and the Hahnemann Campus at 281 Lincoln Street. These campuses are located in Worcester and are approximately two miles apart.

UMass Memorial Medical Group is comprised of over 700 physicians and is one of the largest and most diverse medical groups on the East Coast. The group includes the practices of over 175 employed physicians and nurse practitioners in 20 of the region's cities and towns and more than 600 UMass Memorial hospital-based physicians.

Critical Issues Identified for the Population Served

- High teen pregnancy and sexually transmitted diseases
- Lack of violence prevention programs
- Lack of mental health services
- Access to postsecondary education
- Access to public transportation
- Reduction in substance abuse programs
- Access to health care

Major Programs and Initiatives

- Medical Interpreter Services
- Mobile Medical and Dental Services
- Healthy Communities Initiatives
- Community Based and School Health Centers
- Literacy Initiatives
- Teen and Youth Programs
- Injury and Violence Prevention and Awareness
- Children's Health, Protection and Wellness Initiatives
- Programs for Uninsured, Underinsured, Indigent, Homeless
- Infant Mortality Reduction
- Access to Specialty Care
- Elder Care Services

UMass Memorial Hospitals, Inc.

UMass Memorial Hospitals, Inc., a member of UMass Memorial Health Care, Inc., is comprised of Clinton, Marlborough, HealthAlliance and Wing Memorial Hospitals. Each UMass Memorial hospital, including its flagship Medical Center, is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations. As member hospitals of UMass Memorial Health Care, outreach and health care programs are tailored to meet the needs of each hospital partner and its service area, including residency programs and assistance with recruiting primary care physicians and specialists to the local area.

Clinton Hospital

Clinton Hospital, a nonprofit community hospital with 41 licensed beds, is located in Central Massachusetts. Clinton is bordered by Bolton and Berlin to the east, Boylston to the south, Sterling to the west and Lancaster to the north. The town of Clinton is 13 miles north of Worcester, 16 miles south of Fitchburg and 35 miles west of Boston; and has a population of 13,000.

As a wholly owned subsidiary of UMass Memorial Hospitals, Inc., Clinton Hospital remains a community-focused health care provider for those residing in the six-town primary service area and beyond. The Clinton Hospital primary service area consists of the following towns: Clinton, Lancaster, Sterling, Bolton, Berlin and Boylston.

Clinton Hospital has a 20-bed inpatient Geriatric Medical Psychiatry Unit (GMPU) that provides very specialized service to the elderly with a primary diagnosis of psychiatric problems and a secondary medical problem. Staff members of the GMPU also provide various outreach services.

Clinton Hospital provides a full range of inpatient and outpatient acute care services utilizing the clinical laboratory, diagnostic radiology, and inpatient and outpatient surgical units. Discharge planning and social services assistance help patients plan for post-acute care. Rehabilitation services include occupational therapy, speech pathology and physical therapy. In 2003, there were 10,181 patient days and 1,371 discharges.

Critical Issues Identified for the Population Served

- Lack of access to health services
- Lack of health insurance
- Hunger

Major Programs and Initiatives

- Outreach to Underserved Population
- Interpreter Services and Cultural Competency
- Addiction Services
- Health Education and Prevention Activities
- Uncompensated Care

HealthAlliance

HealthAlliance is a fully integrated, not-for-profit health care delivery system that provides a broad range of health care and related services to the communities of northern Central Massachusetts and adjoining communities in southern New Hampshire. HealthAlliance provides a full range of inpatient and outpatient services, as well as post-acute care services through its two nursing homes, visiting nurse association and medical equipment company. In

addition, HealthAlliance offers both primary care and obstetrics and gynecology through its employment and support of physician practices in the Fitchburg, Leominster, and Harvard communities.

The HealthAlliance system includes:

- HealthAlliance Hospital - Leominster Campus
- HealthAlliance Hospital - Burbank Campus
- The Highlands – Skilled Nursing Facility
- Fairlawn Nursing Home
- Diversified Visiting Nurse Association
- Diversified Medical Equipment Services
- Coordinated Primary Care, Inc.

Through its member affiliation with UMass Memorial Health Care, HealthAlliance offers improved access to advanced quaternary and tertiary care for its community residents. HealthAlliance and UMass Memorial have also partnered to create the Simonds-Sinon Regional Cancer Center on the Burbank Campus in Fitchburg, which provides comprehensive services from cancer screenings and diagnostic testing to chemotherapy and radiation therapy. HealthAlliance has 143 licensed beds, 301 long-term care beds, 2,200 employees and 340 physicians.

Critical Issues Identified for the Population Served

- Socioeconomics (i.e., affordable housing, employment, homelessness and housing issues for elders)
- Access to care (i.e., access to primary care for certain groups, transportation, linguistic/cultural barriers, cost of prescription drugs and oral health)
- Mortality trends (i.e., cardiovascular diseases, cerebrovascular, motor vehicle deaths and lung cancer deaths)
- Perinatal indicators
- Adolescent health (i.e., adolescent births, substance abuse, mental health and violence)
- Behavioral health (substance abuse and mental health)
- Violence (domestic abuse and child abuse)
- Resource availability (risk/protective factors – areas under-resourced and the impact of state budget cuts)

Major Programs and Initiatives

- Community Health Assessment
- Cancer Programs
- Cultural Diversity and Interpreter Services
- Healthy Directions/Social Interventions and Health Education Programs
- Food and Nutrition Programs
- Great Expectations Family Planning Program
- Disease Management Programs
- Intranet Cooperative for Special Needs Students
- Community Health & Education
- Uncompensated Free Care

- Partnerships for Health Careers
- Health Careers Scholarships

Marlborough Hospital

Marlborough Hospital, a member of UMass Memorial Health Care, Inc., is a valued member of the communities it serves. For nearly 115 years it has provided health services for the City of Marlborough and the surrounding communities of Berlin, Bolton, Hudson, Northborough, Stow, Southborough, Sudbury and Westborough. Marlborough Hospital joined the UMass Health System in 1995, and became part of the UMass Memorial system in 1998. This affiliation assures top quality medical services are provided locally in the community within an integrated health care system offering advanced quaternary and tertiary care, medical research, education and community outreach.

The hospital is currently licensed to operate 79 beds and is fully accredited by the Joint Commission of Accreditation of Healthcare Organizations. It received the JCAHO Gold Seal of Approval[™] this year during its triennial survey. Annual patient volume includes over 3,600 admissions, 48,000 emergency and outpatient visits and 16,871 patient days with an average length of stay of 4.86 days. The average medical surgical length of stay is 3.86 days and psychiatry is 8.18 days. The hospital's primary service area has an estimated population of 125,000, with the daytime population increasing to over 160,000.

Marlborough Hospital provides a full range of inpatient and outpatient acute care services. The current patient services include a 35-bed inpatient medical/surgical unit, a 10-bed Special Care Unit (SCU), a 22-bed inpatient locked psychiatric unit, a 24-hour Emergency Department, outpatient Day Surgery unit, rehabilitation services, and a full range of diagnostic and therapeutic services. The hospital also provides diabetes education, outpatient oncology services and a center for pain management.

As a member of UMass Memorial Health Care, Marlborough Hospital is positioned for long-term stability and growth. The hospital continues to maintain its identity as a locally governed acute care, nonprofit community hospital. With the support of UMass Memorial, Marlborough Hospital is able to provide enhanced services, superior quality and lower health care costs to all people living within the service area.

Critical Issues Identified for the Population Served

- Depression and mental health
- Smoking
- Alcohol abuse
- Obesity/overweight
- Domestic violence
- Child abuse
- Teen pregnancy
- Violence
- Lack of primary care, including prevention, screening and early intervention
- Access to dental care, especially for youth and the Medicaid population

Major Programs and Initiatives

- Interpreter Services

- Access to Dental and Medical Care
- The Harambe Adventure Youth Development Program
- Reach Out and Read Literacy Program
- Friends in Training
- Healthy Marlborough Initiative
- Uncompensated Care

Wing Memorial Hospital

Wing Memorial Hospital and Medical Centers, a member hospital of UMass Memorial Health Care, is a community focused health care provider for residents of the Quaboag and Pioneer Valleys service area. Wing, a 41-bed hospital located between Springfield and Worcester, Massachusetts, provides acute and emergency care, integrated primary physician and specialty care through a network of local community medical centers. The Wing Medical Centers are in the following towns: Belchertown, Ludlow, Monson, Palmer and Wilbraham. The Wing system also includes the Quaboag Valley VNA and Hospice and the Griswold Center for Behavioral Health in Palmer and Ware, MA.

Wing provides 24-hour emergency services, inpatient care, surgical day care with state-of-the-art surgical suites, neurodiagnostics (EKG, EEG, EMG, and sleep studies), respiratory, physical, occupational and speech therapies. The Imaging Department has been upgraded to a fully digitalized department. All x-rays are available to the medical staff via computers; the new Smart PACS (picture archival communication system) enables physicians to view images instantly and to share these with colleagues throughout the country if needed. An ultraspeed CT scanner was purchased this year and is housed in a newly renovated suite. The MRI/MRA scanner, nuclear medicine, ultrasound and mammography complete the services of this department. A full service lab is on-site at the hospital with mini labs in all five of the medical centers. On-site services also include a Department of Public Health designated secure psychiatric unit.

Critical Issues Identified for the Population Served

- Access to health information and care
- School health services
- Substance abuse
- Senior programs

Major Programs and Initiatives

- Community Outreach Education and Health Fairs
- Senior Programs
- Early Childhood
- Support Groups
- Mentoring Youth
- Physician Community Education
- Community Mental Health Programs
- Community Health Education/Occupational Health
- Uncompensated Care

* Source: The Division of Health Care Finance and Policy, 403 Report for Fiscal Year 2003

Accounting Notes - Fiscal Year 2003
Reflecting Activity from October 1, 2002 to September 30, 2003

Commitment to the Community

There are several ways to measure the commitment that UMass Memorial Health Care provides to the community. The Attorney General's Office has provided community benefit guidelines for not-for-profit acute care hospitals. According to these guidelines, in Fiscal Year 2003, UMass Memorial Medical Center and member hospitals provided **\$43,749,995** in community benefits.

Utilizing a broader definition of community contributions (inclusion of non-emergency bad debt), UMass Memorial Medical Center and member hospitals contributed **\$66,163,209** in Fiscal Year 2003.

UMass Memorial Health Care, Inc. FY 2003

A. Gross Community Benefit Expenditures

Uncompensated Free Care and Emergency Bad Debt*	
UMass Memorial Medical Center	\$18,464,927
Clinton Hospital	384,533
HealthAlliance Hospitals	2,734,161
Marlborough Hospital	1,179,236
Wing Memorial Hospital	<u>908,034</u>
Subtotal	23,670,891
Community Benefit Programs	
UMass Memorial Medical Center	\$11,621,549
UMass Memorial Medical Group**	7,352,838
Clinton Hospital	19,416
HealthAlliance Hospitals	611,049
Marlborough Hospital	292,650
Wing Memorial Hospital	<u>181,602</u>
Subtotal	\$20,079,104
Total	\$43,749,995
Total Patient Operating Expenses (1)	\$822,919,308

(1) Division of Health Care Finance and Policy, 403 Report

* Net charity care as defined by the Attorney General's office. Data is from the September 2003 calculation of Monthly Estimated Settlements. September is the final monthly calculation for the Pool Year using Free Care data from June 2002 through May 2003. Amounts are unaudited and subject to change until Final Settlement.

** Represents Free Care provided to patients

B. Community Service Programs

	UMass Memorial Medical Center	\$ 460,081
	Clinton Hospital	1,540
	HealthAlliance Hospitals	1,220,454
	Marlborough Hospital	24,125
	Wing Memorial Hospital	<u>14,867</u>
Total		\$1,721,067

C. Other Community Contributions

Hospital Bad Debt (nonemergency care provided)		
	UMass Memorial Medical Center	\$ 7,739,215
	UMass Memorial Medical Group	8,014,292
	Clinton Hospital	248,802
	HealthAlliance Hospitals	2,810,092
	Marlborough Hospital	627,128
	Wing Memorial Hospital	<u>978,946</u>
	Subtotal	\$20,418,475
Donations, Grants, Other Programs		
	UMass Memorial Medical Center	\$252,925
	Clinton Hospital	2,480
	HealthAlliance Hospitals	9,819
	Marlborough Hospital	8,448
	Wing Memorial Hospital	<u>0</u>
	Subtotal	\$273,672
Total		\$20,692,147
Total for all Community Benefit Expenditures		\$66,163,209
Patient Operating Expenses		\$822,919,308

* Based on FY 2003 Preliminary Settlement

Table 1
UMass Memorial Health Care, Inc.

	<u>Patient Days</u>	<u>Discharges</u>	<u>ALOS</u>	<u>LifeFlight</u>
Memorial Campus	100,328	23,812	4.21	
*University Campus	101,932	18,287	5.57	1,078
Clinton	10,181	1,371	7.43	
Health Alliance	36,577	9,207	3.97	
Marlboro	16,871	3,470	4.86	
Wing	<u>11,973</u>	<u>2,745</u>	<u>4.36</u>	
Total	<u>277,862</u>	<u>58,892</u>	<u>4.72</u>	<u>1,078</u>

* Includes 3rd Floor Psychiatric Treatment Center; patients at Bryan Building, Worcester State Hospital

All statistics include psychiatric and newborns where applicable

UMass Memorial Medical Center

2003 COMMUNITY BENEFITS NARRATIVE

Primary Contact:

Mónica Escobar Lowell
Vice President, Community Relations
UMass Memorial Health Care
119 Belmont Street, Worcester, Massachusetts 01605
Telephone: 508-334-7640
Fax: 508-334-7630
E-mail: lowellm@ummhc.org

Overview

UMass Memorial Health Care, Inc.

UMass Memorial Health Care, Inc., (UMMHC) is the clinical partner of the University of Massachusetts Medical School (UMMS) and the largest health care system in Central and Western Massachusetts. UMass Memorial Health Care is a not-for-profit, integrated health care system designed to provide all levels of health care, from primary to quaternary. UMass Memorial Health Care delivers care through the UMass Memorial Medical Center (UMMMC) and its member hospitals (Clinton, HealthAlliance, Marlborough and Wing Memorial) with health care services further enhanced and augmented by UMass Memorial Medical Group, University Commons Nursing Care Center, Fairlawn Nursing Home, Highlands Long-term Care Facility, Community Healthlink, Diversified Visiting Nurses Association, and UMass Memorial Home Health and Hospice.

UMass Memorial Medical Center

UMass Memorial Medical Center is accredited by the Office of Emergency Medical Services as the region's only designated Level I Trauma Center, and the University Campus is home to Life Flight, New England's first hospital-based air ambulance. The Memorial Campus houses the region's only Level III Obstetrical and Newborn Intensive Care Unit.

As the advanced tertiary care referral center for Central and Western Massachusetts, UMass Memorial Medical Center is a 761-licensed bed and 54 bassinets facility on three campuses (University, Memorial and Hahnemann). The Medical Center offers a full complement of sophisticated technology and support services, providing the region with specialists renowned for their work in areas such as cancer, cardiology, emergency medicine, women's health and children's medical services – including an internationally recognized newborn intensive care unit. It also operates a 26-bed mental health unit at Worcester State Hospital.

The system has developed a range of services previously unavailable in the region. A comprehensive transplant program includes liver, kidney, pancreas/islets cells, small bowel and bone marrow transplantation. The reputation of UMass Memorial Medical Center is further enhanced by advanced laser technology, cardiac bypass surgery, minimally invasive surgical techniques and state-of-the-art orthopedic service, the region's most advanced and active cardiac catheterization labs, and a sophisticated breast care center.

UMass Memorial Medical Center is comprised of the Memorial Campus located at 119 Belmont Street, the University Campus at 55 Lake Avenue North, and the Hahnemann Campus at 281 Lincoln Street. These campuses are located in the City of Worcester and are approximately two miles apart.

During 2003, there were 42,099 patient discharges (including psychiatric patients and newborns) with a total of 202,260 patient days. The average length of stay was 4.80 days.

UMass Memorial Medical Group is comprised of over 700 physicians and is one of the largest and most diverse medical groups on the east coast. The group includes the practices of over 175

employed physicians and nurse practitioners in 20 of the region's cities and towns and more than 600 UMass Memorial hospital-based physicians.

The Hahnemann Campus

The Hahnemann Campus, located on Lincoln Street, Worcester, contains physicians' offices, laboratory and X-ray facilities and a renal dialysis center as well as the Hahnemann Family Health Center.

A state-of-the-art ambulatory surgery and specialty care practice center is located at the Hahnemann Campus. The ambulatory center is a patient-centered, full-service outpatient surgical center focusing on dermatology, hand and upper extremity surgery and therapy, ophthalmology and cosmetic surgery.

The Memorial Campus

The Memorial Campus is a leading provider of acute care services in the greater Worcester area and provides a broad array of primary, secondary and tertiary care services. An acute care facility, it is known for its outstanding patient care. It is the regional referral center in Central Massachusetts for women with high-risk pregnancies, the regional Level III Neonatal Intensive Care Center for seriously ill newborns, and a leading center for the care and treatment of cancer patients. It is also the site of the New England Hemophilia Center.

The University Campus

The University Campus has 416 licensed acute care beds, including 26 psychiatric beds at Worcester State Hospital, and serves as a tertiary care referral center. The campus' main areas of focus are plastic surgery, bone diseases, neurology, advanced cardiovascular care, dermatology, radiation therapy and other forms of cancer care, with a full complement of sophisticated technology and support services. The campus also includes a comprehensive Children's Medical Center with specialists in all principal fields, including orthopedics, psychiatry and surgery, and the only Pediatric Intensive Care Unit and pediatric AIDS treatment facility in Central Massachusetts. The UMass Memorial Children's Medical Center also is home to the Child Protection Program, offering evaluations of children for suspected abuse, neglect and maltreatment. It is the first program of its kind in the region.

The University Campus provides advanced tertiary care unavailable at other sites in Central Massachusetts, including a full complement of transplantation programs, advanced laser technology and forensic psychiatry.

LifeFlight, New England's first hospital-based air ambulance and the only emergency helicopter service in Central Massachusetts, is located at the University Campus and provided 1,078 flights in 2003. The Emergency Department provides training and consultation to providers and appoints medical directors for area town Emergency Medical Services.

The Partnership with the University of Massachusetts Medical School

UMass Memorial Medical Center plays a critical role in training the next generation of primary care physicians for the Commonwealth, and provides continuing education to both primary care physicians and specialists in the region. In 2003, there were a total of 407 medical students, 17

PhD/MD students, and 531 residents and fellows trained at the University of Massachusetts Medical School (UMMS). The residency programs, which are administered by the University, provide training in many specialties including surgery, obstetrics, pediatrics, internal medicine, emergency medicine, psychiatry, and family medicine.

UMass Medical School has garnered a national reputation for its primary care program. *U.S. News & World Report* consistently ranks UMMS among the top 10 percent of the nation's 125 medical schools for primary care education. The success of UMMS in training primary care physicians can be attributed in part to a curriculum that emphasizes early exposure to community practice, beginning with the first year of medical school. Third-year students are required to complete an innovative clerkship rotation program in which they spend six weeks at a time with community-based physicians.

Beyond its core mission of distinction in health sciences education, the past decade has seen UMMS explode onto the national scene as a major center for research. Federal and private research grants and contracts at UMMS rose from about \$2 million in 1977 to more than \$145 million in 2003, putting UMMS in the top third of all research medical schools, public or private. UMMS continues to be one of the fastest growing research institutions in the country.

Given the magnitude of the region's crisis in oral health and dental care access, the University of Massachusetts Medical School is working with several academic, clinical and community programs to provide oral health care for populations in need of acute services. The Medical School's Department of Family Medicine and Community Health is reviewing the possibility of establishing a program in oral health that will integrate oral health education into the department's teaching programs. A multidisciplinary task force is developing a dental residency program, which will be managed in conjunction with the Medical School's clinical partner, UMass Memorial and other community-based health programs.

I. Community Benefit Mission Statement

A. Summary

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

B. Approval of Governing Body

The program's overall mission is recommended by the Community Benefit Advisory Committee (CBAC) and approved by the senior management and members of the Board of Trustees of UMass Memorial Health Care. The identical mission has been approved system-wide at all four member hospitals.

II. Internal Oversight and Management of Community Benefit Program

A. Management Structure

UMass Memorial's Vice President for Community Relations is responsible for the overall program management and oversight of the Community Benefits Program activities and reports to the Senior Vice President of System Operations. The Vice President for Community Relations works closely with internal staff, community-based organizations and other system hospitals, and serves as liaison for all outreach and Community Benefits Program activities.

An active and dedicated Community Benefits Advisory Committee (CBAC) works collaboratively with UMass Memorial and is responsible for recommending the mission and scope of the Community Benefits program. The CBAC meets a couple of times during the year to discuss programs, identify needs, generate ideas, plan and expand services, and provide overall program support. CBAC members and their affiliated organizations are listed at the end of this report.

B. Internal Communication of Community Benefits Mission and Programs

Community Benefits information is disseminated system-wide to all UMass Memorial staff in a variety of ways, including:

- Articles in *Messenger*, an employee newsletter
- An internal hospital web site
- Weekly employee e-mail messages
- Publication and open availability of the annual *UMass Memorial Health Care, Inc. Community Benefit Report*

III. Community Health Needs Assessment

A. Process, Including Participants

Worcester has a number of active coalitions and planning groups working toward community improvement. The Vice President of Community Relations attends many of the community-based coalition meetings to gather information. In addition, two outreach workers regularly survey people in the Bell Hill and Lakeside neighborhoods to identify community needs.

The Community Benefits Program utilized the information that was published in the Pathways to Progress Report, an extensive community planning effort that identified areas that needed improvement in the City of Worcester. A community-wide forum, attended by over 300 people, further refined the identified priorities.

In addition to the above processes, working with the youth leaders of the Healthy Options for Prevention and Education (HOPE) Coalition, information was collected through a community survey that targeted over 500 adolescents. This effort identified the areas of concern to youth.

These community needs assessments and reports were discussed by the Community Benefits Advisory Committee. The CBAC reassesses the direction of current work and recommends new or continued areas of concentration.

B. Information Sources

The Community Benefits Program utilized the following information sources to identify the community's priorities: the Pathways to Progress Report, the Community Access Program (CAP), the Massachusetts Department of Public Health Crisis in Oral Health Report, recommendations from the Worcester Wellness Coalition (CHNA 8), and the HOPE (Healthy Options for Prevention and Education) Coalition's documentation on youth programming needs.

Additional information was generated through the compilation of data from the Worcester Public Schools Department, the health status indicators from the Massachusetts Department of Public Health and the Worcester Police Department.

C. Summary of Findings

The priorities for the 2003 Community Benefit Plan focused on addressing health care issues affecting the underserved youth population, a targeted group identified as most at risk by the Worcester Wellness Coalition. A review of the Community Benefits plan demonstrates that the vast majority of program activities are being provided to this at-risk population because youth come from environments with less than optimal health and education, and are at risk of developing risky behaviors.

Critical issues affecting youth include:

- High teen pregnancy and sexually transmitted diseases
- Lack of violence prevention programs
- Lack of mental health services
- Access to higher education
- Access to public transportation
- Reduction of substance abuse services

In addition, three key areas were identified through the Pathways to Progress Report:

- Child well-being (including school readiness, mental health and out-of-school time)
- Work force readiness (including job training and transportation)
- Housing (including neighborhood stabilization, homelessness and affordable housing)

Worcester, Massachusetts, with a multiethnic and multicultural population of approximately 172,648 (2000 Census), is centrally located within the Commonwealth. Historically, Worcester has been an entry point for new immigrants. The City is making the transition from an industrial city to one that has its economic base in the areas of health, medicine, and biotechnology research. Making this transition has come with a price, especially for the wave of immigrants that continue to make Worcester their new home. As factory jobs have disappeared, the opportunity for people to maintain a middle class standard of living without holding a high school diploma has all but disappeared in Worcester. Because of this transitioning economic base as well as its historical role as an immigrant entry point, Worcester has pockets of entrenched poverty.

Among the poorest of the poor, are families with female heads of household who are homeless or low income housed, with extreme financial deprivation, substandard living conditions, inadequate education and employment, and social isolation, all contributing to poor health. A staggering 92% of the homeless and 82% of the low income housed mothers experienced severe

physical and sexual assaults at some point in their life, and over 70% have had a lifelong prevalence of mental health problems.

The following indicators differentiate Worcester from other Massachusetts communities:

Higher Rate of Poverty Overall	36% of the population of Worcester live below 200% of the federal poverty level – over 10% higher than the state average.
Higher Rate of Poverty Among Children	25% of youth under 18 live in poverty, compared to the statewide rate of 12%. The low income population of students in the Worcester Public Schools is 50%.
Ethnic Composition	15% Hispanic (two times the statewide rate), 12% African American, 8% Asian.
Ethnic Composition - Public Schools	30% Hispanic, 50% Caucasian, 12% African American, 8.1% Asian. Over 20% of students do not speak English.
Infant Mortality Rate	Worcester has consistently ranked worse than the statewide average, with 8.16 deaths per 1,000 in 2003 compared to the statewide rate of 4.9 deaths per 1,000. For Latino and African American babies, death rates are even higher.
Child Abuse and Neglect	Worcester County's rate of reported child abuse and neglect is higher than the statewide average. Worcester Public Schools have a high percentage of children in protective services (foster care); most of them are adolescents who have chronic mental health issues resulting from abuse and neglect.
Health Status of Youth and Teens	Worcester teens have higher rates of pregnancy, sexually transmitted diseases and drug addiction than those in other parts of the state.
Alcohol and Drug Abuse	Worcester has more admissions to drug treatment programs and hospital discharges related to alcohol/drugs than other Massachusetts communities.
Domestic Violence	Last year there were over 2,000 documented police responses to domestic violence. The Probate and Family Court's rate of restraining orders is the third highest in the state.
Youth Violence and Youth Gangs	There are about 20 identified gangs. Worcester Police Department reported 1,149 juvenile arrests in 1998 (most recent data available).
School Performance and Risk Factors	In Worcester the school dropout rate is double the state average. Mobility rates range from 35-75%, depending on the school.

IV. Community Participation

A. Process and Mechanism

UMass Memorial Medical Center’s Community Benefits Program will continue to implement the Healthy Communities Initiative by working directly with residents in at-risk neighborhoods and with the input from community leaders.

A Healthy Community is defined as:

“A community that is safe with affordable housing and accessible transportation systems, work available for all who want to work, a healthy and safe environment

with a sustainable ecosystem and a community that offers access to health care services which focuses on prevention and maintaining health.”

The Healthy Communities Initiative is based on the concept that health is more than the absence of disease, and, in this context, health is defined more broadly to include a full range of quality-of-life issues. This is the Community Benefit Program design to which UMass Memorial espouses. UMass Memorial reaches out and collaborates with other organizations that know firsthand what the local health issues are and can provide UMass Memorial with insight into the needs and desires of the residents. Utilizing an outreach worker model, UMass Memorial’s staff develops relationships with residents in the neighboring communities and incorporates the following goals and objectives:

- Develop programs to prevent root causes of disease.
- Assist residents with public health insurance enrollment and linkages to primary care services.
- Educate residents to improve their access to health care services.
- Increase access to dental care by partnering with area dentists and health centers.
- Support literacy and mentoring programs at neighboring schools for at-risk families.
- Develop internship programs for job placement of youth and neighborhood residents.
- Stabilize neighborhoods by engaging residents to conduct activities that focus on neighborhood cleanup and improvement and crime watch programs.

B. Identification of Community Participants

The Community Benefits Advisory Committee is comprised of a diversified group of community-based organizations that work collaboratively with UMass Memorial Health Care and include representatives from the following organizations: Family Health Center, Great Brook Valley Health Center, YWCA of Central Massachusetts, South Worcester Neighborhood Center, City of Worcester - Department of Public Health and the Office of Planning and Community Development, Massachusetts Department of Public Health, University of Massachusetts Medical School, Centro Las Americas, Henry Lee Willis Center, the Southeast Asian Center, physicians, outreach workers, and a neighborhood center, to name a few.

C. Community Role in Review of Community Benefits Plan and Annual Reports

The Community Benefit Advisory Committee reviews the Community Benefit activities and program outcomes and also advises the Vice President of Community Relations on yearly updates and revision of the Community Benefits plan.

The annual report is shared with the UMass Memorial Management Team and is sent to state and local legislators and community stakeholders. Copies are available upon request by contacting the Department of Community Relations at UMass Memorial Medical Center. The report is also available for review on the Massachusetts Attorney General's web site (www.ago.state.ma.us).

V. Community Benefits Plan

A. Process of Development of Plan

The Community Benefit program activities are based on local efforts that address specific issues. Input is obtained in cooperation with community-based ad hoc task forces, such as the Community Access Program and through the involvement of local and state initiatives.

The Vice President of Community Relations is responsible for establishing contacts with community groups and gathering community input in the planning process. The intent of all Community Benefit programs is not to duplicate currently existing programs, but rather to work cooperatively with community stakeholders to assure services are offered to the individuals and families in the community where the greatest need has been documented.

The UMass Memorial Medical Center Community Benefit program priorities are focused on building long-term relationships and reducing root causes of disease. The priorities are targeted at neighborhoods surrounding the hospital campuses and neighborhoods that lack essential services. The plan aims to reduce health disparities of vulnerable populations and improve the quality of life for Worcester residents.

B. Choice of Target Population(s)/Identification of Priorities

Recognizing the expansive size of the clinical system it serves, the senior management and members of the Board of Trustees agreed that the Community Benefit program would continue to focus on those communities immediately neighboring the UMass Memorial Health Care system locations. For the Worcester campuses, Memorial, Hahnemann and University, the program would continue to offer the existing community outreach programs that had previously been implemented with community input while focusing on new initiatives that aim to improve the health and quality of life for residents in the City of Worcester.

Based on the multiple priorities identified by community agencies and residents, the following were selected as focus areas:

- Access to dental care in partnership with the Oral Health Initiative
- Doherty High School Health Clinic services
- Literacy programs
- Plumley Village Health Center

- Healthy Communities initiatives in two inner city neighborhoods
- Support for at-risk adolescents through the Worcester Youth Center and HOPE Coalition activities
- Mobile medical, dental and health educational services
- Access to care for the uninsured

C. Short-term (One Year) and Long-term (Three to Five Years) Strategies and Goals

Short-term goals:

- Engage local neighborhood residents in identifying and planning solutions to address neighborhood deficits and work toward asset development in two targeted neighborhoods (East Side/Bell Hill and the Lakeside Housing Complex).
- Expand enrollment in public health insurance and free care using an outreach worker model.
- Develop programs that work toward reduction in youth and domestic violence.
- Address early literacy as a means to promote school readiness and economic development.
- Provide community-based health care to underserved and minority groups that address health disparities.

Long-term goals:

- Using a Healthy Communities approach, address root of disease and poor health outcomes.
- Develop an expanded model of prevention and opportunities for youth.
- Partner with local residents and community-based organizations to create vibrant neighborhoods.
- Through targeted outreach, expand access to health care, including dental care, for those where access is difficult.
- Create a diverse and culturally competent, broad-based work force.

D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs

Major initiatives and programs have data gathering and tracking mechanisms in place. They allow for analysis of provision of services, compilation of demographic and self-evaluation data from participants as well as reporting on program accomplishments and unmet needs within the community. Results of the ongoing data collection and analysis are used continuously to modify existing programs.

E. Process and Considerations for Determining a Budget

The Board of Trustees reviews the funding of programs with the process outlined below:

- A report is made to the Board of Trustees once per year regarding community outreach and benefit activities, including both existing and proposed programs and outcomes.
- Priority is given to maintain levels of community benefit funding within the overall UMass Memorial operating budget, even within the fiscally constraining health care environment.

F. Process for Reviewing, Evaluating and Updating the Plan

The Community Benefit Advisory Committee reviews Community Benefit program activities and outcomes and is also responsible, along with the Vice President of Community Relations, for yearly updating and revision of the Community Benefits plan.

VI. Progress Report: Activity During Reporting Year

A. Expenditures for UMass Memorial Medical Center/ According to the Attorney General's Guidelines.

COMMUNITY BENEFIT EXPENDITURES

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2003	APPROVED PROGRAM BUDGET FOR FY 2004
COMMUNITY BENEFITS PROGRAMS	Direct Expenses \$18,974,387	Unchanged from FY 2003
	Other Leveraged Resources \$4,484,250	
COMMUNITY SERVICE PROGRAMS	Direct Expenses \$460,081	
	Other Leveraged Resources \$28,000	
NET CHARITY CARE*	UMass Memorial Medical Center \$18,464,927	
OTHER CONTRIBUTIONS	\$252,925	
	TOTAL \$42,664,570	
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2003: \$636,193,810		

* **NET CHARITY CARE** as defined by the Attorney General's office. Data is from the September 2003 Calculation of Monthly Estimated Settlements. September is the final monthly calculation for the Pool Year using Free Care from June 2002 through May 2003. Amounts are unaudited and subject to change until Final Settlement.

Community Benefit Expenditures/According to a Broader Definition

Total Contribution (see above) **\$42,664,570**

Non-Emergency Bad Debt

UMass Memorial Medical Center	\$7,739,215
UMass Memorial Medical Group	<u>\$8,014,292</u>

Total Expenditures/ Broader Definition **\$58,418,077**

B. Major Programs and Initiatives

1. Interpreter Services and Cultural Competence

UMass Memorial Health Care (UMMHC) recognizes the special needs and concerns of patients who are members of linguistic and culturally diverse groups, have Limited English Proficiency (LEP), or are deaf or hard of hearing. Accordingly, it is UMMHC policy to maintain a system whereby interpreters help providers and hospital personnel to communicate with all LEP, deaf or hard of hearing patients, their families, students and employees.

Trained and qualified bilingual medical interpreters offer interpreter services at all UMMHC sites 24 hours per day, 7 days per week. After business hours, the Department has on call interpreters available for the three most common languages: Spanish, Vietnamese and Portuguese. American Sign Language (ASL) interpreters are available through the Massachusetts Commission for the Deaf and Hard of Hearing.

In 2003, 53,927 medical interpreting encounters were provided; a dramatic increase of 68% compared to the 32,000 interpretations that were recorded in 2002.

Interpretations 2003

Spanish	36,358
Portuguese	6,177
Vietnamese	3,865
Albanian	2,795
ASL	720
Others	<u>4,012</u>
TOTAL	53,927

In view of the increasing population growth of LEP patients, the Interpreter Services Office (ISO) conducted the following activities:

- A 91-hour Medical Interpreting Training Program was offered twice per year for individuals who were interested in working as an interpreter.
- Provided a cross-cultural medical communications training programs for interpreters, medical students and clinical staff.
- Implemented a video conferencing telephonic interpretation service that served as a backup system for those most uncommon languages.
- Translated written materials (i.e. patient information, hospital documents and educational materials).
- Implemented a patient language information identifier in the hospital's scheduling system.

The medical interpreting program addressed some of the cultural issues that impact the health of UMass Memorial's ethnically diverse patient population. Specifically, the medical interpreting program ensured access to services that are culturally and linguistically appropriate.

2. Mobile Medical and Dental Care Services

The Care Mobile is a 40-foot long mobile medical and dental office on wheels. It has been customized to include: two examination rooms, wheelchair accessibility with a hydraulic chair lift, dental operatory furnishings, and X-ray equipment.

The Care Mobile provided medical and dental care services to those most at risk for developing poor health outcomes - the medically underserved. Year-round services were provided four to five days per week at 36 highly accessible sites throughout the City of Worcester and surrounding towns. These sites included schools, neighborhood centers, social service organizations, public housing complexes, and hotels for transient populations.

In 2003, approximately 3,000 medical and dental patient visits were recorded. Out of these, 753 encounters were for medical visits and 1,118 for dental services. An additional 1,100 patient visits were for school-based dental screenings.

The majority of the dental services were preventive in nature consisting of screenings, fluoride varnish treatments, cleanings and referrals to preventive care. Under medical services, 40% of patients were in need of acute/emergency visits, 34% wellness exams, 20% immunizations, and 7% for chronic conditions. Medical conditions included asthma, chest pain, allergies, hypertension, pregnancy, UTI, diabetes, and dental abscess.

The patient population is comprised of 42% Latino, followed by 32% Caucasian, Black African American 13%, Brazilian 2%, Asian 3%, Middle Eastern 1% and Other 8%. Fifty-four percent (54%) of the population was female and 42% were over the age of 18.

The Care Mobile does not provide permanent health services. Rather, it is a very accessible, user friendly, point-of-entry into the health care system where a coordinated effort gets individuals into ongoing care. Ninety three percent (93%) of the patients were followed and referred to a primary care and/or dental provider. Care was not considered complete until a physician or dentist was found who was willing to accept the patient regardless of his/her ability to pay.

The Care Mobile's philosophy is "to go the extra mile" to ensure patients' needs are addressed. To this end, UMass Memorial's outreach liaisons played a critical role ensuring that barriers to accessing care were kept at a minimum. Medical interpreting services, enrollment applications for public insurance or Free Care were completed, transportation arrangements were made, and referrals to other social support services were coordinated. Through this process, 67.8% of the patients who did not have insurance were enrolled into Free Care, and 11% were diverted from utilizing the Emergency Room inappropriately.

3. South East Asian Center (SEACO)

The South East Asian Center is the only social service organization serving the Asian population in Central Massachusetts. UMass Memorial has helped this recently established organization by

partially supporting the staffing costs of a community services coordinator, whose main duties were to conduct outreach activities and provide assistance in the areas of education, employment, health and social services. The community services coordinator also provided medical interpreting services and worked closely assisting the Care Mobile staff in connecting clients to the health care system. In addition, a senior staff member of UMass Memorial has a seat on the agency's Board of Directors and provided technical assistance and linkages to other community resources.

4. Worcester East Side Healthy Communities Initiative

UMass Memorial Medical Center, the City of Worcester, Belmont Street Community School, neighborhood residents, the Regional Environmental Council (REC), businesses and the Worcester East Side Community Development Corporation (CDC) have been working together since 1998 in a concerted effort to improve the East Side community. The primary emphasis has been to increase owner occupied housing, provide clean and safe streets, neighborhood gardens, improved access to jobs and health care, improved literacy, and better availability of other needed services. A UMass Memorial outreach liaison played a critical role facilitating the following activities:

- Coordinating hearings for the construction of a new playground at Bell Hill.
- Organizing National Night Out, a yearly event to promote community involvement.
- Coordinating access to health care and dental care services for the residents and children at the Belmont Street Community School, including enrollment to public insurance or Free Care.
- Coordinating the Crime Watch meetings and other events such as Earth Day, community gardening, youth programming activities, and street cleanups and beautification efforts.
- Establishing a community vegetable garden with weekly neighborhood events.
- Organizing educational programs in collaboration with the Parent Committee at the Belmont Community School.
- Assisting the CDC with first time homebuyer activities.
- Supporting the activities of ComNET (Computerized Neighborhood Environment Tracking), a system that tracks the status of physical infrastructure problems at Bell Hill including unsafe sidewalks, overgrown vegetation, litter and abandoned cars, and unsafe buildings.

All of these activities have made a difference by improving the quality of life in the Worcester East Side neighborhood. At Belmont Street Community School approximately 230 dental visits were provided to students. Neighbors were actively involved in activities that brought them together to address some of the community problems. Many of the identified physical problems tracked through the ComNET Project were presented to the City of Worcester for corrective action.

First time homeownership and renovations of multi-family homes and neighborhood revitalization continued to be a priority for the East Side CDC and UMass Memorial. Through this partnership, five housing units were completed and purchased by first time owners, while an additional four were under construction, and fourteen were in the predevelopment phase.

5. Lakeside Apartments Healthy Communities Initiative

UMass Memorial continued to support the Lakeside Apartments Healthy Communities Initiative by employing an outreach liaison whose main focus was to work with families to assure that they had the necessary support structure in place for a healthy lifestyle.

This public housing complex, located in Worcester's South Quadrant is home to approximately 200 of the most economically disadvantaged families in Worcester. Access to public transportation, lack of youth recreational programs, low literacy, unemployment, and a high number of units headed by female heads of households made this neighborhood an ideal place where UMass Memorial could make a difference in the quality of life.

UMass Memorial's outreach liaison has developed a solid working relationship with the Tenant's Association, the Worcester Housing Authority, the South Worcester Neighborhood Center, Columbus Park Elementary, and the Worcester Connection Community Coalition to develop an Inter-Agency Task Force that has worked to improve services and the quality of life in this community. A neighborhood needs assessment was completed and the group concentrated its efforts on improving employment opportunities for residents, access to public transportation, public safety and affordable child care services. Advocacy activities to improve services have been initiated with City officials, legislators, and other community stakeholders. Positive program outcomes results have been evident; for example, the crime rate in this neighborhood has decreased dramatically.

Access to health care and dental care services have also improved in this neighborhood. The outreach liaison worked closely with the UMass Memorial Care Mobile to coordinate medical and dental services and with the completion of public insurance enrollment (i.e. MassHealth, Free Care). Case management and referrals to other community resources were also coordinated. In addition, a fitness program was established to assist residents with weight loss and diabetes control.

Neighborhood ownership and responsibility was fostered by the UMass Memorial outreach liaison staff member through the coordination of a number of diverse activities including cleanups, beautification projects, and community gardens. A monthly newsletter was published keeping residents informed about services, activities and program opportunities.

Educational opportunities, work force training programs and permanent employment were also coordinated by the outreach liaison. Computer training programs were provided for adults, and an after school academic enrichment component was offered to youth. During the summer, a youth-oriented literacy program and recreational activities were available through collaborative efforts with other community resources.

A solid working relationship has evolved between the outreach liaison and the staff at the Columbus Park School. With parental permission, the outreach worker played a key role assisting the school's staff with students' behavioral and attendance problems by facilitating communication with parents and coordinating support services.

6. Health Centers

UMass Memorial has long been committed to providing services for groups that are chronically and medically underserved. Throughout 2003, the clinical system helped to meet this need by

providing financial and staff support to a number of community health centers in the Worcester area.

Hahnemann Family Health Center: The Health Center is located at the Hahnemann Campus and services provided are preventive and primary in scope. The Health Center serves a diverse population and provides family practice care. Psychological and psychiatric services are also available on-site. Physicians from the health center serve as medical consultants and providers for area agencies and the Plumley Village Health Center.

Plumley Village Health Services (PVHS): The Health Center, located in the Plumley Village public housing area, provides medical and health education services to a highly vulnerable population. The population of this low income housing project is very young, Hispanic, and transient, with low literacy and limited English speaking skills.

PVHS addresses a number of community health needs in Plumley Village East and surrounding neighborhoods. These needs and factors include: high teen pregnancy rate, low childhood immunization rate, lack of primary care services, low education level, a high school failure and dropout rate. Many of the families have severe psychosocial issues complicated by poverty, mental illness and chronic unemployment.

Major accomplishments this past year included the approval of a significant expansion of clinical services, hiring of a dedicated physician, and continuation of the cervical and breast cancer prevention programs. Program services included:

- ***Primary Care Services:*** Clinical sessions were provided by a combination of physicians, residents and a physician assistant. As in previous years, a third of the patient visits in FY03 were children, with nearly half of the patients living in the Plumley Village Housing Complex.
- ***Prenatal Care:*** Most of the prenatal patients were teens who lacked socioeconomic support systems. Their social risk factors included inadequate housing and nutrition, smoking, substance abuse, domestic violence, depression, low literacy and poverty. The PVHS outreach workers worked closely with patients to ensure they received needed services.
- ***HIV Testing:*** PVHS provided an HIV testing program. A certified counselor provided pre- and post-test counseling.
- ***Immunization Clinic:*** During 2002–2003, the clinic provided 302 immunizations to 189 children and adults. In addition 71 flu shots and 51 tuberculosis tests were administered. The ages of the patients in the immunization clinic ranged from infancy to age 50. The immunization clinic was able to reach many more adults than in previous years through expanded outreach activities.

Other outreach activities included: an annual health fair, a Reach Out and Read Literacy program, youth oriented health education programs, and a home visiting program for patients.

Doherty High School Based Health Center: This collaborative effort between UMass Memorial Health Care, the Worcester Public Health Department and the Worcester Public Schools provided adolescents with accessible health care services and was designed to keep students in school and in good health. This school/physician partnership addresses adolescent health care needs for a very diverse student population with a large (close to 50%) minority contingent.

During the 2002-2003 academic year, approximately 6,500 student visits were recorded with the most commonly presented symptoms being stomach upsets, upper respiratory problems, headaches, first aid, orthopedic injuries, immunizations, and physical exams for sports. Mental health and social services were coordinated jointly with school staff and parents. A health education component placed special emphasis on topics that are pertinent to teen health, teen dating and violence prevention. The Health Center staff is comprised of a family nurse practitioner, a nurse who provided patient care and an administrative support staff person.

7. Literacy Initiatives

Consistent with the recommendations of the *Healthy People 2010* report, UMass Memorial believes that literacy is as important to a child's healthy development as immunization and good nutrition, and is, therefore, committed to promoting early literacy, especially among poor children and youth who are most at risk of school failure. Children without good literacy skills – and whose parents lack the skills to promote their school readiness – are at risk of failing not only in school, but also in life.

In 2003, the Literacy Program served over 200 families - largely Latino, all living below the federal poverty level. The Literacy Program provided a continuum of services for very young children, young adolescents, and youth parents. The children's programs incorporated early learning objectives by reading aloud to children, emphasizing the important role reading plays in the family bonding process, as well as in language development. These programs also taught parents to be their child's first teacher, helped them establish a home library, and connected parents to community-based services.

Formula for Success is a program that promotes literacy while providing parent education and support through interactive workshops and home visitation efforts. Literacy workshops were offered to first-time parents and were held at three elementary schools throughout the year, namely Belmont Community, Chandler Elementary, and Columbus Park in addition to the Lakeside Apartments and Y.O.U. Inc.

School Based Book Clubs brought literacy activities to parents of children at Chandler Elementary, Belmont Street Community School, the Lakeside Housing Complex, three other Worcester Public Schools and a Head Start Parent Group. Recognizing that parents of children at these schools have low literacy themselves, the program offered projects that increased parental involvement in the schools while addressing their literacy levels. **Stories in the Park**, a community-based book club, was a 12-week summer program that targeted parents who typically didn't get out of the house. The program decreased isolation, and connected individuals with community members. It was held at public parks throughout the city.

Due to the popularity of the School Book Clubs, the literacy coordinator has been training staff at other schools and community-based organizations to successfully implement this type of program.

Family Literacy Partnership is a program that promotes literacy and parenting to Teen Parents at the YWCA General Equivalency Diploma (GED) program. Parents learned how to support

their children's learning by modeling literacy and child development activities. The curriculum includes effective life skills, literacy and child development, parenting skills and work readiness.

In addition to the literacy-related outcomes, the program's goal is to impart parenting knowledge and skills, to reduce parent isolation, and to facilitate families' connection to community resources. Ultimately, the program addresses the root causes of poor health outcomes by empowering parents to do the best parenting job possible.

8. Teen and Youth Programs

Worcester Youth Center: In 1991, 33 young people were arrested for loitering in front of City Hall. When asked why they always congregated there, they noted that they had nothing to do. The arrest became a catalyst for the group, who formed "The Teen Action Group" (TAG), and proceeded to create plans for a center for young people that would promote individual growth and social change. After three years of planning, the Center was able to open through a partnership with UMass Memorial. This partnership arose out of the City's efforts to engage local health care institutions in a campaign to reduce violence in Worcester. Although the Center is a 501 (c) (3) not-for-profit organization with its own Board of Directors, UMass Memorial employs the Executive Director, partially funds the benefits of several staff, supports the agency's grantsmanship activities and has three seats on the Board of Directors. In addition, 12 summer internships were created to place youth in summer jobs.

The mission of the Center is "to provide a place where young people can build positive, lasting change in their lives." The root causes of poverty – lack of education and lack of job skills – are addressed simultaneously with programs and interventions that are designed to impact positively the effects of poverty on the hopes and dreams of youth. In 2003, the Center registered more than 15,000 visits and served approximately 400 youth, ages 12-24. The youth came from the most impoverished neighborhoods - Main South, Piedmont, Lower Chandler and Great Brook Valley. All of the youth lived below 200% of the poverty level and had been exposed to gang membership, substance abuse, and violent relationships. The Center has a long history of providing services to members of diverse racial and ethnic minority groups. In 2003, close to 89% of the youth came from a minority group.

The Center offered a wide range of recreational, educational, leadership and work readiness programs. It is the only free, "drop in" center with structured programs and support groups solely for teens. Activities were focused on building self-confidence through the educational programs, which included GED preparation, after-school enrichment, academic tutoring, literacy programs, computer center, teen leadership, and work readiness/job placements.

Through collaborative efforts with over 25 organizations, the Center offered a wide array of programs and support services that addressed the root causes of negative behaviors and increased opportunities to build individual resiliency. UMass Memorial's Care Mobile routinely visited the Center and provided medical and dental services, and enrollment into public insurance. In addition, several social service organizations provided on-site mental health services and health education programs.

In 2003, 100% of the Youth Center participants were pursuing an educational activity and/or enrolled in a Work Readiness Program and, despite the higher than average dropout rate among Latinos in Worcester schools, 100% of the Youth Center participants remained enrolled in school.

By creating a safe haven for inner city youth, the Center is:

- Reducing youth violence and gang activity.
- Decreasing teen pregnancy and unhealthy risky behaviors.
- Improving youths' attendance in public education.
- Providing employment opportunities through work readiness programs.
- Motivating and providing the academic skills to be successful in school.
- Providing the leadership skills to become socially responsible citizens.

The HOPE Coalition: With UMass Memorial involved at the forefront, the HOPE Coalition of Worcester fosters HOPE - Healthy Options for Prevention and Education - for and with young people and their families in our community. This youth driven Coalition has developed a strategic plan to reduce youth violence, decrease substance use and abuse, and improve adolescent mental health services in Worcester. Sixteen community stakeholders are engaged in an inclusive consensus building and planning process that has resulted in a citywide, strategic youth prevention plan. UMass Memorial contributed to the Coalition's support by funding the program coordinator's position while partner agencies provide in-kind services.

Through a collaborative effort of youth, service providers and families, the HOPE Coalition aims to increase access to year-round, out-of-school prevention, recreation, wellness, and development activities for youth ages 12-21. Ultimately, HOPE wants to see a reduction in youth violence, substance abuse and happier, healthier young people connected to schools, services, neighborhoods and ready to lead in their communities.

In 2003, the Coalition work was completed with the assistance of 16 teens from across the City of Worcester. These young people collected data, establish adolescent best practices, and worked in partnership with other organizations to institute changes. For example, an Adolescent Mental Health Task Force developed a Mental Health Model that integrated mental health services into youth programming. Also accomplished in 2003:

- Youth Speak Out activities that resulted in the closing of a neighborhood bar that was selling drugs next to the Worcester Youth Center.
- Production of a 30-minute video on teen health and sexuality featuring Worcester's teens.
- Improved access to public transportation in Worcester by documenting the shortcomings in the city's transportation system that affected youths' ability to access programs, health services, employment and recreational opportunities.
- Developed and implemented a Youth Worker Training Institute for frontline staff in youth-serving organizations; the curriculum incorporated youth development, program planning, administrative skills and grant writing.
- Disseminated findings on particular topics and provided consulting services to community-based organizations and health care providers.

The Coalition continues its efforts to increase youth leadership programs, mobilize local organizations to involve more youth in decision-making processes, and modify existing programs to make them more engaging to youth.

Save Our Summer Initiative: The Commonwealth's reduction in local aid to the City of Worcester resulted in a financial crisis that eliminated funding for the operation of the beaches

and pools. UMass Memorial, in partnership with more than twenty organizations, joined the Save Our Summer Initiative, a grassroots fundraising effort to raise monies to support the opening of the cities' pools and beaches. UMass Memorial's support contributed to the successful opening of all the city's public pools and beaches.

9. Elder Care

Senior Center Partnership: UMass Memorial, through a collaborative effort with the Worcester Department of Public Health, supported a full-time nurse to staff the Worcester Senior Center. The nurse coordinated health and wellness education, as well as fitness and exercise programs. The nurse also facilitated visits by other health professionals and served as a liaison between patients and their physician. This collaborative effort addressed a critical community need to promote wellness education and disease prevention, and served as a conduit through which elderly patients were promptly referred for professional services.

Health Clinics at Public Housing Units: UMass Memorial partnered with the Worcester Housing Authority and the City of Worcester Department of Public Health to deliver care to elderly residents. The purpose of this program is to provide access to care for elderly patients who are experiencing difficulties getting to a physician and are at most risk for developing poor health outcomes. Access to transportation, lack of insurance, availability of support services, isolation, and physical impediments are some of the barriers the elderly residents experience at the housing units. This collaborative effort is not a permanent solution, instead, the purpose is to facilitate a medical service for those individuals who are not linked to a primary care physician or can't wait to schedule an immediate appointment with their provider.

In addition, a public health nurse was hired to initiate health screenings, immunizations and flu shots at fourteen public housing complexes. This program was made possible through the auspices of the Office of Community Relations and in collaboration with UMass Memorial's Medical Group.

10. Access to Specialty Care

Improving access to care is a citywide issue that has brought many health and social agencies together. Working in partnership with the Massachusetts League of Community Health Centers, the Community Access Program (CAP) was initiated. The Office of Community Relations at UMass Memorial has been working with the Community Access Program to improve access to specialty care at the community centers. Working closely with the University of Massachusetts Medical School and other health organizations, different strategies are being developed to increase specialty services at Family Health Center and Great Brook Valley Health Center. UMass Memorial Medical Group recruited a pulmonologist to provide services at Great Brook Valley Health Center.

11. Injury Free Coalition for Kids of Worcester

Every year in Worcester hundreds of children under age 18 are injured seriously enough to require medical treatment and lifesaving surgery. Approximately 350 youth were hospitalized at UMass Memorial with injuries caused by bicycle accidents, sports injuries, falls, poisonings and assaults.

Under the leadership of UMass Memorial's Chief of Pediatric Surgery and Trauma, the Coalition worked to reduce preventable injuries in children and supported families in making their communities a safe and healthy place to live. The Coalition coordinated events and community-based educational programs and provided resources (i.e. bicycle helmets) to local children. Areas with high accident rates were identified and educational programs were offered to parents groups in local schools, Emergency Medical Services staff, fire and police departments, and community-based organizations. These preventive programs included:

- Car seat safety checks
- Helmet protection instruction
- Monitoring of playground equipment
- Distribution of accidental poisoning and poisoning safe-at-home kits
- Home safety

In addition, the Injury Free Coalition, UMass Memorial Children's Medical Center, the UMass Trauma Center and the City of Worcester Police Department joined forces and established a "Goods for Guns" buy back program. A total of 258 guns were collected and taken off the street.

The Coalition also worked closely with the City of Worcester's Park and Recreation Department and the Belmont Street Community School in raising funds to build a safe playground at Bell Hill.

12. Department of Pediatrics

The physicians and staff of the Pediatrics Department have established several programs and initiatives to improve the lives of children in Central Massachusetts.

Child Protection Program: The UMass Memorial Medical Center has established the Child Protection Program (CPP), a comprehensive hospital based service that provides forensic examinations, social service evaluations and comprehensive follow-up services to children who may be victims of child maltreatment. The program also provided private practitioners, schools, law enforcement and mental health and state agencies with appropriate services and information regarding the identification of child physical, sexual and emotional abuse. The collaborative effort between the Medical Center and the local, state, and federal agencies has been critical to the success of the program and has allowed a more comprehensive and thorough approach to child maltreatment to be designed.

The CPP now offers more pre- and post-care services, which enables children and their families to receive appropriate and relevant follow-up support. The Child Protection Program is in the process of facilitating the development of a Central Massachusetts Advocacy Center known as the Children's Justice Center. It is working collaboratively with community wide providers and the National Children's Alliance to get this effort established.

Primary Care Services for Adolescents at the Grafton Job Corps: This program offered medical services and preventive programs to economically disadvantaged youth that are at risk of dropping out of school.

School Based Health Center Initiative: The School Based Health Center Initiative is a collaborative effort between Bay Path Regional Vocational Technical School, Wells Human Services, Youth Opportunities Upheld Inc., Health Awareness Services of Central Massachusetts and South Country Pediatrics to develop a health center at the vocational school. Last year a UMass Memorial physician in the Pediatrics Department conducted a needs assessment and coordinated mental health and primary care services at Bay Path. In addition, a nutrition and fitness program was also provided.

Family Advocates of Central Massachusetts: A partnership has been developed with the Legal Assistance Corporation of Central Massachusetts to incorporate legal advocates into the multidisciplinary team that is providing medical services for children of low income families in Worcester County. Screening protocols will be developed and training programs for providers will be offered, thus building a medical-legal partnership that will better serve families whose social circumstances are affecting their health and health care.

Community Pediatrics Rotation: In collaboration with the Massachusetts Society for the Prevention of Cruelty to Children, residents work with a community of caregivers to provide medical services for indigent children, many of whom are in foster care or in the juvenile system. Residents provide training for case management of health issues and assist with the formulation of patient care plans.

Department of Youth Health Services (DYS) of Central Massachusetts: The Department of Pediatrics/Adolescent Medicine has a partnership in place with DYS to provide direct health

care services to youth involved with the juvenile justice system. Youth are seen at the adolescent clinics of UMass Memorial. Pediatricians worked as liaisons with parents, community physicians, social workers and psychiatrists throughout the region. Educational programming and staff consultation was provided for non-medical staff.

Pediatric Psychiatric Services: Psychiatric consultations were provided to pediatric children at risk of committing suicide, and those with psychological factors affecting physical conditions such as conversion and eating disorders.

13. Programs for Uninsured, Underinsured, Indigent, Homeless

Cover the Uninsured Week: To raise awareness and seek solutions to the plight of the more than 41 million Americans who lack health insurance, UMass Memorial worked collaboratively with the Community Access Program to coordinate Cover the Uninsured Week, a national grassroots effort that aimed to improve access to care for the uninsured. Also joining UMass Memorial in this effort were the City of Worcester Department of Public Health, Family Health Center, Great Brook Valley Health Center, St. Vincent's Hospital and AIDS Project Worcester. Health screenings and enrollment into Free Care and public insurance were conducted at several locations throughout the city. A Town Hall Meeting was held with the leaders of the local health care organizations, all of whom provided testimony on the needs of the more than 400,000 Massachusetts residents who lacked health insurance.

Financial Services: Patient Access, Uninsured and Underinsured: Uncompensated Free Care: Providing services to the medically underserved is important at UMass Memorial Medical Center. To meet this need, the Patient Access Services Department has dedicated resources to help the uninsured/underinsured with the enrollment process and eligibility requirements to qualify for public insurance. The staff screened for Mass Health, Healthy Start, pharmacy, Social Security, disability and referrals to the Department of Transitional Assistance. In addition, they coordinated services with social workers, case managers, drug assistance coordinators, community health center staff and state agencies. The staff is comprised of patient access counselors, patient advocates, and Free Care processors in the Financial Services Department as well as the community outreach staff in the Department of Community Relations.

Uncompensated Free Care: In Fiscal Year 2003, UMass Memorial Medical Center provided a total of \$18.5 million in Free Care and Emergency Bad Debt; and the physicians employed by UMass Memorial Health Care, Inc. provided Free Care and Bad Debt totaling \$15.4 million.

Department of Pharmacy Programs: Free-of-charge medications and samples from pharmaceutical companies were dispensed to patients who did not have sufficient resources to pay for them. In addition, the pharmacy staffed a patient information telephone line and answered questions from the community regarding drug overdoses, side effects and general information.

Department of Social Work, Patient Care Fund: Home intravenous therapy, prescription medication vouchers, independent taxi vouchers and adjunctive medical care services were made available to patients based on financial need. These services improved their medical outcomes and ensured that all patients received identical levels of service, whether or not they had insurance coverage.

14. The Department of Family Medicine and Community Health

The Department supports the needs of the homeless population in Worcester by providing primary clinical care services. This collaborative effort included the Homeless Advocacy Project and Family Health Center. The Department is actively involved in developing community programs that assure equal access to health care and pharmaceuticals.

15. The Division of Dermatology

Dermatologists extended their services beyond the walls of the hospital and provided medical care through community-based programs on the Care Mobile and at community-based events (i.e. health fairs). These services were provided to individuals who would otherwise not be able to receive care.

16. HIV Primary Care

The HIV Clinical Center provided comprehensive, continuous primary care services to HIV - positive clients in Central Massachusetts. Responding to the growing need, the Center coordinated and provided the added services of mental health, nutrition and adherence counseling. The Clinic also funded a part-time dental hygienist at Family Health Center. The HIV Clinic worked collaboratively with AIDS Project Worcester, Great Brook Valley Health Center, Spectrum and the HIV Consortium of Central Massachusetts to coordinate patient care.

17. Infant Mortality Reduction Task Force

UMass Memorial employees actively participated on the Infant Mortality Reduction Task Force Steering Committee. A physician member of the UMass Memorial Medical Group chairs the Committee. The Task Force met monthly; it was comprised of physicians, Department of Public Health staff and community leaders. The group reviewed data, program interventions and made recommendations on the infant mortality problem in Worcester. The Task Force has noted that there are economically disadvantaged geographical areas of Worcester that have contributed to the high infant mortality rate. Recent data analysis indicates that there is higher infant mortality rate amongst the City of Worcester's growing African population.

18. Wachusett Area Emergency Services

The Wachusett Area Emergency Services fund was established in 1993 as a restricted gift fund for the benefit of the Wachusett area towns serviced by the former Holden Hospital, namely the Towns of Barre, Holden, Hubbardston, New Braintree, North Brookfield, Oakham, Paxton, Princeton, Rutland, Sterling and West Boylston. The Wachusett area towns retain the flexibility and independence to determine the most appropriate manner of ensuring effective emergency medical services. Each town may use any distribution from the fund for any or all of the following purposes at the sole discretion of each town:

- To contribute to the cost of emergency services transportation, emergency communications costs and facilities or local or regional ambulance services.
- To contribute to the cost of operating any emergency medical technician or paramedic transport service or equipment.

- To contribute to the cost of training or educating emergency medical technicians or paramedics.

19. Donor Services

The Caitlin Raymond International Registry: UMass Memorial anchors the Caitlin Raymond International Registry, a comprehensive resource for patients and physicians conducting searches for unrelated bone marrow and cord blood donors. The Registry is a pioneer in the establishment of procedures and practices for stem cell donor searches, and is the oldest coordinating center for bone marrow, peripheral blood stem cell and placental cord unit search in the United States. Community benefits such as patient screenings were offered through the patient-donor search coordination process.

20. Community Services

At UMass Memorial, community service is an important component of our Community Benefits mission. The UMass Memorial staff was actively engaged in numerous community-based activities that brought together the resources of local not-for-profit organizations to help strengthen the Greater Worcester community and its surrounding towns.

These programs and activities were volunteer in nature and included but not limited to: fundraising walks for different causes, health fairs and screenings, clinical lectures, medical support groups for patients and their families, health education and prevention, youth programming, school fairs, education and training programs, blood drives, health careers orientation for high school students, food drives, youth mentoring, and neighborhood improvements activities.

21. Notable Challenges, Accomplishments and Outcomes

Despite the financial challenges, many accomplishments were achieved during 2003. Improving access to care for the uninsured, youth programming activities, supporting efforts for the Healthy Communities Initiative, developing relationships with the public schools and not-for-profit organizations, increasing the number of first time homeowners, providing health care services, and delivering preventive care services – these have all made a difference in the community.

UMass Memorial will continue to develop and support the major initiatives described in this report. New partnerships and outreach activities to improve access to care for the uninsured and underinsured will be explored. As funding sources become more limited, the Community Benefits Program will be looking for creative ways to maximize resources.

VII. Next Year Reporting

A. Approved Budget/Project Expenditures

The Community Benefits funding level will be maintained within the UMass Memorial operating budget and we will be seeking additional funding from private foundations, federal opportunities and through new collaborative efforts.

B. Anticipated Goals and Program Initiatives

UMass Memorial will continue to work with the Community Benefits Advisory Committee, and will be continually refining program activities to maximize the impact of our resources. New programs and collaborative efforts will be included in our scope of work.

Programs that will be continued next year include:

- Elder Care Services
- Access to Specialty Care
- Doherty High School Health Clinic (a school-based health clinic)
- Insurance and Primary Care Expansion Efforts
- Medical Interpreter Services
- Literacy programs
- Mobile Dental and Medical services
- Plumley Village Health Center – and close collaboration with other regional health centers
- Healthy Communities Initiatives
- Worcester Youth Center
- HOPE Coalition
- Injury Free Prevention Coalition

C. Conclusion

UMass Memorial's Community Benefits program is committed to improving the health status of all those it serves and to address the health problems of the poor and medically underserved. To this end, our top priority will be to develop linkages and partnerships with community-based partners to address the root causes of unhealthy behaviors while improving access to care for those populations most at risk.

VIII. Primary Contact

Mónica Escobar Lowell
Vice President, Community Relations
UMass Memorial Health Care
119 Belmont Street, Worcester, MA 01605
Telephone: 508-334-7640
Fax: 508-334-7630
E-mail: lowellm@ummhc.org

**UMass Memorial Medical Center
Community Benefit Advisory Committee Membership**

NAME	AFFILIATION
ANTHES, Frances, CEO	Family Health Center
BARRON, Christine, MD	UMass Memorial Health Care Pediatrics-Child Protection Program
BROADHURST, James, MD	UMass Memorial Community Medical Group - Family Practice
CAVAIOLI, Linda, Director	YWCA of Central Massachusetts
CHARETTE, Ron	South Worcester Neighborhood Center
FELDMAN, Zoila	Great Brook Valley Health Center
GARDNER, Jay	City of Worcester Department of Public Health
HARWICK, Michelle	UMass Memorial Health Care Ronald McDonald Care Mobile
HUPPERT, Mick	UMass Medical School Office of Community Programs
ISLAM, Marianna	Henry Lee Willis Center
LA CAVA, Paul	City of Worcester Office of Planning & Community Development
MAILLOUX, Minh	Southeast Asian Center
MARCIGLIANO, Dominick	East Side Community Development Corporation
NGUYEN, Duc (Dave)	Southeast Asian Center
O'CONNOR, Cathy	Massachusetts Department of Public Health
PADRO, Jane	Southeast Asian Center
RADIN, Jenique	UMass Memorial Foundation
RECHT, Cathy, Vice President	UMass Memorial Health Care
RODRIGUEZ, Ana	UMass Memorial Health Care Community Outreach Liaison
RODRIGUEZ, Orlando	Centro Las Americas
ROTTY, Rosemary	Financial Planning
VIDMANIS, Loan Anh	Southeast Asian Center
WEINREB, Linda, MD Assoc. Chair/Assoc. Professor	Family Health Center Homeless Outreach Project
WERTHEIMER, Randy, MD Vice Chair	UMass Memorial Health Care Family Physician

Community Health Network Area (CHNA)

Selected Health Status Indicators

	Year	UMMHC Worcester, MA	Statewide Rate ⁽¹⁾ / Incidence (%)
Mortality			
Infant Mortality ⁽²⁾	2003	8.2%	4.9%
Cardiovascular Disease Deaths ⁽¹⁾	2003	283.8	284.2
Hospitalizations			
Domestic Violence (hospital admits) ⁽¹⁾	2003	1,100	30,975
Diabetes (hospital admits) ⁽¹⁾	2003	178	133
Drug / Alcohol (hospital admits) ⁽¹⁾	2003	314	365
Asthma ⁽¹⁾	2003	164.4	131
Youth Related			
Child Abuse/Neglect ⁽²⁾	2003	68	43
High School Drop Out ⁽³⁾	2003	6.3%	3.5%
Juvenile Crime	1998	1149	7,021
Births to underage mothers ⁽²⁾	2003	8.8	5.9
MCAS Results (10th Grade)	2003		
Warning/Failing	Eng	24%	12%
Warning/Failing	Math	37%	21%
Demographics			
Population	2003	172,648	6,379,304
Poverty Rate (200%)	2003	36%	22%
Children in poverty	2003	25%	12.0%
Unemployment Ages 16 up	2003	6.6%	5.3%
AFDC ⁽⁴⁾	2000	14.1%	7.1%
Ethnic Composition School			
Hispanic	2003	29.8%	11.2%
Black	2003	11.8%	8.8%
White-Non Hispanic	2003	49.5%	75.1%
Asian	2003	8.1%	4.6%
Other	2003	0.8%	0.3%
Total		100.0%	100.0%
Ethnic Composition City/ town			
Hispanic	2002	15.2%	6.8%
Black	2002	6.5%	5.3%
White-Non Hispanic	2002	73.1%	83.9%
Asian	2002	5.0%	3.9%
Other	2002	0.2%	0.1%
Total		100.0%	100.0%

Sources: MassCHIP Health status indicators report. US Census Bureau reports for 2000

Mass DOE MCAS results & School data, 2002. Mass State Police Crime Statistics Unit 1998

(1) State adjusted rate per 100,000 persons.

(2) State adjusted rate per 1,000 persons.

(3) State adjusted rate per 100 persons.

(4) Aid for dependent children

(Figures in bold exceed state rates).