A partnership between UMass Memorial Medical Center and Montachusett Opportunity Council is expanding in-home asthma education to families and children in Northern Worcester County (see pages 3 to 5).
Our Community Benefits Mission

UMassMemorial Health Care

“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, non-medical conditions that negatively impact the health and wellness of our community are addressed.”

What Are Community Benefits?

Community Benefits are programs and services provided by not-for-profit hospitals to improve community health. They are designed to respond to identified community needs and address health disparities among disadvantaged and vulnerable populations. Community Benefits are not for marketing purposes and must meet at least one of the following criteria:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health knowledge
- Relieve or reduce burden of government or other community efforts

In 2018, UMass Memorial Health Care contributed nearly $199.6 million to positively impact the health and well-being of the communities we serve. Our Community Benefits contributions support charity care, subsidized health services, education of health professionals, research, community-based programming and partnerships. In addition, almost $108.6 million in other non-Community Benefits expenses were absorbed through bad debt write-offs and Medicare shortfalls.

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System Hospitals

UMass Memorial Medical Center
· Michael Gustafson, MD, MBA, President
· Mónica Lowell, Vice President, Office of Community Health Transformation/Community Benefits

UMass Memorial HealthAlliance-Clinton Hospital
· Deborah Weymouth, FACHE, President and CEO
· Rosa Fernandez, Director, Community Health and Volunteer Services

UMass Memorial – Marlborough Hospital
· Steve Roach, President and CEO
· Gloria Pascual MA, Director, Community Benefits, Spiritual Care and Volunteer Services
Dear Community,

On behalf of our caregivers and Board of Trustees, we are privileged to share with you the 2018 UMass Memorial Community Benefits Report. In these pages you will find updates on our programs, examples of partnerships with diverse stakeholders and new efforts to support the communities we serve, including the formal adoption of the UMass Memorial Health Care Anchor Institution Mission.

Addressing the social factors that adversely affect health outcomes such as poverty, unemployment, food insecurity, housing, transportation, access to care, education, safety and violence requires significant focus “outside hospital walls.” It is only through an intentional focus on these root causes of poor health that, together, we can improve the well-being of our community. In 2018, we adopted our Anchor Mission strategy that leverages the strength of our organization’s assets to enhance our health improvement efforts. Our initial work centered primarily on developing the infrastructure to carry this mission forward. Caregivers from across the system and members of the senior leadership team came together to bring life to this mission and to guide this important community partnership.

Our Community Benefits work, coupled with the Anchor Mission, is fueling our upstream agenda to make Central Massachusetts a healthier region. We extend a sincere thank you to our community partners who are vital to this effort and with whom we will improve health outcomes, reduce unnecessary emergency department use and raise the quality of life for everyone, particularly our most vulnerable populations. Without these connections, we could not build the community/clinical linkages that are so essential for our region to be a safe, healthy and vibrant area in which to live, work and play. We are very excited with this new approach and look forward to sharing our progress with you in the coming year.

Eric W. Dickson, MD
President and CEO
UMass Memorial Health Care, Inc.

Nsidinanya Okike, MD
Chair, Community Benefits Committee
UMass Memorial Health Care, Inc., Board of Trustees

COMMUNITY HEALTH IMPROVEMENT IMPACTS

**UMASS MEMORIAL RONALD MCDONALD CARE MOBILE**
Serves a minimum of 3,000 patients annually

**HOPE YOUTH MENTAL HEALTH MODEL**
Provides on-site mental health counseling to approximately 600-700 youth annually

**RECREATION WORCESTER**
Approximately 1,700 children (ages 7 to 13) participate annually in 10 neighborhoods

**FIRST TIME HOME OWNERSHIP PROGRAM**
23 homes established in Worcester

**COMMUNITY GARDENS**
Minimum of 500 pounds of produce grown annually at the Grant Square garden and distributed to food insecure areas via the “Veggie Mobile” mobile market

**VEGGIE MOBILE**
Since 2012, total SNAP and EBT purchases on the Veggie Mobile increased by over 350%. Nearly 70% of all Veggie Mobile sales are SNAP purchases.

**CITY-WIDE PEDIATRIC ASTHMA INTERVENTION**
Nearly 1,300 home visits completed thru all the partners

**GOODS FOR GUNS**
16 communities in Central MA 3,200 guns returned to law enforcement officials since 2002

**SITES INCUBATED BY UMASS MEMORIAL**
Worcester Youth Center Southeast Asian Coalition The Hector Reyes House
UMass Memorial Health Care, Inc. recently adopted a systemwide Anchor Mission to address social determinants of health in the local community by leveraging the full breadth and depth of the system’s assets in a more concerted way. The concept, developed by the Democracy Collaborative, a national research institute, encourages and challenges large institutions with strong roots in a specific locale, to expand their traditional business practices to more broadly improve and develop the economy of the distressed neighborhoods that surround them. For hospitals, this means moving from a clinical focus to a wider, upstream perspective on non-clinical factors that adversely impact a person’s health. Examples include, but are not limited to, housing, education, poverty, nutrition, economic stability and physical environment.

In FY18, through a collaboration with the Harvard T.H. Chan School of Public Health, senior hospital system staff, managers and board members assessed the ability for UMass Memorial Health Care to undertake such a commitment. It quickly became apparent that as the largest employer and economic force in Central Massachusetts, and with a strong track record of community involvement, the system had the resources to “go all in” to more actively address health improvement outside our hospital walls. The staff is already dedicated to high-level problem-solving; the Community Benefits program is nationally recognized and award-winning with deep, enduring partnerships in place with the University of Massachusetts Medical School, local universities, and dozens of local and regional social service organizations.

Following approval by the health care system’s Board of Trustees, committees were formed, and action plans are now in development to extend the health system’s reach far beyond community benefit grants into four key areas: local hiring, local procurement, local investment and voluntarism (see sidebar).

As an Anchor Institution, our partnerships with community stakeholders and commitment to invest 1% of the investment portfolio of the health care system will create new opportunities to improve the economic outlook of vulnerable, low-income populations in our city.

What is an Anchor Mission?

An Anchor Mission is a commitment to consciously apply the long-term, place-based economic power of the institution, in combination with its human and intellectual resources, to better the long-term welfare of the community in which the institution is anchored.

—The Democracy Collaborative

The decision by the Board of Trustees to support the organization’s adoption of an Anchor Mission was as enthusiastic as it was unanimous. In fact, the trustees encouraged the management team to accelerate the timeline for implementation; this mission is extremely important to the health and well-being of the communities the health care system serves.

—Richard Siegrist
Chair, Board of Trustees,
UMass Memorial Health Care, Inc.

UMass Memorial Health Care Anchor Mission Strategy Co-Chairs

Doug Brown, President, UMass Memorial Community Hospitals and Chief Administrative Officer
Cheryl Lapriore, SVP/Chief of Staff, Chief Marketing Officer and President, UMass Memorial Health Ventures

Health care system caregivers, managers and Board of Trustees members worked to create the Anchor Mission strategy. Included in their activities were tours of local neighborhoods hosted by the Community Benefits team and discussions with nonprofit organizations for future partnerships.
Pediatric Asthma Home Visiting Intervention

To address high rates of pediatric asthma, UMass Memorial Medical Center initiated a home visiting program to reduce asthma-related emergency department use (ED), hospitalizations and school absenteeism. Beginning with a pilot project launched in 2013 at the request of Belmont Street Community School in Worcester, the intervention was expanded citywide in 2014 through a Prevention and Wellness Trust Fund (PWTF) grant and includes the Medical Center’s Pediatric Primary Care and Pulmonology departments, two community health centers, Community Legal Aid, the Worcester Public Schools and Head Start program, and the city’s Healthy Homes Office. Culturally competent community health workers (CHW) help program participants to assess and address asthma triggers in the home and improve medication adherence. Referrals also are made to our Medical-Legal Partnership (see page 16) to resolve home triggers requiring landlord action.

Intervention Task Force Members

- Community Legal Aid
- Edward M. Kennedy Health Center
- Family Health Center of Worcester
- UMass Memorial Medical Center
- UMass Memorial Pediatric Pulmonology
- Worcester Housing Development and Healthy Homes Office
- Worcester Public Schools and Head Start program

Related Asthma Programs

Since PWTF funding concluded in December 2017, the Medical Center has continued to co-chair the Pediatric Asthma Intervention Task Force with the Edward M. Kennedy Health Center. The group remains highly engaged and meets monthly to review program policies, services and outcomes. In 2018, the Medical Center and its partners began working with the Green & Healthy Homes Initiative to develop a business case for third-party reimbursement of the CHW role as a means of sustainability.

The Pediatric Pulmonary Department operates AsthmaLink, a medication adherence program that enrolls 60 to 90 students annually to provide coordination of controller medications given by school nurses and a Hospitalized Patient Intervention that links admitted pediatric patients to the home visiting program. Since 2014, Medical Center CHWs have completed 711 of the more than 1,290 total home visits in the citywide intervention. A study of 86 asthmatic children enrolled in AsthmaLink from 2012 to 2015 showed a significant pre-/post-intervention reduction in ED visits and hospital admissions.

Asthma Intervention Goals in Worcester and North County

- Reduce school absenteeism, hospitalizations and ED use by asthmatics
- Identify and address asthma triggers in-home and at school
- Build a case for third-party reimbursement for CHW role

Magda Rodriguez, a UMass Memorial community health worker, educates a young family about the use of healthy and natural cleaning supplies in the home to prevent asthma triggers.
North County Pediatric Asthma Pilot
Tricia Pistone, Vice President of Planning and Development, Montachusett Opportunity Council

Founded in 1966 during Johnson’s War on Poverty, the Montachusett Opportunity Council (MOC) is a community action agency serving 30 cities and towns in North Central Massachusetts. With a mission to help low-income families achieve economic stability, we provide an integrated service delivery model through all our programs, including quality child care, education and employment opportunities, and housing support. Last year, MOC provided services to over 18,000 individuals and 7,500 families.

We came to partner with UMass Memorial Medical Center through their pediatric asthma intervention. In 2018, the Medical Center applied for and received a $50,000 grant from the Green & Healthy Homes Initiative to allow us to extend the successful asthma program to North County with UMass Memorial HealthAlliance-Clinton Hospital engaged in the process. We used the Medical Center’s community health worker (CHW) model as a compass and best practice, and building from MOC’s childhood lead prevention program, we dispatched two CHWs to provide in-home asthma intervention services.

Instead of working with the public schools, as UMass Memorial did, we accepted internal referrals. Both our Head Start (pre-kindergarten) program, with approximately 500 families, and WIC program, with about 7,000 enrolled, track asthma and provide referrals to the pilot. We also work closely with pediatrician Fernando Catalina, MD, (see page 5) to keep the referral and feedback loop open. Dr. Catalina directly educates patients about MOC’s asthma intervention, which allows for a higher rate of enrollment. We have 48 active asthma referrals during this pilot phase.

CHWs conduct an initial, abbreviated evaluation to identify whether a full home assessment is needed. We provide asthma education, referrals to other services, and home supplies to reduce asthma triggers, including trash barrels, HEPA filters and vacuums, and green cleaning supplies. In addition, about half of the homes will be referred to our energy program for a more detailed environmental assessment and remediation services.

This type of intervention is at the foundation of what community health is trying to address. By working with our clinical partners, we try to get as far upstream as possible to prevent illness. While we may only be working with a few dozen families currently, there is an opportunity for broad community impact.

The pilot intervention uses the same longitudinal data tracking tool, Research Electronic Data Capture (REDCap), that helps us to collaborate more easily and address detailed action plans in a systematic way. The involvement and careful referral of patients by Fernando Catalina, MD, PhD, to MOC also gives the pilot greater leverage for success. His patients’ trust is key when MOC outreach workers are going into the home.

Priorities in the hospital’s Community Benefits Strategic Implementation Plan include the social determinants of health with regard to asthma, for example, housing conditions. The asthma pilot partnership with MOC aligns with the plan because their outreach workers are assessing the home environment.
North County Pediatric Asthma Pilot: A Physician’s Perspective

Fernando Catalina, MD, PhD, Pediatrician and Chairman of the Board of Trustees, UMass Memorial HealthAlliance-Clinton Hospital

I am a pediatrician in a private group practice in Leominster. Asthma is a very common disease. About 9%, or one in 12 children, have asthma in the U.S. It is a leading cause of missed school days, and in extreme cases, it’s life threatening. If we identify difficult-to-control patients, we can prevent severe exacerbations, keeping children out of the hospital and in school.

The asthma intervention pilot for kids with refractory (persistent symptoms despite medication) asthma goes beyond the doctor’s office or hospital emergency room. From the Worcester experience and other data, we know that by educating children’s caretakers and evaluating the home environment, children can have better control of their asthma.

Kids in the pilot intervention are referred from the Montachusett Opportunity Council (MOC) Head Start program and through our office. Once I identify them, I reach out to the family and give their contact information to MOC for a community health worker (CHW) to conduct an evaluation and home visit. When I speak to patients and families first, the referral is coming from a doctor who cares rather than someone they don’t know. It’s not something coming out of the blue.

A lot of MOC’s efforts is about education. People are often confused about the two types of asthma medications: a controller for every day to prevent an attack, and a rescue medicine to treat an attack. Parents or caretakers may be giving the wrong medicine at the wrong time, or not giving it often enough. When a MOC CHW comes into the home, they lay out the medicines on the table and talk to the family. They also talk about asthma triggers and prevention, such as insect control (cockroaches are a big trigger), avoiding second-hand smoke, hand hygiene to reduce upper respiratory infections, and mold and humidity mitigation techniques.

There is a tremendous need in our community to help kids with asthma. The scope of the pilot is narrow because of limited funding. We hope that insurance companies will eventually see the benefit of this effort for their patients. Preventing one admission to the hospital would probably pay for 15 to 20 patients in this program.

About North County

- Fitchburg is a city of 40,000 residents located 20 miles north of Worcester
- 20% of residents live below the poverty line, and 45% are renters
- 77% of homes were built prior to 1978
- The pediatric asthma prevalence rate is 15.8% (16th highest in the nation) versus 12.2% in the state
- 11% of children in Head Start have asthma

In addition to assessing the home environment, CHWs Magda Rodriguez, left, UMass Memorial Medical Center, and Ana Morel, MOC, North County, teach children and families the proper use of asthma medications to keep children out of the hospital and in the classroom.
At Home and in School: Healthy Homes

James Brooks, Director, City of Worcester Housing Development and Healthy Homes Office

The Healthy Homes Office has directed Housing and Urban Development (HUD) funding into local private housing initiatives since 2005. We manage community development block grants for repair and rehab of existing homes, and funding for new construction. Worcester has the fifth oldest housing stock in the country, built during the industrial revolution. Initially, HUD funds were designated for lead abatement, but over the past few years, the focus has widened with the goal of creating a healthy home environment. This includes eliminating some common things that send people to the emergency room – falls, smoke and carbon monoxide exposure – as well as long-term hazards such as asbestos, pests and mold from water damage.

We became involved with the Pediatric Asthma Intervention Task Force, when the UMass Memorial Medical Center small pilot project was expanded to a citywide intervention as a result of securing a grant from the Prevention and Wellness Trust Fund. Since then, our strong partnership with the Medical Center’s Pediatric and Pulmonary departments has addressed triggers at properties where children with asthma may reside. A community health worker makes a home visit and refers the tenant, or the landlord, to us. Funding is income-based and is designed for homeowners and landlords who cannot afford to make changes at their properties.

Healthy Homes also looked at three school environments with the highest rates of asthma and absenteeism, including Union Hill elementary school. Built around 1900, the building is one of the oldest schools in the city and had pests, and mold from pipes and leaks. In addition, deferred building maintenance, such as dirty air filters, little or no cleaning, or cleaning with harsh chemicals, were contributing to student health problems.

Our joint efforts involved the Medical Center’s Pediatric and Pulmonology departments and school nurses. Nurses made sure that students had inhalers in school every day, helped to administer the medications and met with families to discover their living conditions. We worked with the neighborhood, not only to improve the area aesthetically, but also to address individual housing units holistically. Since that time, Union Hill School absenteeism has improved, dropping from about 25% to 14% in about five years.

Worcester Asthma Facts

Asthma is prevalent among low-income populations living in public and older housing stock, and is particularly high among Hispanic and Black populations. Currently, there are nearly 4,000 asthmatic students in the Worcester Public Schools.

According to the 2018 Asthma Capitals Report (Asthma and Allergy Foundation of America), Worcester ranked 11th highest in the nation for estimated asthma prevalence, related emergency department (ED) visits and fatalities.

Data collected by the Massachusetts Department of Public Health found that the rate of pediatric asthma-related ED visits is nearly double that of the state.

Matheson Communities in Worcester

Homeowners Rehab Inc. (HRI), an affordable housing developer based in Cambridge, Massachusetts, sought advice from the asthma intervention team (see page 3) to improve the health of residents in a newly acquired property. Joe Deignan, director of community engagement, commented, “When HRI first came to the city we were surprised by how many property residents reported having asthma and other respiratory issues. While HRI is focused on physical renovation of the building, we also wanted to reach out to residents directly with relevant information and assistance to address air quality and increase their overall health. We looked for local partners to help us … and were lucky enough to find the UMass Memorial program. The work being accomplished by this intervention aligns very well with our mission and we are very excited to begin this partnership.”

Residents attended an educational session about asthma triggers in the home, hosted by Homeowners Rehab Inc. (HRI), an affordable housing developer based in Cambridge, Massachusetts. HRI sought advice from the asthma intervention team (see page 3) to improve health at a newly acquired property.
Access to Healthy Food

UMass Memorial Medical Center continues to support a range of efforts to address food insecurity and healthy nutrition among vulnerable populations through partnerships and as a member of the Worcester Food Policy Council (WFPC) Steering Committee. The committee convenes the Access to Healthy Foods Work Group of the community health improvement plan that promotes, through policy, healthy weight/healthy eating and improved nutrition in distressed, food-insecure neighborhoods. To improve access in food deserts — urban areas where it is difficult to buy affordable or good-quality fresh foods — the council works on issues such as food retail, Supplemental Nutrition Assistance Program (SNAP) food stamps, fair minimum wage and expanding urban agriculture.

In 2018, WFPC successfully advocated for the renewal of funding for the anti-hunger Massachusetts Healthy Incentives Program (HIP) that provides monthly incentives to SNAP households when they purchase fresh, locally grown produce at farmers markets and stands, community supported agriculture farms and mobile markets. HIP was funded at $4 million in the state budget, with an additional $2.15 million included in the supplemental budget. WFPC was also instrumental in advocacy leading to signed legislation to raise the minimum wage from $11 to $15 per hour.

Ongoing council efforts include support for updating Worcester zoning to allow farming and farm stands in the city, as well as a collaboration with Worcester Public Schools to improve the health content of all food served in-school. The WFPC continues to advocate for free school meals and “Breakfast After the Bell,” for all schools where 60% or more of the student population qualifies for free or reduced meals.

The Medical Center and the WFPC are also part of the Massachusetts Food is Medicine State Plan, an effort led by the Harvard University Center for Health Law and Policy Innovation and Community Servings. The statewide strategy seeks ways to increase access to medically tailored foods and improve the availability of prepared nutritious food for economically disadvantaged patients after being discharged from a hospital. As part of the Food is Medicine development process, a focus group was organized in Central Massachusetts. Findings and the full state plan will be published and shared with key stakeholders in 2019.

Other Programs Supported by the Medical Center

UMass Memorial Medical Center supports the medical director position at Hector Reyes House, a residential substance abuse treatment program for Latino men. In addition to on-site medical care, and cognitive behavioral therapy to reduce relapse and ease the transition to independent living, the program offers job training and skill development at the Café Reyes, featuring Cuban food and coffee. The Hector Reyes House serves 80 Latino men annually, including returning clients through its ongoing care program.

Developed and launched in 2010 by the Regional Environmental Council (REC) with support from UMass Memorial Medical Center and the City of Worcester, the Grant Square Community Garden in Bell Hill includes 34 raised beds maintained by youth gardeners and neighborhood residents. Produce is made available to the Bell Hill neighborhood — a distressed area and designated food desert — and at 15 additional stops in food-insecure areas across the city through the REC mobile farmers market. Three Veggie Mobile stops are in Bell Hill and average between 60 to 90 customers per week. Five hundred to 700 pounds of fresh produce is grown at the garden and distributed to the community each year.
The New Citizens Center, an alternative school in the Worcester Public School system, is located in the Main South area and serves youth, ages 12 to 17 years old, who are refugees from all over the world. Admission is open to newly arrived students with a limited or interrupted formal education gap of three years or more. Many of these students have never been in school before. They come primarily from Central America, Africa, the Middle East and Asia. Our main goal is to teach them English — reading, writing and speaking — as quickly as possible. Students are divided according to proficiency level. The goal of Level 1 (for those with no English) instruction is to get them to Level 2 quickly so they can become involved in regular classes. We have 73 students and run as a typical high school, although class sizes are much smaller, with a 47-minute bell schedule, lunch and enrichment. We try to acclimate the kids to American life and embed socialization in everything we do.

The Care Mobile dental team is top notch. They set up in-school appointments, provide screenings and fluoride treatments, schedule follow-up appointments with off-site dentists and help with health insurance enrollment. The staff works with me and the school nurse to make sure that all issues are addressed. They are personable and interact extremely well with students. The greatest benefit is that they come directly to the school. Most kids don’t have transportation and wouldn’t have access to dental services otherwise. The program serves so many students who have never seen a dentist because it’s not a priority in their culture. Stacy Hampson, Care Mobile hygienist, distributes multilingual information to parents at the beginning of the year and visits the school often, depending on the needs of the students. About 20 to 25% of the students participate in the opt-in dental program.

Dental hygiene services are important and everyone should have teeth that function normally. I really appreciate the effort that the Care Mobile team puts forth with students and I hope it continues.
An Online Resource for Clinicians and Community

CommunityHELP is an online technology platform implemented at the request of the community and under the leadership of the UMass Memorial Office of Clinical Integration (OCI) as a means of improving accessibility to community resource information addressing social determinants of health. The system was developed to improve bi-directional communication between providers and community organizations, enhance cultural and linguistic competency and build partnerships across entities that provide care in Central Massachusetts. A collaborative effort with Reliant Medical Group, this platform links patients and community residents with social support resources that can be viewed in multiple languages. As of December 2018, the database grew from 58 providers and 152 programs to 221 providers and 501 programs. More than 13,500 user searches were completed for community resources in 2018.

Central Mass Oral Health Initiative

The UMass Memorial Medical Center Community Benefits Department coordinates the Central Mass Oral Health Initiative to ensure the provision of preventive dental services to at-risk children in 40 Worcester public and charter schools. In addition to the Medical Center, collaborators include Worcester Public Schools, Edward M. Kennedy Community Health Center, Family Health Center of Worcester, Quinsigamond Community College, Massachusetts Department of Public Health and Massachusetts College of Pharmacy. As the result of the initiative, 2,670 students were screened, 2,318 students received at least one fluoride treatment, and 1,376 children received sealants. Restorative dental services were offered at five schools.

Care Mobile from a Nurse’s Perspective

Nancy Quintela, MSN, RN, Jacob Hiatt Magnet School

I have been a nurse for 40 years, and for 12 years at Jacob Hiatt Magnet School, a Worcester public school. The student population is 50% Hispanic and 30% African-American.

The Care Mobile dental staff comes to school three times a year for oral screenings, fluoride treatments and sealants. They set up in the school’s multipurpose room and students are called from the classrooms by the hygienists who are always very positive while educating them. The students never cry, in fact we always hear a lot of laughing. It is truly a wonderful oral health service provided to the students.

The Care Mobile is a great asset for any school nurse. The staff attends the open house to promote the program. They bring educational materials, toothpaste and paperwork for parents to give permission for care. They also assisted me during “dental month” in February for kindergarten and first grade students. The students learned how to brush their teeth and eat healthy foods. These activities are not only fun for the children but help spread valuable information to their families as well.

School-Based Dental Program Statistics

- 1,454 dental screenings
- 3,901 fluoride applications
- 8,392 sealants were placed for 1,184 children
- 1,353 decayed teeth were identified for 484 children

Photo opposite page, Delta Dental of Massachusetts visited Abby Kelley Foster Charter Public School to present a $15,000 donation to the Care Mobile staff and members of the Community Benefits Department. Photo left, as part of the in-school Care Mobile dental program, children learn how to properly brush their teeth.
Worcester ACTs Facts

Worcester ACTs was established as a result of the Worcester Youth Violence Coalition.

- 200 early education staff and other providers trained
- Community Advisory Board established
- Expansion to include families affected by opioid addiction
- Participated in the Harvard University Center on the Developing Child “Frontiers of Innovation” program

Worcester ACTs Partners

- Center for Health Impact
- Clark University
- Community Healthlink
- Pernet Family Health
- University of Massachusetts Medical School Child Trauma Training Center
- UMass Memorial Child Protection Program
- Worcester Division of Public Health
- Worcester Police Department
- YWCA of Central Massachusetts

Witnessing Violence

Laurie Ross, PhD, Professor, Clark University and UMass Memorial Medical Center staff

A Worcester Police Department dataset of about 25,000 men under the age of 27 shows that almost one-fifth had police contact in a violent incident before age 12. Boys who were both a witness and victim were 49% more likely to have a violent incident later in life and were predicted to be involved in about three more recorded incidents as adolescents or young adults when compared to boys who had no early police-recorded incidents. Boys who were witnesses only were more likely to experience violence later in life than boys who were victims only. This counter-intuitive finding may indicate that victims are more likely to get treatment than witnesses.

The Worcester ACTs team, left to right, Laurie Ross, PhD, Nerissa Harper-Ketter, CHW, Amy Ebbeson, administrator, and Diogenito Jorge (DJ) CHW, works with children and families who have experienced trauma.

Worcester ACTs

Worcester Addresses Childhood Trauma (Worcester ACTs) is a rapid trauma response and treatment initiative that connects families with young children, both boys and girls, who have been exposed to violence to culturally competent, evidence-based and resilience building interventions. Managed by Laurie Ross, PhD, professor at Clark University and UMass Memorial Medical Center Community Benefits Department staff member, the program is staffed by administrator Amy Ebbeson (AE) and community health workers, or “resilience navigators,” Nerissa Harper-Ketter (NHK) and Diogenito Jorge (DJ) who shared their experiences.

NHK: This year, we have been working with families to serve them in any way they need support – food insecurity, housing, meetings at children’s schools – so that they don’t just survive but thrive.

DJ: When we meet a family, we ask, “What do you need?” We allow them to be their own experts and they are in control of their own action plan. Initially, we are there to address family trauma, but then we begin to address their basic needs. Often, they may have food and clothing issues, or they might not know how to advocate for their children.

NHK: One of the first families referred to us included a mother who was a survivor of domestic violence. She was overwhelmed. During the time we worked with them, the mom and children received therapy and we helped resolve issues concerning a financial problem, their housing and a child’s education plan. We even helped with Christmas dinner and presents for the children.

DJ: To better advocate for what families need, we have received a lot of training from Worcester-based agencies, the Worcester Division of Public Health and University of Massachusetts Medical School. We have community health worker training, as well as training in child development, cultural awareness, domestic violence and substance abuse.

AE: We attend a lot of events and meetings in the community to let people know we are available. It is exciting that we can help at multiple levels. Not only do we serve individuals affected by violence and addiction, we also train people about the appropriate response to violence and addiction. We co-hosted a successful event with bestselling children’s book author, Jarrett Krosoczka, who talked about the isolation, disconnection and resilience he experienced as the son of a heroin addict. Families received free copies of the book and their feedback indicated it was meaningful for people who have lived a similar experience. We have partnered with many others, including the mayor, district attorney and other civic leaders. The Medical Center has been helpful with referrals to the Care Mobile and a free car seat program. Their reputation and support is really key to connect us to people in need so we can hit the ground running.
The Worcester Division of Public Health (WDPH) and UMass Memorial Medical Center collaborated very early on through Common Pathways (CP) to ensure that the community was part of the public health discussion. When CP’s director retired, we valued our relationships around the table and knew it was imperative to continue listening to the community’s voice to improve health outcomes. The Coalition for a Healthy Greater Worcester was spearheaded by the Medical Center and other partners in 2015 – 2016. The Medical Center provides funding for coalition staff and operations.

It’s exciting to see how public health has morphed to look through the lens of the social determinants of health. We used to think about putting money into diabetes programs. Now we ask, why do people have diabetes? Perhaps they lack transportation to a doctor, or there are no sidewalks for exercise, or the local convenience store has no fresh fruits or vegetables. To reduce health disparities, we need to shift to look “upstream” at people’s lives — their homes and neighborhoods — to see what may keep them from being healthy.

Since 2012, the Medical Center has been a champion of the community health improvement plan (CHIP) and we are grateful for its partnership with the city to align the CHIP with the community health needs assessment. The coalition, as the accountability arm for the CHIP, rallies around root causes that the community wants to address. Our planning and evidence-based policies need this community buy-in to be successful. But the coalition could never execute a hundred different strategies and initiatives on its own, nor should we. To move this work forward, representatives from dozens of local organizations who support the CHIP and want to be part of this movement, as well as individuals from community who believe in it, volunteer their time and expertise in nine priority areas: access to care, healthy food, cultural responsiveness, economic opportunity, mental health, physical activity, racism/discrimination, safety and substance abuse. Eight members of the WDPH staff are part of this effort. From the city’s perspective, we have deep roots and partnerships with the Medical Center. They work hand in hand with us and are indispensable in seeing the value of shared priorities and combined resources to improve public health.

“The City of Worcester has been most fortunate to have had a long-standing relationship with UMass Memorial Health Care, who understands the importance of engaging the community in playing an active role in improving their own health outcomes. UMass Memorial Health Care has been intentional in aligning their health assessments and health improvement plans with the Division of Public Health for maximum impact and to build capacity, in concert with the Coalition for a Healthy Greater Worcester. None of us can do this important work alone; Worcester is rich in partnerships especially with UMass Memorial Health Care, to move the CHIP forward.”

— Edward M. Augustus, Jr.
City Manager, City of Worcester

REACH Grant Awarded

Along with the Coalition for a Healthy Greater Worcester, the Worcester Department of Public Health was recently awarded a five-year $3.5 million federal REACH (Racial and Ethnic Approaches to Community Health) grant from the Centers for Disease Control to enhance the work of the CHIP. The award will help the Latino community to address health equity in areas such as nutrition, physical activity and infant health. WDPH serves as fiduciary agent and our three clinical partners are UMass Memorial Medical Center, Family Health Center and Edward M. Kennedy Health Center, as well as, YWCA of Central Massachusetts.
I have been a state-certified financial counselor at Marlborough Hospital for 13 years. Our role is to visit inpatients and emergency department patients who don’t have insurance. We meet and assist them with the MassHealth (the combined Massachusetts Medicaid and Children’s Health Insurance Program) and Health Connector application, and may connect them to other services as needed. We also work with people who are referred to us from the community, including families just arriving to the United States. Three counselors see an average of eight to 10 people a day. Recently, we had one of our busiest days — 35 people came in!

We have an online portal to start an application with the patient sitting in front of us. When we are finished, the form shows the plans the patient qualifies for and the documents they need to submit. Every year, patients come back in for the renewal process and we get to know some families quite well. They can enroll in four plans through MassHealth, and other plans are available through the Health Connector. Some people pay a premium, but not everyone, depending on their economic situation. We also process disability applications and assist the elderly, who are covered by Medicare, to get secondary insurance.

Most of the patients we see are from the Brazilian and Hispanic communities. The Brazilian community has been doing a good job getting the word out about our services. I speak Portuguese and Spanish. Our two other counselors speak Spanish and we have on-site interpreters for other languages as well. We help everyone from across the region, not just those from Marlborough.

It’s fulfilling to help others. We are a smaller hospital in a smaller community and people know they can turn to us for help with physicians and insurance needs. Parents with sick children are especially distressed and they often thank us for being here.

Enrollment Assistance

In 2018, UMass Memorial Medical Center and its affiliates, UMass Memorial HealthAlliance-Clinton and Marlborough hospitals, provided enrollment assistance to 12,417 people for health insurance, food stamps and Women, Infants & Children (WIC) to improve access to health care and nutritious food for uninsured/low-income populations.

Other Marlborough Hospital Programs

To continue to build awareness and address behavioral health, substance abuse and mental health issues, Marlborough Hospital delivered a range of initiatives through partnerships with community stakeholders and local schools. These include:

- Planning and development of the Kids and Mental Health program with Marlborough and Hudson Public Schools for staff, including teachers, guidance counselors and school nurses
- Participation in the City of Marlborough Substance Abuse Coalition and Hudson Public Schools Wellness and Safety Committee
- Why Aren’t We Talking More About This? The Physiology of Addiction, a community education event by Ruth Potee, MD, held at Marlborough High School. Fifty people attended.
- Participation in the Hoarding ClearPath Mental Health Task Force

Marlborough Hospital hosts the annual Safe Summer Fun Day, a highly attended community safety event focused on injury prevention for children and families. Staff members from departments throughout the hospital provide helpful information through interactive activities such as “squirt the germs,” “name that bone,” “what’s candy and what’s medicine?” and “¿como se llama?” To prevent head injuries and promote physical activity, trained hospital staff fit children of all ages, and even adults, with a proper-fitting bicycle helmet — all free of charge. In FY18, approximately 1,800 community members attended and a total of 400 free bike helmets were provided.

Approximately 1,800 community residents attended Marlborough Hospital’s Safe Summer Fun Day and 400 free bike helmets were distributed.
Community Garden

HealthAlliance-Clinton Hospital supports the coordination of a community garden located on the Clinton Campus. The hospital collaborated with Growing Places, a Leominster-based organization that connects and inspires individuals, families, other nonprofits, farmers, businesses, schools and public agencies in North Central Massachusetts to create equitable access to healthy food and environmental sustainability through education and advocacy. In FY18, partnering with Growing Places and the Girls Scouts, the hospital developed and implemented gardening lessons for parents at the Clinton Early Childhood Resource Center. Ten families planted and tended the garden and harvested healthy food through the program.

Student Internships

Working with the North Central Workforce Investment Board, a nonprofit organization that promotes employment and workforce opportunity, the hospital provided 28 students with internships in a range of hospital departments. The program offers professional experience in a hospital setting to college-bound high school graduates and college students currently enrolled in a degree program. (For more about youth development, see pages 18 – 19)

Opioid Task Force

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 44 million adults (18%) in the United States have experienced some form of mental illness, and over 20 million adults had a substance use disorder in the past year. From 2010 to 2018, there were 1,535 fatal overdoses in Worcester County alone. HealthAlliance-Clinton Hospital’s 2018 Community Health Needs Assessment, identified mental/behavioral health and substance abuse as priorities. In response, the hospital created a task force that aims to bring together health care providers, community leaders, patient advocates and others to address heroin and prescription drug addiction, and overdose deaths in Fitchburg, Leominster,Clinton and surrounding communities. Individuals struggling with these issues often have acute needs that must be addressed quickly and comprehensively. Improving overall behavioral health and well-being, including preventing substance abuse in a culturally diverse, responsive, and holistic manner, is a targeted goal in the hospital’s community health improvement plan. The hospital also provided community education at neighborhood health fairs and established a mental health support group.

Opioid Task Force Members

Clean Slate
Fitchburg police and fire departments
HealthAlliance-Clinton Hospital:
• Senior leadership
• Clinical providers
• Community Benefits Department staff
• Patient and Family Advisory Councils (PFAC)
• Departments of Psychiatry and Pharmacy
Joint Coalition – North County
Leominster police and fire departments
Local health departments
Luk, Inc.
Massachusetts government representatives
Recovery Centers of America

Together, members of the Opioid Task Force address heroin and prescription drug addiction and overdose deaths in Northern Worcester County.
Community Assessment and Planning
UMass Memorial Medical Center

In partnership with the Worcester Division of Public Health, Fallon Health and other stakeholders, the Medical Center completed the 2018 Community Health Assessment (CHA), covering Worcester and the six contiguous towns of Grafton, Holden, Leicester, Millbury, Shrewsbury and West Boylston. Together, these municipalities form a regional public health district under the Central Massachusetts Regional Public Health Alliance. The Coalition for a Healthy Greater Worcester (see page 11) served in an advisory capacity to the alliance, along with 10 different community groups. The assessment includes primary and secondary data from a range of sources. Input was provided through 46 key informant interviews, 10 focus groups, an online survey, and four community dialogues held in Worcester and surrounding towns. In total, including the online survey, nearly 3,000 individuals participated. The CHA implemented the Mobilizing for Action through Planning and Partnerships (MAPP) process, a best practice model for health improvement planning developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention. Findings of the 2018 CHA will be used to develop an updated Greater Worcester Community Health Improvement Plan. The CHIP is a roadmap for the future health of the region and intended to be a living document that will continue to be reassessed annually.

The CHA identified six vulnerable, at-risk populations that are priorities in our strategic implementation plan:
• Vulnerable children and families
• Youth and adolescents
• Immigrants and non-English speakers
• Racial/ethnic minorities and others facing discrimination
• Homeless and unstably housed
• Older adults

What are CHA and CHIP?
A community health assessment (CHA), also known as community health needs assessment, refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of CHA activities and the community health improvement process. A CHA gives organizations comprehensive information about the community’s current health status, needs and issues. In turn, this information can help with developing a CHIP by justifying how and where resources should be allocated to best meet community needs.
—Centers for Disease Control and Prevention

CHA and CHIP Updates
Each hospital in our not-for-profit system conducts a CHA every three years and adopts an implementation strategy to meet identified needs. As a best practice, the CHIP is developed with local health departments and community partners based on the findings of the CHA. Community Benefit Implementation Strategies — also developed every three years — align with unique findings of the CHA and the CHIP in each hospital’s regional area.

More than 200 people, including community stakeholders and residents, attended a public meeting about the CHA at the Worcester Senior Center.
In collaboration with Community Health Connections, Heywood Healthcare, the Joint Coalition on Health and the Montachusett Public Health Network, HealthAlliance-Clinton Hospital completed its FY18 Community Health Assessment (CHA). The comprehensive process included secondary and primary data gathered through 28 stakeholder interviews, four focus groups in the hospital’s service area to gather input from service providers, community leaders and residents. A total of 130 people participated. These focus groups were organized in collaboration with the hospital’s health partners to leverage their community connections and to ensure community participation. In addition, three forums were held for the public-at-large.

The CHA identified five vulnerable or at-risk populations:
- Racial and ethnic minorities
- Immigrants and refugees
- Low-income individuals
- Older adults
- Non-English speakers

The FY20 North Central Massachusetts Community Healthy Improvement Plan (CHIP) developed by the hospital in collaboration with its partners identified the following priority areas:
- Healthy Eating and Active Living
- Healthy and Safe Relationships
- Mental and Behavioral Health, and Substance Abuse
- Transportation and Access

UMass Memorial – Marlborough Hospital

Marlborough Hospital provides emergency care and a wide range of inpatient and outpatient medical, surgical and ancillary services in MetroWest. The region encompasses 22 towns, including Framingham, Hudson, Marlborough, Natick, Northborough, Southborough and Westborough. In FY18, the hospital initiated the process for completing an updated FY19 CHA in collaboration with a range of community partners: Community Health Coalition of MetroWest (CHNA-7), Framingham Board of Health, Hudson Board of Health, Marlborough Hospital, MetroWest Health Foundation and the MetroWest Medical Center.

This collaborative effort included focus groups conducted by several agencies and community partners, surveys (both online and paper, and available in English, Spanish and Portuguese), leadership interviews, and data analysis. The CHA will be released to the public in the fall of 2019. The assessment will identify the health-related needs and strengths of the MetroWest region through a social determinants framework. Health is defined in the broadest sense and recognizes numerous factors — from employment to housing to access to care — that have an impact on the community’s health. A community health improvement plan (CHIP) will be updated and implemented based upon the results.
Unfortunately, there is great need for legal assistance in Worcester, and Community Legal Aid (CLA) is always trying to support low-income community residents. Unless people have been called to court or received an eviction notice, they may not even know they have a legal issue. Through our partnership with UMass Memorial Medical Center, its care team is trained to screen for legal needs that are negatively impacting health outcomes because patients often share personal information with their doctor during the course of an appointment. CLA staff attorneys have office hours at all three clinical sites in Worcester to consult with physicians, nurses, administrators and patients. These consultations often turn into legal referrals.

More than half of the cases are placed directly with private firms in the community or other practitioners through the Worcester County Bar Association. Pro bono legal participation has expanded from 74 lawyers last year to almost 100 currently. The partnership has generated about 400 referrals, more than 250 consultations and 130 cases. Attorneys address issues in guardianship, special education for children with disabilities, housing conditions and work benefits. We have also expanded into income support that includes state benefits and sealing criminal records when allowable.

Pro bono attorneys might take cases in the type of law they already practice. When they aren’t familiar with areas that most affect our client population, CLA provides resources such as trainings, informational guides and mentor attorneys for support. Many local law firms have made a commitment to pro bono work. We know their attorneys could perform other community volunteer work, but through CLA, they can work at the top of their education level and give back with a specialized skill set. The issues we address are an important aspect of an individual’s health. Through our relationship with the Medical Center, we meet people where they are in the clinical setting. The support of the clinics and leadership engagement have been an integral part of serving families throughout our region.

Kate Gannon, Esq., Staff Attorney, Community Legal Aid
The work I do every day is related to employment benefit and retirement plans, executive compensation and complicated health insurance problems. My pro bono work for Community Legal Aid (CLA) and the Medical Legal Partnership (MLP) is generally different. For example, I am currently working with two clients referred to CLA through UMass Memorial Medical Center primary care clinics—a public housing tenant who is facing eviction for hoarding, and another whose former husband left her with a bill for his unpaid income tax.

Some of these cases don’t really involve much “law,” as such, but it is important to know the law to avoid getting into a more complex situation. Although I may not be familiar with the specific area each case may involve, I help clients to find workable solutions through open communication with the hope that we will not have to go to court. In many respects, a successful outcome can be achieved if all parties remain flexible and open. As an attorney for more than 25 years, I’m good at the details and also see the bigger picture. If I can’t figure out an answer, I speak with Kate Gannon, Esq., staff attorney at CLA (see page 16), or another mentor colleague. CLA also has regular trainings on education and administrative law.

This work gives me a sense of satisfaction. People make mistakes mostly because the rules are complicated. I don’t have to tell you how complicated health care is in this country. Someone might have health insurance available from an employer but can’t afford the premiums. People often don’t know a lawyer, and they don’t think about or know about the rights they may have. With the intake mechanisms available through the MLP, it’s a way to get people the legal help that they might otherwise never have access to. There aren’t many places where you have that opportunity. Primary care physicians and CLA staff are trained to listen to patients, making it easier for them to mention issues that may be remediated to improve their health.

### In 2018 Patient Referrals: 117

- **Housing**: 49
- **Disability**: 19
- **Education**: 25
- **Income Support**: 6
- **Employment**: 8
- **Guardianship**: 4
- **MassHealth**: 3
- **Other**: 3

In 2018, Community Legal Aid received 117 referrals from three UMass Memorial clinics. Patients received legal assistance in a variety of areas, primarily housing and education. More than 350 patients have been referred to the program in the past three years.
Established by the Medical Center in 2005, Building Brighter Futures (BBF) youth employment program creates meaningful summer employment for youth 16 to 24 years old. Students are placed in departments across the hospital system and in the Grant Square Community Garden Urban Agriculture Program in Worcester’s Bell Hill neighborhood (see YouthGROW, page 19). Students are recommended for BBF by public school teachers and guidance counselors in the city and are employed 24 hours per week for six weeks. Since the program’s inception, the hospital has provided 475 on-site youth jobs.

Giovanni Ayala
I was always looking for something productive to do outside of high school and was excited to start working. Until I started the BBF program, I hadn’t learned time management. As an office assistant for outpatient registration at UMass Memorial Medical Center, I began every day at the same time, was given several tasks to do and had to manage them efficiently. I was expected to have everything done by the end of my shift and wasn’t given special treatment because of my age. It was real and raw for me, and I felt part of something bigger. The program helped me discover an awesome work ethic and ambition inside of me that needed a spark to get moving. I now own a marketing firm for small businesses, and a second company that helps people improve their credit. I also work closely with a local bank. BBF was the start of four years at the hospital that I’ll never forget. Inspirational people helped shape me during a crucial time as I went from childhood to adulthood. It was a blessing.

Nana Younge
I am a student at the University of Massachusetts – Lowell, studying entrepreneurship with a minor in engineering. I founded Get Girls Going, a nonprofit that works to maximize the success of teen girls by empowering them through mentorship, education and wellness. I also work for Data for Black Lives, a group of activist organizers, scientists and mathematicians who are committed to using data science to create concrete and measurable change in the lives of black people. HOPE Coalition gave me the foundation to do everything that I am doing now. Without it, I wouldn’t have been able to see how I could make an impact in this world, foster my ideas and bring them to life, or effectively collaborate with a diverse group of people. HOPE was the first thing that cosigned my life’s purpose at such a young age and painted a picture of what I was meant to do in this world.

Pricilla Billinger
Working with HOPE Coalition, I developed a passion for human services. At that time, I didn’t know exactly what I wanted to do for a career, I just knew that I wanted to help in any way. I wanted to make a difference. HOPE helped me gain the leadership qualities, communication skills, persistence and work ethic that I have today. With HOPE, we brought forth creative ideas to bring change, made a plan and then brought that vision to life. I live my life using that same formula: create an idea, make a plan and bring it to life! I have not been disappointed. I am the assistant residence director for the Seven Hills Foundation NeuroCare Program and a mom of three awesome children! I thank HOPE and everyone in it for shaping me into the young woman I am today.

Sylvester Dwyer
As a BBF summer intern at Plumley Village Health Services in 2016 and 2017, I worked in the front office where I performed clerical duties, scheduled patients and prepared medical kits. A guidance counselor at Burncoat Senior High made me aware of the internship and I thought it would be a great opportunity to help me decide what I wanted to study in college. The program exceeded my expectations in every possible way — from the amount of responsibility I was given to my exposure to the world of medicine. After seeing the need for primary care doctors in Worcester, I want to go to medical school. I am a rising junior at Holy Cross and am part of its health professions advising program. BBF was instrumental in my decision to study medicine. The program was a life-changing experience. It gave me a passion for health care and service and opened my eyes to inequality and the importance of community health care in underprivileged communities.

Photo right, YouthGROW participants receive structured youth development, workforce skill-building, and college-access support, while producing affordable, fresh, healthy food for low-income urban neighborhoods.
The HOPE Youth Mental Health Model, developed by peer leaders in 2006, seeks to reduce the stigma and barriers associated with mental health services as identified by youth. The model incorporates mental health counselors with staff at the Boys & Girls Club, Worcester Youth Center and YouthConnect. In 2018, the program served 850 youth through one-on-one counseling, therapeutic groups and crisis intervention delivered by You, Inc. Since inception, the model has served nearly 7,000 youth.

The City of Worcester’s neighborhood-based, summer program, Recreation Worcester (formerly Wheels to Water), provides inner-city youth, ages 7 to 13, with access to free, safe, supervised physical activity and educational programming, as well as three healthy meals and a snack daily. In partnership with Worcester Public Schools, participants follow a curriculum developed by the Worcester Education Collaborative to minimize learning loss. More than 1,700 youths registered in 2018. UMass Memorial Medical Center’s investment in the program, $800,000 since 2008, has helped the city to leverage Massachusetts YouthWorks funding to employ a minimum of 100 youth staff workers each summer.

YouthGROW, a food justice program of the Regional Environmental Council that promotes health and nutrition and helps prevent obesity, is a unique employment opportunity for youth. The program encourages physical activity and, at the same time, provides an affordable source of fresh, healthy food to low-income urban communities through hands-on urban agriculture education. Mentors offer youth participants a mix of structured youth development, workforce skill-building, and college-access support. YouthGROW projects target youths, ages 14 to 18, who reside in and reflect the diverse ethnic and racial population of Bell Hill.
Supporting Community Initiatives

Our health care system supports a range of community initiatives, including, but not limited to:

Access to Care
CommunityHELP IT portal
Health education outreach programs
Health insurance enrollment
Hector Reyes House Residential Substance Abuse Treatment Program for Latino men
Medical Legal Partnership
UMass Memorial Ronald McDonald Care Mobile

Bell Hill Healthy Community Outreach and Revitalization
Increased availability of fresh produce
United Way Day of Caring

Coalition-Building Efforts
Central Massachusetts Oral Health Initiative
Coalition for a Healthy Greater Worcester
Hoarding — ClearPath Mental Health Task Force
Joint Coalition (North County)
North County Minority Collaboration for Community Development & Health Equity
Pediatric Asthma Intervention

Coalition-Building Efforts (continued)
Youth Violence Coalition — Early Childhood Trauma Intervention

Obesity and Healthy Weight
Community gardens; Worcester & Clinton
Community nutrition, education, outreach and screenings
Elementary school health fairs
Food is Medicine Massachusetts State Planning
Marlborough Walking School Bus
Regional Environmental Council
farmers market and Veggie Mobile
SNAP food stamp enrollment
Worcester Food Policy Council

Other Contributions/Community Service
American Heart Association Heart Walk
Cancer Walk
Central Massachusetts Housing Alliance

Programs Enhancing Community and Public Health
City of Worcester Public Health Infrastructure
Injury Prevention programs and Goods for Guns

Youth-At-Risk
Building Brighter Futures youth employment program
HOPE Coalition
Mental health services at community sites
Recreation Worcester
Worcester Addresses Childhood Trauma (Worcester ACTs)
Worcester Youth Training Institute

Chronic Disease
Pediatric Asthma Home Visiting program

Other
Determination of Need for Social Determinants of Health
Anchor Mission Infrastructure Development

Mónica Lowell, vice president, Office of Community Health Transformation/Community Benefits, was awarded the prestigious Massachusetts Health Council Health Care Star Award for her role as a community and health leader. Under Mónica’s direction, UMass Memorial develops and implements innovative clinical/community linkage models to address health disparities and overcome barriers to accessing care and services among at-risk populations. These efforts include the UMass Memorial Ronald McDonald Care Mobile program that provides medical and preventive dental services at 11 neighborhood sites and 20 schools across the city. Other targeted programs include a pediatric asthma home visiting intervention utilizing community health workers to identify and address environmental triggers in the home, employment opportunities and skill-building for inner-city youth, development of urban gardens to address food insecurity, development of a first-time home ownership program in Bell Hill, and partnerships with the Worcester Division of Public Health and other stakeholders.

Thank you to the staff of UMass Memorial Medical Center and the University of Massachusetts Medical School who volunteered their time for the annual United Way Day of Caring. The project aided Saint Bernard’s Church, located in an economically challenged area of Worcester. The church serves a large population of immigrants and refugees. Volunteers painted rooms used for English as a Second Language classes. Special thanks go to the facilities teams from both systems who played a critical role in planning and coordinating the execution of the project.

Mónica Lowell, Vice President, Office of Community Health Transformation/Community Benefits

United Way
United Way of Central Massachusetts

UMass Memorial Health Care
• Academic institutions
• Advocacy groups
• City of Worcester
• Community Health Centers
• Local and state health departments
• Medically underserved populations
• Neighborhood groups
• Philanthropic organizations
• Schools and community-based organizations
Thank You, Dr. Broadhurst!

In 2018, our beloved medical director of 18 years, Jay Broadhurst, MD, retired from his duties on the UMass Memorial Ronald McDonald Care Mobile. We take this opportunity to extend our sincere thanks to him for being one of the founders and champions of the Care Mobile program and for his outstanding dedication and long-lasting commitment to our community.