

## **Their Turf, Their Terms**

By L. Larson, K. Lumsdon

### **When Its Neighborhood Changed And People Fled To The Suburbs, This Year's Foster McGaw Winner Could Have Followed Along. Instead, It Got Street-smart-and Stayed.**

Amanda Johnson, 20 years old and pregnant with her fourth child, was looking for a Lamaze coach, not someone who would judge her. Johnson's family doubted she could handle four kids on her own, so she declared her independence by moving out of her mother's house and across town. But she couldn't afford to spend \$150 for the handful of Lamaze classes recommended by her doctor. Her budget required a better deal; free would be nice.

Johnson's doctor sent her to Healthy Moms, a prenatal care program run by St. Mary's Hospital, Rochester, N.Y. Eight weeks and eight classes later, "I'd learned how to breathe and relax," says Johnson. But she gained far more than that. Even after her eight sessions were up, Johnson kept returning for the company of other women and the discussions on pregnancy, parenting and self-respect. Today, she not only endorses Healthy Moms but also works for the program as a team leader and parenting teacher to 31 women. And Johnson has left welfare and food stamps behind. "All this has made me feel good about myself. The more I teach, the more I learn. Everything-even making lunches for my group-makes a difference."

For making a difference in its community through Healthy Moms and other programs, St. Mary's received the 1996 Foster G. McGaw Prize for community service, a \$75,000 award sponsored by the Baxter Foundation and the American Hospital Association. The key to helping people like Amanda Johnson is simple and straightforward, says CEO Stewart Putnam: "Their turf, their terms."

Yet that philosophy takes St. Mary's and its staff into some rough terrain. Rochester ranks 13th among U.S. cities with the highest poverty rates among children under 18-even higher than New York City's. What's more, 42 percent of blacks and 37 percent of Hispanics live below the poverty level. The city, population 240,000, also has the state's highest teenage pregnancy rate, compounded by high levels of infant mortality and low birth weights.

"You've got to talk to the people you're trying to serve," Putnam says. "It takes a long time to build trust. You have to commit to the long haul." The long haul is evident in the hospital's network of primary care clinics and a series of programs known collectively as HealthReach, which includes programs to help people manage their diabetes, improve their diets and combat substance abuse.

HealthReach also oversees mental health services at nine clinics, a wellness program at a church in a poor neighborhood of Rochester, and medical and mental health services provided at 11 area homeless shelters and a mobile medical unit.

St. Mary's began laying the foundation for these programs when its own neighborhood changed, the result of white residents fleeing to the suburbs. Between 1985 and 1986, the exodus caused \$10 million in operating losses at St. Mary's. Rather than head for the suburbs themselves, the staff and board at St. Mary's decided in 1987 to go "outside the walls," says Putnam.

The first step was the network of primary care clinics, seven in Rochester and 17 satellites in adjacent underserved areas. "We did it on fumes; the gas tank was pretty empty," says Putnam. His staff converted abandoned storefronts and other locations into clinics, with help from local developers and loans. It targeted the neediest neighborhoods, based on conversations with community leaders, including a group of black ministers. St. Mary's also forged partnerships with the state health department and city government, tapping grants and other funds.

But even with the clinics in place-and basic care available free or for nominal fees that vary with a patient's income -people continued to use the hospital's emergency department for basic care. One reason: Many still didn't trust a big institution like St. Mary's and waited until minor problems became serious. "We got thousands enrolled in primary care, but we found we couldn't keep them in a traditional program," says Bonnie Hadden, who oversees a range of programs created as a result. "We had to develop a bridge of advocacy and empowerment."

The main bridge is Hadden's group, known as HealthReach. In developing the programs under its umbrella, hospital executives sought the advice of experts-the doctors, nurses and other staff working in the primary care clinics. They had clues about what kept people away and which programs would attract them. The first of these programs, Healthy Moms, started in 1992 at five clinics. It targets pregnant women at risk for delivering underweight babies or having other complications. Healthy Moms also provides health care for their children, while a separate program targets teens.

Women who enter Healthy Moms first receive a baby shower, an event attended by graduates of the program. Along with the medical care that follows, the program teaches parenting skills, empowerment, home safety, breast feeding, smoking cessation, nutrition, and infant and toddler CPR. A doula- Greek for woman's servant-helps each participant through her pregnancy, even "doing all her talking for her" during delivery if necessary, says Jean Alligood, program coordinator. "What has impressed me most about the program is that four moms who have come through are now

employees," Alligood says.

In four years, the program has helped 400 babies get a healthier start, with only two born at lower than normal birth weights. To encourage women to keep their appointments, it offers round-trip transportation, child care for other children and free lunches. They also receive "Baby Bucks" certificates, which can be exchanged for baby beds, diapers and other supplies. The program has United Way funding and a surprising offshoot: Its graduates often go on to even higher learning. Johnson, for example, hopes to enter the police academy and plans to take the entrance exam next year. "I'm nosy and have a sense of adventure," she says.

"We see that a lot," says Alligood. "Women say, 'If it weren't for you, I wouldn't be going to school.' What we give these women is empowerment. They realize, 'I do have choices. I don't have to stay here and just have babies. I will do better for myself and my children.'"

Sister Betsy McKinnon and her colleagues form another bridge to the community—a health care program for homeless people. A clinical social worker and 12-year veteran of homeless programs, Sister Betsy works with a team that comprises two nurse practitioners, a community health nurse, a substance abuse counselor and a case manager. Their two-year-old program, which has received \$1.2 million in funding from the U.S. Department of Housing and Urban Development, is run in collaboration with the local Veterans' Administration hospital. The team makes rounds at 11 homeless shelters in Rochester and takes a mobile clinic—funded by the VA—to soup kitchens and other stops.

But not all homeless people will set foot inside a mobile clinic—or even a shelter. A third or more suffer some type of mental illness. Nationally, just two-thirds of all people referred for mental health services actually keep their appointments. But Sister Betsy's average, with an even tougher crowd, is 92 percent. The key, she says, is to "go where they are first." Every day for six months, she talked with one homeless man in the parking lot outside her office. Finally, he trusted McKinnon enough to come inside for counseling, medical care and a bed to sleep in. "People don't always want what you have to give," she says.

Even with McKinnon's team and 11 shelters working to help people off the streets, the problem grows. What's more, says Sister Betsy, the reality defies stereotyped images of men in ragged clothing, drinking from wine bottles wrapped in brown paper bags. She points to a 1995 study showing a 73 percent increase in homeless women and children in the city. "I could tell you all the negatives," she says. "There are plenty out there, and I'm fairly street-smart."

What gets her through weeks and months of negatives are the triumphs, large and small, of people she has counseled. One is the

story of Tiffany, age 6 and a half, found stroking the face of her mother several hours after the woman died from AIDS-related causes. Tiffany and her younger sister endured a rough life with their mother, who turned to prostitution after being abandoned by the girls' father. "When you tell my story," Tiffany, now 8 and living with relatives, has instructed Sister Betsy, "tell people what my mother told me: 'No matter what happens in life, we have to hold hands. And even when there's a lot of snow, there are things growing beneath it.'"

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