For its successful and innovative endeavors to enhance health and well-being, Mt. Ascutney Hospital and Health Center in Windsor has received the 2011 Foster G. McGaw Prize for Excellence in Community Service. "This is a large award for any health care institution, and for one in rural Vermont and of our size, it’s a pretty big acknowledgment for us," CEO Kevin Donovan says of the $100,000 prize he plans to invest in the nonprofit hospital’s community outreach.

The award is sponsored by the Baxter International Foundation, the American Hospital Association and Health Research & Educational Trust. Created in 1986, it highlights the unique connection between a hospital and its community in sickness and in health.

“We are not only here to serve the ill and the injured, but also we’re here to promote health and prevent disease complications," says Jill Lord, R.N., director of patient care services and chief nursing officer at Mt. Ascutney, a critical access hospital with 25 acute care beds and 10 inpatient rehab beds.

Outreach efforts intensified in 1996 when the facility conducted a community assessment of its wellness gaps and health indicators. From there, leaders set measurable goals and worked earnestly to make a difference.

Local rates of chronic obstructive pulmonary disease, respiratory cancers, diabetes and substance abuse hovered much higher than state and national averages. Also alarming was the prevalence of domestic violence, and child abuse and neglect.

To combat chronic diseases, the hospital concentrated on controllable risks and behavioral outcomes, with an emphasis on tobacco cessation.

Substance abuse prevention has demonstrated significant payoffs. For instance, 30-day alcohol use among eighth-graders declined from 35 percent in 1997 to 19 percent in 2009. Tobacco use in that group fell from 26 percent in 1997 to 9 percent in 2009. And 30-day marijuana use dropped from 21 percent in 1997 to 8 percent in 2009.

Another program making a big impact is a free clinic for the uninsured and underinsured. Windsor Community Health Clinic was formed for people who are not covered by Medicaid, Vermont Health Access Plan or private insurance, and who do not have the financial resources to pay for health care services.

The clinic had operated out of the emergency department. Its coordinator, Kathy Castellini, moved it into a physician setting with the theory that fostering a relationship with a primary care doctor is central to delivering high-quality health care.

In 2010, 617 patients were served at Windsor Community Health Clinic, where the staff helped them obtain $15,424 in pharmaceutical vouchers and $40,407 of free medications through private foundation and pharmaceutical programs.

“The medication voucher program has been a huge help to patients," says Castellini, who assists the uninsured and underinsured with the paperwork for that and other services.

Mt. Ascutney’s primary service area for acute care spans nine towns totaling about...
The hospital takes pride in persevering through tough times. A committed coalition of residents formed Windsor Hospital in 1933, and it opened in a historic mansion on Main Street the following year. Four decades later, new regulations and rigorous life safety codes threatened its existence.

Refusing to cede to state and federal pressure to shutter the hospital’s doors, the community ignited a capital gains campaign. This led to the founding of Mt. Ascutney Hospital and Health Center in 1972, without any government capital funds.

For the last 15 years, the hospital has brought together local health and human services providers, educators, law enforcement officials, clergy, parents and consumers to identify, plan and care for the most vulnerable community members.

Most effective is its infrastructure for grassroots mobilization. The hospital utilizes various marketing channels, social media sites and community postings to spread the word about its services. Collaborating with town coordinators, the employees disseminate information via parent groups, schools, local governments and other organizations, says Melanie Sheehan, the director of community health outreach.

“We work with law enforcement and retailers to curb underage drinking,” she says. “We host summer programs for youth to build leadership and refusal skills. And we have strong ties with our school district to see how prevention can support the students in the educational setting.”

Last fall, middle-school students went into a mom-and-pop convenience store with a checklist to measure healthy food selection and product placement. Questions included: Does this store have tobacco signs displayed in the windows and, if so, how many? Is the advertising for alcohol and candy positioned at eye level?

“The purpose is to raise awareness so the kids get an idea of just how tobacco and alcohol companies use product placement to increase kids’ exposure to those products,” Sheehan says.

2011 Foster G. McGaw Prize Finalists

Three Foster G. McGaw Prize finalists were recognized for their significant achievements in community service. Each received $10,000:

- **AtlanticCare** in Atlantic City, N.J., for diverse and far-reaching initiatives and services to promote wellness in southern New Jersey. This includes a school program to encourage healthy eating, physical activity and positive body image. In addition, a health center provides free and reduced-fee health care to Atlantic County’s homeless.

- **Massachusetts General Hospital** in Boston for engaging the community to address and prevent health problems. Initiatives include a substance abuse coalition, as well as a program that exposes young students to science, technology, engineering and math to nurture career interests in these fields.

- **Palmetto Health** in Columbia, S.C., for comprehensive efforts as a health care resource for Richland and Lexington counties. Its mental health services provide counseling and housing assistance, while another initiative promotes education for parents of children with asthma.

The initiative is called Small Change/Big Impact. “We give a lot of credit to the retailers for what they’re doing that’s already healthy,” she adds. “A lot of them were already minimally displaying tobacco advertising.”

Even more cooperation would help, and the initiative is willing to guide business owners in publicizing nutritious choices. For example, Sheehan says, “What can we do to help put the Ding Dongs at the back of the store and a basket of fresh fruit where you walk in?”

The hospital provides a school nurse for three elementary sites and the local high school; and it offers emergency community education, including EMT, basic CPR and first aid, and babysitting courses. It also helps support of the Windsor Early Childhood Education Center.

To accommodate an aging population, in 1997 the hospital affiliated with Stoughton House Inc., a Level 3 residential care provider. They preserved and renovated three historic homes, now called Historic Homes of Runnemede, in downtown Windsor to expand housing options for the elderly. All three mansions were restored with grant funding, and the daily census increased from an average of 30 residents to 40. New initiatives include a respite program and Meals on Wheels.

“This has created a gracious and supportive living environment for the elderly in the continuum of care,” says Lord.

In many programs, the hospital suggests tools for for self-help outside the clinical setting. Jake Ross, 37, became involved in developing a Wellness Recovery Action Plan, or WRAP, in April 2011, after hearing about it from his daughter’s principal. A disabled Army veteran, he was suffering from post-traumatic stress disorder, anxiety and depression.

Ross consulted with different health care providers about his condition. “They were giving me medicines here, medicines there, and it didn’t seem to help,” says Ross, who is a full-time undergraduate student in an online investigative forensics program. When he joined the peer support group at Windsor Community Health Clinic about two years ago, “it opened up a whole new world of possibilities.” The success inspired him to become a peer leader.

Group facilitators receive a $50 stipend per session, for a total of $300 in six weeks. The lessons learned are priceless. Each week, participants set goals for themselves and inform others of their progress. For instance, some commit to walking around their home a specific number of times per week, says Sue Washburn.

“It helps me to know I have to be accountable to somebody else. Even the facilitators have to do their action plan and report it in each week.”

Washburn remembers the profound effect that newly acquired self-esteem had on a participant drowning in sadness. “She came back and her face was completely different. It was all lit up,” she says. “Every morning, she decided to get up and say something positive about herself or her day. It changed her outlook.” — Susan Kreimer is a freelance writer in New York City.

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