

Summary: UMass Memorial Medical Center Community Benefits Strategic Implementation Plan 2016- 2018

I. Introduction:

Our Community Benefits Mission incorporates the World Health Organization's broad definition of health defined as "a state of complete physical, mental and social well being and not merely the absence of disease." The UMass Memorial Health Care (UMMHC) Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by the UMass Memorial Health Care Board of Trustees.

Mission Statement

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

Furthermore, our health care system's overarching strategies focus on three overarching strategies described in this document, all of which are targeted to pursue culturally-sensitive excellence in clinical care, research and education delivered in a financially viable way. We recognize that health care delivery represents only a portion of an individual's and a community's health and in order to totally transform our communities, we must use our full reach to more actively address the social, economic and environmental factors that are the primary contributors to sustainable, healthy communities.

There are many factors that influence an individual's health. With the adoption of the Affordable Care Act, the health care industry is at a crossroads and our Community Benefit Plan focuses on addressing the social/health factors that are becoming important in the delivery of care. Our work with public health, schools, health centers, youth-at-risk and academia leverages great opportunities to improve the health of the Greater Worcester community.

This document provides an overview of our Priority Areas, partnerships and community-based work. Questions or inquiries regarding UMass Memorial Medical Center's Community Benefits strategies and efforts can be directed to the Office of Community Relations.

II. Notation: This Plan is intended to be a fluid document that will be updated frequently according to new opportunities, programming and partnerships and to coincide with the latest version of the Greater Worcester Community Health Improvement Plan (CHIP).

III. Targeted Geography and Vulnerable Populations

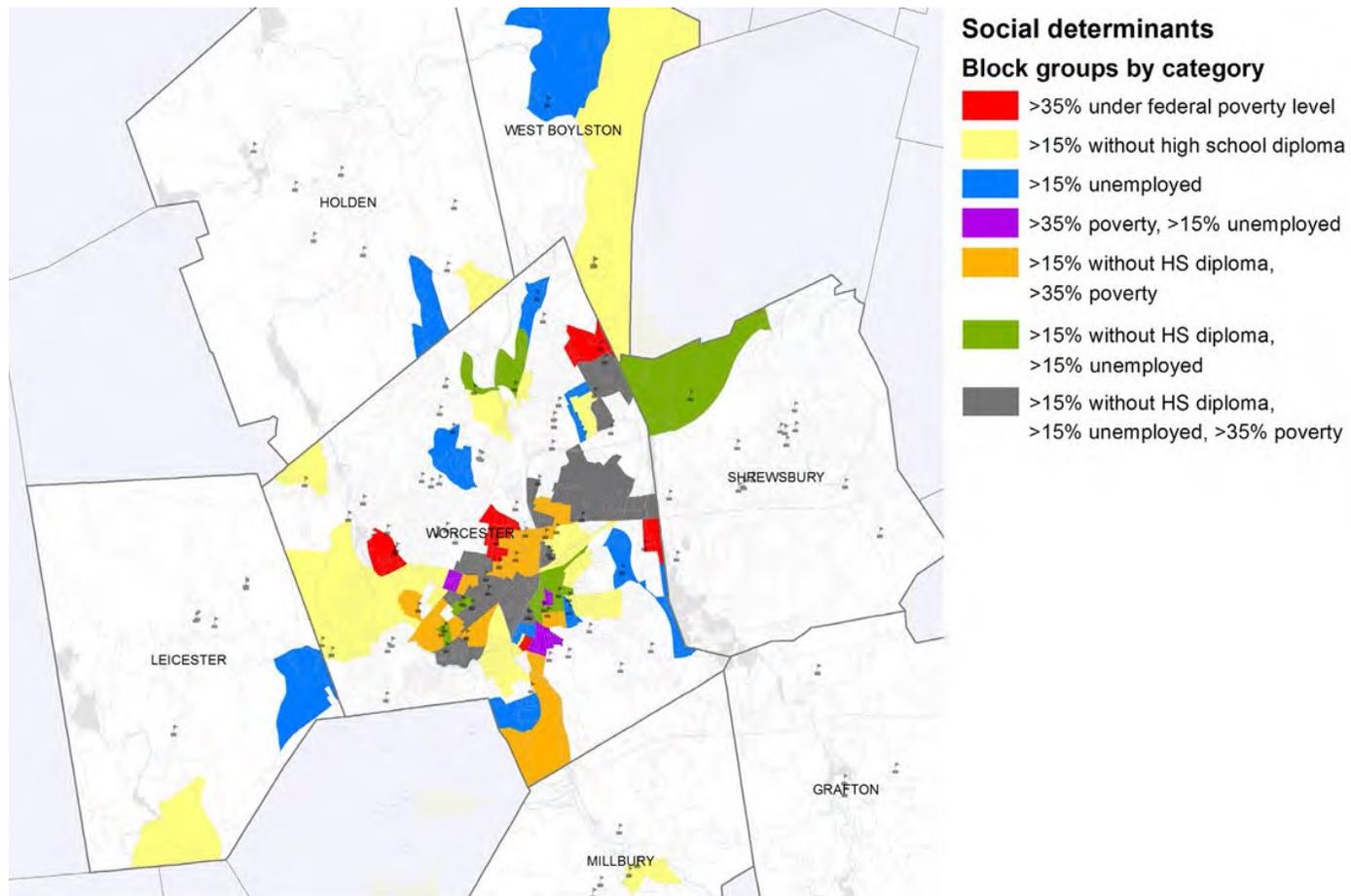
UMass Memorial aims to address both the letter and the spirit of the IRS Community Health Needs Assessment (CHA) regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2015 Community Health Assessment (CHA) and subsequent Community Health Improvement Plan (CHIP) focuses on the City of Worcester and the outlying communities of Shrewsbury, Millbury, West Boylston, Leicester, Grafton and Holden, a sub-section of its primary service area. This specific geographic area is the focus for the City of Worcester Division of Public Health in its regionalization initiative, and overlaps with UMass Memorial Medical Center's service area and of many other local organizations. Focusing UMass Memorial's CHA on this geographic area facilitates the alignment of the hospital's efforts with community and governmental partners, specifically the city health department, the area Federally Qualified Health Centers, and several community-based organizations. This focus also facilitates collaboration with the CHIP Advisory Committee that will be implementing key strategies of the CHIP so that future initiatives can be developed in a more coordinated approach. The City of Worcester, the second largest city in New England, is ethnically-diverse with many social-economic problems, and to this end, UMass Memorial Medical Center's Community Benefits program targets the vulnerable populations of the City of Worcester.

The CHA and CHIP process, conducted in collaboration with the Worcester Division of Public Health (WDPH) and Fallon Health for Greater Worcester aimed to serve multiple purposes, including: 1) serve as the community health needs assessment for the hospital's Schedule H/Form 990 IRS and Massachusetts Attorney General mandates; and 2) engage the community in a collaborative health planning process to identify shared priorities, goals, objectives, and strategies for moving forward in a coordinated way. The CHA-CHIP process focuses on the towns of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which includes Grafton, Holden, Leicester, Millbury, Shrewsbury, West Boylston and Worcester. CMRPHA is a coalition of municipalities working cooperatively to create and sustain a viable, cost-effective, and labor-efficient regional public health district.

Figure 1: Key Social Determinants of the Central MA Regional Public Health Alliance



As is shown in the map in Figure 1, the social determinants of poverty, unemployment, and low educational achievement are found throughout the municipalities in the CMRPHA Alliance towns, with the most intense interaction of all three occurring in Worcester. The legend provides the number of block groups within the Alliance in each category. The health profile data presented in this report underscores the need to give attention to social equity factors. Rates of chronic diseases, maternal and child health indicators, and overall mortality vary consistently by race and ethnicity. Even in Massachusetts with near universal health insurance coverage, there are barriers to accessing care because of language, transportation, lack of out-of-pocket money for co-payments, and providers who do not accept Medicaid, among other reasons.

Vulnerable Populations

Target populations for UMass Memorial's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a Community Health Assessment (CHA) which is conducted every three years. Our target populations focus on medically-underserved and vulnerable groups of all ages in Worcester. Our most vulnerable populations include children, elders, ethnic and linguistic minorities and those living in poverty. These populations often become isolated and disenfranchised due to negligence, misperceptions and even fear. Targeted subpopulations have been defined as follows:

Worcester Senior Population: Seniors account for the fastest growing sector of the population, comprising 11.6% of Worcester residents (Census, 2010). Seniors experience barriers to accessing medical and dental care, including a lack of transportation, mobility problems, insurance status and enrollment. Unintentional Falls are the #1 leading cause of nonfatal injury in the U.S. 2.3 million non-fatal fall injuries are treated in Emergency Rooms every year; and 720,060 patients ages 60 years + are hospitalized each year due to a fall (NCH,WISQARS,2014). About 21,700 older adults died from unintentional fall injuries in 2010 (NCH, vital records, 2010). In 2010, the direct medical costs of falls totaled approximately \$28 billion. (WISQARS, 2014). In Massachusetts; 14.3 % of older adults report a fall in the past 3 months, and 4.9 % report having a fall-related injury and 84 % of all MA fall related deaths were among residents 65 years and older. From 2000-2010, overall fall death rates in MA rose by 158 % among older adults. In 2011, the direct medical costs for fall-related injuries were over 1.1 Billion. In 2014, the UMass Memorial Trauma Department treated a total of 453 patients age >=65 who experienced a fall.

Ethnic and Linguistic Minorities: The City of Worcester is very ethnically-diverse, considerably more so than the nation and state overall, and that diversity continues to expand. The number of Hispanics living in the city has grown by 35% over the past 10 years. Refugees from Iraq currently account for the greatest percentage of new immigrants followed by refugees from Bhutan, Burma, Liberia and other African nations. To help address nationally-recognized **racial and health care disparities**, UMass Memorial supports: a) the medical care at the Hector Reyes House, a residential substance use treatment model for Hispanic men; b) outreach programs that connect the medically-underserved to on-going care and efforts to address infant mortality among vulnerable populations.

Individuals Who are Obese/Overweight: People who are overweight are more likely to have type 2 diabetes, heart disease, stroke, gall bladder disease, cancer and musculoskeletal disorders (MDPH). Children who are obese at age 8 are 90% more likely to be overweight or obese as adults (MDPH). Worcester children are overweight at twice the national rate of 20.25% obesity for youth entering first grade in the City of Worcester compared to the nationwide average of 10%. Among adults in Worcester County, nearly 70% of Hispanics were overweight or obese; however, within ethnic groups, Blacks were more likely to be obese. To address this concern, UMass Memorial is involved in the Worcester Food & Active Living Policy Council, a group that advocates for healthy food access and policy change. In addition, the hospital supports a partnership with the Worcester Regional Environmental Council to promote community gardens and an urban agriculture agenda.

Populations Living in Poverty: Lack of access to affordable and nutritious food has a negative impact on the health of children and families. High rates of unemployment and underemployment in the region have created a high risk of homelessness and a strong need for food assistance services for families and children. Of students in the Worcester Public School system, 64% are eligible for the free school lunch program. In 2014, Worcester had the highest unemployment rate in the region at 7.0% followed by West Boylston at 6.4%. According to the County Health Rankings 2015, median household income in Worcester is 31% lower than the state, whereas median income in the other six municipalities exceeds the state average.

Targeted Low Income Neighborhood Interventions: UMass Memorial conducts focused outreach in Worcester's Bell Hill and Plumley Village neighborhoods and brings programs directly to where people live, such as: a satellite medical clinic, environmental remediation, and community gardens.

Underinsured/Uninsured: Access to affordable health care is vital to the health of individuals and the community. While Massachusetts has made great strides in making health insurance attainable for nearly all residents, close to 4% remain uninsured and there remains a churning of enrollments with many dropping off. Additionally, those who are insured experience difficulty accessing primary care. The 2015 CHA notes that nearly all residents in the CMRPHA had health insurance coverage in the time period between 2009 and 2013. Overall, the findings indicate that at least 95% of the population was covered by some form of health insurance. Holden had the highest number of residents with health insurance at 99%. By contrast, Worcester contained the highest number of residents without health insurance at 5%. As for Grafton, Millbury, Leicester, Shrewsbury, and West Boylston, the percentage of those without health insurance ranged between 2-4%. It is important to note that this data does not represent undocumented residents who are unlikely to have health care coverage, especially adults. Undocumented children are able to access the state's Children's Health Insurance Plan.

Youth at Risk: Over 31% of children under the age of 18 in the City of Worcester are living below the poverty level (Census Bureau, American Community Survey, 2009-2013). Poverty, low educational attainment and limited job opportunities are among the top social determinants leading to lower utilization of health care services and poor health outcomes. As a result, Worcester youth are at high-risk for obesity, gang involvement, violence, poor oral health and a need for mental health services.

IV. Background

UMMHC's Community Benefits Programs meet the Schedule H/Form 990 Internal Revenue Service and Massachusetts Attorney General reporting requirements for not-for-profit hospitals. Our programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs; emphasis on primary prevention; building a seamless continuum of care; building community capacity; and collaborative governance."

We embraced the new Affordable Care Act requirements to conduct community health needs assessments and create community health improvement plans. UMass Memorial, the City of Worcester Division of Public Health (WDPH) and Fallon Health are leading a collaborative, comprehensive community health planning effort to measurably improve the health of greater Worcester area residents. Our planning process is data-led, evidence-based and demonstrates true community partnerships.

The UMass Memorial's Community Benefits Program works closely with medically underserved populations; neighborhood groups; local and state government officials; local and state Health Department staff and other city departments; faith-based organizations; advocacy

groups; schools and other community-based organizations. In 2012-2015, the Community Benefits Program supported initiatives in such areas as: youth physical activity; healthy eating; health literacy; youth employment; positive youth development; safe driving for teens; mobile health and dental care; community-based oral health; culturally sensitive healthcare for Southeast Asian immigrant populations; residential substance use treatment for Latino men; youth mental health services and healthy behaviors; insurance enrollment, community/clinical linkages for pediatric asthma, satellite health clinics in public housing and medical services for elders living in public housing.

V. Methods

The Community Health Improvement Planning process for the Greater Worcester area includes two major components:

1. A Community Health Assessment (CHA) to identify the social-economic factors and health-related needs and strengths of the Greater Worcester area and six surrounding towns, and
2. A Community Health Improvement Plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way for this region.

Given the synergy in geography and processes, findings of the recent CHA inform both the CHIP and this UMass Memorial Community Benefit Plan. The CHA- CHIP processes utilized a participatory, evidence-based community-driven approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.^{1, 2} To develop a shared vision and plan for improved community health, and help sustain implementation efforts, the Greater Worcester assessment and planning process engaged multi-sector community organizations, community members, and partners through different avenues:

- a) UMass Memorial, the City of Worcester Division of Public Health and Fallon Health partnered to develop a plan to update the CHA and the CHIP.
- b) A Community Health Assessment **Advisory Committee** was established to guide and offer feedback on the CHA process (See Appendix A for a full listing). Working in partnership, UMass Memorial, WDPH, and Fallon Health provided leadership and guidance to the Advisory Committee. This CHA conducted in the central region of Massachusetts ensured that the Greater Worcester community was represented in all its diverse aspects: business, education, communications, transportation, health and wellness, faith-based groups, philanthropic organizations, civic and government, vulnerable populations (disabled, seniors, etc.), and other organizations and specialized areas.

¹ www.uwgmc.org/CHA)

² MAPP, a comprehensive, planning process for improving health, is a strategic framework that local public health departments across the country have utilized to help direct their strategic planning efforts. MAPP is comprised of four distinct assessments that are the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/implementation/ evaluation/correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them. Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: <http://www.naccho.org/topics/infrastructure/mapp/>

Completion of the CHA included input from approximately 1,720 people including 24 stakeholder interviews, 23 focus groups totaling 221 participants ranging from CEOs to community organizations and neighborhood and youth groups from throughout the region, 1,250 respondents to the CHA Public Survey, 219 surveys from the Worcester Free Clinics Coalition survey, Lunch & Learn sessions and “Sticky note” exercises conducted at multiple community events throughout the region. The CHA will serve as the basis for the updated 2016 Community Health Improvement Plan (CHIP). The CHIP is a comprehensive community health planning effort with the City of Worcester Division of Public Health that serves as a roadmap for the future health of the region.

Existing secondary data available for Worcester, Shrewsbury, Millbury, West Boylston, Leicester, Grafton and Holden focusing on all the social, economic, health, and health care-related data currently provided by the City of Worcester Division of Public Health and UMass Memorial Medical Center was utilized. Additional data on these five communities was also gathered where available to fill any gaps. In particular, efforts were made to ensure the data reflect the information needed to discuss these issues within a social determinants of health framework and with a health equity lens (e.g., ensuring data comprise a range of social and economic indicators as well as are presented for specific population groups). The results of these efforts were synthesized in the CHA report and were announced to over 100 community stakeholders at a public press conference that was held at the Worcester Senior Center in November, 2016 to provide a comprehensive portrait of the region and set the foundation for the CHIP.

The UMass Memorial Medical Center Community Benefits Plan is developed taking into consideration needs and priorities identified in the 2016-2018 CHA/CHIP. Based on this foundation, priority areas were identified, goals were defined and objectives created for each goal and to operationalize these objectives and ensure alignment with the CHIP. Outcome indicators and a timeline were established for each priority area. The Community Benefits Plan is approved by the Community Benefits Committee of the UMass Memorial Health Care Board of Trustees.

Summary of Community Needs

The following issues were identified in the CHA and prioritized for inclusion in the CHIP using an agreed upon set of selection criteria. These needs informed the priorities, goals, objectives, and strategies of the UMass Memorial Medical Center Community Benefit Plan.

The 2015 Community Health Needs Assessment (CHA) prioritization process was lead by the Worcester Division of Public Health, Fallon Health and the hospital Vice President of Community Benefits and included input from approximately 100 community stakeholders. This process will result in the development of the 2016 Greater Worcester Community Health Improvement Plan (CHIP). The hospital's Community Benefit Implementation Strategy has alignment with the CHIP. The other needs that are not included in the CHA/CHIP are not being addressed because they are not a part of the identified priority CHIP Domain Areas and due to limited funding.

CHA Results:

The **CHA Public Survey** results identified the CMRPHA's top seven **Indicators of a Healthy Community**. They are as follows:

1. Low crime/safe neighborhoods
2. Good jobs and healthy economy
3. Opportunities for physical activity
4. Good schools
5. Access to health care
6. Clean environment
7. Access to healthy food

The **CHA Advisory Committee** identified nine **Priority Areas**. Priorities were set in order to concentrate efforts, drive collective impact, and focus discussions in developing the 2016 Community Health Improvement Plan. In alphabetical order they are as follows:

1. Access to Care
2. Access to Healthy Food
3. Cultural Competency
4. Economic Opportunity
5. Mental Health
6. Physical Activity
7. Equity: Racism and Discrimination
8. Safety
9. Substance Use

UMass Memorial Community Benefits Priorities

Priority: Promote Healthy Weight

Concerns regarding obesity and behaviors associated with obesity, such as nutrition and physical activity, are important health concerns in the greater Worcester area. The data supports that these issues are considered critical given that heart disease and diabetes are among the leading causes of morbidity and mortality. Of particular concern is limited access to healthy foods and environments supporting active living for vulnerable populations and immigrant communities. Concerns related to access and high cost of healthy foods, inadequate public transportation, fees for recreational facilities and activities, neighborhood safety in parks and outdoor spaces, accessible, walkable spaces, time constraints, and the stress of living on the edge were raised during the CHA process as challenges related to healthy eating and active living. Therefore, ensuring equitable resources for active living and healthy eating requires a comprehensive approach, given that multiple sectors – including health care, education, public works, transportation, local government, and the business community – need to collaborate to improve current conditions.

According to Behavioral Risk Factor Surveillance System (BRFSS) self reported data, 2008 estimates, approximately 63.1% of adults in Worcester were overweight or obese, compared to 58.1% of Massachusetts adults.³ (See Appendix C for further description of BRFSS data and its limitations) In 2010, there is a clear trend where the lowest income residents in Worcester County have the highest prevalence of overweight (72%) and obesity (33%).⁴ Non-Hispanic Blacks in Worcester County (77.2%) have a higher prevalence of obesity and overweight than Non-Hispanic Blacks in the State (66.4%) and Non-Hispanic Whites in Worcester County (61.2%) in 2010.⁵ In 2011, Hispanic youth had the highest prevalence of obesity (27%).⁶ In 2013, the percentage of Worcester residents overall responding to the BRFSS survey who report being obese (27%) or overweight (60%) are similar to the percentages for the entire state (24% and 58%, respectively). Obesity is defined as having a body mass index (BMI) greater than 30, while overweight is defined as a BMI over 25.

³ Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2008.

⁴ MDPH, MassCHIP, BRFSS 2010.

⁵ MDPH, MassCHIP, BRFSS 2010.

⁶ MDPH, Essential School Health Service (ESHS) data Reports for Worcester and Massachusetts.

Priority: Promote Positive Youth Development

Substance use, including drugs and alcohol, was noted as a concern across communities in the greater Worcester area. Respondents cited youth substance use, particularly related to opioids, prescription drugs and alcohol, as particular concerns. Quantitative data show that use of opioids and prescription drugs among high school students is prevalent. In 2011, opioid use ranged from 4.9% among 9th grade students to 7.8% among 12th grade students and lifetime prescription drug use (used one or more times during their life) ranged from 10.5% among 9th grade students to 18.6% among 12th grade students.⁷ Statistics also confirm concerns regarding the prevalence of substance use among adults in the greater Worcester area. In 2010, binge drinking among adults in Worcester County (21%) exceeded the rate for the State (18%), according to the BRFSS.⁸ Several interview participants mentioned tobacco use as a health concern for residents of the greater Worcester area. Smoking rates for adults in Worcester County are higher than that for the State.⁹ In Worcester, 23.7% of adults reported smoking, as compared to 16.1% for the State.¹⁰ In 2010, the majority of substance abuse admissions were for alcohol abuse (4,363 admissions) and heroin use (4,230 admissions).¹¹ Several respondents cited a need for more substance use treatment services and greater wrap-around substance use care with a holistic approach.

Mental health emerged as a dominant concern among key informants and participants of elder focus groups, and continuity of care for chronic mental illness was cited as a particular need. Concerns about stigma regarding seeking help for mental health issues also emerged as another concern. While some respondents described mental health as an issue that affected all segments of the greater Worcester area, other respondents noted particular populations that were vulnerable to mental health issues, including youth and immigrant populations. Indicators of poorer mental health are disproportionately concentrated among residents of lower socioeconomic status. In Worcester County, 17% of residents with a high school degree reported at least 15 poor mental health days in the past month, followed by 12% of persons with some college education and 8% of residents with a college education or more, according to the BRFSS.¹² The prevalence of poor mental health days among residents with a high school degree in Worcester County (17%) exceeds that for the State (11%).¹³ Further, the number of emergency mental health visits has increased from 2002 (5,620) to 2010 (6,662).¹⁴

Priority: Increase Access to Care

Many interview participants cited chronic disease, including heart (cardiovascular) disease and diabetes as major health concerns for the greater Worcester area. Other participants noted that asthma and chronic lung disease were other health concerns. Of concern among respondents was the disproportionate concentration of these conditions among low-income residents, racial/ethnic minorities, and immigrant communities.

Quantitative data indicate that the chronic diseases cited by respondents are prevalent in the greater Worcester area. According to the Behavioral Risk Surveillance Survey, in 2009 36% of persons aged 18 and older in Worcester County have been diagnosed with high cholesterol in their lifetime and 25% have been diagnosed with hypertension in their lifetime.¹⁵ Approximately 11% of persons aged 18

⁷ Worcester Regional Youth Survey/YRBS, 2011.

⁸ MDPH, "A Profile of Health Among Massachusetts Adults", 2010 – BRFSS.

⁹ MDPH, MassCHIP Smoking Report for Worcester County.

¹⁰ Massachusetts BRFSS, 2008.

¹¹ MDPH, MassCHIP Custom Reports, 2010.

¹² MDPH, "A Profile of Health Among Massachusetts Adults", 2010" – BRFSS.

¹³ MDPH, "A Profile of Health Among Massachusetts Adults", 2010" – BRFSS.

¹⁴ Emergency Mental Health Services, UMMMC.

¹⁵ MDPH, BRFSS, 2009.

and older have asthma and 8% have diabetes.¹⁶ Over the period of 2008 to 2010, cardiovascular disease was the leading cause of death in Worcester County, accounting for 32% of deaths during this period.¹⁷ In Central Massachusetts and Massachusetts overall, heart disease is patterned by socioeconomic position. Approximately 11% of residents in Central Massachusetts with incomes below \$50,000 have heart disease, almost four times the prevalence of heart disease for those with incomes above \$50,000 (3%).¹⁸ Asthma is also a prevalent health issue in the greater Worcester area. In Worcester County, Hispanics (23%) have the highest prevalence of asthma, followed by non-Hispanic Whites (14%) and non-Hispanic Blacks (11%), according to the BRFSS.¹⁹ The prevalence of asthma for Hispanics in Worcester County is greater than that for Hispanics in the State (17%).²⁰ Infant mortality, inadequate prenatal care and teenage pregnancy among vulnerable populations, particularly populations of color, emerged as concerns pertaining to reproductive and maternal health. Chlamydia and gonorrhea were the two most common communicable diseases among residents of Worcester County from 2008 to 2010.²¹ Respondents to the Community Health Assessment Survey expressed mixed satisfaction for birth control and sexual health services for youth. Approximately 22.4% of respondents indicated that they are very satisfied with services, but 28.6% expressed that they are not at all satisfied with the availability of these services for youth.

Oral health and access to oral health services continues to be a concern given the lack of fluoridation in the City of Worcester's water supply. The proportion of persons in Worcester County who have seen a dentist in the past year and who have lost 6 or more teeth due to tooth decay is patterned by socioeconomic status. Only 57% of residents of Worcester County who have less than a high school education have seen a dentist in the past year, followed by 69% of residents with a high school education, 81% of persons with some college education, and 86% of residents with a college education or higher.²² Approximately 46% of Worcester County residents with less than a high school education have lost 6 or more teeth due to tooth decay, followed by residents with a high school education (21%), those with some college education (15%), and residents with a college education or higher (5%).²³ The proportion of children in Worcester County with tooth caries exceeds that for the State. Approximately 39% of children in kindergarten in Worcester County have tooth caries, while only 28% of children in the Massachusetts have tooth caries.²⁴

Interviews with respondents indicated a perception that health care services in the area are of excellent quality and high in number. However, several challenges related to access for more vulnerable populations emerged as a key theme. Challenges discussed include transportation limitations, long waiting lists to get an appointment, long wait times when at the health facility, complexities navigating the health system, cultural competency of providers and office staff, and a lack of coordination of care for low-income residents.

Respondents described several structural factors that contributed to these challenges in accessing health care services. A lack of providers practicing primary care, conflicts between business hours during which health facilities are open and the work schedules of vulnerable populations seeking care, and inadequate public transportation were described by respondents as barriers to obtaining and attending an appointment for low-income residents. In addition, several respondents noted a need for assistance in navigating complex and fragmented health systems. An indicator of barriers to accessing health care is the use of hospital emergency rooms (ER) for non-

¹⁶ MDPH, BRFSS, 2009.

¹⁷ MDPH, "A Profile of Health Among Massachusetts Adults" 2010.

¹⁸ MDPH MassCHIP Massachusetts Community Health Information Profile – BRFSS.

¹⁹ Asthma Reports for Worcester County, BRFSS 2003-2008.

²⁰ Asthma Reports for Worcester County, BRFSS 2003-2008.

²¹ MDPH, Health Status Indicators Report for Worcester County, 2008-2010.

²² MDPH, "A Profile of Health Among Massachusetts Adults", 2010 – BRFSS.

²³ MDPH, "A Profile of Health Among Massachusetts Adults", 2010 – BRFSS.

²⁴ The Catalyst Institute, "The Oral Health of Massachusetts' Children" January 2008 report.

emergent issues. One of the leading causes of visiting the emergency department in Worcester was due to diseases of the respiratory system.²⁵ Rates for this condition were particularly high among children in Worcester City (58.0 per 1000).²⁶ A few participants explained that limited access to necessary health care contributed to use of ERs for management of chronic illnesses.

Priority: Health Equity/Health Disparities (Cross Cutting All Priorities)

While the ethnic diversity in the region was described as an asset in the greater Worcester area by nearly all respondents, many also cited dynamics of racism and classism in the region that may influence the health of residents of color and low-income residents. Reducing racial and ethnic and socioeconomic health disparities/inequalities emerged as a particular concern among many interview participants. Quantitative data confirm that there are excess rates of chronic diseases among African Americans, Hispanics, and low-income residents in the greater Worcester area. Participants also explained that populations of color generally had limited access to healthy, affordable food and safe, affordable spaces to engage in physical activity, behaviors they described as linked to these health disparities.

Several participants cited unequal treatment of African American, Hispanic, and immigrant patients at health care facilities and linguistic and cultural dissonance as factors that contributed to poorer quality care for patients of color. While the percentage of non-White respondents to the survey was low, Community Health Assessment Survey respondents' perceptions of their personal experiences with discrimination when trying to access medical care varied by race/ethnicity. While 28.7% of survey respondents indicated that they had had a negative experience with medical staff when trying to receive care, over 38% of Hispanics reported this issue, followed by nearly three in ten Black (30.8%) and Asian respondents (31.3%). When asked about whether respondents felt discriminated against when getting medical care because of their race, ethnicity, or language, nearly one-third of Black survey respondents (32.0%) and one-quarter of Hispanic respondents (25.6%) said "true" to this statement. Income was also considered a source of discrimination when seeking medical care, particularly felt among non-White respondents.

²⁵ UMass Memorial Inpatient data, 2011

²⁶ UMASS data for Worcester Community Health Assessment, Emergency Department data, 2011.

The Community Benefit Plan

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 summary of UMass Memorial Community Benefits Priority Areas and Goals are listed below, followed by the detailed Community Benefit Action Plan. Please note that UMass Memorial is aligning with the Worcester Department of Public of Health to enhance their infrastructure capability in order to improve the health of the community through their leadership role. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

VI. Priority Areas and Goals

Priority Areas	Goal
Priority Area 1: Increase Access to Health Care	Goal: Support programs and develop collaborative efforts that will improve access to care for the medically underserved/uninsured in Worcester.
Priority Area 2: Promote Healthy Weight	Goal: Reduce overweight/obesity and support efforts that promote Healthy Weight.
Priority 3: Chronic disease and injury prevention (Pediatric Asthma & Senior Falls Prevention)	Goal: Address high Rates of Pediatric Asthma in the City of Worcester Address High Rates of Falls among seniors 65 years of age and older through prevention efforts. UMass Memorial Trauma Department
Priority Area 4: Promote Positive Youth Development	Goal: Support at-risk youth programs that promote positive youth development (e.g., substance use, tobacco, mental health, workforce and violence prevention).
Priority Area 5: Enhance the Public Health Infrastructure of the Community	Goal: Community-Wide Public Health Strategy: Develop and support strategies and systems that enhance the public health infrastructure of the Greater Worcester community.
Cross-Cutting: Promote Health Equity by Addressing Health Disparities	Goal: Support programs and policies that promote health equity and reduce health disparities.

Priority Area: Increase Access to Health Care

Goal: Support programs and develop collaborative efforts that will improve access to care for the medically underserved/uninsured in Worcester.

Increase Access to Medical Care:

- Sustain neighborhood-based medical and dental services at a minimum of 11 sites through the Care Mobile program.
- Conduct influenza vaccination program through community-based Outreach clinics
- Provide preventive screenings through the Care Mobile at a minimum of six community-based events.
- Coordinate the Free Clinics Coalition
- Sustain the capacity of Family Health Center's primary care; Subsidize rent at Family Health Center
- Provide access to medical care for vulnerable populations who are at risk for developing chronic diseases; Provide medical care for Latino men at a residential substance use treatment facility (Hector Reyes House).
- Conduct insurance enrollment for uninsured/underinsured individuals; Financial Benefit Advisors assist with insurance enrollment, education and advocacy.
- In collaboration with the Office of Clinical Integration and the UMass Medical School Graduate School of Nursing develop a Hot-Spotting intervention to reduce high utilizers and improve care;
 - Develop database to capture patient social demographic data, health status and anticipated costs of care to the hospital system. (Tool to develop cost savings strategy)
 - Identify an on-going cohort of medical students and nursing students to conduct home visits with target patient group
 - Develop Hot-spotting Population Health Clerkship
 - Plan geo-mapping capacity with Hot-Spotters
- Develop a UMass Memorial/Medical Legal partnership with Community Legal Aid to integrate legal services into clinical sites to address underlying social/ health factors among socially-complex Medicaid population;
 - Recruit a minimum of 100 pro bono lawyers
 - Develop an evaluation plan to establish an ROI
 - Work with clinical staff to identify patients and establish a referral process
 - On-going participation in Medical-Legal Task Force
- UMass Medical School to collect and monitor local data on infant mortality and live births in real time among those born in Worcester

Increase Access to Preventive Dental Services:

- Sustain preventive dental services for underserved children at a minimum of 19 schools through the Care Mobile program.
- Coordinate the Oral Health Providers Task Force to ensure dental services are provided for Worcester school-aged children.

Priority Area: Promote Healthy Weight

Goal: Reduce overweight/obesity among youth and adults and support efforts that promote Healthy Weight.

Address food insecurity by increasing the availability of and access to affordable fresh and local fruits and vegetables for low income residents:

- Promote and support community-based resources to increase access to healthy food (Veggie Mobile, Community Gardens and Backyard gardens)
- Collaborate to support urban agriculture opportunities
- Screen for Food Insecurity and support food stamp (SNAP) enrollment among hospital patients
- Provide and support healthy cooking/nutrition and education programs
- Develop a Healthy Weight Health Ambassador Program at Worcester Public Schools

Support city-wide policy efforts to promote healthy weight and address food insecurity and hunger:

- Collaborate with the City of Worcester, Worcester Public Schools, and other community-based agencies to increase access to physical activity opportunities. (Recreation Worcester summer and afterschool programs)
- Collaborate and support community-based efforts of the Food Policy Council* focus includes: SNAP benefits, WPS school playgrounds Joint Use Agreements, Complete Street, 5-2-1-0 healthy eating communications campaign.

Priority Area: Chronic disease and injury prevention

Goal: Address High Rates of Pediatric Asthma

- Co-Chair and provide administrative support to the Worcester Pediatric Asthma community/clinical linkage evidence-based Intervention that integrates specially-trained, culturally-competent Community Health Workers as part of the clinical care team. CHWs conduct home visits to improve medication adherence and assess and address triggers in the home.
- Pedi-Pulmonology to develop an Hospital In-Patient intervention
- Establish linkage with ED/Pediatrics and identify Provider Champion
- Medications-At-School Program; Pedi-Pulmonology
- Identify high risk population and Improve care for pediatric asthma patients served by Plumley Village Health Services and Pediatric Primary Care to decrease asthma and health disparities
- Address High Rates of Pediatric Asthma (through Policy efforts) – Pediatric Asthma Policy Task Force
- Create Asthma Healthy Schools; Establish program at identified highest risk schools through a pilot program and expand the same services to other high risk schools, with documented evidence of success. (Pediatric Asthma Policy Task Force)
- Implement comprehensive pilot at three high risk Worcester Public Schools: Implement environmental strategies with goal to reduce

school absenteeism, improve academic success, reduce need for rescue inhaler use, and improve overall health status. (Pediatric Asthma Policy Task Force)

Goal: Address High Rates of Falls among seniors 65 years of age and older through prevention efforts; UMass Memorial Trauma Department

- Develop a process for notification and communication with internal care team and external partners regarding hospital admissions and ED visits; follow up with patient according to discharge guideline process. Work with potential participants to resolve barriers to full participation in these sessions
- Perform the comprehensive falls assessment using the STEADI and Multifactorial Assessment in the Fall Clinic
- Provide Care Management plan with patient who are high risk of fall and referral them to available program services
- Utilize Community Health Workers to conduct home assessments on patients identified as high risk to identify and minimize risk of falling in the home and conduct follow up with patients.
- Maintain linkage and communication with Prevention and Wellness Trust Fund Falls Task Force
- Refer patients to Matter of Balance and Tai Chi evidence-based classes at the Worcester Senior Center

Priority Area: Promote Positive Youth Development

Goal: Support at-risk youth programs that promote positive youth development while addressing substance abuse, tobacco, mental health and violence prevention.

Provide and promote workforce development/job opportunities for youth:

- Support jobs for youth and exposure to careers in the health care industry.
 - Building Brighter Futures for Youth at UMass Memorial
 - City of Worcester Youth Office
 - Community Gardens in Greater Bell Hill neighborhood and other locations in the City of Worcester
- City of Worcester Youth Office; Assists City Manager on the creation of the youth agenda that contains recommendations on policy, jobs and programs that benefit youth
- City of Worcester Youth Office; Develop a free afterschool program in nearly every school quadrant
- City of Worcester Youth Office; Implement free youth pass pilot program with the Worcester Regional Transit Authority to secure free transportation for all Recreation Worcester participants.
- Promote orientation to health careers for young people. Health Career Expo (UMass Memorial Human Resources Department and others)

Develop awareness/education campaigns (e.g. photovoice project) substance use, tobacco prevention/cessation, underage drinking, and prescription drugs:

- Train youth in photovoice technique
- Complete photovoice project

- Present photovoice project to Worcester Board of Health
- Participate in the statewide 84 campaign
- Collaborate with Central MA Tobacco Free Community Partnership on efforts to reduce tobacco use in Worcester

Provide access to supportive mental health services for low-income youth/youth of color:

- Offer onsite mental health services at youth serving organizations (Worcester Youth Center, Friendly House, Boys & Girls Club, Girls, Inc., YouthConnect) with counselors hired and supervised by MSPCC and YOU, Inc.
- Increase the ability of front line staff to identify signs of youth mental health problems and emotional distress and make referrals to onsite mental health counselors
- Reduce youth's high-risk behaviors and increase positive coping strategies

Build the capacity and quality of youth programming by supporting and credentialing youth workers:

- Implement annual HOPE Youth Worker Training Institute
- Partner with Clark University's Certificate Program in Youth Work Practice
- Support citywide efforts to professionalize youth work through the Worcester Youth Workers Alliance

Address trauma in young children who witness violence:

- Develop an Specialized Policing Response model (SPR) to build the community's capacity to address the impact of trauma on young children. This would involve police training and the involvement of a clinician and other community resources on cases involving trauma and young children.
- Pilot SPR with Worcester Police Department, Community HealthLink, UMass Memorial, Department of Children and Family Services (DCF), and other community providers
- Evaluate pilot SPR and plan for expansion
- Identify four funding sources and a grant template to ensure program sustainability

Priority Area 5: Enhance the Public Health Infrastructure of the Community

Goal: Enhance the capacity of the City of Worcester Public Health Department to deliver high quality prevention and promote equity to the residents in Worcester and the Alliance towns through regionalization and accreditation efforts.

- Support the City of Worcester Division of Public Health (WDPH) through the development of a Center for Academic Health Practice coordinated by Clark University; Foster collaboration between WDPH, UMass Memorial, and academic partners to improve community health and develop public health research and practice leaders.
- Support the Public Health Infrastructure and work
- Active participant in the completion of the 2016 Community Health Improvement Plan and annual updates
- Establish a Healthy Communities Coalition (CHNA-8)
- Convene and facilitate the Resource Development Committee of the CHNA-8; DoN allocation of funds