The 2009 AHA NOVA Awards

Giving infants a healthy start in life or putting adolescents on the path toward a prosperous adulthood. Instilling healthy habits in one community or protecting another from the spread of a dangerous virus. The winners of this year’s AHA NOVA Award set lofty goals and worked diligently to develop the plans and the partnerships to achieve them. The AHA NOVA Award honors hospitals and health systems that improve community health—whether through health care, economic or social initiatives—and that do so collaboratively, working with other hospitals and health systems or with community leaders and organizations. The 2009 winners took advantage of new technologies and an old-fashioned can-do spirit to change the future of individuals, families and whole communities.—Articles by Bill Santamour
Sometimes one good idea can bring a multitude of benefits. When Brigham and Women’s Hospital conducted a community needs assessment in 2000, a certain finding stood out: Young people in its Boston neighborhood said they had far too few opportunities to get ahead. Recent census data show that more than 27 percent of individuals in the neighborhood live in poverty. The school dropout rate is high. Many residents describe themselves as people of color.

Brigham and Women’s stepped into the opportunity void, setting up the Student Success Jobs Program, an after-school and summer work initiative that provides paid internships to students selected from seven public high schools. While the program’s primary objectives are to give these teenagers a chance to learn new skills and get real workplace experience, it also addresses the broader issue of diversity in health care, medicine and the sciences. “BWH, like other health care organizations, recognizes that people of color are underrepresented in the medical and science field and that patient care could be enhanced through building a diverse workforce,” organizers say.

Participants in the Student Success Jobs Program are placed in various Brigham and Women’s departments. Each student has a mentor who assigns jobs, offers guidance and teaches science skills, medical terminology and basic patient and hospital procedures. The mentors include nurses, researchers, physicians, administrators and managers. In addition to the internships and mentoring, monthly seminars cover a range of personal development topics, from financial responsibility to nutrition; an overnight retreat takes the youths out of the urban environment—many for the first time—where they learn teamwork through physically challenging activities; and students shadow physicians, nurses or others to observe surgery, the emergency department or patient rounds.

Students who struggle to meet the minimum B-minus grade requirement in science and math receive tutoring. And parents are invited to an introductory dinner, the monthly seminars and college prep workshops. SSJP also helps participants prepare for life beyond the program itself. High school seniors get individual coaching to research colleges, fine-tune their college essays, complete financial aid applications and practice for college interviews. The seniors can apply for a one-time scholarship funded by Brigham and Women’s to help pay for tuition and books. More than $80,000 has been awarded over the past three years to 37 students.

Amy Belyea, BWH’s youth programs manager, says the key to SSJP’s success is the partnership with the Boston Public Schools and the seven participating high schools, and the collaborative relationship with the Boston Private Industry Council. The council employs an on-site career specialist who works with students to explore their interests and connect them to job opportunities. “SSJP students grow and blossom in this powerful hospital-community partnership model,” Belyea says.

The results support her contention that “SSJP opens doors and provides invaluable opportunities for urban teenagers.” Between 2004 and 2008, 98 percent of the seniors went on to college and 94 percent of them majored in a science-, medical- or health care-related field of study. A number of graduates are now working as registered nurses, research assistants and health assistants at BWH or other Boston-area hospitals. “Through SSJP, young people’s lives are being transformed, and visions are becoming reality,” Belyea says.●
Happy Kids, Healthy Habits

How do you inspire children to improve their diets and get more exercise without boring them to tears? The folks behind the Really Awesome Health and Wholesome Routines programs say the trick is to make it fun.

As elsewhere, many children in Wake County, N.C., eat too much junk food and spend too much time sitting in front of their computers and television sets. An alarming number are overweight, at risk for hypertension and facing other weight-related ailments.

In 2000, Duke Raleigh Hospital was looking for ways to support teachers in providing better health education to students at an early age, when they are formulating lifelong health habits. “We felt it was our obligation as a health care provider to go outside the domain of the hospital,” says Carla Hollis, chief marketing and planning officer.

Duke Raleigh Hospital teamed up with the Alice Aycock Poe Center for Health Education and Rolesville Elementary School to create the Really Awesome Health program, which sends professionally trained health educators into classrooms to provide interactive lessons to kids in kindergarten through third grade in a range of topics, including dental health, nutrition, physical activity, self-esteem, dealing with bullies and prevention of germs.

The RAH program was used as a model for Wholesome Routines, launched in 2006 to address overweight and obesity issues among students in third through fifth grade. The program has four main objectives: improve eating habits, increase physical activity, reduce the body mass index among participants who are overweight, and decrease blood pressure among participants who have primary pre-hypertension or primary hypertension. It features free and reduced-fee lunches in addition to classroom lessons.

Those lessons might not stick, though, if it weren’t for fun reinforcement activities like storytelling, role-playing and games. Organizers even held a “Family Feud” style contest between student teams and school staff that featured health information and prizes like pizza stones, basketball hoops and scooters.

Wholesome Routines is having the intended results. In October 2007, 22.2 percent of participating students were classified as overweight according to their body mass index for age and gender. In May 2008, 8.3 percent of those students had decreased their BMI by 5 percent to 10 percent, and 30 percent had reduced their BMI by at least 1 percent. In the first two years of the program, 49 percent of participating students said they reduced time spent doing sedentary activities by at least one hour daily and 30 percent said they reduced consumption of trans fat and saturated fat by 20 percent or more.

Hollis says the programs have generated “amazing enthusiasm” for developing healthy habits—and not just among the students. Many teachers now wear pedometers to track their steps. Parents attend health fairs and try recipes sent home with their children that reduce the amount of salt, trans fat and other ingredients in their families’ diets.

“Reaching out to parents and their children through the schools’ involvement in these programs will hopefully result in decreased risk of obesity-related disease conditions for the entire family,” says Maria Tucker, program manager for the Duke Raleigh Diabetes Center.

Duke Raleigh CEO Doug Vinsel credits the hospital’s partnerships. “RAH and Wholesome Routines are impactful because of the collaboration with classroom teachers and the hands-on, unique approach of the Poe Center educators.”

THE GOAL | Helping children establish good health habits at an early age.

THE PLAYERS | Duke Raleigh Hospital, Alice Aycock Poe Center for Health Education, the Duke Foundation, participating Wake County schools.

THE PLAN | Promote healthful eating and physical activity, help students identified as overweight reach normal weight status for their age group, reduce risk factors attributed to students identified as pre-hypertensive or at risk for hypertension.

THE RESULTS | Prevalence of overweight decreased from 43 percent to 34 percent, 20 percent of participants reported having fewer servings of fried snacks, 39 percent reported increasing weekly physical activity, and students increased nutrition and physical activity knowledge by 26 percent.
Starting Out Strong

The Taos First Steps program helps babies get a healthy start in life. But the name could also describe how the community came together in a way it never had before to improve the quality of life in this picturesque New Mexico town.

“The thing that stands out about this program is that it isn’t just the hospital that makes it happen,” says Kelley Shull Tredwin, development officer at Holy Cross Hospital. “We know as individual organizations we can’t have a real impact on prenatal care and child care. We need to work together. We all have ownership in the program, and that shared ownership is a new thing in our community.”

The collaboration took root in 2001 when the Taos Early Childhood Community Network was started by the University of New Mexico–Taos Early Childhood Resource Center and Los Angelitos Early Childhood Services. In 2004, the network formed a task force to take a close look at the large population of young children and families who are not eligible for existing social services or health care support and education.

“We have a very low rate of prenatal care in our community,” Tredwin says. “We also have difficulty keeping kids in medical homes and getting them into well-child programs.”

The analysis resulted in Taos First Steps, which provides home visits to women pregnant for the first time, first-time parents and families up to the child’s third birthday. Holy Cross Hospital provides the program, with the University of New Mexico–Taos Early Childhood Resource Center as a collaborating partner.

The one-on-one visits take place weekly in most cases and give women information regarding pregnancy and healthy birth outcomes. Parents learn about nutrition, preventive health care, preschool readiness and access to community resources. The interdisciplinary team includes professionals and para-professionals from health care, education and social services.

“The consistency of visits and conducting visits in the family’s home allow for a relationship-based approach, which supports families in a natural way, incorporating the day-to-day needs, wants, priorities and concerns into a plan to help them make healthy choices for themselves and their families,” organizers say.

Two staff members are nurses, two are certified teachers and four have backgrounds in early childhood education. Four of the home visitors speak both English and Spanish. All are longtime residents of Taos County.

The program now reaches 94 families, 54 percent of its target population. That’s up from 34 percent when First Steps was launched in July 2007, and it is growing all the time. “Word is getting out,” Tredwin says. “We get referrals from the public health department and groups throughout the community, and we’ve seen a huge increase in self-referrals.”

The results are impressive. A survey showed that 80 percent of Taos First Step clients started home visits within the first trimester of pregnancy, 100 percent of participating women reported receiving consistent prenatal care and 100 percent of babies in the program receive well-baby checkups with their health care providers. New parents say they have increased their knowledge of nutrition, child development and parenting skills.

THE GOAL | Providing parents-to-be and new parents access to information and services that promote healthy pregnancies, healthy babies and healthy families.

THE PLAYERS | Holy Cross Hospital, University of New Mexico–Taos Early Childhood Resource Center, Women’s Health Institute, Los Angelitos Early Childhood Services, as well as other social services and community organizations.

THE PLAN | Home visits to women pregnant for the first time and first-time parents from the prenatal period to the child’s third birthday. Provide information, support and access to community resources that promote early childhood development and a positive family foundation.

THE RESULTS | A drop in the number of women using alcohol, tobacco and other unhealthy substances; more women receive consistent prenatal care, families increase knowledge of early childhood development and parenting skills; babies receive regular well-baby checkups; and babies and toddlers receive regular immunizations.
Hannah Nelson admits that the basic premise of Project BRIEF is "counterintuitive." Hospital emergency departments in inner cities are already crowded with patients who have no access to primary care and nowhere else to go for urgent medical help. Many are seeking treatment for sexually transmitted diseases, trauma, mental illness, pregnancy and women's health concerns.

Which is why, Nelson says, the ED is exactly the right place to reach people who are most at risk for HIV. "They're coming to the emergency department already. They trust us. It's the best place to reach out to patients who might not even know they have the virus."

The Bronx has been particularly hard hit by HIV, with up to 2 percent of its population living with AIDS and a death rate from AIDS that is nearly 10 times the national average.

In 2001, the North Bronx Healthcare Network, which includes Jacobi Medical Center and North Central Bronx Hospital, established Project BRIEF—Behavior intervention, Rapid HIV test, Innovative video, Efficient cost and health care savings, and Facilitated seamless linkage to outpatient HIV care. "Our goal is clear. We want to uncover the disease process sooner, before people unknowingly transmit the virus to others," says Bill Walsh, senior vice president of the network.

Screening in a nontraditional setting—the ED and urgent care area—is not the only novel thing about Project BRIEF. How the screening is done is another. "By regulation, HIV screening requires an arduous patient consent process," explains Nelson, the network's associate executive director. "So our doctors designed an on-screen process." Educational videos are provided in English or Spanish, and are partnered with computer programs that enable patients to privately input sensitive information regarding high-risk behavior and sexual history. "Because no person is asking patients about their sexual behavior, they are much more candid," Nelson says.

Rapid testing provides results before the patient leaves the hospital. If the patient is HIV-negative but engages in risky behavior, he or she gets immediate intervention. If they test positive, they are linked to clinical care. A public health advocate guides patients through the process.

“We are not only saying to people, ‘You should get tested.’” Walsh says. “We’re also saying, ‘If you test positive, we have the medical services for you. We have the support for you. We will get you into care right away.’”

From October 2005 to April 2009, 29,094 people presenting in the urgent care area and emergency department were tested for HIV; 134 were diagnosed or confirmed as positive for HIV. More than 70 percent of those were deemed eligible to start HIV treatment. More than half of the patients on treatment have achieved undetectable viral loads.

Support has come from throughout the community, from the borough president to social service agencies. One program, Mentoring in Medicine, arranges for young adults from minority groups who are interested in careers in medicine to be trained and then serve as public health advocates with the program.

Project BRIEF leaders say the model could be adapted by other hospitals. “Throughout the entire country there are emergency rooms that could very easily and at very low cost streamline what is typically a very cumbersome process,” Nelson says.
Carra Almond gave her husband Chris a minor shock when he returned home to Asheville, N.C., in June from a business trip to the Middle East. There was a lot less of her than when he’d left three months earlier. “Oh, he was surprised,” Carra says. “And happy.”

Almond had begun a weight-loss effort before her husband went overseas, but she stuck with it while he was away, continuing to exercise, eat right and drop pounds. In all, she lost 65 pounds as part of the five-month Lighten Up 4 Life challenge sponsored by Mission Health System in Asheville.

Mission launched LU4L in 2008 to tackle the weight issues that plague the nation, including North Carolina, which ranks as the 18th most obese state. The idea was to team up with the business community to encourage workers to improve their eating habits and get more exercise. If successful, the effort would also reduce the number of employee medical claims attributable to being overweight.

“Team” is the operative word. “Trying to lose weight can be a lonely journey,” says Janet Moore, Mission Hospital’s director of community relations. “It helps if you’ve got somebody to encourage and support you.” Four-person teams of employees present a united front in their workplaces. Candy bowls are removed from break rooms and team members are more likely to get up from their desks at lunch time to take a walk and eat a healthy meal together.

That’s certainly how it worked for Almond, who is a cafeteria manager at Emma Elementary School. She and her co-workers formed two teams. “We work around food all the time, so it helped to be in this together,” she notes.

Almost from Day One, LU4L took on a life of its own, helped along by Mission’s partners in the program, the Asheville Area Chamber of Commerce, the Asheville Citizen-Times newspaper and local radio stations. “It galvanized the community,” says Moore, whose original expectations were quickly surpassed. “My goal our first year was to get 10 businesses and 250 individuals to participate,” she says. “We got 225 businesses and 3,000 participants.”

A Web site provides educational materials and helps participants track one another’s progress. It includes recipes, health tips, cooking demonstrations and accounts of monthly winners. Special events like a half-marathon and 5K run attract LU4L participants. “Last year, we tripled participation in the 5K run,” Moore says proudly.

In the initial LU4L challenge, participants lost more than 20,000 pounds—meaning the community was 10 tons lighter. Reaction has been so great that LU4L has been expanded to three rounds of competition annually.

Moore says other communities could easily replicate the program. “It’s very scalable. All you need is to find partners, like the local media and chamber of commerce, to make this work in a big city or a small town.” Don’t worry about offering expensive prizes. “People are in this because they want to change their eating and exercise habits, not for what they’ll win,” Moore says. Prizes are health-related, like exercise gear, bicycles, spa certificates and gift certificates to the local organic grocery store.

Mission is putting together an LU4L guide for others to use.

Participants help spread the healthy lifestyle lessons. For example, Almond applied for and got a state grant to provide fruit to every child every day at her school, which serves a largely low-income population. “We’re giving these kids a chance to taste things they wouldn’t normally get to taste, like star fruit and mango,” she says. “We’re showing them that snacks can taste good and be healthy at the same time.”

**THE GOAL** To help residents of Asheville and western North Carolina move to healthier lifestyles while also helping employers reduce health care costs.

**THE PLAYERS** Mission Health System, Asheville Area Chamber of Commerce, the Asheville Citizen-Times and local radio stations.

**THE PLAN** Create a five-month, weight-loss challenge focusing on teams of employees who encourage one another to lose weight and get healthier.

**THE RESULTS** More than 3,000 individuals and 225 businesses participated in Lighten Up 4 Life; participants lost a total of 20,000 pounds; businesses were so impressed they formed an Employes Council to keep the program going.
2009 NOVA FINALISTS

VULNERABLE PATIENT NETWORK | Baylor Health Care System, Dallas

IMPROVING HEART FAILURE CARE WITH CARE MANAGEMENT MODEL | Bellevue Hospital Center, New York

BUCYRUS COMMUNITY HOSPITAL’S TOBACCO TREATMENT PROGRAM | Bucyrus Community Hospital, Bucyrus, Ohio

NEW VITALITY: A HEALTH & WELLNESS PROGRAM FOR PEOPLE 50 AND OLDER | Chilton Memorial Hospital, Pompton Plains, N.J.

INTERMOUNTAIN HEALTHCARE COMMUNITY PRENATAL PROGRAM | Intermountain Healthcare, Salt Lake City

LATINA PERINATAL OUTREACH PROJECT | McLeod Medical Center Dillon, Dillon, S.C.


OWENSBORO–DAVIESS COUNTY SCHOOL HEALTH PARTNERSHIP | Owensboro Medical Health System, Owensboro, Ky.

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THE AHA NOVA AWARD

The American Hospital Association honors leadership by its member hospitals and health care systems by presenting AHA NOVA Awards annually to the bright stars of the health care field that:

• improve community health status—whether through health care, economic or social initiatives; and

• are collaborative—joint efforts among health care systems or hospitals, or among hospitals and other community leaders and organizations.

Awards will be presented in July 2009 at the AHA-Health Forum Leadership Summit in San Francisco. Additional information on the AHA NOVA Awards, including an application for 2010, is available at www.aha.org.