

UMass Memorial Medical Center, Community Benefits **Target Populations FY2018**

Community Benefits Mission

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health issues of the poor and other medically-underserved populations. In addition, non-medical conditions that negatively impact the health and wellness of the community are addressed. The 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 Medical Center Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by the Trustees of the health system.

Our target populations focus on medically underserved populations of all ages

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.

Community Health Assessment:

In completion of its 2018 CHA, the hospital partnered with the Worcester Division of Public Health (WDPH), Fallon Health and The Coalition for a Healthy Greater Worcester which served in an advisory role. During the assessment process, community members were engaged in Key Informant Interviews, Focus Groups, and Community Dialogues, which allowed for community members to review and discuss a profile of the region and provide their feedback and prioritization. The CHA process gathered extensive quantitative data from federal, state and local sources for the City of Worcester, and the outlying communities of Shrewsbury, Grafton, Millbury, West Boylston, Leicester, and Holden, including a community health survey of nearly 3,000 individuals who live, work and play in Greater Worcester. Qualitative information was captured through 45 key stakeholder interviews, ten focus groups, four community forums, a strategic retreat, a community health survey conducted at multiple community events and an online survey. These sessions gathered community input from service providers, community leaders and neighborhood residents with an emphasis on engaging at-risk populations (e.g., Focus groups included: Hispanics/Latinos, youth, Southeast Asians and individuals with disabilities) as well as service providers representing fields including; behavioral health providers, health providers for elders and public health officials. The CHA utilized the Mobilizing for Action through Planning and Partnerships (MAPP), a best practice model for health improvement planning developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention.

The Community Benefit Strategic Implementation Plan

The Community Benefit Strategic Implementation Plan aligns with the following priorities identified by the 2018 Community Health Assessment and Community Health Improvement Plan.

Target Populations:

Name of Target Population	Basis for Selection
<p>Worcester Senior Population:</p>	<p>Older adults are among the fastest growing age groups. Seniors experience barriers to accessing medical and dental care, including a lack of transportation, mobility problems, insurance status and enrollment. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to young people. The first “baby boomers” (adults born between 1946 and 1964) turned 65 in 2011. Over the next 20 years, these baby boomers will gradually enter the older adult cohort. Chronic/complex conditions are by far the leading cause of death among older adults 73 and older are much more likely to develop chronic illnesses such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer’s disease, Parkinson’s disease and dementia than younger adult cohorts. By 2030, the CDC and the Healthy People 2020 Initiative estimate that 37 million people nationwide (60% of the older adult population ages 65 and over) will need to manage more than one chronic medical condition. Major proportions of this group experience hospitalizations, are admitted to nursing homes and receive home health services and other social supports in home and community settings. The ability to live independently and to “age in-place”—or at least to find the least restrictive housing option—is a leading concern among older adults and their caregivers.</p>
<p>Ethnic and Linguistic Minorities:</p>	<p>The City of Worcester is very ethnically-diverse and that diversity continues to grow primarily due to the city being a Federal Refugee Resettlement Site. In 2015, the racial/ethnic makeup of Worcester was majority White alone (70%), followed by Hispanic/Latino of any race (21%), Black or African American alone (14%) and Asian alone (7%). Racial/ethnic breakdowns in the region generally mirror that of the Commonwealth, with the majority of residents identifying as White alone and significantly smaller percentages of residents identifying as Black/African American, Asian, other races, or Hispanic/Latino of any race. One exception, however, is Shrewsbury, where compared to the Commonwealth (6%), there was a significantly higher percentage of residents identifying as Asian alone (17%). According to research, Shrewsbury has one of the highest concentrations of Indian Americans in the Commonwealth, with the population doubling between 2000 and 2010. The number of Hispanics living in the City of Worcester 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. Compared to the Commonwealth overall, most of the municipalities in the 2018-2021 CHA service area had significantly lower percentages of non-English speakers. However, Shrewsbury has a significantly higher percentage of non-English speakers, specifically those that speak Indo-European languages, Asian and Pacific Islander languages and other languages. In Worcester, approximately 35% of residents speak a language other than English and among those residents, 17% have limited English proficiency.</p>

Populations that are Food Insecure, Hungry, 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.
Populations Living in Poverty:	According to the U.S. Census Quick Facts July 1, 2018 population estimates 21.8% of the City of Worcester’s total population lives in poverty. Additionally, 35.1% of children under the age of 18 live in households for who poverty status is determined and 39.7% live in households receiving Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits, according to the U.S. Census Bureau, American Community Survey 2013-2017. Poverty is highly correlated to poor health outcomes and barriers to accessing needed care and services and other factors impacting health. 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, in 2018 over 60% were eligible for the free school lunch program. Between 2015 and 2016 the population of Worcester, MA grew from 183,382 to 183,677, a 0.16% increase and its median household income grew from \$45,472 to \$45,599, compared to the state Median Household Income of \$74,167.
School-Age Children with Asthma:	To address the high prevalence of asthma among school age children, reduce ED use and improve school absenteeism due to asthma, UMass Memorial has partnered with multiple stakeholders. An evidence-based program links clinical and community partners and utilizes trained, culturally-competent Community Health Workers (CHWs) to assess and address asthma triggers in the home. The intervention targets students in the Worcester Public Schools and Worcester Head Start program who have uncontrolled, intermediate to severe asthma. According to the Green & Healthy Homes Initiative (GHHI), the City of Worcester is among the top 12 cities in the country with the highest rates of pediatric asthma.
Targeted Low-Income Neighborhood Interventions:	UMass Memorial conducts focused outreach in Worcester’s Bell Hill neighborhood and brings programs directly to where people live, such as community gardens to address food insecurity and an urban agricultural youth leadership development program for youth residents of the neighborhood as a means of reducing violence, providing job skills and leadership development opportunities as a means of promoting positive career pathways and addressing the poverty cycle.
Underinsured/Uninsured:	Access to medical and dental care is vital to the health of individuals and the community. Massachusetts has made great strides in making health insurance attainable for nearly all residents. In 2016, only 2.5% of Massachusetts residents were uninsured, the lowest rate in the nation. Despite these factors, there are still substantial numbers of low-income, MassHealth-insured, uninsured and otherwise vulnerable individuals who face health disparities and are not engaged in appropriate preventive, acute and chronic disease management services in the areas of medical, behavioral and oral health

	<p>services. Efforts must be made to support the safety net across the health, social service and public health continuum, expand access to services and reduce the barriers to care for vulnerable populations. The most significant barrier in this regard is related to a shortage of providers and practice sites that serve MassHealth-insured and uninsured residents. This is particularly true in the areas of behavioral health and oral health services. Nearly everyone that was interviewed for the Community Health Needs Assessment commented on the lack of access to providers who are willing and able to serve MassHealth-insured or uninsured patients.</p>
<p>Youth at Risk:</p>	<p>Over 35% of children under the age of 18 live in households for whom poverty status is determined and 39.7% live in households receiving Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits, according to the U.S. Census Bureau, American Community Survey 2013-2017. 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.</p>