

UMass Memorial Medical Center

2004 COMMUNITY BENEFITS NARRATIVE

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UMass Memorial Medical Center

Overview

UMass Memorial Medical Center, located in Worcester, MA, is 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 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, orthopedics, 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 UMass Memorial Medical Center system has developed a range of services previously unavailable in the region. A comprehensive transplant program includes heart, 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 services. The Medical Center has the region's most advanced and active cardiac catheterization labs, and a sophisticated breast care center, as well.

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 all located in the city of Worcester and are within two miles of each other. UMass Memorial Community Medical Group is comprised of more than 700 physicians and is one of the largest and most diverse medical groups on the East Coast.

During 2004, there were 44,093 patient discharges (including psychiatric patients and newborns) with a total of 210,720 patient days. The average length of stay was 4.78 days.

The Hahnemann Campus

The Hahnemann Campus contains physicians' offices, laboratory and X-ray facilities, as well as the Hahnemann Family Health Center. A state-of-the-art ambulatory surgery and specialty care practice center also are located at the Hahnemann Campus. The ambulatory center is a patient-oriented, full-service outpatient surgery 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 with 377 licensed beds, it is known for its outstanding patient care. It is the regional referral center for women with high-risk pregnancies, the regional Level III Newborn Intensive

Care Unit for seriously ill infants in Central Massachusetts, and a leading center for the care and treatment of cancer patients. It is also the site of the New England Hemophilia Center and the UMass Memorial Comprehensive Breast Center.

The University Campus

The University Campus has 432 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 on 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 1,066 flights in 2004. The Emergency Department at the campus 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 throughout the region. In 2004, there were a total of 406 medical students, 13 PhD/MD students, and 523 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. In 2004, *U.S. News & World Report* ranked the University of Massachusetts Medical School third among the top 10 percent of the nation's 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 \$167

million in 2004, 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-based 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 exploring the possibility of integrating 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 Medical Center is committed to addressing the unmet health needs of the local community; to this end, the Board of Trustees adopted the following community benefits mission:

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.

The Community Benefits Program has also incorporated the World Health Organization's broad definition of health; where health is defined "as a state of complete physical, mental, and social well being and not merely the absence of disease." By adopting this definition, UMass Memorial Health Care has expanded its strategy to include the improvement of the health status of the community by addressing some of the social, economic, and political obstacles that prevent people from obtaining optimal health. The Community Benefit Program supports community health initiatives that address unmet health needs in a proactive manner through the development of partnerships and the engagement of diverse community stakeholders.

B. Approval of Governing Body

The Community Benefit mission statement was recommended by the Community Benefits Advisory Committee (CBAC) and approved by the Board of Trustees of UMass Memorial Health Care. The mission has also been approved by the entire system, including all four affiliate hospitals – Wing (Palmer), Clinton, HealthAlliance (Leominster) and Marlborough.

II. Internal Oversight and Management of the Community Benefit Program

A. Management Structure

The UMass Memorial Vice President for Community Relations is responsible for the overall program management of the Community Benefits Program activities and reports to the hospital's Senior Vice President of System Operations. The Vice President for Community Relations serves as liaison between the hospital and the community and develops community health improvement programs in collaboration with community-based organizations.

The Community Benefits Advisory Committee (CBAC) is an active and dedicated diverse group, and works collaboratively with UMass Memorial Health Care. The CBAC meets several times each year and is responsible for recommending the mission and scope of the Community Benefits Program. The CBAC makes specific recommendations relating to program activities, identifies needs, generates new ideas, plans and expands existing services, and provides overall program support. The CBAC members and their affiliated organizations are listed at the end of this report.

B. Internal Communication of Community Benefits Mission and Programs

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

- Articles in *Messenger*, an employee newsletter
- The internal hospital web site
- Postings in "News and Views", a daily hospital-based e-mail informational system
- Publication of the annual *UMass Memorial Health Care, Inc. Community Benefit Report*
- Board of Trustees meeting

III. Community Health Needs Assessment

A. Process, Including Participants

UMass Memorial Health Care utilizes quantitative and qualitative data to identify barriers and develop strategies to help improve the health status of the community. These strategies include:

- Active participation in several area coalitions and planning efforts, including: the Latino Mental Health Coalition, Southeast Asian Coalition, the Greater Worcester Men's Health and Families Coalition, Latino Round Table, Healthy Options for Prevention and Education (HOPE) Coalition, Central Massachusetts Oral Health Initiative, Senior Center Resource Committee, and neighborhood crime watch meetings
- Convening meetings with representatives from different neighborhoods and community-based organizations
- Conducting needs assessments through the Healthy Communities Initiative Outreach Program
- Reviewing existing community needs assessments, documents and public health data

- Soliciting input and recommendations from the Community Benefits Advisory Committee

The hospital also has participated in local initiatives such as Building Brighter Futures with Youth, a community-wide effort to create an agenda that will promote healthy youth development for the City of Worcester, and Common Pathways (formerly CHNA 8), a broad base collaborative effort that is implementing a Healthy Communities Initiative, which is rooted in a holistic model of public health and prevention and is aimed at improving the quality of life in Worcester.

Information from these and other community needs assessments is discussed with the Community Benefits Advisory Committee (CBAC). This committee continually assesses the direction of current work and recommends new or continued areas of concentration.

B. Information Sources

The Community Benefits Program utilized various sources to identify the community's priorities: the Pathways to Progress Report (an indicator project published by the United Way), the Community Access Program (CAP) (a community health center effort that focused on improving access to specialty care), the Massachusetts Department of Public Health Crisis in Oral Health Report, and the HOPE 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 2004 Community Benefit Plan focused on adopting a holistic model of health care to address issues affecting the underserved youth population, a targeted group identified as most at risk by multiple sources; and access to health care for the medically underserved and underinsured populations. The Community Benefits Program decided to focus on youth, because data indicated that this population lives in low-income households and in environments where there is less than optimal health and, as a result, is at risk of developing unhealthy behaviors. Critical issues affecting youth include:

- High teen pregnancy and sexually transmitted diseases
- Lack of violence prevention programs
- Lack of mental health services
- Lack of access to higher education
- Difficulties accessing and paying for public transportation
- Reduction of substance abuse services
- Lack of employment opportunities
- Insufficient supply of age-appropriate after school activities

In addition, three priority areas were identified through the Pathways to Progress Report and have been addressed through our Community Benefits Program:

- 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 is the third largest city in New England, and has a population of 172,648 (2000 U.S. Census). Historically, Worcester has been an entry point for new immigrants and, as a result, is an ethnically diverse community. Over the last ten years, the demographics of the city have changed rapidly as the city experienced a wave of immigrants from Spanish speaking countries (primarily Puerto Rico), Southeast Asia (mostly from Vietnam and Cambodia), the Eastern Bloc (primarily Russia, Albania and Poland), and the Middle East. During the last three years there has been a significant influx of Brazilians and refugees from African countries, particularly Ghana. This diversity is evident in the Worcester Public Schools data; where close to 50% of the student population belong to a minority group. Furthermore, for 45,000, or 28% of Worcester's population, English is not their primary language. In Worcester, the largest minority group is Hispanic/Latino at 26,000, followed by Black/African-American with 12,000, and Asian at 8,400.

The city has made 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 make Worcester their new home. As factory jobs have disappeared, the opportunity for people to obtain or 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.

Parallel to this loss of working-class jobs has been a significant increase in housing prices, which have jumped more than 250% in the past few years as the development boom has moved west, beyond the 495 corridor. New housing is being built at a record pace, but it is not affordable for the average middle-class family. As housing prices have increased, so have rents, which have forced many working-class families into overcrowded or substandard housing in underserved neighborhoods (like Piedmont), or out of the city altogether. This has enormous implications for people's well-being.

The following indicators differentiate Worcester from other Massachusetts communities:

Higher Overall Rate of Poverty	Slightly over 36% of the population lives below 200% of the poverty level; nearly 50% percent higher than the statewide average of just under 21%.
Higher Rate of Poverty Among Children	Over 25% percent of children in Worcester live in poverty, compared to a state average of 12%. Double the number of children in Worcester live in poverty than other children across the state.
Diverse Ethnic Composition	15% Hispanic (more than two times the statewide average), 6% Black and 5% Asian.
Public Schools Ethnic Composition	30% Hispanic (nearly three times the state average), 12% African American, and 8% Asian.
Infant Mortality Rate	According to the Department of Public Health, the adjusted rate for infant mortality in Worcester is 8.8 per 1,000 persons; the state-adjusted rate is only 4.9.
AIDS and HIV-Related Mortality	The death rate for individuals in Worcester is 8.1 per 100,000 while the state rate is 3.6.
Health Status of Youth and Teens	Births to women less than age 18 are 50% higher than the state average – 3.1 vs. 2.0. The rates of Sexually Transmitted Diseases, specifically gonorrhea and chlamydia, are at double the rate of the state rate for youth ages 15-19 – (112.4 vs. 50.6 for gonorrhea and 317.4 vs. 163.7 for chlamydia).
Alcohol and Drug Abuse	A higher rate of 3,291 per 100,000 makes Worcester admissions to drug and alcohol treatment programs higher than the state rate of 1,820.
Youth Violence	According to the Department of Youth Services, Worcester has the highest rate for commitments to the juvenile detention system in the state at 43 per 10,000 youth. Holyoke had 39 and the rest of the state had less than 26.
School Performance and other related factors	36% of the 10 th graders in Worcester failed the Massachusetts Comprehensive Assessment System math test (a graduation requirement) at a rate more than double that of the state at 15%. The dropout rate of the city is 5.1% while that of the state is 3.3%.

IV. Community Participation

A. Process and Mechanism

UMass Memorial Medical Center community participation includes the Community Benefits Advisory Committee. The Committee reviews program activities and makes recommendations. The hospital also seeks out community input through the Healthy Communities Initiative, which allows us to work directly with residents and special populations in at-risk neighborhoods. By asking residents what resources and support they need to lead a healthy lifestyle, UMass Memorial was able to tailor services to meet specific needs, which vary from neighborhood to

neighborhood. This process also served to engender a sense of trust between the hospital and the community, and to empower people. Many of our community benefits have come from asking and listening to what people need. This “resident empowerment model” will continually be utilized in the planning and evaluation of our outreach activities.

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.” **Healthy People 2010**

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 other quality-of-life issues such as education, housing and employment. This is the Community Benefit Program design that UMass Memorial Health Care embraces and implements by reaching out to and engaging the community and organizations that know firsthand the local health issues. Utilizing an outreach worker model, UMass Memorial’s staff developed relationships with residents in the neighboring communities and incorporated the following goals and objectives:

- Develop programs to prevent root causes of diseases.
- Educate residents on how to improve their access to health care services.
- Assist residents with public health insurance enrollment and establish linkages to primary care services.
- Increase access to dental care by partnering with community 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 in activities that focus on neighborhood cleanup and improvement projects, as well as crime watch programs.
- Improve access, availability, and coordination of care for the medically underserved.

UMass Memorial’s active participation with coalitions, boards and community programs allows for opportunities to gather information and community input. Participation in these community-based activities generates new ideas, establishes trust and helps open up dialogue. For example, during 2004, UMass Memorial Health Care was an active participant in Common Pathways, a broad-based community effort that is in the process of implementing a city-wide Healthy Communities Initiative. Common Pathways (formerly CHNA 8), will identify key indicators to improve the quality of life in Worcester. Information generated through this effort will be discussed with the Community Benefits Advisory Committee.

B. Identification of Community Participants

The Community Benefits Advisory Committee (CBAC) is comprised of 17 dedicated volunteer professionals, including leaders in health care, human services, academia and city government. The members are highly respected in the community and have been involved with the public health needs of underserved populations in Worcester for many years. They bring significant

experience and diverse perspectives to the table, and represent numerous constituencies. The CBAC is comprised of 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, City Manager's Executive Office of Neighborhood Services, East Side Community Development Corporation, Massachusetts Department of Public Health, University of Massachusetts Medical School, Greater Worcester Men's Health and Families Coalition, Worcester State College, Southeast Asian Center, Central Massachusetts Area Health Education Center, and Latino Mental Health Coalition.

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

The CBAC reviews the Community Benefits activities and program outcomes and also advises the Vice President of Community Relations on yearly updates and revisions of the Community Benefits plan.

The annual report is shared with the UMass Memorial Senior 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. Development Process

The Community Benefit Program activities are based on local efforts that address specific issues. Input is obtained in cooperation with *ad hoc*, community-based task forces and through the involvement in local and state initiatives. The Community Benefit Plan also takes into consideration the CBAC's recommendations, findings from various needs assessments, public health data, and input from neighborhood groups.

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

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

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

UMass Memorial Medical Center supports community health initiatives that address unmet health needs through the development of partnerships and the engagement of community

stakeholders. Our target population is defined as those who reside in neighborhoods immediately surrounding the UMass Memorial Health Care system locations. The program will continue to support neighborhood outreach programs while focusing on new initiatives that aim to improve the health and well-being of 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 medical and dental care services
- Literacy programs
- Healthy Communities Initiatives in two inner city neighborhoods (Bell Hill and Lakeside)
- Support for at-risk adolescents
- Access to care for the uninsured and medically underserved populations
- Improved coordination of health care services in collaboration with the community health centers and other agencies that serve vulnerable populations
- Elder care
- Access to specialty care
- Community Health Centers' Dental Program

In addition, other community benefits efforts took place throughout the clinical system which included, but were not limited to, medical interpreter services, school-based clinics, health benefits enrollment, and programs in low-income neighborhoods (additional descriptions of major projects is included at the end of this report).

C. Short-term and Long-term Strategies and Goals

Short-term Goals (One Year)

The UMass Memorial Health Care Community Benefits Program was guided by a number of specific objectives for 2004 that contributed to our long-term goals.

- Engage local neighborhood residents in identifying and planning solutions to address neighborhood deficits by unleashing existing assets in two targeted, low-income neighborhoods (East Side/Bell Hill and the Lakeside Public 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.
- Encourage early literacy as a means of promoting school readiness and fostering economic development.
- Provide community-based health care services to underserved and minority groups as a means of addressing health disparities.

Long-term Goals (Three to Five Years)

- Using a Healthy Communities Initiative approach, address root causes of diseases and poor health outcomes.
- Develop prevention efforts to assist youth with successful transition to adulthood, including the creation of work force opportunities.

- Partner with local residents and community-based organizations to create vibrant, healthy neighborhoods.
- Through targeted outreach, expand access to health care, including dental care services.
- Create a diverse and culturally competent work force.

D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs

Major initiatives and programs have in place data gathering and tracking mechanisms, which allow for tracking program outcomes and unmet community needs. Results of the ongoing data collection efforts 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 presentation is made to the Board of Trustees once per year that includes 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 current fiscally constraints of the health care environment.

F. Process for Reviewing, Evaluating and Updating the Plan

The Community Benefits Advisory Committee meets several times per year to review the Community Benefit Program activities and is responsible, along with the Vice President of Community Relations, for updating and revising the Community Benefits Plan on an annual basis.

VI. Progress Report: Activity During Reporting Year

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

One way to measure the hospital's commitment to the community is by the amount spent on health care services and programs. The calculation is done in two different ways: first, according to the guidelines promulgated by the Attorney General's office and second, according to a broader definition which considers additional components of spending or revenue loss.

COMMUNITY BENEFIT EXPENDITURES
According to the Attorney General Guidelines

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2004	APPROVED PROGRAM BUDGET FOR FY 2005
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$6,118,122
	Other Leveraged Resources	\$3,207,701
COMMUNITY SERVICE PROGRAMS	Direct Expenses	\$326,398
	Other Leveraged Resources	\$68,562
NET CHARITY CARE*	UMass Memorial Medical Center	\$24,328,575
OTHER CONTRIBUTIONS		\$108,455
	TOTAL	\$34,157,813
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2004: \$686,865,224		

* NET CHARITY CARE as defined by the Attorney General's office.

Community Benefit Expenditures According to a Broader Definition

Total Contribution (see above)	\$34,157,813
UMass Memorial Medical Group Free Care	\$ 9,483,861
Non-Emergency Bad Debt	
UMass Memorial Medical Center	\$ 8,740,056
UMass Memorial Medical Group	<u>\$ 9,254,861</u>
Total Expenditures/Broader Definition	\$61,636,591

B. Major Programs and Initiatives

Access to Care for the Underinsured

Mobile Medical and Dental Services for Underserved Populations

The UMass Memorial Ronald McDonald Care Mobile has been literally "opening the door" to a healthier community by bringing a continuum of medical, dental and outreach services to those who need it most - the uninsured and underinsured in Central Massachusetts. The Care Mobile serves as a critical point of entry into the health care system. Services were offered in

neighborhoods and locations that were familiar and safe to the target population. In FY 04, close to 50% of the Care Mobile's patients were uninsured.

This 40-foot long mobile medical and dental office is customized to fit two examination rooms. The staff provided medical and dental checkups and, in addition, helped families find a doctor and dentist for ongoing care. These services were offered at no cost to patients who were unable to see a provider because they were uninsured, undocumented, and/or homeless, had transportation problems or limited proficiency in English. The Care Mobile is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The Care Mobile is not only "mobile"; it is "flexible" and able to go to the places where it is needed most. Last year, the Care Mobile Program was on the road 184 days. Medical and dental services were provided at 36 sites in Worcester and at selected locations in Marlboro, Northboro, Leominster and Fitchburg. These sites included highly visible and accessible locations such as schools, social service organizations, churches, public housing complexes, and along accessible public transportation routes. The hours of operation were set to meet the needs identified by the community or by a specific request from a community-based organization. During the summer months, the program targeted areas where the patient population was most likely to congregate, including parks and recreational facilities.

In 2004, a total of 2,448 patients were seen at the Care Mobile and 4,320 visits were provided. Out of these, 2,587 were medical visits, 1,066 for dental hygienist services (cleanings and sealants), and 667 dental screenings. Dental services were preventive in nature, and included screenings, fluoride varnish treatments, sealants, cleanings, education, and referrals for restorative care.

Under the community medical service component, 33% of patients were in need of acute emergency/non-emergency care; 54% were in need of wellness exams; and 13% required immunizations. The patient population was comprised largely of Hispanics/Latinos (43.28%), followed by Whites/Caucasians (28.83%), Black/African-Americans (13.38%), Unreported (6.31%), Brazilians (3.34%), Asians (2.71%), Other (1.83%), and Middle Eastern (0.32%). Seventy-two percent (72%) of the patients spoke English as their primary language, followed by 24% who spoke Spanish, 3% whose primary language was Portuguese, 1% who spoke another language. Fifty percent (50%) of the population was male and 54% of the patient population was under the age of 18.

The Care Mobile served as a user-friendly point of entry into the health care system where a coordinated effort linked patients to a permanent medical home for ongoing care. Outreach workers played a critical role ensuring that all barriers to accessing health care and support services were addressed and resolved as soon as possible. Services provided by the outreach workers included medical interpretation, transportation arrangements, enrollment into public insurance, childcare, and referrals to other social support services.

In order to maximize resources and improve access and coordination of care, the Care Mobile team developed relationships with key stakeholders. This past year, a partnership established with the YMCA's Men's Health Initiative allowed the Care Mobile to provide services to more

men of color. In addition, the program has earned the support of many organizations, including neighborhood centers, the two community health centers -- Family Health and Great Brook Valley -- churches, social service organizations, and a local pharmacy where patients have access to free prescription drugs. The Care Mobile team continued to be engaged with the Central Massachusetts Oral Health Initiative and, through their support, was able to provide dental services at eight elementary schools in Worcester.

Access to Specialty Care

Working closely with the two community health centers in Worcester -- Family Health and Great Brook Valley -- UMass Memorial has been working to improve the coordination of care and patient referral process. During 2004, the referral staff from both community health centers met with the staff of the Department of Gastroenterology to improve the patient referral process. Procedures and protocols were reviewed and a system was implemented to ensure a positive experience for health center patients.

UMass Memorial also assisted Great Brook Valley Health Center to improve its capacity to provide specialty care by recruiting a pulmonologist, dermatologist and urologist to provide specialty services at the Health Center. Providing specialty care at the health centers is a more effective model of care for families, as patients are able to have access to care in their neighborhood, thus, minimizing transportation barriers while being able to access the many support services that a community health center is able to provide including, but not limited to, case management, child care, and low cost prescription drugs.

Homeless Families Program

Under the leadership of a physician in the Department of Family Medicine and Community Health (DFMCH), UMass Memorial continued to be engaged in community issues related to homeless and precariously-housed families. During 2004, DFMCH continued its collaboration with Family Health Center to provide medical, mental health and support services for Worcester's homeless population by providing clinical services on-site at Family Health. In addition, a physician from the Department of Psychiatry collaborated with Family Health Center to secure funding for direct services. This collaborative relationship played a critical role in helping Family Health Center to secure funding from the Boston Foundation/Massachusetts Homeless Prevention Initiative to provide services to those families at risk for homelessness. Other activities done in collaboration with Family Health Center, area shelters, the University of Massachusetts Medical School and Boston's Children Hospital included the coordination of a community-wide effort to learn more about effective interventions for homeless families.

Worcester Senior Center

Given that there are at least 30,000 mature (over age 50+) adults living in Worcester, this year special attention was given to the needs of the elderly. UMass Memorial Health Care supported services that promoted healthy behaviors among the elderly and, through a partnership with the City of Worcester Senior Center and the Worcester Department of Health, a nurse was hired to coordinate a broad range of fitness and wellness programs that engaged 4,400 participants. Program activities included:

- Blood pressure, dental, hearing, vision, osteoporosis, skin cancer, and diabetes screenings.
- Health literacy and health counseling workshops.
- Physician lectures.
- Stress management programs.

Other collaborative efforts included the participation in the Senior Center's Resource Committee, a group consisting of a broad base of representatives from health and human service organizations that is identifying the health care needs of the elderly population.

Health Clinics at Public Housing Sites

Through a collaborative effort between the UMass Memorial Medical Group, the Worcester Housing Authority and the City of Worcester Health Department, elderly residents at four public housing complexes had access to on-site medical services. A UMass Memorial physician provided urgent care services to those patients who had problems accessing public transportation, were not connected to a primary care provider, had physical impediments, and/or lacked insurance. A public health nurse provided on-site health screenings, immunizations, patient education, and administered flu shot clinics.

Medical Interpreter Services and Cultural Competency

The communication needs of a linguistically and culturally diverse patient population are addressed through the UMass Memorial's Medical Interpreting Program. Specifically, UMass Memorial has developed a system that removed the communication barriers for those patients who had Limited English Proficiency or were deaf or hard of hearing. The department's services met the Standards of Practice set by the Massachusetts Medical Interpreters Association.

In order to identify the increasingly diverse linguistic needs of the population, the patient's primary language, race and ethnicity were identified at the first point of entry, during the registration process. A computerized system allowed Limited English Proficiency (LEP) patients to schedule outpatient medical appointments simultaneously with an interpreter request. The system tracked departments' requests, per patient and per language, date and location. For inpatient services, the department conducted "inpatient rounds" daily to ensure that the communication problems of the LEP patients were addressed.

Best practice standards were established through the implementation of an ongoing needs assessment process that included interpreter training and skills assessment component, and a service evaluation. All medical interpreters working at UMass Memorial were trained and acquired the competency skills to work effectively with a health care provider. UMass Memorial's program complies with the Massachusetts Emergency Room and Acute Mental Health Interpreter Services Law.

Interpreter Services were available 24 hours per day, 7 days per week. An on call system for after-hours access was developed for patients who spoke Spanish, Vietnamese, and Portuguese.

For those languages not encountered on a common basis, providers accessed a trained medical interpreter through a Telephone Language Access System. For the Deaf and Hard of Hearing population, American Sign Interpreters were available through the Massachusetts Commission for the Deaf and Hard of Hearing.

In 2004, a total of 60,590 medical interpreting encounters were provided. This represented an 11% increase from 2003.

Interpretations 2004

Spanish	42,238
Portuguese	6,524
Vietnamese	3,800
Albanian	2,639
Russian	1,151
Chinese	872
American Sign Language	841
Polish	573
Arabic	473
Greek	233
Farsi	193
Twi	186
Others	<u>867</u>
Total	60,590

In addition, the following activities were offered throughout the year as part of the department’s mission to address cultural competency and cross-cultural understanding:

- Educational training sessions for new residents and medical staff, specifically focusing on the appropriate use of an interpreter.
- System-wide cultural competency workshops for clinical staff.
- System-wide training for registration personnel on the appropriate methods to document patient demographic information.
- Training programs for interpreters (provided twice last year).
- Revised a 180-page English-Spanish Glossary of Medical Terminology, an English-Portuguese Medical Glossary, and a Medical Interpreting Training Manual.
- Translated medical literature, patient procedure and instructional information, brochures, and other printed documents into Albanian, Portuguese and Russian.

UMass Memorial’s investment in Medical Interpreting services has improved patient compliance and satisfaction while decreasing unnecessary tests and use of the Emergency Room.

Plumley Village Health Services

The Plumley Village Health Center is located in a public housing project near downtown Worcester and provided primary and secondary prevention services for the residents of Plumley

Village East and the surrounding neighborhood. In 2004, the Center hired its first dedicated physician and, as a result, the number of patient visits to the clinic nearly doubled. The Center was also able to offer a broader array of medical services. In 2004, it served 4,900 patients and established a 340 B public pharmacy to provide prescription medications for the uninsured. It also implemented an on-site mental health component that was especially designed to address the needs of children.

Plumley Village Health Services (PVHS) provided essential medical and health education services to a highly vulnerable population. The population of this low-income housing project is very young, mostly Hispanic, transient, and have limited English speaking skills. Through a combination of public and private funding, PVHS addressed several identified community health needs: high teen pregnancy rate, low childhood immunization rate, lack of prevention programs, primary care services, and high rates of overweight and obesity. PVHS programs were designed to address these needs and included primary medical care services, literacy (including the Reach Out and Read Program), free immunizations, family planning, prenatal care, smoking cessation, cancer prevention, and nutrition classes. PVHS's Cancer Prevention Program addressed the disparity that exists in breast and cervical screenings among low-income Hispanic women and the general population.

PVHS worked to achieve its mission of improving health outcomes for residents through a wide variety of community service and outreach activities that focused on assisting patients to acquire and retain health insurance and other support services. The Annual Plumley Health Fair, a special event where residents learned about community and health related resources, drew more than 600 participants.

Dental Services at Community Health Centers

There is an oral health crisis in Worcester. The City of Worcester has been federally designated as a Dental Health Professional Shortage Area since 1993. Furthermore, Worcester is not a fluoridated community. For those families whose children are eligible for dental services under MassHealth, it is difficult to find a MassHealth provider. Currently, only 6 private dentists accept children under MassHealth.

According to the 2000 Special Legislative Commission Report on Oral Health, tooth decay is the most chronic condition in children. All of these factors have contributed to an oral health crisis in Worcester and, to this end, UMass Memorial has supported the dental programs at the community health centers.

Great Brook Valley Health Center, Inc.

Located in the city's largest public housing project, Great Brook Valley Health Center provides comprehensive accessible, affordable health care for families and individuals. Special emphasis has been placed on delivering care to low income, minority, and uninsured patient populations in Worcester and surrounding towns.

Great Brook Valley Health Center (GBVHC) has been providing oral health services since the mid 1970's. In 2004, it was the largest provider of oral health services in Central Massachusetts for Medicaid and uninsured clients. The demand for dental care has continued to grow, with GBVHC providing 28,908 visits to 8,399 individual patients in 2004. This was a 19% increase over 2003. Approximately 25% of the visits were for urgent dental care, illustrating the importance of access to care for pain and emergency dental problems.

The Dental Program has 12 dental chairs in two locations (Worcester and Clinton) and the staff is comprised of 9.93 FTE dentists and 3.75 FTE hygienists. The program is also supported by other health center staff. A full service on-site dental lab provides dentures, crowns, and other restorative appliances while controlling costs to make these items affordable.

Family Health Center

The Family Health Center of Worcester, Inc. (FHC) provides dental care to all patients seeking services, regardless of their ability to pay. Located in the Main South area, between Elm Park and the Piedmont neighborhoods, the Health Center is home to the largest and most densely concentrated population of recent immigrants and refugees in Worcester.

In the face of the oral health crisis, FHC has continually increased its capacity to provide dental care. During 2004, the dental staff delivered care to 4,986 patients through 13,621 visits. In addition to dental hygiene, urgent care and general dentistry services, FHC also offered oral surgical procedures and routine restorative services. The Health Center's ability to extend dental care to increasing numbers of people in the community was achieved by developing a working partnership with other organizations, including UMass Memorial Health Care.

HIV Program

The HIV Program provided primary, specialty, and consultative HIV care to HIV-infected adult patients and their families upon initial diagnosis and throughout all phases of the disease. A total of 650 individuals comprised of marginalized groups, the medically underserved, racial and ethnic minorities, substance abusers, and individuals with multiple medical diagnoses were served. Goals of the program included the provision of comprehensive assessments and interventions, and assistance to overcome those barriers that prevented access to consistent care (including medical, nursing, psychiatric, nutrition, dental and social support services). Utilizing a multidisciplinary team, routine and acute needs of patients were managed by providing direct care and coordinating specialty services. The program was made possible through collaborative efforts with numerous community partners including AIDS Project Worcester, Care AIDS, Family Health Center, Great Brook Valley Health Center, Lowell Community Health Center, and Health Awareness of Central Massachusetts.

Financial Services for Uninsured and Underinsured Patients

UMass Memorial is committed to treating and providing equal access to care for the medically underserved and uninsured population regardless of their ability to pay. In order to assist this at-risk population, the hospital established a Patient Access Services Department where financial

counselors and advocates assisted patients in understanding eligibility criteria and applying for public insurance (i.e. MassHealth) and other health care coverage options. A total of 18,285 individuals were helped to navigate the public insurance enrollment process and resolve financial barriers to health care access. Financial Benefits Advisors worked closely with social workers, case managers, registration staff and others to ensure that patient questions and problems were directed to the appropriate staff.

Patient Care Fund

This fund was established to provide low-income patients with financial support to cover the cost of medications, transportation and home therapies. The program was under the responsibility of the Care Coordination Department. Approximately 2,000 patients utilized this service.

Individual and Group Therapy Services

With the support of the Department of Psychiatry, patients who needed mental health services were able to obtain individual and group therapy sessions in the Psychiatric Clinic. These services, not covered by insurance, were provided as a part of a support system in a continuum of treatment. A total of 3,354 patients were able to receive services.

Pharmacy and Care for the Indigent

The Pharmacy Department dispensed medications and samples from pharmaceutical companies free of charge to indigent and uninsured patients. In FY 04, the pharmacy filled 8,111 prescriptions.

Uncompensated Free Care

In Fiscal Year 2004, UMass Memorial Medical Center provided \$33,068,631 million in net charity care and bad debt; and the physician group employed by UMass Memorial provided a total of \$18,738,722 in free care and bad debt.

Healthy Communities Initiative

Recognizing that medical care alone cannot address the health disparities that exist in several low-income neighborhoods in Worcester, UMass Memorial Health Care utilized the Healthy Communities Initiative in the Lakeside Public Housing and Bell Hill neighborhoods to develop a multi-strategy approach that engaged residents in making changes to improve the overall quality of their life. This approach empowered residents by providing them with the skills and resources necessary to improve the standard of livability in their communities. Two UMass Memorial outreach workers worked with neighborhood residents to identify problems and address multiple issues, including housing, violence, literacy, lack of employment and other quality of life issues.

UMass Memorial's approach is a strength-based, community-building model. In these neighborhoods, the outreach workers developed genuine and sustained relationships with residents, which in turn allowed them to help people identify local assets, strengthen their

capacity and create solutions to their own problems. By being in the community and engaging with residents, outreach workers were able to put a human face on issues that may seem more abstract or are thought of as more systematic or institutional in nature.

Lakeside Public Housing

UMass Memorial supported the Lakeside Apartments Healthy Community Program by employing a community outreach worker whose main focus was to work with families to assure that they had the necessary support structure in place to develop a healthy lifestyle and reduce health disparities. Located in a public housing complex that is home to the most economically disadvantaged families in Worcester, the program worked closely with 200 young female, single heads of households and their children. Low literacy, a high unemployment rate and low educational attainment are prevalent in this community. For the majority of these households, Public Assistance (Welfare) is a family's only source of income.

The Outreach Worker played a critical role coordinating access to medical and dental services, developing after-school programming for youth, finding summer camp opportunities for youth, employment and training program opportunities for parents. Residents identified and volunteered for projects that benefited their neighborhood, building their leadership capacity and skill base in the process. Solutions and neighborhood interventions were developed by the very people who were being affected by them and broken down into steps that were achievable and manageable to ensure the group experienced a feeling of success. The resulting service coordination responded to the specific needs and priorities identified by the residents. Working in collaboration with other organizations and the Lakeside Tenant Association, UMass Memorial significantly improved the quality of life in this economically deprived neighborhood. Program activities:

- **Developed a youth needs assessment to identify priorities** - Twenty (20) youth completed a survey that identified the following priorities: finding a safe place to go after school, making friends, finishing school, doing well academically, and finding employment opportunities.
- **Provided a work force training program** - 150 female heads of households participated in a six-week program that included resume writing, interviewing skills, mock interviews, job application completion, one-on-one counseling, and assistance with job searches. A total of 50 women found employment.
- **Improved health and dental care services** - all 200 families in the housing complex had access to care through the UMass Memorial Care Mobile, free prescription drugs, enrollment in public health insurance, access to fitness and healthy lifestyle programs, and health education programs.
- **Developed after-school activities for youth** - supported an after-school program, organized field trips, secured funding for summer camps, and coordinated a series of healthy lifestyles workshop, i.e. nutrition, self-esteem, conflict resolution and communication skills.

- **Assisted with voter education and registration** - assisted with voter education and registration drives which resulted in 157 residents voting in the last election.

Bell Hill Neighborhood

In partnership with the Belmont Street Community School staff, the UMass Memorial Outreach Worker provided services to the residents of Bell Hill and Worcester's East Side. Many of the families faced language barriers and needed an interpreter. The Outreach Worker empowered area families to become more active in facilitating individual, family, neighborhood and community improvement projects. In addition, the Outreach Worker worked with families to assure that they had necessary basic supports including health care, clothing, shelter and food for their families.

With the overarching goals of facilitating change for an entire neighborhood, resources needed to be accessed, mobilized, and coordinated to provide a seamless safety net for some of the most vulnerable families in the city. The primary emphasis has been to increase the percentage of owner-occupied housing, the provision of clean and safe streets, implement neighborhood gardens and beautification efforts, increase literacy and provide improved access to health care and social support services. The Outreach Worker has responded to the needs of the neighborhood by working to secure resources for the residents through the close relationship that has been developed with the Belmont Street Community School. Specifically, the Outreach Worker played a critical role facilitating the following activities:

- **Improved access to health care and connection to health insurance and primary care** - Conducted a health assessment survey to identify the health care needs of the Belmont Elementary School student population and their families. The Outreach Worker coordinated medical and dental care services for students and their families, provided assistance with public health insurance enrollment, transportation to medical appointments, and coordinated health education programs and support services for parents.
- **Strengthened the skills and resiliency of parents and families** - Provided home and school-based assistance for 200 families in order for them to achieve "family stability", i.e. food, housing, health care and referrals to other support services. Visits were made to families in their homes to ensure that the residents remained stable and to help them address complex problems. Any child identified by the school with absenteeism, tardiness, or behavioral problems was referred to the Outreach Worker for family home visitation. The Outreach Worker also attended school meetings when appropriate and was part of the school's Family Support Team meetings.
- **Increased neighborhood safety and beautification** - The Outreach Worker assisted neighborhood residents with the planning and facilitation of Crime Watch meetings and other programs including neighborhood cleanups and beautification efforts. Neighborhood beautification efforts included the creation of a community garden and coordination of Earth Day activities. In addition, the Outreach Worker helped to coordinate the Computerized Neighborhood Environment Track Assessment (ComNET), a system that documented the

physical infrastructure problems in Bell Hill including unsafe sidewalks, abandoned cars, overgrown vegetation, abandoned vehicles, litter and unsafe buildings.

- **Fostered resident empowerment** - The Outreach Worker fostered a sense of neighborhood ownership and responsibility within Bell Hill by engaging residents in the planning and coordination of activities such as a successful voter registration drive -- done in collaboration with Neighbor-to-Neighbor, a grassroots voter education organization -- and National Night Out, a yearly neighborhood event that promoted community involvement.

UMass Memorial's long-term goal is to promote healthy behaviors and work to create a safe environment where people live in a comfortable neighborhood, feel secure, and develop a better quality of life, while having access to quality health care. When people from the targeted neighborhoods can walk from their home to a corner store, feel safe in doing so, and talk with other people along the way, we know we have been successful.

In addition to the above efforts, throughout the year, the leadership of UMass Memorial held several meetings with the East Side Community Development Corporation and the City of Worcester to discuss and coordinate neighborhood revitalization efforts.

Literacy Program

The goal of the UMass Memorial Health Center Formula for Success Literacy Program is to address the root causes of poor health outcomes by strengthening parenting skills and improving children's literacy skills. Utilizing the Healthy People 2010 Report, UMass Memorial Health Care sees literacy as important to a child's healthy development as immunization and good nutrition. Children without good literacy skills, and whose parents lack the educational background to promote their school readiness, are at risk for failing, not only in school, but also in life. Disparities in income and educational levels are associated with poor health outcomes.

UMass Memorial Health Care offered a wide range of early literacy and family literacy programs in collaboration with the Worcester Public Schools, community-based organizations and several neighborhoods in the city. The program served poor families and youth that were most at-risk for failing in school and later on in life. The program components included:

- **Literacy Workshops for Parents** - This literacy outreach program provided parent education and support through interactive workshops at schools, in neighborhoods and with community-based organizations. The workshop emphasized the importance of reading and incorporated a story time for parent and child. Workshops were offered at Belmont Community School, Chandler Elementary School, Columbus Park School, Lakeside Public Housing Apartments, and the YWCA. A total of 480 participants attended the program.
- **Home Visiting Literacy** - This parent-to-parent model utilized trained literacy assistants to conduct home visits. Under the direction of the Literacy Program Coordinator, neighborhood parents were trained as literacy assistants and asked to teach reading and parenting skills to other parents. Literacy assistants approached parents of 0 to 6-year-olds in the neighborhood and scheduled home visits to read to the children. During this time, the literacy assistants

modeled reading skills and age appropriate play for the parents. Parents were also encouraged to read daily to their children. A discussion about wellness, access to health care services and other social support services were integrated into the visit. A total of 1,100 visits were conducted during a 40-week period.

- **Parent Book Clubs** - This program brings literacy to parents of children in a community setting. Understanding that many parents of school-aged children have a low literacy level themselves, the Book Clubs were designed to increase parental involvement in the schools while addressing the low literacy level. This program was offered at Belmont Street School and Chandler Elementary School. There were over 800 parent contact hours during a 40-week period. In addition, due to the popularity of the programs, a “Train the Trainer” Parent Training Program was organized at Grafton Street Elementary School, Family Ties and the Head Start Program. Approximately 75 parents actively participated in the Book Clubs at these three sites.

A Book Club evaluation conducted at Chandler Elementary indicated that more parents are reading for pleasure on a daily basis to their children and purchasing books to establish their home libraries. At Belmont Elementary, the school’s Principal was an active participant in the Book Club discussions.

- **Stories in the Park** - This summer reading program was held at area parks in Worcester to promote reading to children and their families. Staffed by outreach workers, children and their families were welcomed to the parks for reading and crafts activities. The program was offered to 81 children at Elm Park, Bell Pond, and Lakeside Public Housing Apartments during the summer months.
- **Family (Adolescent) Literacy Partnership** - This program promoted literacy and parenting skills to teen parents who attend the GED program at the YWCA. Literacy skills were taught through different activities -- including workshops, journaling, book clubs, and cooking classes -- to build literacy and encourage reading in the home. Youth were assisted in obtaining library cards. Total teen participation contact hours from September to June were 456.
- **Health Literacy** - This new program was developed at the request of the Parent Book Club participants who expressed an interest in being able to read and understand health care information (consent forms, prescription labels, and a provider’s written and oral instructions). The program was held once a month at Belmont Street School, Columbus Park Elementary, and Chandler Elementary. A total of 260 sessions were provided.
- **Reach Out and Read (ROR)** - UMass Memorial’s ROR program is part of a national effort that serves over 1.7 million children annually, distributes more than 3 million books and trains more than 22,000 primary care providers in its pediatric literacy model. ROR is not simply a book give-away program; it is a medical program in which doctors and nurses counsel parents on the importance of reading aloud to children. Providers use the books as a tool in their developmental assessment of the child during well-child visits. UMass Memorial

had 11 sites participating in the ROR program where 16,850 children were given books to take home last year.

East Quabbin Alliance (EQUAL Program)

In 2000, this community-based coalition was founded by local residents to meet the needs of citizens in the towns of Barre, Hardwick, Hubbardston, New Braintree, Oakham, and Petersham, Massachusetts. The Coalition has been working to improve the level of health in the region by adopting the Healthy Community principles.

With the support of UMass Memorial's Department of Family Medicine and Community Health, the Coalition has been focusing on environmental issues. This past year, the group identified recycling as an important effort and, to this end, has been investigating recycling programs. It has also provided environmental educational resources to the Barre Elementary School. In 2004, the Coalition received the Secretary's Award for Excellence in Environmental Education at the State House.

In addition to supporting EQUAL, UMass Memorial supported the following activities in this region:

- A nurse to conduct flu clinics
- Sexual education talks at the elementary schools in all six towns
- Consulting services on health care issues to the State Police Academy in New Braintree
- Participation on the Barre Rescue Squad Board of Directors, and
- Publishing articles related to health issues for the local newspaper, *The Barre Gazette*

South East Asian Center (SEACO)

The South East Asian Center is the only social service organization serving the Asian community in Central Massachusetts. With a population growth nearing 10,000 in the City of Worcester, this community has become more organized and, in the process, has identified many needs that are now being addressed. With UMass Memorial's support, the Center served over 300 families last year by providing: youth programming, interpreting, advocacy, English as a Second Language classes, job training opportunities, and adult education. Access to health care services was provided through the UMass Memorial Care Mobile Program. The Center has also initiated a Safe Neighborhood/Healthy Family Initiative. In addition, a senior staff member of UMass Memorial participates on the agency's Board of Directors and provided technical assistance and connections to other community resources.

East Side Community Development Corporation

Given that there is a shortage of affordable housing in Worcester due to the market demands of the 1990s, UMass Memorial made a commitment to support the East Side Community Development Corporation (CDC) activities to address the housing crisis. To this end, the CDC affordable housing efforts included the following:

- Completion of a 2 family home on Eastern Avenue.
- Completion of 2 condominiums on Vernon Street.
- Negotiated the development of 10 studio apartments for the disabled population.
- Initiated the pre-development stages of a 14-unit project on several streets in the Bell Hill neighborhood.

With UMass Memorial's support, the East Side CDC was successful in leveraging other funding sources including the state, city, federal and lending organizations.

Children and Adolescent Programs

Worcester Infant Mortality Reduction Task Force

This 28-member volunteer Task Force, under the leadership of UMass Memorial's Chair of Pediatric Medicine, is working with the Worcester Healthy Start Initiative in finding ways to address the high rate of infant mortality in Worcester. The membership of the Task Force is comprised of many health and human service providers that are concerned with the health disparities that occur among people of color. Worcester's infant mortality rate for Blacks is 4.25 times that of Whites with half of all infant deaths in 2003 occurring to African-born women. Meetings are held on a monthly basis throughout the year and, testimonials and educational activities for the public are organized on an ongoing basis.

Medical Care for Youth in the Juvenile System

UMass Memorial Department of Pediatrics/Adolescent Medicine oversees and provides health care services and health education to youth who have been detained and committed to the Central Massachusetts Justice System. The program, partially supported by the Department of Social Services and under the supervision of a physician, employs nurse practitioners, physician assistants and registered nurses to provide around-the-clock services and advocacy.

The Department of Pediatrics/Adolescent Medicine also assisted the Department of Youth Services administrators with the development and implementation of health prevention efforts, quality assurance policies and educational programs for non-medical staff, parole officers, parents, Department of Social Services staff and other community stakeholders.

Injury Free Coalition for Kids

UMass Memorial's Injury Free Coalition for Kids (IFCK) is one of 40 hospital-based pediatric injury prevention programs in the United States. Each site's programs and interventions are as varied as the communities they serve. The Coalition works to create safer communities by empowering diverse populations in a manner that respects their cultures, beliefs and lifestyles.

Program Interventions

- **Weekly Car Seat Check Points** - IFCK checked participants' car seats to make sure they were installed properly (90% were not). Approximately 1,500-2,000 car seats were checked last year and free car seats were distributed to low income families.
- **Home Safety Equipment Distribution** - IFCK distributed kits filled with home safety items (smoke detectors, electrical outlet covers, bath temperature testers, stair gates, window locks, cabinet locks and home safety literature) to parents of young children and expectant parents. Close to 300 kits were distributed primarily to community-based organizations and individuals participating in parenting education classes.
- **Medical Student Injury Prevention Curricula** - IFCK had several opportunities throughout the school year to teach first-year medical students about pediatric injury prevention. As part of their Community Medicine requirement, these students worked in the community, providing car seat safety checks, bike helmet education, seat belt observations and home safety education. They also assessed city playgrounds for potential hazards.
- **Bicycle Helmet Safety Education** - This activity was performed throughout the year at schools and community fairs. IFCK also educated all participants in the proper fit of a bike helmet. Approximately 350 helmets were distributed in 2004 during school programs and community activities.
- **Goods For Guns** - This gun buy-back and education program, done in conjunction with the Worcester Police Department, helped to make the streets of Worcester safer. Area residents exchanged more than 240 operable firearms and 3,000 pieces of ammunition for gift certificates. Eighty percent (80%) of the guns collected were handguns and 50% of those were automatic. More than 150 gun locks were distributed to ensure gun safety in the home. The Departments of Surgery, Pediatrics, and the Division of Pediatric Emergency Medicine supported this program.

The Injury Free Coalition, through its many programs, provided services to 3,500 people in the greater Worcester area.

School Based Clinic/Doherty High School Center

Having entered its eighth year of operation, this collaborative effort between UMass Memorial, the Worcester Public Schools and the Massachusetts Department of Public Health provided adolescents with accessible health care services during the academic year. The program was designed to keep students in school and in good health. This partnership addressed adolescent health care needs for a very ethnically diverse student population (50% are people of color).

Students were seen for a variety of problems and health concerns including treatment of acute and chronic problems, first aid, health and nutrition counseling, immunizations, and physical exams for sports. Over the course of the past year, mental health issues have been surfacing at an increased rate. Out of a student body of 1500, approximately 400 students were enrolled in the Health Center. On a daily basis, 40 students utilized the Center.

Health education is an important component of the Center, and special emphasis was given to those topics most pertinent to teen health, such as teen dating and violence prevention. New programs incorporated this year included a series of workshops on stress management, obesity, nutrition and exercise. Appropriate use of the health care system and linkages to a primary care provider rather than the Emergency Room for ongoing care was encouraged. Information on access to public health insurance was also disseminated.

Family Advocates of Central Massachusetts

This medical/legal collaborative effort between UMass Memorial's Department of Pediatrics, the Legal Assistance Corporation of Central Massachusetts and medical practices caring for children throughout Worcester County targeted the social and non-medical barriers that prevent low-income families and their children from complying with a medical treatment plan. Through this effort, a physician worked with an attorney to advocate for those services that were needed to help the patient comply with a treatment plan. A total of 70 individuals were helped with legal issues related to housing, domestic violence, special education programs and Medicaid enrollment. The program was adapted from a model that was developed at Boston Medical Center in the early 1990s.

Child Protection Program

The program, located within the Department of Pediatrics at UMass Memorial, was designed to help resolve child abuse and neglect issues. Forensic examinations, social service evaluations and comprehensive follow-up services were provided to children who may have been victims of child maltreatment including physical abuse, sexual abuse and neglect, or witnessing of domestic violence. The program also provided consultation to clinicians regarding appropriate child abuse reporting.

Practical Advocacy Lunch Series

Medical residents met with representatives of community-based agencies to discuss ways in which pediatricians can work better to address a variety of children's health problems. The program served 100 participants throughout the year.

South County Special Care Coordinator

Under the leadership of UMass Memorial's Department of Pediatrics, South County Pediatrics partially supported a care coordinator that served 130 children with special health care needs. The care coordinator conducted home visits, and provided linkage to other resources and advocacy services. The care coordinator also represented UMass Memorial in several coalition efforts that aimed to improve services for children with special needs.

Parent Advisory Group

This collaborative effort between South County Pediatrics staff and parents of children receiving services at the medical practice worked with the Webster Public Schools in the development of a

children's health speaker series that included topics on parenting, teenager health, safety in day care and learning disabilities. This ongoing, monthly activity served 50 individuals from the community and school personnel.

Teen Tot Connection

The Worcester Teen Tot Connection is a federally funded program partially supported by the Departments of Pediatrics, and Obstetrics and Gynecology. The program was designed to provide adolescent mothers with medical care and follow-up well visits for three years after giving birth. The target population was primarily poor, urban youth, and ethnically diverse with 43% of the population Hispanic, 10% Black, 2% Asian, and 45% White.

Sixty-seven (67) mothers and 70 infants were served in the Teen Tot Clinic. Fathers participated in a support program where they received a variety of parental educational services. The program worked in conjunction with multiple community organizations. A recent program evaluation indicated that the program is making an impact -- 100% of the participants' infants were appropriately immunized by age 2 (compared with the state's 75% norm), and 73% of the teen moms have returned to school and graduated.

Special Projects

Worcester Emergency Medical Service

Worcester EMS/UMass Memorial paramedics provide response to all 9-1-1 calls in the City of Worcester and the abutting town of Shrewsbury. Not only do they respond to over 25,000 calls a year; they also contributed greatly to the community by participating in school fairs, teaching health awareness, providing medical training, and participating in numerous public gatherings, including the provision of blood pressure screenings and medical coverage at charitable events (i.e. road races, festivals and other community activities). In addition, this program advised Worcester city government on health care issues and recently partnered with the Worcester Department of Public Health to establish a Public Access Defibrillator Program in municipal buildings and schools. Over 50 community programs were offered and more than 3,000 community participants were impacted by the services provided through this effort.

Caitlin Raymond International Registry

The Caitlin Raymond International Registry (CRIR), a pioneer in the establishment of procedures and practices for stem cell donor searches, is the oldest coordinating center for bone marrow, peripheral blood stem cell and placental cord unit in the United States. Operating under UMass Memorial Medical Center, CRIR provided indigent emergency services to patients suffering from those diseases that are treatable by stem cell transplant.

Regional Environmental Council

This grassroots organization has been working to make Central Massachusetts a cleaner and more livable place. Through the local participation of local citizens, the Regional Environmental Council (REC) has been dedicated to building healthy communities and improving the quality of

life in Worcester for 32 years. REC's projects include a city-wide community gardens program that involved youth, city-wide clean-ups, and educational programming on the dangers of toxins in the home. With REC's assistance, UMass Memorial's Healthy Community Initiative in the Bell Hill and Lakeside Public Housing coordinated Earth Day clean-ups and community gardens.

The majority of the work took place in inner city neighborhoods that are often home to minority and/or low-income residents who have traditionally been excluded from the environmental decision-making process and are subject to disproportionate impact from environmental hazards. UMass Memorial helped link REC with a variety of its partners including, but not limited to, neighborhood groups, youth programs, local businesses, community health agencies, and faith-based organizations.

Youth Programming and Violence Prevention

YouthNet

This summer program provided recreational, educational and cultural activities to underserved and isolated school aged youth residing in Worcester. With UMass Memorial's support, 836 youth participated in a broad range of activities that included sports, games, arts and crafts, violence prevention workshops (i.e. self-esteem, dating, teen pregnancy), dances and field trips. Having entered its twelfth year of operation, the YouthNet collaborative effort comprised of eight youth-serving, community-based organizations is having a positive impact on the lives of many youth by providing them with opportunities to be safe during evening hours throughout the summer months.

The HOPE Coalition

With UMass Memorial involved at the forefront, the HOPE Coalition of Worcester, a youth-adult partnership founded in 2000, 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. Seventeen (17) community stakeholders are engaged in an inclusive, consensus-building process that resulted in a citywide, strategic prevention plan for youth. UMass Memorial contributed to the Coalition's support by providing space and funding the program coordinator's position while partner agencies provided in-kind services.

Through a collaborative effort of youth, service providers and families, the HOPE Coalition increased 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 2004, the Coalition work was completed with the assistance of 16 teens from across the City of Worcester. These young people collected data, established adolescent best practices, and worked in partnership with other organizations to institute change. The youth bring their own unique style and creativity to work on community health issues -- for example, to express their

concern about violence against young people in the community, they created a powerful mural depicting youth heroes and youth victims of violence. This mural has been displayed at the Great Brook Valley Health Center annual block party, the YWCA during Violence Prevention month, and at the Worcester Youth Center. Also accomplished in 2004:

- Received a four-year, \$100,000 Federal Drug-Free Communities grant, which will allow HOPE to develop a multi-sector, multi-strategy initiative to lower rates of adolescent alcohol, tobacco, and drug use in Worcester.
- Ran a second session of the Youth Worker Training Institute, which took place on 15 consecutive Fridays last spring. The Institute trained 20 youth workers from 12 different organizations on a range of topics, including: identifying and addressing risky behavior, program planning, administrative skills, and fundraising.
- Supported the HOPE Mental Health Model at the Boys and Girls Club and the Worcester Youth Center. Clinicians from the Massachusetts Society for the Prevention of Cruelty to Children worked on-site at these youth organizations to provide crisis intervention, group work, one-on-one counseling, and staff training. This innovative model of mental health delivery eliminates many of the barriers that young people face in accessing services.
- Conducted showings of the Teen Health and Sexuality video created by the HOPE Peer Leaders to multiple groups of adults and youth in Worcester.
- Participated in statewide discussions on teen health issues with Health Care for All, a grassroots Boston-based advocacy group.

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.

Building Brighter Futures

Under the leadership of UMass Memorial's Chief Executive Officer and in collaboration with the United Way of Central Massachusetts, Building Brighter Futures with Youth has assembled a wide array of organizations and youth to develop an agenda to create a sustainable community-wide commitment in which everyone contributes to building a brighter future for youth in Worcester. The group's mission calls for Worcester to become a thriving community where all youth grow up to be healthy, caring, optimistic and prosperous.

Building Brighter Futures identified the following priority areas:

- Increase youth workforce development opportunities.
- Develop youth and family presence in city government.
- Promote civic engagement among youth.
- Develop year-round youth development opportunities with a focus on providing YouthNet, an after school program on a year-round basis.
- Conduct youth celebrations, and
- Address transportation issues.

Several task forces have been established to implement a working plan that addresses the priorities mentioned above and which includes planning, communications and work force development.

Worcester Youth Center

Entering its tenth year of operation, the Worcester Youth Center (WYC) offered a wide range of recreational, educational, leadership and work readiness programs that served the City's most disenfranchised youth. The Center provides "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. 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 recreational activities, academic tutoring, literacy programs, computer center, leadership development, and work readiness/job placements.

In 2004, 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. Many of the youth come from single-headed households and live in households where the income is below 200% of the poverty level. They have been exposed to gangs, substance abuse, and violent relationships. The Center has a long history of providing services to members of diverse racial and ethnic minority groups. In 2004, nearly 90% of the youth came from a minority group.

Although the Center is a 501(c)(3) not-for-profit organization with its own Board of Directors, UMass Memorial has contributed to the livelihood of this agency by funding several staff positions and supporting the agency's grantsmanship activities over the last ten years. In addition, UMass Memorial's Care Mobile routinely visited the Center and provided medical and dental services to the Center's population and staff.

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. 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 attendance and retention 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.

Worcester Pipeline Collaborative

Under the auspices of the University of Massachusetts Medical School, the Worcester Pipeline Collaborative (WPC) offered an array of programs that encouraged minority and/or economically disadvantaged students to pursue a career in health or science professions. Program activities included mentoring, job shadowing, clinical and research internships, after school science workshops and a visiting science program. This past year over 4,700 students participated in the program. In addition to the Worcester Public Schools, other collaborative partners included Quinsigamond Community College, Plumley Village Public Housing, Abbott Bioresearch Center, and UMass Memorial Health Care.

Community Service and Other Efforts

Community service is an invaluable resource to the community. Numerous programs and services were provided to the general public and community agencies through collaborative efforts, including, but not limited to: school fairs, community flu and vaccine programs, workshops, food drives, disaster relief efforts, speaker series, mentoring, community health education efforts, outreach activities, and participation in many community-based efforts. Educational programs and screenings were offered as a preventive effort.

Of particular interest was UMass Memorial's first *Informed Women, Healthy Women* Program on women's health issues. This event was attended by a sellout crowd of 300 community members. Jane Brody, health correspondent for the New York Times, was the keynote speaker and helped to make this event a success. Other activities included workshops, exhibits, health screenings and special demonstrations.

The Children's Medical Center held its *Annual Teddy Bear Clinic* with more than 13,000 participants from the community in attendance. A full day of health awareness, wellness information and activities specially designed for children was offered. A variety of exhibit booths taught children and their families health and safety tips and how to deal with medical issues in a fun and interactive way.

Another event where UMass Memorial played a leadership role was with the *American Heart Walk* fundraising event which raised money for heart disease research. UMass Memorial's Chief Executive Officer served as Chair of this effort and mobilized more than 1,000 employees to participate in the walk and raise money for the Heart Association. Due in large part to UMass Memorial's leadership, the walk ranked in the top ten in the country, and has become a model for other cities across the country.

Wachusett Area Emergency Services

UMass Memorial established a fund in 1993 to benefit the Wachusett area towns that were previously serviced by the former Holden Hospital: Barre, Holden, Hubbardston, New Braintree, North Brookfield, Oakham, Paxton, Princeton, Rutland, Sterling, and West Boylston. Each year, the Wachusett area towns utilize these funds for the following emergency medical services:

- To contribute to the cost of emergency transportation, emergency communication costs, facilities, or ambulance services.
- To contribute to the cost of training or educating emergency medical technicians.

C. Notable Challenges, Accomplishments, and Outcomes

Despite the financial challenges facing our clinical system, in 2004 UMass Memorial Medical Center provided \$43,641,674 in community benefits. Our broad-based holistic approach to community health allows us to work on addressing the root causes of disease and, to this end, our focus has been to solve the socioeconomic problems that affect underserved communities. This past year, the hospital strengthened its ability to reach out to the community by developing new programs that served the elder population in collaboration with the Worcester Housing Authority and the Worcester Health Department. We are actively engaged in Common Pathways, a broad-based initiative that is in the process of identifying and documenting healthy community indicators for the City of Worcester.

UMass Memorial seeks to improve the health status of the Worcester community by supporting efforts that improve access to care for vulnerable populations and address youth violence while also creating neighborhood stability. We accomplish our goals by developing collaborative initiatives and partnerships with schools, city government, community-based agencies and social and health organizations.

VII. Next Year Reporting

A. Approved Budget/Project Expenditures

The Community Benefits funding level will be maintained within the UMass Memorial operating budget. 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 to refine program activities, maximize the impact of our resources, and expand the scope of our services through new and collaborative work. Programs that will be continued next year include:

- Elder Care Services
- Access to Specialty Care
- Doherty High School Health Clinic
- Health Benefits Advising/Insurance Enrollment for Uninsured
- Youth Work Force
- Medical Interpreter Services
- Literacy Programs
- Mobile Dental and Medical Services

- Plumley Village Health Services
- Healthy Communities Initiatives
- Worcester Youth Center
- HOPE Coalition
- Building Brighter Futures
- Children and Adolescent Programming
- Community Health Centers' Dental Program

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

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**UMass Memorial Health Care, Inc.
Community Benefits Advisory Committee Membership**

Name	Organization
ADAMS, Sara Trillo	Latino Mental Health Project
ANTHES, Frances	Family Health Center
CALISTA, Joanne	Central Mass Area Health Education Centers
CAVAIOLI, Linda	YWCA of Central Massachusetts
CHARETTE, Ron	South Worcester Neighborhood Center
DUFFY, Alison	UMass Medical School Public Affairs
GARDNER, Jay	City of Worcester Department of Public Health
HUPPERT, Mick	UMass Medical School Office of Community Programs
JENKINS, Brenda	YMCA/Men of Color Initiative
LOWELL, Mónica	UMass Memorial Health Care Community Relations Department
MARCIGLIANO, Dominick	East Side Community Development Corporation
MC GRATH, DONNA	City of Worcester
O'CONNOR, Cathy	Massachusetts Department of Public Health
PADRO, Jane	Southeast Asian Center
PATTON, Steve	Worcester Common Ground
ROTTY, Rosemary	UMass Memorial Health Care Financial Planning
TORRES FELDMAN, Zoila	Great Brook Valley Health Center
WRONSKI, Michael	Worcester State College

Palmer Health Status Indicators

	Source	Palmer, MA	Statewide Rate / Incidence (%)
Mortality			
Infant Mortality (1)	DPH	0.0%	4.9%
Cardiovascular Disease Deaths (2)	DPH	334.7	276.9
AIDS and HIV-related Deaths (2)	DPH	8	3.6
Substance Abuse			
Drug / Alcohol Treatment admits (3)	DPH	1448.4	1820
Youth Related			
Verified Abuse/Neglect Cases	DSS	124	29,555
High School Drop Outs (4)	DOE	3.5%	3.3%
DYS New Commitment/Detention (5)	DYS	22.3	52.5
Births to Underage Mothers (1)	Vital Records	0	5.9
MCAS Results - 10th Grade	DOE		
English Warning/Failing		11%	11%
Math Warning/Failing		15%	15%
Demographics			
Population	Census	3,900	6,379,304
Poverty Rate (200%)	Census	24.1%	21.7%
Children in poverty	Census	10.4%	12.0%
Unemployment Ages 16 and older	DET	6.2%	5.3%
Aid to Families with Children	Medicaid	7.5%	7.1%
Ethnic Composition School			
Hispanic	DOE	1.2%	11.5%
African American	DOE	1.0%	8.8%
White	DOE	96.4%	74.6%
Asian	DOE	1.2%	4.7%
Native American	DOE	<u>0.2%</u>	<u>0.3%</u>
Total		100.0%	100.0%
Ethnic Composition City/ town			
Hispanic	Census	1.2%	6.8%
Black non-Hispanic	Census	0.7%	5.3%
White non-Hispanic	Census	97.3%	83.9%
Asian	Census	0.6%	3.9%
Other	Census	<u>0.2%</u>	<u>0.1%</u>
Total		100.0%	100.0%

Figures in bold exceed state rates.

Most recent data available from the following sources:

Mass. Dept. of Public Health, 2000 U.S. Census Bureau Report, Mass. Dept. of Social Services, Mass. Department of Education, Mass. Department of Youth Services

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

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

(3) Crude rates are expressed per 100,000 persons

(4) State adjusted rate per 100 persons

(5) Rates per 10,000 youth under age 18

