

# Application Cover Page

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2007 Foster G. McGaw Prize  
American Hospital Association  
One North Franklin, Suite 2800  
Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 6, 2007.

Questions? Please contact AHA Member Relations at 312/422-3932, or visit the web site at [www.aha.org](http://www.aha.org).

Harborview Medical Center

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My health delivery organization is a (check one):

- Hospital    Health System    Integrated Network    Community Partnership    Other

Primary type of community:

- Urban    Rural    Suburban    Mix

## References

Please list three (3) individuals who can be contacted to provide reference information about (a) the commitment of the health delivery organization to community service and (b) the impact of the applicant's community service initiatives.

Ron Sims

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## Signatures

In submitting this application we give the American Hospital Association permission to use and disseminate the information contained herein except the audited financial statements.

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Chief Executive Officer

David E. Jaffe

Type or Print Name

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Board of Trustees Chair

William Fallon

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Chief Medical Officer

Scott Bawhant

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Steve Butler

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**Harborview Medical Center, Seattle and King County, Washington**  
**2007 Foster McGaw Application**

**Executive Summary**

Harborview Medical Center was founded as the county welfare hospital in 1877 and has served as a safety net for Seattle and King County ever since. Our mission population includes the poor, the homeless, the new immigrants, the underserved and others in need. Everyone who walks through our doors has access to the highest quality, cutting-edge clinical care delivered respectfully, professionally and with warmth and compassion.

Beyond providing exemplary medical care, our staff is dedicated to discovering solutions to the social issues that create barriers and disparities in access to health care. Often, we serve our mission population best by bringing services to the places where they live, whether in immigrant communities, low-income neighborhoods or shelters for the homeless.

Harborview provides more than 25% of all charity care in the state of Washington. In fiscal year 2006, our charity care reached \$ \_\_\_\_\_, more than double the amount provided in 2003.

Harborview is also a community leader in preventive medicine and emergency preparedness. As the disaster control hospital for King County and the Level I adult and pediatric trauma center for Washington, Alaska, Montana and Idaho, we play a key role in regional preparations to handle a surge of patients and coordinate resources in the event of a disaster. To ease the burden of chronic disease, we offer educational and self-management programs that promote wellness and healthy lifestyles.

The five initiatives highlighted in this application reflect Harborview's many contributions to improving the health of the community. We are pleased to present them for your consideration.

**1) Providing Health Care for the Homeless**

Harborview's satellite clinics in downtown Seattle offer a full range of physical and mental health services to the homeless and uninsured. We also extend our reach beyond the clinic walls by providing services to people where they live, whether it's a homeless shelter, a special housing unit or a temporary respite unit.

**2) Supported Housing, Supported Employment for the Mentally Ill**

Almost 70% of adults with psychiatric disabilities want to work, yet only about 15% are able to find jobs. The challenges are even greater when homelessness is added to the mix. Working with clients, employers and housing owners, Harborview has developed integrated and supported employment and housing programs to achieve success on both fronts.

**3) Community House Calls: Overcoming Language and Cultural Disparities in Health Care**

Bilingual and bicultural caseworkers facilitate an exchange of cultural information between Harborview's providers and King County's growing immigrant communities. Culturally sensitive health-care relationships are based on the "platinum" rule: "Do unto others as they would want done unto them."

**4) Changing Health Behaviors: From the Emergency Department to Primary Care**

Patients without health insurance often seek care for chronic conditions in the Emergency Department (ED). By staffing a nurse case manager in the ED, Harborview links patients with primary care physicians and offers other initiatives to help individuals take charge of their own health.

**5) Injury Free Coalition for Kids of Seattle: Protecting Children in their Neighborhoods**

Committed to protecting kids before they are harmed, Harborview has teamed up with two partners to create the Injury Free Coalition for Kids of Seattle. The coalition has promoted the use of booster seats in immigrant communities, created "walking school bus" programs in inner city neighborhoods and distributed bike helmets at no or low cost.

## Overview of Harborview and the Community

### Organization

Owned by King County, governed by a county-appointed board of trustees and managed by the University of Washington (UW), Harborview is a flagship medical center and teaching institution for the UW School of Medicine. It attracts nearly \$\_\_\_\_\_ each year in research grants.

Harborview is the only Level I adult and pediatric trauma center and regional burn center for Washington, Alaska, Montana and Idaho. In addition to providing state-of-the-art critical care for these patients, Harborview delivers highly specialized services through its six Centers of Emphasis: trauma, burn care, neurosciences, HIV/AIDS, advanced reconstruction and rehabilitation, and mental illness and medical vulnerability.

As a community safety net, Harborview serves a mission population including persons incarcerated in the King County jail; mentally ill patients, particularly those treated involuntarily; persons with sexually transmitted diseases; substance abusers; indigents without third-party coverage; non-English speaking poor; trauma, burn and specialized emergency care patients; victims of domestic violence; and victims of sexual assault.

Harborview provides more than 25% of all charity care in the state of Washington, and the total rises each year. In fiscal year 2006, Harborview contributed \$\_\_\_\_\_ in charity care, more than double the amount provided in 2003.

Harborview employs approximately 4,000 full-time equivalent staff. It is licensed for 413 beds and maintains more than 60 outpatient clinics including primary care and specialty care. In 2006, its 97% occupancy rate was the highest for any hospital in the region.

### Community

With 1.8 million residents, King County is the largest county in Washington and the 14th largest in the nation. According to the 2000 Census, the county's population is becoming more diverse: non-Hispanic white, 73%; Asian or Pacific Islander, 11%; Latino, 5.5%; African American, 5%; and Native American, 1%.

Much of the growing diversity can be attributed to the arrival of new immigrants from around the world. From 1990 to 2000, the number of foreign-born residents nearly doubled to 268,000, or 15% of the total population. As a result, 63,000 persons age five and over did not speak English well or at all in 2000.

In recent years, the economy has been shifting from its traditional manufacturing and resource bases to high tech, services and trade, both local and international. Major employers include Boeing Company, Port of Seattle, Alaska Air Group, Microsoft Corporation and University of Washington.

Aerospace job cuts and the dot-com bust contributed to a three-year economic downturn that began in 2001. Although the local economy is now improving, the number of households with incomes below the poverty level grew to an estimated 9.4% of the county's households in 2005. In addition to highlighting the increase in poverty, King County's most recent summary of social and health indicators (*Communities Count 2005*) calls attention to other significant problems such as finding affordable housing, the growing proportion of overweight people and the number of people not insured for health care.

## The Harborview Story

### Overview

Harborview's commitment to community service dates from its founding in 1877 as the welfare hospital for King County. A year later, the hospital moved to a site that is now in downtown Seattle, beginning a trend of expanding to meet the needs of a growing community that continues to this day.

Efforts to safeguard public health, such as discovering the source of a diphtheria outbreak in 1936, characterized Harborview's early years as a health-care resource for citizens throughout the county. Harborview served as the central treatment facility for patients affected by the polio epidemic of 1945. Since moving to its current location in 1931, Harborview has provided around-the-clock emergency care for all who are brought to its doors.

As a safety net hospital, Harborview is focused on meeting the needs of its mission population, the underserved of Seattle and King County. Additionally, the hospital offers a broad spectrum of services to assure a balanced clinical program and continued fiscal viability.

King County residents have recognized the importance of creating a state-of-the-art health-care facility at Harborview by supporting many long-range capital improvement projects. In September 2000, voters passed a \$ \_\_\_\_\_ bond measure for a seismic upgrade and facility expansion of 50 beds and eight new operating rooms.

### Leadership

Harborview's proactive role in addressing the health and social issues of its mission population takes many forms.

As the only Level I adult and pediatric trauma center and the regional burn center for Washington, Alaska, Montana and Idaho, Harborview has pioneered many advances in the field of critical care medicine. In 1970, Harborview partnered with the Fire Department to create Seattle Medic One, an international model for critical care in the field.

Harborview plays a major role, as King County's disaster control hospital, in preparing the region and state for natural disasters or other events that could stress health-care resources. This year, Harborview is hosting its 18th annual trauma conference, where local and national experts will discuss issues throughout the continuum of trauma care.

Since 1976, Harborview's Center for Sexual Assault & Traumatic Stress has served citizens of the region and developed new programs to help persons affected by sexual assault and other traumatic events.

The Harborview Injury Prevention and Research Center (HIPRC) has worked since 1985 to reduce the impact of injury and violence on people's lives through research, education, training and public awareness. As one of 10 injury-control centers supported by the Centers for Disease Control and Prevention, HIPRC has focused its efforts on the groups at greatest risk of injury: children, the elderly, the poor, people of color and residents of rural areas.

Harborview began providing medical care and social services to men and women with HIV/STD in 1985 at the Madison Clinic, which is recognized nationally for its patient care, teaching and research in HIV-related diseases.

In 2006, Harborview's board of trustees recognized that the lack of a statewide system to track mentally ill, chemically dependent and medically vulnerable patients is a great disservice to our community. To address this problem, Harborview has committed \$ \_\_\_\_\_ during the next five years to fund a new research and training center to improve the quality and coordination of care for disadvantaged patients with mental illness, addictions and chronic medical illness.

### Commitment

At all levels of the organization, Harborview's leaders and staff demonstrate a personal and professional commitment to community service. Executive Director David Jaffe is president of the National Foundation for Trauma Care. He also supports the community by serving on other boards, including National Association of Public Hospitals, Medic One Foundation and Washington Poison Control Center.

Chief Operating Officer Johnese Spisso serves on the boards of the American Heart Association, YouthCare (serving homeless and at-risk youth) and Seattle/King County Health Care Workforce Institute. She is the chair of the Seattle/King County HealthCare Coalition for Disaster Management and Emergency Preparedness.

Doctors and staff volunteer countless hours at public events to educate the community about heart disease, stroke and other debilitating diseases. Harborview teams participate in community fundraising events to raise awareness and support research to find cures for heart disease, AIDS, breast cancer and other serious health conditions.

Harborview's Patient and Family Resource Center offers multicultural classes to teach non-English speaking patients how to manage diabetes and other chronic diseases. Volunteers participate in the Reach Out and Read literacy program, encouraging parents to read to their children as part of childhood development.

The Harborview Community Service League helps meet the non-medical needs of patients, families and staff. Each year, these volunteers host an annual Children's Holiday Party for more than 800 of Harborview's pediatric patients, who enjoy arts and crafts activities and the opportunity to get autographs from local sports celebrities. The Community Service League also provides support for families in the Intensive Care Unit (ICU) waiting areas, organizes a special meal for ICU families during the Thanksgiving and Christmas holidays and holds community baby showers to provide diapers, layettes and booster and car seats for the neediest families.

Staff can request financial support for community projects through the Funding Allocations Committee. Past projects have included translating educational materials into foreign languages, providing clothing for discharged patients and collecting furniture for mental health housing programs.

In 2006, Harborview was voted the "Best Place to Make a Difference" in an annual survey of the local employers conducted by NWjobs.com. Contest winners were selected on the basis of employee voting.

### **Partnerships**

Harborview works with governmental and social agencies to leverage resources and extend the reach of its programs. A strong partnership with Public Health – Seattle & King County is central to ensuring that community needs are met. Several Public Health clinics and services are located at Harborview. Areas of cooperation include responses to bioterrorism threats, HIV/AIDS, sexually transmitted diseases and the development of a respite program for the city's homeless population.

The community service initiatives described in this application further represent the breadth of Harborview's partnerships:

- *Health Care for the Homeless* partners with Public Health – Seattle & King County, Compass Center, Downtown Emergency Service Center, Plymouth Housing Group, YWCA, Salvation Army and Archdiocesan Housing Authority.
- *Housing services for the mentally ill* partners with Seattle Housing Authority, Plymouth Housing Group and YWCA.
- *Community House Calls* is partially funded by the Department of Social and Health Services.
- *Chronic Disease* education and self-management programs are offered in conjunction with Public Health – Seattle & King County, City of Seattle Aging and Disability Services and Sea Mar Community Health Center.
- *Injury Free Coalition for Kids of Seattle* is a partnership of Harborview, Children's Hospital and Regional Medical Center and Public Health – Seattle & King County.

### **Breadth & Depth of Initiatives**

Harborview serves its mission population in one hospital and more than 60 outpatient clinics. In fiscal year 2006, these patients accounted for nearly 19,000 hospital admissions, including 5,760

admissions for mental illness, 3,521 for substance abuse and 463 for HIV/STD. They also had nearly 418,000 outpatient visits, including 73,695 visits for mental health services, 14,612 for substance abuse and 12,579 to the Madison Clinic for HIV/AIDS.

The ethnic diversity of Harborview's patients gives another indication of our success in serving vulnerable populations. In fiscal year 2006, 49% of all patients were identified as being Caucasian, 24% as African American/Black, 9% as Asian/Pacific, 6% as Hispanic and 2% as Native American. (Note: 10% of patients were not coded.)

### **Community Involvement**

Harborview receives recognition for its community service initiatives in many forms, including prestigious awards, news stories in the national and local media, and words of appreciation from our partners. Since 2005, examples include:

**American Medical Association – Ethical Force Program** (2005) recognized Harborview as one of eight hospitals nationwide for exemplary programs in patient-centered communication.

**King County Mental Health, Chemical Abuse and Dependency Services** (2005) awarded its Exemplary Service Award for Direct Service to Harborview for encouraging individuals to be actively involved in planning and leading their treatment and for offering services in a holistic manner.

**Institute for Healthcare Improvement** (2006) selected Harborview as a mentor hospital for its "100,000 Lives Campaign."

**NBC Nightly News** (2006) interviewed Johnese Spisso, chief operating officer, and Dr. Michael Copass, chief of emergency services, for a story on the uninsured. Chris Martin, director of emergency services, was interviewed for a separate story on pandemic bird flu preparations.

**Puget Sound Business Journal** (2006) honored Johnese Spisso, chief operating officer, as one of its "2006 Women of Influence."

**NWjobs.com** (2006) described Harborview as the "Best Place to Make a Difference" based on voting by employees to select the best local employer for community involvement.

**University Health Consortium** (2006) recognized Harborview for outstanding performance in the "Managing Patient Flow in the ED and OR 2006 Benchmarking Project."

**Plymouth Healing Communities** (2006) recognized Harborview's Mental Health Services as a partner in the effort to develop housing programs for the mentally ill with these words of appreciation: "Your dedication, expertise, hard work and pioneering spirit have shaped the House of Healing into a place where residents find hope and rebuild their lives."

### **Sustainability**

Harborview's commitment to its mission of caring for people with limited ability to pay is reflected in the dramatic growth of charity care. The charges associated with this care increased from \$\_\_\_\_\_ in fiscal year 2000 to \$\_\_\_\_\_ in fiscal year 2006.

In addition to charity care, Harborview works to improve the health of the community through its Community Benefits program, which includes teaching, outreach programs, education and research. In fiscal year 2005, the value of these benefits exceeded \$\_\_\_\_\_.

Harborview maintains a financial goal of completing each year with an operating margin of at least 1% to sustain these programs. This is accomplished by carefully monitoring and strengthening the payer mix. In fiscal year 2006, more than 35% of Harborview's revenues came from privately insured or self-insured patients.

Meeting the need for increased levels of charity care is also achieved through the annual process improvement (PI) program to streamline operations and reduce costs. In fiscal year 2006, Harborview achieved \$\_\_\_\_\_ in PI savings through 107 initiatives focused on patient safety, patient and staff satisfaction, operational effectiveness and financial viability.

The final component in sustaining Harborview's community mission is philanthropic support from individuals, corporations and foundations. Last year, 6,322 donors gave more than \$\_\_\_\_\_ to help Harborview fulfill its promise to be a safety net for the vulnerable populations of King County.

## Initiative 1: Providing Health Care for the Homeless

**Overview:** Physical and mental health conditions can turn a life upside down. Add homelessness to the mix and the challenges multiply exponentially. Harborview's Pioneer Square Clinic has developed a variety of programs to address the needs of this vulnerable population. Its many partners include Public Health – Seattle & King County, Compass Center, Downtown Emergency Service Center, Plymouth Housing Group, YWCA of Seattle/King and Snohomish County, the Salvation Army and the Archdiocesan Housing Authority.

Pioneer Square Clinic has offered primary and episodic care to the homeless and low or no income community living in and around downtown Seattle since 1971. The clinic is located in a downtown neighborhood setting, close to six local shelters, the major day center for adults and several single resident occupancy hotels, as well as many units of low income housing. In 2006, Pioneer Square Clinic provided 8,321 medical visits.

**Impact: Reaching the Homeless in Their Own Environments.** While Pioneer Square Clinic has a steady clientele of homeless and uninsured patients, clinic leaders realized they could do more to connect homeless and recently housed clients with primary care and avoid unnecessary Emergency Department visits. Since the usual practice-building strategies weren't going to get the job done, clinic leaders worked with community partners to develop creative new approaches.

In 2002, Pioneer Square Clinic and the non-profit Plymouth Housing Group teamed up to provide health-care services to previously homeless residents. The goal was to offer a non-threatening experience with podiatry that could serve as a gateway to additional medical services. While residents enjoy immediate relief from a foot soak and callus removal, the visiting registered nurse asks if they'd like their blood pressure or blood glucose checked. The nurse also works to link the residents with a primary care provider and makes appointments, if residents are interested.

At a new permanent housing center for individuals needing a high level of medical and social services, a Pioneer Square Clinic nurse works on-site full time in partnership with Downtown Emergency Service Center. The nurse works closely with the staff to provide residents with health assessments, emergency intervention, referral to primary care and coordination with other agencies.

Since 1999, Pioneer Square Clinic has staffed a mid-level provider and medical assistant at a Downtown Needle Exchange. Clients who come in to get clean needles also can receive immunizations, episodic care, wound management, medications and referrals to Harborview.

At a women's day shelter, Pioneer Square Clinic operates an open access program, ensuring that clients receive same day appointments. Clinic staff offer a wide array of physical and mental health services to a population that is homeless and trying to find stable housing.

The Medical Respite Care Program allows the homeless to recover from an illness or injury by offering them daily nursing care, three meals a day, access to primary care, psychiatric evaluation and transportation to follow-up medical appointments. Program staff work hard to link patients with primary care and begin psychiatric evaluations, if appropriate, before clients leave the respite program.

Shelter/Transitional/Day Programs provide health care through shelter-based nurses and mental health practitioners. The goal of these outreach programs is to engage homeless clients in health care at their level of comfort.

**Lessons Learned:** Because many of the staff have served for five years, 10 years, or even longer, they understand the need to create innovative patient-centered programs. "If you've been homeless for 10 years and you're suddenly in new housing, you need new life skills. That's where we have the greatest ability to provide a bridge, to help people adjust to their new settings," explains Sandra Olson, RN, who has managed the Pioneer Square Clinic for the past 17 years.

**Future Goals:** In addition to continuing existing programs, future plans include looking for more ways to support individuals who are moving from homelessness to housing through onsite medical and mental health services. By treating acute medical problems and managing chronic diseases before they become serious, emergency room visits and hospitalizations can be avoided.

**Operating Expenses for Past Fiscal Year:** The 2006 budget was \$

**Funding:** In addition to revenue generated, Harborview received grants of \$ from HUD, \$ from 330H, \$ in Medicaid match and \$ from the City of Seattle.

## Initiative 2: Supported Housing, Supported Employment for the Mentally Ill

**Overview:** In King County, only 9.5% of the clients in the public mental health system were able to find or maintain employment in 2006. It's even harder if you have nowhere to live. These challenges are addressed by Harborview's mental health programs in order to meet the needs of our patients, of whom about 60% are homeless.

The mental health field has shifted toward a model of recovery, emphasizing the creation of hope and community involvement. Research shows that matching housing to the client's level of need and providing support services increases housing success and decreases hospitalizations and incarcerations.

Our regionally recognized programs have helped most clients find homes and many find employment. "There is growing evidence that patients with severe mental illness can live on their own and hold down a job if they're given the right kind of support," explains Mike Donegan, manager of Mental Health Outpatient Employment Services. "By coordinating our housing and employment services, we are helping our clients achieve an unprecedented level of success."

Supported employment is an evidence-based approach for helping clients with serious psychiatric disorders find a job. Harborview decided to employ the same concept to supported housing, knowing that matching a client's needs with the right type of housing and support services would help them keep their home and prepare them for new challenges, such as finding a job.

The program also offers the services of a peer counselor who is in recovery and understands first-hand the challenges clients face.

**Impact:** Despite working with the most seriously challenged clients, Harborview has one of the highest employment rates in the greater Seattle area with rates of 17%. Harborview has been delivering supported employment services to clients since 1988. Around the same time Harborview partnered with the Seattle Housing Authority to make available case managers and housing staff that could help clients focus on daily living tasks.

The supported housing program began with eight apartments. Today, there are 206 units in more than a dozen public and private housing sites throughout Seattle reserved for Harborview patients. We provide ancillary support to people living in an additional 100 units. The employment team attends community housing meetings on a regular basis to encourage a focus on more productive lifestyles. Both teams have expertise in the myriad incentives associated with benefit programs so they can assure clients, case managers, employers and apartment managers that clients will be able to maintain their benefits even if they become employed.

**Lessons Learned:** Harborview learned to pay attention to the needs of employers and landlords and to teach clients the skills they need to keep a job or maintain an apartment. We provide this training at Harborview as well as in the community, and we encourage the creation of natural support groups. In our housing program, we learned to guarantee housing owners our ongoing support, just as we do with potential employers. When you rent to or hire one of Harborview's clients, you get our staff too, helping everyone achieve success. Avoiding evictions represents a significant victory for this population and maintaining employment is a level of success that many of our clients have never experienced before.

**Future Plans:** Future plans include developing computer lessons to help clients conduct independent job searches, helping clients secure housing and employment by supporting the development of a program for judges to issue a Certificate of Rehabilitation, offering a money management program and continuing to create a fully integrated service delivery system.

**Operating Expenses for Past Fiscal Year:** The 2006 housing budget was \$..... The employment budget was \$:

**Funding:** The housing program is funded through a combination of grants and the case rates for Mental Health Services. The employment program is funded through outcomes from a Division of Vocational Rehabilitation contract. The housing staff consists of 1.5 FTEs. The employment team has 2 FTEs. A Community Foundation Grant funded a .5 FTE peer specialist. United Way provided \$ Harborview's general operating budget covered the remainder of the costs.

### Initiative 3: Community House Calls: Overcoming Language and Cultural Disparities in Health Care

**Overview:** In the 1990s, King County's immigrant and refugee population nearly doubled. The 2000 Census reported that 268,000 foreign-born residents lived in the county, representing 15 percent of the total population. About 63,000 residents age five and over had limited English proficiency.

The International Medicine Clinic at Harborview provides health care for many of these new residents. Interpreter services are offered in more than 80 languages and dialects.

In 1994, Harborview introduced Community House Calls to tackle the disparities in health care caused by language and cultural barriers. The program builds on the community health-care worker model by adding specially trained bilingual and bicultural caseworkers to the care team. Currently, seven caseworker/cultural mediators (CCMs) serve six language communities: Spanish, Somali, Vietnamese, Cambodian, and Tigrigna and Amharic, both languages of Ethiopia. In addition to working with patients in clinics, the CCMs make home visits to gain a better understanding of their patients' living conditions and family support systems.

**Impact:** In 2006, Community House Calls managed care for more than 800 patients, made 303 home visits and responded to 284 new referrals from medical and service providers. Successes included:

- promoting an exchange of cultural information and traditions between providers and patients
- providing culturally sensitive case management and follow-up with patients
- educating providers about cultural issues surrounding their client's care
- finding resources for social issues that impact the health of patients, such as immigration concerns, job searches and enrolling in English or citizenship classes.

**Lessons Learned:** Community House Calls validates the exchange and negotiation model for provider-patients relations. It encourages caregivers to apply the "platinum" rule as the basis for culturally sensitive health-care relationships: "Do unto others as they would want done to them."

Providers learn to test their assumptions about disease symptoms. Rather than making a diagnosis based only on their Western medical training, they ask such questions as "What would depression look like in a Somali or Vietnamese patient?" During home visits, they gain a social context for evaluating medical problems. An Ethiopian woman thought to be suffering from social isolation is actually living with her extended family and providing regular daycare to two grandchildren. An elderly Somali man suffering from back pain is allowed to stay in bed all day by his children partly as a sign of respect.

Another lesson is that barriers to health care must be evaluated separately for each ethnic group and that they change over time. The problems of the Somali patient population, which includes many young women of childbearing age, are different from the chronic disease issues facing older generations of Vietnamese and Cambodian immigrants, who arrived in King County during an earlier wave of immigration.

Understanding cultural attitudes to medicine is equally significant in overcoming health disparities. A common assumption in some immigrant groups is that doctors should always prescribe medicines for the symptoms of disease. By meeting the expectation of these patients to receive some type of active treatment when they are sick, caregivers can build trust so that they will participate later in wellness programs for both their children and themselves.

**Future Goals:** The Community House Calls model has the potential to be expanded into a patient navigator program for managing chronic disease in all patient groups. At Harborview, it has already served as the basis for meeting the patient navigation needs of Spanish-speaking oncology patients.

**Operating Expenses for Past Fiscal Year:** The 2006 budget was \$

**Funding:** Reimbursements from the Department of Social and Health Services covered 15% of total expenses.

#### Initiative 4: Changing Health Behaviors: From the Emergency Department to Primary Care

**Overview:** According to the Institute of Medicine, chronic conditions are the leading cause of illness, disability and death in the U.S. About 100 million Americans have one or more chronic illnesses. We spend more than \$ \_\_\_\_\_ on chronic disease, yet many people are not getting the care they need. Some of those dollars are spent treating people with chronic illness in the Emergency Department (ED) because they have no medical home. Harborview decided to tackle this problem with the goals of:

- linking patients to primary care
- providing referrals to services and educational resources
- promoting self-management goal setting
- improving disease control between the ED visit and the first clinic visit.

A nurse case manager works with the ED, identifying patients who present with diabetes and/or asthma and who don't have a primary care provider. The case manager links these patients to primary caregivers at Harborview clinics. Another arm of the program involves training staff in motivational interviewing and patient goal setting so that they can engage patients with chronic conditions in self management. Classes on chronic conditions are given in Spanish, Vietnamese and Somali, some of the top languages spoken by Harborview's patients.

**Impact:** Ninety ED patients were contacted by the case manager in a pilot program, and 93% of these patients agreed to case management. Forty-three of the patients were linked to a primary care provider and 23 are still in active case management. In the case-managed group that established care with a primary care provider, emergency department use declined and primary care visits increased significantly. Case-managed patients with diabetes also had a significantly greater improvement in HbA1c values (a bellwether for diabetes control) than those in other groups.

Harborview nurses and mental health staff in the Health Care for the Homeless Network also help homeless patients with chronic conditions set self-management goals. In 2006, 38% of homeless patients served in shelters and outreach programs achieved self-management goals for their chronic conditions.

Harborview continues to train staff throughout the hospital, clinics and community to engage patients with chronic conditions in setting and reaching self-management goals. The training includes two-hour classes on how to motivate patients to advocate for and improve their own health. About 34% of the participants in the classes have been community partners.

Free education and self-management programs for chronic disease are also offered in Harborview's Patient and Family Resource Center, which has 175 to 200 visitors each day. Services include Internet access and trained staff who help visitors find useful information. Of those patients completing class surveys after attending a health education class in 2006, 88% report knowing whom to call with further questions. Patients with diabetes showed an overall improvement in HbA1c after attending at least one of the multicultural diabetes classes.

**Lessons Learned:** Harborview deals with an extremely vulnerable population. Many are homeless or recently housed. Many are uninsured and come from a variety of cultures with limited proficiency in English. One of the key lessons learned is that making a difference for this population takes repeated interventions from multiple sources. Training pharmacy staff, nutritionists, nurses, case managers, social workers and medical assistants increases the effectiveness of the self-management support process. Offering information in multiple languages also reduces barriers.

**Future Goals:** In August 2006, Harborview, in partnership with the City of Seattle Aging and Disability Services, received a grant to help Medicaid enrollees manage their chronic conditions. Rather than processing claims remotely and depending on faxes, case managers are onsite at Harborview and working closely with the caregivers as care is delivered. Motivational interviewing has been incorporated into their orientation training so that more and more staff members will be able to support patients with chronic conditions.

**Operating Expenses for Past Fiscal Year:** The 2006 budget was \$ \_\_\_\_\_ for the Patient and Family Resource Center and \$ \_\_\_\_\_ for nurse case management.

**Funding:** A STEPS grant to Public Health - Seattle & King County covered the costs of the nurse case management program.

## Initiative 5: Injury Free Coalition for Kids of Seattle: Protecting Kids in Their Neighborhoods

**Overview:** Each day, children face danger. Some ride without booster seats or bike helmets. Others suffer from childhood illnesses that result from obesity or drown while swimming in neighborhood lakes or rivers. Harborview's predominantly low income, immigrant patient population suffers disproportionately from these childhood risks. Wanting to do more than treat children after they have been harmed, Harborview teamed up with Children's Hospital and Regional Medical Center and Public Health – Seattle & King County in 2002 to establish the Injury Free Coalition for Kids of Seattle (Injury Free – Seattle). The initial work focused on two neighborhoods where data indicated that children are at an increased risk of injury. Projects included increasing the use of booster seats, creating a program for kids and parents to walk safely to school and encouraging the use of bike helmets.

**Impact:** Booster Seats. From the outset, Harborview wanted to go out into the community and really understand the barriers to child safety. Research staff observed that children living in the neighborhoods near Harborview were not using appropriate child safety seats. Harborview teamed up with the Latino Booster Seat Coalition to reach Spanish-speaking families and convened focus groups with Somali and Vietnamese families. In the focus groups, staff learned that there were unique challenges that were not being addressed through existing programs. As a result Harborview implemented a variety of activities that gave parents practical tools and information in the formats and venues that were most helpful to them.

Over a three-year period, the hospital-based program distributed more than 340 car and booster seats through the hospital and an additional 550 low cost seats at community venues through Injury Free – Seattle. Harborview is in the process of producing multilingual DVD sets to share with other hospitals and clinics in our region. The *Boost Kids!* Curriculum developed for use in Head Start and preschool settings is available in PowerPoint and DVD formats with a how-to manual that provides step-by-step instructions on how community-based organizations can use the curriculum.

Walking School Bus. The goal of this program is to increase the proportion of children who walk to school without increasing the risk of child pedestrian injuries. In 2004, the Injury Free Coalition partnered with Feet First, a pedestrian advocacy organization, and the Seattle Public Schools to create and evaluate a walking school bus program at an inner city public school. The school successfully implemented three walking school bus routes, staffed by parent volunteers. Community interest in the program remains high and a visible part of the school culture. The program increased by 25% the number of children walking to school and resulted in more adults walking with them. Subsequently, the program expanded to four additional schools with a grant from the Group Health Community Foundation.

Bike Helmets. The bike helmet distribution program engaged the Seattle Police, who want to build relationships in many of the same precincts where Harborview is working to keep kids safe. Staff worked with the police on a bike helmet distribution program that enabled officers to spot and reward kids for wearing helmets. This program focused on middle school students, who often are neglected in safety programs. The Cascade Bike Club and Seattle Parks accept discount coupons, subsidized by Injury Free – Seattle, for bicycle helmets at local community centers. One hundred free helmets were distributed at community events, thanks in part to support from Safeco Insurance and King County.

**Lessons Learned:** We learned not to assume that we understood the needs and concerns of a largely immigrant community without research. We designed programs that could be replicated easily. We extended the reach of our work by providing technical assistance and expertise to other organizations to help them incorporate injury prevention into their programming.

**Future goals:** The priority programs for the next five years are called *Physical Activity, Injury Free*. The goal is to bring injury prevention messages and resources into programs that promote physical activity for children and families specifically in the areas of safe walking, safe riding, safe swimming and safe play.

**Operating Expenses for Past Fiscal Year:** Operating expenses were \$

**Funding:** Sources were Robert Wood Johnson core grant, \$ Children's Hospital & Regional Medical Center, \$ Harborview, \$, and Public Health – Seattle & King County, \$: