COMMUNITY HEALTH
Our Targeted Approach

UMass Memorial Health Care in collaboration with local partners, targets areas of need in our community.

Community Benefits Report 2019

UMass Memorial Health Care, working with local partners, targets areas of need in our community.
**Our Community Benefits Mission**

UMass Memorial 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

In 2019, UMass Memorial Health Care contributed $201.0 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, $90.1 million in other non-Community Benefits expenses were absorbed through bad debt write-offs and Medicare shortfalls.

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**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**
- Steve Roach, Interim President and CEO
- Rosa Fernandez, Director, Community Health and Volunteer Services

**UMass Memorial – Marlborough Hospital**
- Steve Roach, President and CEO
- Ellen Carlucci, Vice President, Development, Marketing and Communications
Dear Community, Partners and Friends

We are living in unprecedented times. In presenting this annual 2019 Community Benefits Report, we must first express our deep appreciation to our community for the outstanding partnerships we share with our many vital stakeholders that make our community health improvement work possible.

Recent events have shined a bright light on the imperative to address health inequities. We remain committed to serving our most vulnerable populations and have worked diligently to respond to the most immediate needs of those who require our collective community action. Although this report reflects our fiscal year 2019, we would be remiss not to acknowledge the COVID-19 pandemic that struck in 2020. Within this report, we have included some of the community-based efforts to support populations most affected by the pandemic.

In 2019, to build upon and maximize the impact of our Community Benefits programming, UMass Memorial Health Care elevated and enhanced its community benefits work with the formal adoption of the Anchor Institution mission and strategy, which includes a $4.0 million investment fund that targets social determinants of health (see page 10). Across our health care system, we also adopted a Health Equity strategic priority that is driven by data and the voices of the affected communities of color. Additionally, UMass Memorial co-chairs the City of Worcester COVID-19 Equity Task Force that leads and supports outreach, education and testing programs. Lessons from these efforts are being applied systemwide. UMass Memorial is committed to continuing to develop additional strategies in the areas of health inequities and we are enthusiastic about the progress already demonstrated.

In closing, we are proud to celebrate with our communities the recognition by the American Hospital Association Foster G. McGaw Committee to have UMass Memorial Medical Center named as one of four hospitals in the country for outstanding community health improvement work (see page 16). This is a shared recognition with our collective community and all of our partners for the work we have done together over the years – we have made a difference in the lives that we serve.

Thank you for your partnership as together we work to make Central Massachusetts a healthier place to live and thrive.

Eric W. Dickson, MD
Elvira Guardiola

New COVID-19 Cases by Race and Ethnicity

7/26/20 through 8/24/20

New COVID-19-positive cases 8/24/2020: 5,764 (City of Worcester only). Among newly confirmed cases, the majority is Hispanic (51%).

Analytics developed by UMass Memorial Health Care Office of Clinical Integration.
The Adaptability of Community Health Workers

A community health worker (CHW) is an effective, culturally competent liaison between a patient and their medical home. Beginning in 2013 with an innovative, evidenced-based home visiting intervention for Worcester public school children with asthma, UMass Memorial Medical Center CHWs have expanded their role in areas of maternal health, adverse childhood trauma and CPR instruction (page 18). Their high adaptability has been crucial to meet the rapidly changing and emerging community health needs in vulnerable populations.

Child and Maternal Health Pilot

UMass Memorial Medical Center and the Worcester Division of Public Health piloted an intervention for pregnant and nursing Latina mothers with funding from a Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health (REACH) grant. A community health worker (CHW) works directly with high-risk patients in their homes, creating a more collaborative and enhanced experience that can connect the women to additional community resources. Cathy Violette (CV), DNP, NP, UMass Memorial Medical Center and Rosimeire Luiz (RL), CHW, reflected on the pilot project.

CV: With knowledge gained through the pediatric asthma intervention, we developed a similar evidence-based model in the high-risk obstetrics department to screen and track Worcester Latina patients for social determinants of health, such as family situation, financial instability and food insecurity. Rosimeire Luiz, CHW, who is trilingual (English, Spanish, Portuguese), has a health care background as well as common sense about families and their needs. She also has a warm personality that appeals to our patients. Teamed with perinatal social workers, lactation specialists and patient advocates, she uses her global picture of the health care system to help patients achieve better health outcomes.

RL: I meet patients at the hospital to inform them about the home visit. They are often nervous about me coming into their house. When I get there, I ask specific questions and take time to identify what is going on. What I love about home visits is that as the women become more comfortable, they open up and begin to trust you. The home visit “opens the door” to the relationship.

CV: We track patient home visits, typically beginning during pregnancy until six to eight weeks postpartum, but some relationships continue. For example, when one patient needed baby supplies and also had an eviction pending, Rosimeire connected her to community resources for food and housing. It is this type of connection, through a culturally sensitive CHW like Rosimeire, that illustrates our capacity to achieve a higher health goal in our non-English speaking patient populations.

RL: Every day is something new. Patients ask for help with employment, food or rent assistance. Last week, I spoke with a first-time patient in Portuguese. She was so happy when she said, “You speak Portuguese at UMass Memorial!”

Physician Perspective

Ellen Delpapa, MD, UMass Memorial Maternal and Fetal Medicine: It’s important to have a robust connection to the communities we serve. I lack fluency in another language and it is invaluable to have someone speak to a patient in their native language, not just as a translator or interpreter, but as someone who can have a real dialogue. This is one of the greatest services community health workers (CHWs) offer to physicians. True peers to patients are some of the best educators we can have.

Rosimeire Luiz, CHW, belongs to the Spanish and Portuguese speaking community. She knows about pregnancy and prenatal care, reads medical records and performs an invaluable service – conducting home visits. Patients are comfortable in their own homes and they tell her things I might never find out. Medicine as a whole needs cultural sensitivity to care for people successfully.

Worcester has incredible diversity and Spanish is the most common language following English. Focusing on health care beyond illness is what CHWs help us do. If we are trying to make our general population healthy, start with a pregnancy – a healthy mom giving birth to a healthy baby – and you get two for the price of one.

REACH Grant for Public Health

In 2018, the Worcester Department of Public Health and the Coalition for a Healthy Greater Worcester received a five-year, $3.5 million federal Racial and Ethnic Approaches to Community Health (REACH) grant from the Centers for Disease Control to, in part, address health equity in the Latino community, especially with regard to nutrition, physical activity and maternal health. Partners include UMass Memorial Medical Center, Family Health Center of Worcester, Edward M. Kennedy Community Health Center and YWCA of Central Massachusetts.
UMass Memorial Medical Center continues to co-chair the city-wide pediatric asthma intervention to reduce the high rate of pediatric asthma in Worcester. Asthma is prevalent among low-income populations living in public housing and older housing stock, and particularly among Hispanics and Blacks. This evidence-based intervention engages community health workers (CHWs) to address asthma triggers in the home and provides basic education to improve medication adherence for children with poorly controlled asthma, reducing asthma-related hospitalizations, emergency department (ED) visits and school absenteeism. Partners include all Worcester Public Schools and the Head Start program, Edward M. Kennedy Community Health Center, Family Health Center of Worcester and the City of Worcester Healthy Homes Office. Referrals are made to Community Legal Aid to resolve home triggers requiring landlord remediation. Since 2014:

- 750 home visits were completed by Medical Center CHWs and more than 1,750 through the citywide intervention.
- 22 referrals for Integrated Pest Management, mold and other trigger remediation, totaling $124,000, have been made to the Healthy Homes Office.

In addition, the Pulmonology Department operates an innovative Hospitalized Patient Intervention, which links hospitalized pediatric patients to the CHW/home-visiting program and establishes communication with medical residents within the ED.

Pediatric Asthma Intervention

A client urgently needed a nebulizer, but the medical supply company wouldn’t send or deliver it in the early days of the pandemic. Magda Rodriguez, CHW, delivered it, placing it on the hood of her car for the family to safely pick up.

AsthmaLink

Michelle Trivedi, MD, MPH, UMass Memorial Pediatric Pulmonology: Children who struggle to control their asthma have a high level of school absences and are regular users of the emergency department (ED). They also tend to come from socially complex homes with limited resources. AsthmaLink bridges that need with the assistance of school nurses, who help improve medication adherence when school is in session. Children are referred through our clinical practices, and pediatric primary care doctors track who is on a daily asthma medication and has also come into the ED. The role of community health workers (CHWs), such as Magda Rodriguez, is to work directly with families to address asthma triggers in the home, discuss the proper use of inhalers, and strategize to improve medication adherence, which is difficult to provide in a clinical setting.

COVID-19 Response

Magda Rodriguez, CHW and Outreach Liaison: Families with children who have asthma that is difficult to manage are referred to me by the Pediatric Primary Care and Pediatric Pulmonary departments. Since the outbreak of COVID-19, I call, text and often schedule live video conferences with parents instead of the typical home visits. Food has been a challenge for families during this time because children, who were now suddenly at home due to COVID-19, usually received meals at school, and I helped them apply for food assistance. Others had questions about the virus and were afraid to go to a doctor’s office for medical issues. I informed them how to initiate virtual visits with providers. Working through video conferencing hasn’t always been easy, and it is limiting, but it has been effective during these unusual times.
Accessible Medical Care

Michelle Muller, FNP, Care Mobile Manager: My role as a family nurse practitioner is to offer medical care to children and their families by performing physical exams, administering vaccines, addressing semi-urgent health concerns, and promoting healthy lifestyles and disease prevention. Many patients we see have no health insurance, have had difficulty finding a primary care physician, are recent or undocumented immigrants, do not have the financial means to pay for health insurance, or are afraid to apply for insurance because of legal status.

The Care Mobile employs an operations assistant coordinator and a community outreach liaison who are both certified as Spanish interpreters and phlebotomists. Our outreach liaison creates and distributes the program schedule every three months to local churches, organizations and schools – essentially wherever we will be in the community. Patients may book an appointment in advance or walk into the clinic for an appointment, as time allows. The mobile clinic also provides dental cleanings and screenings by licensed, registered dental hygienists at Worcester Public Schools (see page 5). In addition, the staff includes a medical director, a dental director and several per-diem hygienists.

Our goal is to connect our patients with a medical and/or dental home at UMass Memorial or through one of the federally qualified community health centers – Family Health Center of Worcester or Edward M. Kennedy Health Center. Patients can also be connected to community resources for housing, employment, food and nutrition programs, and a wide variety of other support services.

Care Mobile Case Study

A 17-year-old had experienced a 40-pound weight loss within two months and was very fatigued and feeling cold all the time. The youth had lost his health insurance earlier in the year due to a problem with paperwork and although his mother had reapplied, it was still pending just when he needed medical care most. He was turned away by his primary care physician and other local clinics, but while leaving a clinic someone standing in line told his mother about free health services at the Care Mobile.

When they arrived at the Care Mobile, a physical examination of the teen was nearly normal but general labs revealed severe anemia and a high platelet count. He was admitted to the Medical Center for a blood transfusion and further evaluation. Abdominal imaging revealed a large retroperitoneal mass on the right kidney. Surgery to remove the inflammatory myofibroblastic tumor, an uncommon benign tumor, was performed the next day.

Following the surgery, the youth returned to his baseline health, as well as school and work. He and his mother are grateful for the care they received at the Care Mobile and from the Medical Center’s surgical team.

2019 Care Mobile Statistics

Served a minimum of 2,500 patients

Provided educational sessions and screenings at special events and schools including the YWCA and the Nueva Vida Church

Offered flu clinics at Abby’s House, Worcester Adult Learning Center, St. Joan of Arc Church, Friendly House and Florence House

Care Mobile staff, left to right, Mónica Lowell, Vice president, Community Health Transformation; Rafael Gonzalez, Operations Assistant Coordinator; Michelle Muller, FNP, Manager; Nardy Vega, Community Outreach Liaison; and Stacy Hampson, RDH, Dental Program Coordinator.
In-School Dental Program

Debra D. McGovern, DNP, RN, BCPCNP, Worcester Public Schools (WPS), Director of Nursing and Health Services:

The majority of our families are socioeconomically vulnerable and children might not get to the dentist for a variety of reasons. It is common for us to see children who have an immediate or urgent need for dental care. There are a lot of contributing factors, but most important, is the lack of fluoridation in Worcester city water. Dental pain affects a student’s ability to function in the classroom and is a leading cause of absenteeism.

The advantages of an in-school dental program include improvement of overall health care for students, increased attendance and future cavity prevention. The Care Mobile dental program serves 10% of WPS students every year, or about 2,500. The staff and our school nurses have made significant progress toward finding a dental home for families and track screenings and referrals in school health records. Children love the program. Parents also appreciate the education and understand its benefits. They often spread the word.

UMass Memorial Medical Center has been our strongest support in the community and is a great partner in general to WPS, even beyond the Care Mobile (see pediatric asthma, page 3). We have worked together on the Worcester community health needs assessment update, which identifies oral health as a high priority. As a result, we now have restorative dentistry in the schools.

2019 Care Mobile Dental Statistics

- 1,194 dental screenings and children served
- 950 children received sealants
- 6,634 total number of sealants placed
- 3,552 fluoride applications
- 1,217 children received oral health education

Oral Health Dental Partners

- Edward M. Kennedy Community Health Center
- Family Health Center of Worcester
- Massachusetts College of Pharmacy
- Massachusetts Department of Public Health
- Quinsigamond Community College
- UMass Memorial Medical Center
- Worcester Public Schools

Oral Health Initiative

UMass Memorial Medical Center Community Relations coordinates the Central Mass Oral Health Task Force to ensure the provision of preventive dental services to at-risk children in Worcester public and charter schools (see partners above). In 2019, as a result of task force efforts, a total of 2,290 students received at least one fluoride treatment, 1,241 children received sealants and were offered restorative dental services.

The Care Mobile, above, displays a brightly colored, attractive and welcoming wrap.
As part of a not-for-profit hospital system, each of our hospitals conducts a community health needs assessment (CHA) every three years, and as a best practice, develops a community health improvement plan (CHIP) in collaboration with local health departments and community partners. Additionally, each hospital adopts a community benefit strategic implementation plan every three years that aligns with needs identified through the CHA and the CHIP process.

**UMass Memorial HealthAlliance-Clinton Hospital**

Based on findings of its most recent CHA (2018), HealthAlliance-Clinton Hospital continued to implement strategies outlined in the 2016–2020 North Central Massachusetts CHIP. Work in collaboration with the Community Health Network of North Central Massachusetts (CHNA 9) healthy communities coalition, local stakeholders, residents, grassroots, minority-led organizations, and the Montachusett Public Health, the hospital will update its CHA in 2021.

The 2018 CHA identified the following vulnerable or at-risk populations:

- Racial and ethnic minorities
- Immigrants and refugees
- Low-income individuals
- Older adults
- Non-English speakers

North Central Massachusetts CHIP priority areas:

- Healthy eating and active living
- Healthy and safe relationships
- Mental and behavioral health, and substance abuse
- Transportation and access

Photos above, UMass Memorial system hospitals: HealthAlliance-Clinton Hospital – Clinton Campus, Marlborough Hospital, HealthAlliance-Clinton Hospital – Leominster Campus and UMass Memorial Medical Center – University Campus.

**UMass Memorial – Marlborough Hospital**

Marlborough Hospital conducted its 2019 CHA in collaboration with the MetroWest Health Foundation, MetroWest Medical Center, the towns of Hudson and Marlborough, the City of Framingham and other community partners. The assessment includes extensive primary and secondary data, including input from residents, organizational leaders and stakeholders from 22 communities in the MetroWest region. In addition to an online community survey that engaged nearly 800 residents, 84 individuals representing area residents, community stakeholders, and multi-sector organizations, participated in eight focus groups and nine interviews to gather feedback on community strengths, challenges, priority health concerns, and future opportunities. The updated CHA was released to the community at an event in September 2019. The following target populations were identified:

- Seniors
- Youth at risk
- Under-insured and uninsured community members
- Individuals who are overweight/obese

With its partners, the hospital is now developing an updated CHIP focused on addressing these identified priority areas:

- Alcohol and substance use
- Mental health
- Issues related to aging
- Smoking and vaping
- Access to health care, primary care and insurance
- Overweight/obesity
UMass Memorial Medical Center

The Medical Center completed the 2018 Greater Worcester CHA in conjunction with the Worcester Division of Public Health, Fallon Health and the Coalition for a Healthy Greater Worcester (CHGW, see sidebar). The CHA covers the city and six surrounding 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. CHGW served in an advisory capacity along with 10 different community groups. The assessment includes primary and secondary data from a range of sources, including 46 key informant interviews, 10 focus groups, an online survey, and four community dialogues held in Worcester and surrounding towns. In total, nearly 3,000 individuals participated. The CHA implemented a best-practice model for health improvement, “Mobilizing for Action through Planning and Partnerships” (MAPP), developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention.

The 2018 CHA identified these at-risk population segments as priorities for investment of resources and to inform the 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

CHA findings will be used to update the Greater Worcester CHIP, which serves as a road map for the future health of the region and is intended to be a living document to be reassessed annually. Working with its partners, the Medical Center will update the CHA in 2021.

Worcester Division of Public Health (WDPH)

UMass Memorial Medical Center provides funding to enhance the capacity of WDPH and its public health efforts in Worcester and the surrounding region to carry out CHIP strategies through an Academic Health Collaborative, of which the Medical Center is a key partner. Through the collaborative, 25 student interns worked on public health efforts of the CHIP in 2019. In addition, Medical Center funding also supports the WDPH medical director role.

Health Insurance Enrollment

All UMass Memorial Health Care hospitals provide health insurance enrollment assistance to improve access to health care for uninsured/low-income populations. An average of 12,000 people receive enrollment assistance each year.

Coalition for a Healthy Greater Worcester

UMass Memorial Medical Center is a founding partner of the Coalition for a Healthy Greater Worcester and is its primary funder. The coalition is comprised of public, nonprofit, and private sector stakeholders, and convenes partners, service providers, local health departments, consumers, and residents to implement the Greater Worcester CHIP. The coalition convenes nine CHIP Working Groups focused on identified strategies based on the 2018 CHA. In 2019, UMass Memorial Medical Center Community Benefits staff continued to serve on the coalition’s steering committee and as co-chair of its Resource and Development Committee. The hospital is also a member of the CHIP Access to Care Work Group.

Community Benefits Report 2019
Clinton Area Community Partners

Clinton Adult Learning Center (CALC) provides basic literacy services to residents of Clinton and surrounding towns. It offers English for speakers of other languages (ESOL) and high school equivalency courses to students from more than 20 different countries. Christine Cordio, CALC Adult Education Director, co-chairs Clinton Area Community Partners with Rosa Fernandez, Director Community Health and Volunteer Services at UMass Memorial HealthAlliance-Clinton Hospital.

Ms. Cordio: Beginning in 2000, I was looking to engage our community in organized planning that could be a resource to CALC’s adult education program and all area residents. I knew Clinton Hospital (now HealthAlliance-Clinton Hospital) shared our mission of outreach and we established an early connection. When Rosa Fernandez came on board, the concept took off. She shared my vision, which is to convene a consistent membership of individuals and organizations to collaborate on common goals and local strategies.

Clinton Area Community Partners (CACP) started to come together in 2011. We are now a coalition of more than 30 health and social service providers, local public health officials, advocates, public school leaders and other stakeholders who reflect our diverse community. Through networking, we try to reduce duplication of services, avoid working in our own silos, and build awareness of all opportunities and issues in our area.

Through the hospital, CALC students have benefitted from nutrition awareness programs and health screenings. Rosa and I also look for employment opportunities at the hospital, as well as in the community, and encourage our students to enroll in certified nursing assistant courses at two local community colleges – courses that are free because of their participation in adult basic education.

Because of our long partnership, I nominated the hospital for a leadership award through the Commonwealth’s English Works Campaign that promotes ESOL statewide, and last November, Rosa accepted the award on behalf of the hospital. Our relationship is constantly evolving and is a blessing to CALC and everyone involved with CACP.

Read more about the award on page 17.

Rosa Fernandez, HealthAlliance-Clinton Hospital, and Christine Cordio, Clinton Adult Learning Center, display an award from English for New Bostonians.

From HealthAlliance-Clinton Hospital

Rosa Fernandez, Director of Community Health and Volunteer Services at UMass Memorial HealthAlliance-Clinton Hospital: Since Christine Cordio and I first met, we have talked about social determinants of health. Our area residents will not be successful without good health outcomes. Clinton Area Community Partners (CACP) is about addressing health needs and sustaining the economic quality of life. Clinton straddles Northern and Central Massachusetts, which can sometimes create an isolated community with regard to state funding. CACP has adopted the hospital’s community needs assessment, giving us a coordinated force to attract grants and support each other’s work.

Recently, the superintendent of the Clinton Public Schools shared a concern about students vaping in school. Vaping products contain nicotine, cannabis or other chemicals, are odorless, and come in dispensers disguised as everyday objects, such as pens or flash drives. We surveyed school staff and convened CACP organizations including the hospital, with expertise in substance use and mental health. Training provided by these organizations, enabled teachers and administrators to more successfully identify vaping practices and communicate with students about the crisis.

CACP organizations are part of CommunityHELP, a web-based platform (page 19), that allows them to catalog their services and discover new areas for expansion. Community need is high, and organizations are often so stretched for time, that we might only offer a “band-aid,” in the moment. But through CACP, we can act more quickly and efficiently, and also work together toward more lasting solutions.
For the past three years, UMass Memorial – Marlborough Hospital has concentrated its community benefit efforts on mental health awareness, substance abuse, access to care, overall wellness and healthy aging – priorities identified through the 2016 community health needs assessment.

The hospital participated in the 37th Annual Senator Eldridge Senior Conference, a community education program that offers seniors from the region an opportunity to interact with community resources and services held at Assabet Valley Regional Technical High School. Clinical staff provided free cholesterol and glucose screenings and one-on-one explanations of test results. Hospital caregivers also provided attendees with materials such as health care proxy forms, wallet-sized medication recorders, pill boxes to help keep medications organized, and information on stroke, cholesterol and nutrition.

“Participation in programs of this kind allow us to connect with a subset of our population that may not otherwise have the means to access our services,” said Ellen Carlucci, Vice President, Development and Marketing and Communications. “Education is power, so we believe giving seniors the tools they need will put them on the path to better health. The sustainability and the future of this region is dependent on our community members having access to resources that improve their health. We’re talking about things many of us take for granted like housing, access to health care, and the ability to live actively and maintain our health as we age.”

Earlier in 2019, the hospital once again collaborated with the MetroWest Health Foundation, Community Health Coalition of MetroWest (CHNA-7), Framingham Board of Health, Hudson Board of Health and MetroWest Medical Center to conduct an updated community health needs assessment (CHA, see page 6) that was shared with regional stakeholders in September 2019.

Marlborough Hospital also participated in elementary school physical activity and nutrition programs in the City of Marlborough, and delivered the “Take the Pledge” program to 500 students at the Richer School Wellness Fair. The program emphasizes positive life choices that focus on self-esteem, low-risk behavior, substance use and abuse, and safety.

June 1, 2019, marked the 21st Annual Safe Summer Fun Day at Marlborough Hospital. This long-running event attracts 1,500 to 2,000 community members to the campus each year. It offers families fun, interactive and engaging ways to have conversations with their children about safety, nutrition, exercise, mental health and well-being, substance use, hygiene and infectious disease and injury prevention.

At Safe Summer Fun Day, Kavita Babu, MD, Emergency Medicine Physician and Toxicologist, left, talks with visitors about how to identify dangerous chemicals in the home.
What is an Anchor Mission?

In 2018, UMass Memorial Health Care 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. The concept is developed by the Democracy Collaborative, a national research institute. The Anchor Mission encourages and challenges large institutions, with strong roots in a specific locale, to expand their traditional business practices and strength to more broadly improve and develop the economy of the areas they serve with a targeted focus on distressed neighborhoods. This means moving from a more clinically focused approach, to a wider perspective including nonclinical, social and environmental factors that affect a person’s health such as housing, education, poverty, nutrition, economic stability and physical environment.

Initially, a case study was undertaken by doctoral students from the Harvard T.H. Chan School of Public Health, Ahmad Al Kasir and Eric Cole, following their experience as fellows under UMass Memorial Health Care Board Chair and Harvard Faculty Member Richard Siegrist. The case study, now used by Harvard’s Advanced Leadership Institute, supported the formal adoption of the Anchor Mission by the hospital system’s Board of Trustees and highly engaged senior leadership. 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 more actively impact health improvement outside the hospital’s walls.

The Anchor Mission is comprised of four pillars: investing – devoting 1% of our investment portfolio to initiate local projects that bring neighborhood revitalization and economic vitality to the community; hiring – identifying opportunities to ensure employee diversity is reflective of our community; purchasing – supporting local businesses by buying locally whenever we can; and volunteering – offering opportunities where employees can get involved and contribute to the mission of our organization outside of their traditional roles.

UMass Memorial, along with community stakeholders and a commitment to local investment, will create new opportunities to improve the economic outlook of vulnerable, low-income populations in our region. In 2019, the first year of active investment guided by the Anchor Mission, more than $1.5 million was strategically invested in housing for vulnerable populations in Worcester (see facing page) and Fitchburg, and for the redevelopment of the former Ionic Avenue Boys Club into a creative arts community. In addition, the hospital system is developing employment strategies for vulnerable populations, including creating a hiring pipeline to positions within our organization.

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From Eric Dickson, MD
President and CEO
UMass Memorial Health Care

" Why are we doing this? Simply put, it is the right thing to do. As the largest health system and largest employer in Central Massachusetts, we’re uniquely positioned not only to care for patients in this region, but also to leverage our resources to help address social determinants of health, such as economic, racial and environmental resource disparities, that we know affect health outcomes up to 80%.”

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Defining Anchor Mission
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.

—From the Democracy Collaborative
Adoption of the Anchor Mission

UMass Memorial was in the first cohort of health care systems in the nation to officially sign on and adopt a formal Anchor Institution Mission with the Democracy Collaborative. Through this process, we recognize that internal assets can be leveraged in an even stronger way to improve the economic status of vulnerable, low-income populations and thereby their health and well-being.

Housing

UMass Memorial Health Care is investing in a Worcester initiative to build 103 housing units for chronically homeless individuals and families by providing $500,000 towards a homelessness loan fund to minimize risk for the banking institutions financing the program. It may seem unusual for a health care system to invest in new housing construction, but our caregivers see firsthand the negative impact on a patient’s health when they are homeless or living in unstable housing.

“Low-income housing is a current focus for us,” said Robert Feldmann, Senior Vice President of Finance and Corporate Controller at UMass Memorial Medical Center, and Co-chair of the Anchor Mission investing committee. “As Worcester and surrounding areas improve economically, housing costs are increasing, and people are being displaced. We’re identifying partners behind projects that won’t force people out. This is a targeted investment in our local efforts to improve housing for low-income residents and part of a $4 million fund UMass Memorial has established to support various organizations dedicated to improving health in economically challenged areas throughout Central Massachusetts.”

Anchor Mission Pillars of Activity

- Local Investment: Allocate $4.0 million in hospital investment funds to address social determinants of health and economic opportunities through a collaborative with bankers, philanthropic organizations, city government and Housing Authorities in our region.
- Local Hiring: Partner with community-based, workforce organizations that serve vulnerable populations such as unemployed, English as a Second Language (ESL) Learners, teen mothers and newly arrived immigrants/refugees to mitigate barriers to viable employment as well as identify growth opportunities in order to formalize a hiring pipeline.
- Local Procurement: Build a process for local purchasing and vendor contract opportunities.
- Volunteerism: Expand upon UMass Memorial’s network of employees to volunteer in community projects.

UMass Memorial Health Care senior staff, managers and Board of Trustees members formally adopted the Anchor Mission in 2018.
Regional Environmental Council

According to the Worcester County Food Bank, one in 12 people and one in nine children living in the county do not have enough healthy food to eat. To address food insecurity in Worcester’s diverse, low-income neighborhoods, the Regional Environmental Council (REC) community farmers markets are bringing healthy, affordable, local and sustainably grown food to residents through producer-to-consumer relationships with area farmers. REC coordinates standing and mobile markets six days a week that accept Supplemental Nutrition Assistance Program (SNAP) and other food assistance resources. In 2019, REC received a grant from the Massachusetts Department of Agriculture for a second vehicle, and mobile markets make 14 stops throughout the city. Markets are certified by the state-run Healthy Incentives Program (HIP) and all Electronic Benefit Transfer (EBT) households are eligible for $40 to $80 monthly in rebates for purchases of fruit and vegetables.

Grace Sliwoski, Regional Environmental Council, Director of Programs: The mobile markets in particular experienced catalytic growth when we partnered with HIP. It introduced us to a lot of new customers who are making healthy food choices a year-round habit. In 2019, we explored food distribution outside of Worcester and researched areas of high need and eligibility for SNAP, as well as a lack of existing fresh food access points. Pilot markets were started in Southbridge and Webster last summer.

The mobile markets have been one of the strengths of our efforts because we can quickly adapt and take creative risks in serving different populations and groups. We can plan a day, hold a pop-up market and learn from it, or trial it in the winter season. We pay a lot of attention to outreach and education. HIP is an excellent resource, but it’s underutilized because people often don’t know about it. An $80 rebate on their food bill can mean a lot to a family in need and we are always looking for creative ways to help customers navigate their first successful food purchase. When they see money refunded on their EBT card, the benefit becomes real.

UMass Memorial Medical Center has been an incredible, long standing champion of our work. It’s important to have this trusted relationship with them for our combined community approach to community health. They connect us to the work they are doing and give us access to the community we all serve.

YouthGROW is a food justice program of the Regional Environmental Council that promotes health and nutrition and helps prevent obesity. It offers a unique employment opportunity for youth at Bell Hill Grant Square Garden.
Poor nutrition is a leading risk factor linked to the development of chronic diseases such as cancer, diabetes, and respiratory and cardiovascular disease. It also contributes to physical inactivity, obesity, poor mental health and children’s ability to learn in the classroom. According to the Massachusetts Department of Public Health, chronic conditions account for nearly 60% of all mortality in the state and over 53% of all health care expenditures – totaling $30.9 billion a year.

The concept of “Food is Medicine” refers to a spectrum of services and health interventions that recognize and respond to the critical link between nutrition and chronic diseases. Interventions include access to healthy foods that meet specific needs of individuals living with or at risk for serious health conditions affected by diet. For individuals in need of medically tailored diets to address chronic conditions and improve their future health, programs such as the Supplemental Nutrition Assistance Program (SNAP) (food stamps) are not sufficient. Lack of transportation for vulnerable populations and discharged patients is often a barrier to accessing a healthy diet. For single parents living in food desert areas, for example, a trip to the grocery store, often with accompanying children, might require riding several buses each way. For disabled senior and elderly citizens living in public housing or isolated circumstances, a lack of transportation can be compounded by limited physical ability to shop or cook meals.

Kimberly Reckert, Community Health Manager, UMass Memorial Medical Center, serves as a member of the FIMMA Statewide Steering Committee. She testified at two hearings at the Massachusetts State House in support of FIMMA efforts and legislation to establish a Food and Health pilot program to allow health care systems to connect MassHealth enrollees with diet-related health conditions to one of three nutritional interventions. Action on this bill is expected in December 2020.
Healthy Options for Prevention and Education (HOPE) Coalition

The HOPE Coalition, a program of UMass Memorial Medical Center, is a youth-adult partnership created to reduce youth violence and substance use and promote positive mental health. Its peer leadership program trains teens in public health research methods and advocacy to influence local policy. In 2019, peer leaders continued to co-chair the Youth Substance Abuse Prevention Task Force with the Worcester Division of Public Health (WDPH) and worked with WDPH to develop strategies to address vaping among youth. The coalition is led by Laurie Ross, PhD, UMass Memorial Medical Center staff and Associate Professor of Community Development and Planning at Clark University.

Understanding Adultism

“Adult Swim” is a workshop developed by HOPE Coalition peer leaders to better prepare adults for collaboration with young people on community change projects. Part of the reason adults don’t often work effectively with youth is “adultism,” a term defined as a system of power that grants unearned privilege and power to adults and oppresses young people: their voices, experiences, ideas, knowledge and bodies.

An exercise called PEP Talk (Power, Empathy, and Perspective) helps break down how adultism negatively affects both youth and adults. Workshop attendees divide into small groups led by HOPE peer leaders to learn how power operates, how to build empathy and how different perspectives are key in successful youth-adult partnerships. For example:

- Stress is not more stressful to an adult than to a young person. Young people typically have less control over their lives than adults, adding complexity to stressful situations that adults often overlook.
- Adults in positions of power are under pressure to be seen as perfect, which blocks them from being willing to admit mistakes and learn from youth. Acknowledging imperfection makes adults more relatable and can create strong bonds with youth.
- Adults often uphold a blind certainty for the “way things are” based on what was passed down to them. Working with young people is not always about using the best, most proven method, but rather remaining open and flexible to a diverse array of methods.
- Adults are taught to enforce rules, and a punitive response raises strong barriers between young people and adults. Rather than asking, “What is wrong with you?,” adults can lead with questions such as, “Are you ok?” or “What’s going on?”

An important reflection from the workshop is that we all are oppressed by adultism. Adults should remember how it felt to be treated as a child and youth should remember that they, also, will eventually assume power over people younger than themselves. Gaining an understanding of adultism helps break the power cycle that youth try to escape. HOPE peer leaders facilitated Adult Swim with youth workers, teachers, Worcester Division of Public Health staff and members of a local church.

Youth Mental Health Model

Developed by Healthy Options for Prevention and Education (HOPE) Coalition peer leaders to remove the stigma and barriers associated with accessing mental health services, the Youth Mental Health Model integrates counselors into the staff at youth organizations: the Boys & Girls Club of Worcester, Girls, Inc., Worcester Youth Center and YouthConnect. As part of the model, counselors and youth have the opportunity to build relationships and develop trust. The program provides at-risk youth with personal counseling, therapeutic groups and crisis intervention through its clinical partner, You, Inc. In 2019, 750 youth received on-site counseling. Mental health literacy was also incorporated into the model which, since its launch, has served over 7,000 youth.

Mental Health Services for At-Risk Youth

The Worcester Addresses Childhood Trauma (Worcester ACTs) program utilizes community health workers as “resilience navigators” to connect families with young children who have been exposed to violence to evidence based, trauma-informed interventions. Partners include the Worcester Police Department, YWCA of Central Massachusetts, Community Healthlink, the UMass Medical School Child Trauma Training Center, the UMass Memorial Medical Center Child Protection Program, the Center for Health Impact, Worcester’s Division of Public Health, Permet Family Health and Clark University. In 2019, the program expanded to include families impacted by opioids and partnered with Community Builders, a public housing property management company, to help families displaced due to trauma. A minimum of 84 families were enrolled in the program during the year.
Youth Worker Training Institute

The Healthy Options for Prevention and Education (HOPE) Coalition Youth Working Training Institute (YWTI) provides professional education for aspiring, novice and experienced youth workers in the Greater Worcester area. The organization works to enhance the knowledge, skills and networks of front-line youth workers so that they are better prepared to serve vulnerable young people in Worcester. YWTI partners with Clark University to offer university credit to youth workers who take Institute courses.

Eddie Bebe Lavergne, Case Manager at Worcester Community Action Council and professional drummer: Through the state-funded Safe and Successful Youth Initiative (SSYI) grant, we work with guys with gang affiliations, ages 17 to 24, who are referred from different organizations and the City of Worcester. We help them get an education, paid or subsidized work, and counseling. It’s a tough job and it’s not for everyone. My passion for this work grew from volunteering to teach music at various organizations for at-risk youth, including my church and Worcester Arts and Music Police Partnership (AMPP).

I jumped at the YWTI opportunity. The course, connected with Clark University, included learning good listening and counseling skills, group activities, and how to approach and help clients in a strong, supportive way. I even received credit toward my coursework at Quinsigamond Community College.

A lot of Worcester youth have a tough time that’s not just gang related, including lack of education and mental health issues, and we might not always see it. YWTI gave me a boost. I learned that sometimes you need to look at a difficult situation, find the positive in it and use it as a strength.

Junito Ramos, Legendary Legacies, Program Director: Legendary Legacies is a nonprofit, faith-based organization in Worcester. We and our volunteers work with young men, ages 16 to 24, many of whom are involved in gangs. We run a mobile music therapy program in the youth detention center once a week, and Hoop Dreams, a recreational basketball program that offers open gym time and intentional dialog. As mentors, we provide them with a group that can “do life” with them, talk about things and be there when they mess up.

YWTI was amazing and I wish we had more time in the course. Because I was already working for four years, I knew some things, but it was interesting to get a perspective on different organizations, how they make connections and network with each other. We can’t do it alone. The more people we have doing this work, the better we are, and mental health is such a large part of it. YWTI helped me tremendously, to understand what youth workers truly have to do. There is no one specific template for what a youth worker is supposed to be. The training gives you the boundaries to explore and the encouragement to do things your own way.

Medical-Legal Partnership

The Medical-Legal Partnership is a collaboration of the UMass Memorial Medical Center Legal Department and Community Legal Aid, Inc. (CLA) that assists low income and Medicaid-eligible families. The program targets 200 individuals and leverages pro bono services with law firms and volunteer lawyers to address the multiple social factors that impact patients’ health. In 2019, 158 referrals from several clinical practices were made to the program and an additional 129 on-site legal consultations were provided.

The Medical-Legal Partnership team, left to right: AiVi Nguyen, Partner, Bowditch Dewey; Weayonnoh Nelson-Davies, CLA Managing Attorney; Marina Abraham, CLA Staff Attorney, and from UMass Memorial Health Care, Cheryl Lapriore, Senior Vice President, Chief of Staff, Chief Marketing Officer, President, UMass Memorial Health Ventures; Mónica Lowell, Vice President, Community Health Transformation; and Kate Eshghi, Senior Vice President and General Counsel.
Medical Center Receives Foster G. McGaw National Recognition

In 2019, UMass Memorial Medical Center was selected for the second time as one of four finalists for the esteemed Foster G. McGaw Prize of the American Hospital Association (AHA). The prize, created in 1986, recognizes health care organizations that demonstrate continuous commitment to improving health and well-being for all through strong community partnerships. The prize is sponsored by the Baxter International Foundation (Illinois), the American Hospital Association and its nonprofit affiliate Health Research & Educational Trust. Finalists each receive an award of $10,000 to continue their community health improvement efforts.

In particular, the Medical Center was recognized for its long-standing collaborations with the Worcester Division of Public Health and diverse community partners, as well as community-clinical linkage interventions, such as the UMass Memorial Ronald McDonald Care Mobile, Goods for Guns gun buyback program, youth mental health, pediatric asthma programs and community gardening. The Medical Center received this prestigious national recognition by AHA previously in 2017.

A two-hour site visit was conducted by AHA at the Worcester Boys & Girls Club, a long-time collaborator of the Medical Center, that was attended by 60 representatives of UMass Memorial partner organizations and community stakeholders. Presentations included access to care efforts through the UMass Memorial Ronald McDonald Care Mobile, pediatric asthma, housing, and mental health and substance abuse programs, such as the Healthy Options for Prevention and Education Coalition youth mental health model and Worcester Addresses Childhood Trauma (Worcester ACTs) intervention. We are tremendously honored by this recognition and the support of our key community partners without whom this work would not be possible.

From Mónica Lowell
Vice President, Community Health Transformation

“Everything we do through the UMass Memorial Community Benefits Program, as well as the newly adopted Anchor Mission, is tied to a social determinant of health.”

Mónica Lowell, Vice President, Community Health Transformation, and Karyn Clark, Director of the Worcester Division of Public Health, presented to the American Hospital Association and local stakeholders.
Lawyers Weekly

Kate Eshghi, Senior Vice President and General Counsel, UMass Memorial Health Care, was named among 2020 Lawyers of the Year by Massachusetts Lawyers Weekly for her outstanding leadership in the UMass Memorial Medical-Legal Partnership. Lawyers of the Year are selected by the newspaper’s editorial department. Award winners are general counsel and staff attorneys who are nominated by their colleagues, clients and other legal professionals for being leaders in the community and forward thinkers. The award was presented at an event held at the Renaissance Boston Waterfront Hotel in February 2020.

Health Care Star Award

Mónica Lowell, Vice President, Community Health Transformation, was awarded the prestigious Massachusetts Health Council Health Care Star Award for being a community health leader. Under Ms. Lowell’s direction, UMass Memorial develops and implements innovative community linkage models addressing health disparities among at-risk populations such as the UMass Memorial’s Ronald McDonald Care Mobile, Pediatric Asthma Intervention, programs providing jobs skills and employment opportunities for inner-city youth and development of urban gardens to address food insecurity.

Congratulations

Stacy Hampson, dental coordinator, UMass Memorial Ronald McDonald Care Mobile, obtained her Commercial Driver’s License (CDL), which supports the ability for the vehicle to commute to community sites.

English for New Bostonians

UMass Memorial HealthAlliance-Clinton Hospital was awarded an English Works Campaign Recognition by English for New Bostonians for its leadership in supporting English classes for immigrant employees. The hospital was nominated for the award by the Clinton Adult Learning Center (CALC) for the hospital’s more than 20-year partnership with CALC. The recognition was also for the work of Rosa Fernandez, Director, Community Health and Volunteer Services, HealthAlliance-Clinton Hospital, who helped CALC make community connections, secure additional funding and provide free workshops for English to the Speakers of Other Languages (ESOL) population, as well as for her role as Co-chair of the Board of Clinton Area Community Partners. For more information about the partnership, see page 8.

Above, left to right, Rosa Fernandez, HealthAlliance-Clinton Hospital; Christine Cordio, Clinton Adult Learning Center; Katia Ferrari, CALC student; and Chris Hendry, Senior Director, HealthAlliance-Clinton Hospital.

Gun Safety

Michael Hirsh, MD, Pediatric Surgery, Trauma and Critical Care, UMass Memorial Medical Center, and Medical Director of the Worcester Division of Public Health and Co-founder of the Goods for Guns program, was honored by Worcester District Attorney Joseph Early Jr. at a ceremony in February 2020 for his work to educate people on public health issues and for the success of the Goods for Guns program. The program retrieves unwanted firearms from the community and educates gun owners on proper storage of guns in the home as a means of reducing injury, violence and crime. For more information, see page 18.
Hands-Only CPR

Joseph Sabato, MD, Medical Director, University of Massachusetts Medical School Department of Emergency Medicine; and physician, UMass Memorial Medical Center Department of Emergency Medicine: About 70% of cardiac arrests take place at home or are witnessed by others. When an emergency call is placed, the 911 system provides traditional cardiopulmonary resuscitation instruction until emergency responders arrive, but only one-third of witnesses perform it to avoid mouth-to-mouth contact. More than a decade ago, European researchers showed that hands-only CPR can be just as, or even more, effective than traditional CPR.

Our goal is to improve the state survival rate for out-of-hospital cardiac arrest from 3% to at least the national average of 10%. We are approaching this on several levels. We’ve recruited medical students to offer the CPR training at local organizations, such as churches, senior centers and physicians’ offices. We can also contact the highest-risk patients through our medical records and hospital observation unit to suggest that friends and family members be trained on how to efficiently call 911, use hands-only CPR and a defibrillator, if available. The training takes about 10 minutes.

Unfortunately, cardiac arrest survival in economically vulnerable communities is lower than in the general population. These groups tend to have a lower rate of CPR training generally, but may not call 911 because of a language barrier, immigration concerns or lack of awareness about the system. We are trying to change all that. Catalina Delaney, Community Health Worker, is helping us overcome these disparities by reaching out to the Spanish- and Portuguese-speaking communities of Worcester with information about cardiac arrest, where to get trained and how to do a self-refresher course. Getting the message out to our diverse community allows us to build capacity for success statewide.

Catalina Delaney, Community Health Worker, demonstrates hands-only CPR.

Safety Programs

Goods for Guns

The UMass Memorial Medical Center Injury Prevention Department partners with the Worcester Police Department, the Worcester Division of Public Health, the Worcester Office of the District Attorney and other community stakeholders to provide grocery store gift cards in exchange for the return of unwanted firearms. Participants receive gun safety and storage education and are offered gun trigger locks free of charge. The program also works with police departments in 17 surrounding communities and collected 150 guns in 2019. Since its start in 2002, over 3,150 guns have been returned in Central Massachusetts.

Child Passenger Safety

Approximately 320 people participated in child passenger safety educational sessions. More than 200 car seats were given to community members by UMass Memorial Medical Center and 100 additional car seats were inspected and safely installed.

Teen Driving

The “TEEN DRIVE” program increases awareness among teens regarding the risks associated with distraction and driving. 700 teens from Worcester public schools were exposed to the program in 2019. Driver simulation program, “Teen RIDE” teaches teens convicted of first-time motor vehicle offenses the medical impact associated with risky driving behaviors. In 2019, 56 youth attended in the program.
Regional Online Resource

Introduced in early 2018, CommunityHELP is a real-time, web-based catalog of social programs and services available in Central Massachusetts. Built on the nationally recognized, multilingual search platform by Aunt Bertha, the CommunityHELP site connects area residents and their health care providers to free and low-cost services for food, housing, transportation, health care, education, employment and legal issues. The site, which currently supports an average of 1,000 searches per month, is a cooperative effort between UMass Memorial Health Care and Reliant Medical Group.

Christine Cernak, RN, UMass Memorial Office of Clinical Integration, senior director: In our second year, priorities included improving the knowledge and use of CommunityHELP, deepening its integration with community health improvement plans, and initiating universal screening for social determinants of health needs by UMass Memorial primary care practices. Search activity is monitored quarterly in Worcester, Fitchburg, Leominster, Clinton and Marlborough, where UMass Memorial Health Care inpatient facilities are located. We are noticing that the level of poverty in a zip code search area plays a role in the searched service categories. By integrating the CommunityHELP web platform with Epic electronic medical record system, caregivers can now screen patients for social determinants of health, quickly connect them to the resources they need, and even check whether a patient has followed up. Armed with this knowledge, some of our larger practices have developed a workflow to better identify patients with complex needs who could benefit from an ongoing relationship with a social worker.

We know how rapidly information can change and evolve making traditional paper-based lists outdated upon publication, but an online directory has the potential to remain current. To date, 470 organizations in the Worcester and MetroWest areas are participating in CommunityHELP with more than 1,200 program listings. Encouraged by our success, other health care organizations across the state have joined the Aunt Bertha platform. We all benefit from the power of community.

For more information, visit www.communityhelp.net.

Other Community Initiatives

Hospital Summer Internship Program

UMass Memorial HealthAlliance-Clinton Hospital Summer Internship Program exposes local high school seniors and undergraduate college students to potential careers in the health care industry. Fostering workforce development, students work alongside health care professionals in roles ranging from patient care to engineering to finance and legal services. The program works with the North Central Workforce Investment Board, a nonprofit organization that promotes employment and workforce opportunity. In 2019, the hospital provided 29 students with internships in a range of hospital departments.

Above, HealthAlliance-Clinton Hospital 2019 summer interns.

Pediatric Asthma Pilot in North County

Working with the Green & Healthy Homes Initiative, UMass Memorial Medical Center and its partners, the City of Worcester Healthy Homes Office, Worcester Public Schools, Montachusett Opportunity Council (MOC) - a multi-service social service organization, expanded a version of the Pediatric Asthma Home Visiting Intervention into the North County region of Leominster and Fitchburg. In this pilot program, HealthAlliance-Clinton Hospital worked together with MOC in conducting home visiting and to build the case for reimbursement by payers of the community health worker role.

Hector Reyes House

UMass Memorial Medical Center supports the medical director position at Hector Reyes House, a residential substance abuse treatment program for Latino men providing on-site medical care and cognitive behavioral therapy to reduce relapse and ease the transition to independent living. The program serves an average of 80 men annually and offers job training and skill development at the Café Reyes, offering Cuban food and coffee.
Responding to COVID-19

Michael Hirsh, MD, Pediatric Surgery, Trauma and Critical Care, UMass Memorial Medical Center, and Medical Director of the Worcester Division of Public Health: By the end of March 2020, the news was bleak. COVID-19-positive cases were going up, and Massachusetts was in the top five states nationally for cases per capita, even though our population is only 6.7 million. Early on, Worcester Mayor Joseph Petty, City Manager Edward Augustus Jr., and I conducted daily televised press conferences with as many as 30,000 viewers—a lot for our local Worcester TV Channel 3. My responsibility was to pull together consistent, reliable and calming medical information for the public. I called colleagues and other professional contacts at UMass Memorial hospitals, St. Vincent Hospital and elsewhere—as well as the two local federally funded health centers—to find out who needed access to personal protective equipment, ventilators and testing. Family Health Center of Worcester and Edward M. Kennedy Community Health Center tested and evaluated symptomatic essential workers and health care workers, keeping them out of the hospital and helping with wraparound services.

Tremendous foresight was demonstrated on the part of Eric Dickson, MD, President and CEO of UMass Memorial Health Care and Carolyn Jackson, CEO of St. Vincent Hospital, when a field hospital at the DCU convention center was opened for COVID-19-positive patients who needed a longer-than-usual recovery time, thus avoiding a shortage of acute-care beds at the hospital. Salmon Health also made their Beaumont Rehabilitation & Skilled Nursing Center available for convalescing geriatric COVID-19 patients.

The homeless were extremely vulnerable. Worcester’s main shelter was averaging three to five times its normal capacity. The city manager, working with Matilde Castiel, MD, Commissioner of Health and Human Services, opened satellite shelters at two city schools and two churches. One high school was designated for COVID-19-positive patients. By decompressing the situation at the shelter, we could better manage care for these patients, who often have comorbidities. Eventually, there were so many positive cases that we moved them to the convention center.

One contribution that can’t be overemphasized was the community’s participation. They embraced sheltering at home, physical distancing and wearing masks. All of these things collectively, kept us from running out of beds or having to make difficult decisions about ventilators. There’s a lot to be looked at in Worcester as a model.

Michael Hirsh, MD, center, addresses the COVID-19 pandemic at a press conference with City Manager Edward M. Augustus, Jr., left, and Worcester Mayor Joseph Petty, right. Courtesy of the Worcester Telegram & Gazette.
COMMUNITY HEALTH IMPROVEMENT IMPACTS

- 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
- Community development corporations

About UMass Memorial Health Care System

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<th>Active Medical Staff</th>
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<th>Licensed Beds System Total</th>
<th>Outpatient Visits System Total</th>
<th>Life Flight Trips</th>
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Our System

- Largest not-for-profit health care system in Central New England
- Largest provider for the uninsured outside Boston
- Only Safety Net Provider in Central New England and the fourth largest in the Commonwealth
- Supports a dedicated financial benefits program that connects the medically underserved and uninsured populations to health insurance and other services

Community Benefits Partners

- 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
- Community development corporations

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Page 8, 17 (New Bostonians award), 19 (interns): UMass Memorial HealthAlliance-Clinton Hospital
Page 9: UMass Memorial – Marlborough Hospital
Page 13: Courtesy of Food is Medicine Massachusetts (FIMMA)
Page 15: Eddie Bebe LaVergne, Junito Ramos
Page 17 (Michael Hirsh), page 20: Courtesy of Worcester Telegram & Gazette
The UMass Memorial Ronald McDonald Care Mobile temporarily closed on March 21, 2020, due to the pandemic. The staff adapted by initiating a COVID-19 education and prevention program, “Feet on the Street.” By setting up booths near public housing sites, ethnic supermarkets, food pantries and other locations, they reached out to Worcester’s diverse, at-risk Latino and Black communities. COVID-19 educational materials available in 37 different languages and sanitizer kits are distributed, and medical questions answered. Anyone presenting with symptoms are referred to a COVID-19 testing site. So far, over 6,000 kits have been given away in our communities.

UMass Memorial Health Care is a not-for-profit health care system in Central New England with nearly 1,700 physicians and more than 14,000 employees. Our fully accredited hospitals are:
- UMass Memorial HealthAlliance-Clinton Hospital
- UMass Memorial – Marlborough Hospital
- UMass Memorial Medical Center

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