

[APPLICATION COVER PAGE]

Mail your complete application to:

2013 Foster G.
McGaw Prize
American Hospital
Association
155 North Wacker,
Suite 400
Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 5, 2013.

Questions?

Please contact
AHA Member
Relations at
312/422-3932, or
visit the web site
at www.aha.org/foster.

Checklist

Be sure to include:

- ✓ 5 copies of complete application
- ✓ 1 copy of audited financial statement
- ✓ 1 copy of most recent annual report and/or community benefit report
- ✓ 1 copy of current board of directors/trustees list

CROZER-KEYSTONE HEALTH SYSTEM

Name of Health Delivery Organization

PAVILION II, 100 WEST SPROUL ROAD

Mailing Address

SPRINGFIELD, PENNSYLVANIA 19064

City, State, Zip Code

Ms. GWENDOLYN SMITH, PRESIDENT + VP OF COMMUNITY HEALTH

Name of Contact (Mr. Ms. Mrs.)

Title

(610)-328-8757

(610) 328-8744

GWEN.SMITH@CROZER.ORG

Phone

Fax

E-mail

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.

DIRECTOR! DELAWARE COUNTY INTER-COMMUNITY HEALTH MAUREEN HENNESSEY HERMAN Ed.D.

Name of Reference, Title

Organization

201 W. FRONT ST, MEDIA, PA (610) 891-5311

- PARTNER

City, State, Phone Number

Relationship to Health Care Org.

MICHAEL LUCAS, CEO - CHES-PENN HEALTH SERVICES, INC

Name of Reference, Title

Organization

1300 W. 9th ST. P.O. Box 771, CHESTER, PA. (610) 485-3800

- PARTNER

City, State, Phone Number

Relationship to Health Care Org.

DENISE STEWART DELAWARE COUNTY OFFICE ON AGING (COSA)

Name of Reference, Title

Organization

EDDYSTONE, PA (610) 490-1300

PARTNER

City, State, Phone Number

Relationship to Health Care Org.

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.

Joan K. Richards

Chief Executive Officer

JOAN K. RICHARDS

Type or Print Name

Jerome S. Parker

Board of Trustees Chair

JEROME S. PARKER Ph.D.

Type or Print Name

Thomas J. Baden

Chief Medical Officer

THOMAS J. BADEN, M.D.

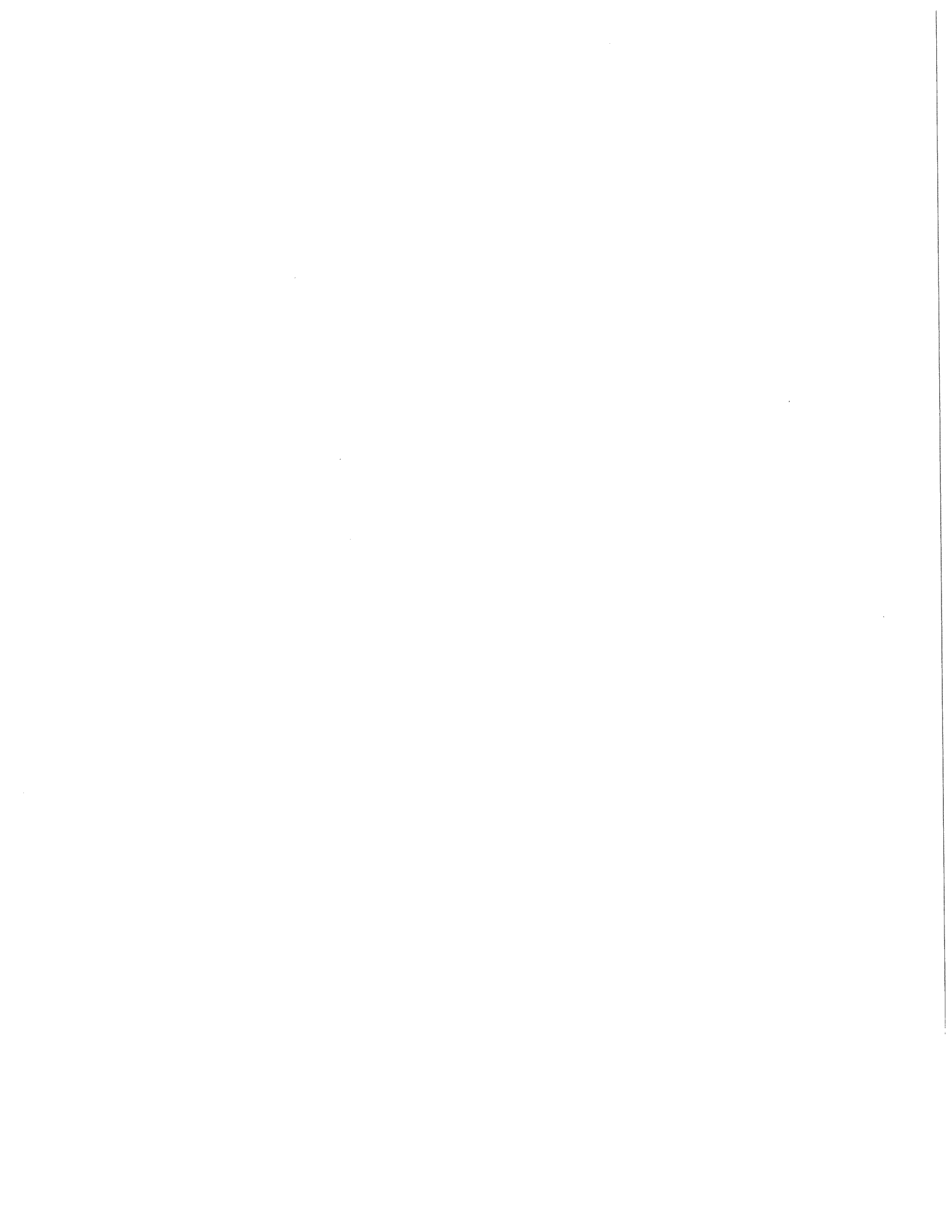
Type or Print Name

Gwendolyn Smith

Application Contact Person

GWENDOLYN SMITH

Type or Print Name



Section II: Executive summary:

Crozer-Keystone Health System (CKHS)'s mission clearly states: "CKHS is committed to the improved health status of those we serve. Through a seamless, user-friendly continuum of quality health services including primary and health promotion, acute and long-term care, through rehabilitation and restorative care, Crozer-Keystone will deploy its resources in a cost-effective and community-responsive manner. Working in partnership with our physicians and other health professionals, we will seek to forge new alliances with other community health and social service organizations. **Working with our community, our goal is to build a healthy place to live and work, and a sound environment in which to build and maintain our families.**"

Our primary "community" is Delaware County (population 559,494), the Pennsylvania county smallest in area, but most densely populated and contiguous to Philadelphia. Delaware County has a unique and changing demographics and socioeconomic profile. Affluent suburbs contrast with low-income urban communities where over 35% of the population lives below the poverty level and over 50% receive some form of government subsidy. We continue to adjust our outreach efforts to be responsive to diverse community needs. This is a very significant commitment, as Delaware County has no county health department. As a result for over 20 years, CKHS has taken a leadership role and measured the health status of the community, identifying critical needs and health disparities in its population, then developing and implementing evidence-based community programs, and evaluating the results.

This commitment to community health is embedded in the culture of the CKHS' Board in supporting our efforts, as well as our five hospitals, our comprehensive network of 1,100 of primary care and specialty physicians, and 6,800 caring employees. Many of the community health initiatives have been in place for over 10 years, with a myriad of community partners working in collaboration with our programs, i.e. schools, county and local governments, senior centers, and diverse faith congregations. Over these years, our programs have experienced significant growth in terms of the population served, impact, and funding.

The exemplary programs highlighted in this entry, all of which have been in operation for more than five years, address the entire lifespan--from programs that target the reduction of infant mortality to programs that support, educate and enable seniors to remain in their homes as long as possible. The programs are:

- **Crozer-Keystone Women & Children's Health Program (W&CHS):** fulfilling its mission with: Crozer-Keystone Healthy Start, Crozer-Keystone Nurse-Family Partnership program, the Delaware County Cribs for Kids Program. & Hispanic Resource Center.
- **CKHS Community Health Education Department's Kids Asthma Management Program and the Chester Home Asthma Prevention Program (KAMP & CHAPP):** A myriad of activities that target risk reduction and health promotion interventions around the key health indicators, especially pediatric asthma
- **Crozer Wellness Center:** providing a school-based health center as well as research-based programs targeting at-risk adolescents.
- **Cancer prevention and early identification programs** with focus on Breast Cancer education, screening and treatment for uninsured/underinsured.
- **Senior Health Services:** Programs include an I & R triage telephone service to evaluate needs and make appropriate referrals, extensive community education programs, and the CK Village.

Section III. Overview of Crozer-Keystone Health System

Crozer-Keystone Health System's (CKHS) non-profit hospitals were founded by philanthropic community members concerned about human suffering over 100 years ago. Governed today by a board of volunteers who are stakeholders in the community, the CKHS mission embodies that legacy today: to improve the health status of the residents of Delaware County, Pennsylvania. CKHS was formed in 1990 by a merger of the parent companies of the Crozer-Chester Medical Center (426 beds) and Delaware County Memorial Hospital (225 beds). Shortly after its formation, Springfield Hospital (33 beds) joined in the Health System and in 1992, Sacred Heart hospital joined the Health System and was renamed Community Hospital (Ambulatory services). In 1997, CKHS welcomed Taylor Hospital (144 beds). The roots of these hospitals run deep in their respective communities, with Crozer-Chester Medical Center's origin dating to the late 1800s. To intensify our focus on wellness, CKHS developed the Healthplex Sports Club in 1996, offering a full range of health and wellness services to people of all ages and specialty programs for individuals with disabilities and chronic illness. It is a designated U.S. Olympic training site.

General Services: Full range of medical and surgical services, emergency medical services, a Regional Trauma Center, the Nathan Speare Regional Burn Treatment Center, two regional cancer centers in partnership with Fox Chase Cancer Center, with two Breast Health Centers honored by the first National Accreditation Program for Breast Centers and certified by the Joint Commission in Breast Cancer Care (first in Pennsylvania to receive designation); comprehensive Cardiac Services including open heart surgery and interventional cardiology procedures, Neurosurgical and Spine Center of Excellence, full neurology services, Primary Stroke Centers certified by The Joint Commission, complete line of women's services including Obstetrics & Gynecology, Maternal Fetal Medicine, Gynecological Oncology, Reproductive Endocrinology and Fertility, Uro-gynecology; Hip and Knee Replacement Surgery Center of Excellence, Certified by the Joint Commission; two Neonatal Intensive Care Units, Inpatient Pediatric Unit; full range of musculoskeletal services including orthopedic, rehabilitation, spine and sports medicine services, full spectrum of inpatient & out-patient behavioral health services for adults and adolescents, comprehensive medical imaging services, comprehensive geriatric care, Regional Kidney Transplant Center, and Centers for Wound Healing and Hyperbaric Medicine.

Market Share: In Delaware County, CKHS currently has a market share of 64% of hospital admissions, 66.5% of ER visits, and 78.4% of births.

Section IV: Description of Community Served

Originally settled in the 1630s, Delaware County is the smallest, but most densely populated county in Pennsylvania (559,494) and is made up of 44 municipalities. The general population is aging, over 35% of the residents are over age 50, and 18% over age 65 (the fastest growing segment). Becoming more racially and ethnically diverse, comparative census data from 1990 indicated: White: 87%, Black 11%, Asian 1.8%, Hispanic $\geq 1\%$. However, the 2010 census shows: White 73%, Black 20.1%, Asian 5%, Hispanic 3.1%; indicating dramatic changes in the number of Asian and Hispanic residents. Approximately 14% of residents receive Medical Assistance, and over 50,000 may be uninsured and ineligible for MA.

A sharp contrast exists in the City of Chester (population 38,762): in 2000: 19% White, 77% Black, 5.4% Hispanic, Asian .06%, and in 2010: white 17%, Black 75%, Hispanic 9% Asian .06%; indicative of the significant growth of the Hispanic population. Socioeconomically, in Chester the median household income is \$26,787 vs. county-wide at \$63,677. Over 30% of the population receives some form of public assistance, and 45/6% of children are below the poverty line. Significant health disparities exist in infant mortality, childhood obesity in Chester as well as several other low income communities which include disproportionate rates of drug-related interpersonal violence, STD rates and crime. Unemployment is approximately 13%.

Situated along the I-95 corridor, oil refineries and other heavy industries still line the Delaware River ports. County residents experience a significantly higher incidence of breast, lung, and other cancers when compared to national averages. According to the 2012 Delaware County Health Profile, 60% of the population is overweight or obese, and the leading causes of death are heart disease, cancer and stroke. Three of CKHS' hospitals service communities with the most disparate populations: the City of Chester (Crozer-Chester Medical Center & Community Hospital), and Delaware County Memorial Hospital serving Upper Darby (population 82,795). The latter township is contiguous to Philadelphia, and has been a destination for new immigrants for decades. The 1990s saw a large influx of very diverse Asian and South Asian immigrants (Vietnamese, Cambodian, Korean, Chinese, Laotian, Indian, Pakistani). In the late 1990's and early 2000's, immigrants primarily came from West Africa, Liberia and Somalia. By the latter part of the 2000s, the most recent influx of new immigrants is from South America, Central America and Mexico. In addition to the challenges of language, culture and health disparities, the Upper Darby community is now experiencing gang violence and drug trafficking spilling, assumed to be over from West Philadelphia neighborhoods.

Major Employers: Delaware County is a largely suburban and urban population running the gamut from extremely affluent communities to the most economically challenged. The Health System is the second largest employer (6,800) next to the Boeing Company, followed by Villanova University. Primarily a residential county, most of the top 200 companies in the county have fewer than 100 employees.

Section V: Organizations' Story

The CKHS commitment to community health was strongly embedded in the culture of the five CKHS hospitals at its inception. It was the bold, visionary leadership of its founding Chief Operating Officer in 1990, John McMeekin, who initially recognized that in addition to the provision of the state-of-the-art, quality health care, a health system had a responsibility to raise the health status of its broad community. That responsibility was further reinforced by the absence of a Department of Health in Delaware County. Therefore, it became incumbent on the health system to identify and measure significant health disparities and health indicators, then set corporate public health goals to address them. This goal continues to define our investment in the health and wellness of Delaware County residents.

This value placed on community health by CKHS is frequently articulated by the CKHS executive leadership, in particular by the Chief Executive Officer, Joan K. Richards, and by the 20-member Health Services Board. The stability of this leadership over a period of many years has helped to create a shared vision driving the community-based work throughout CKHS. This vision and commitment directly flow from the CKHS mission, which recognizes that our goal—to improve the health status of those we serve—cannot be accomplished without the help of community based institutions such as schools, churches, other non-profit organizations and governmental organizations. It also stems from an understanding that access to health and healthcare is something that is not equally available to all of the county's residents, and that barriers such as lack of insurance or underinsurance, literacy and educational barriers, transportation issues, and inadequate income, can have serious negative consequences on the health of individuals and families served by CKHS. For over 20 years, CKHS has undertaken a Household Health Survey which has consistently revealed health disparities in several key underserved areas of the county. Most of the community health activities undertaken by CKHS are designed to respond to these findings and reach across the life-span. Commitment to community health also stems from the very strong recent evidence showing the power of lifestyle changes in the primary prevention of many common diseases and in the reduction of their disabling effects.

b. Leadership:

“Crozer-Keystone Health System is committed to the improved health status of those we serve...”
Our leadership is grounded in our mission and supported by the Health Services Board, the CKHS CEO, and the hospital presidents—almost all of the latter participating actively in leadership roles with community organizations. CKHS actively works to develop partnerships with the community to meet community health needs. Philadelphia's Public Health Management Company (PHMC) was engaged to conduct county-wide biennial health surveys as we work to set community health goals, and thus to fulfill our mission.

c. Commitment: The commitment to the community at CKHS is supported by a strong centralized structure and financial commitment that allows the CKHS community health programs to thrive. Survey data from PHMC is used to develop a biennial report card to the community on progress in meeting select Healthy People 2020 goals. Three indicators have been measured consistently over the 20 year study period: cardiovascular disease, maternal, child and infant health, and cancer. Specific Community Health Goals developed by the community health team are submitted and reviewed by the Quality of Care Committee of the Health Services Board and promoted throughout the health system to close gaps in the county's health compared to national targets. Corporate Goals for Community Health are also adopted annually and reviewed monthly by the hospital vice-presidents for progress in meeting goals. Monthly meetings of community health staff provide a forum for information exchange and problem solving. CKHS has clearly demonstrated what unwavering commitment to community health can do. For example, beginning with CKHS' commitment in 1995 to create a new school-based health center in response to a community request for help, a program started with a \$5,000 CATCH planning grant from the American Academy of Pediatrics has grown into a comprehensive, multi-faceted youth development program serving City of Chester youth over a seventeen year period (see Section 5, The Wellness Center Community Health Programs). This project has garnered significant federal and regional foundation

support, and has won both internal and external awards for its achievements in serving the community. The program has also benefited from substantial institutional support, including funding, financial management, public relations, and the enthusiastic support of the leadership at all levels of the organization for its efforts. As the program has deepened in knowledge of both the research driving the field as well as what works with youth, CKHS has expanded its support of the program on many levels. This is just one example that illustrates the extent of CKHS' support for community health.

d. Partnerships:

CKHS builds partnerships through the extensive involvement of staff in community-based education and outreach activities. Each community health program involves extensive networks of community partners to ensure success. In recent years, CKHS has established a formal partnership with Widener University, which adjoins the Crozer-Chester Medical Center campus, to explore collaborative health projects of mutual interest. Joint ventures through the Widener School of Nursing and the School of Social Work have led to a Sudden Infant Death (SIDS) Prevention Project and an adolescent-focused fitness project. CKHS also has formal partnerships with many of the school districts in the county. In Chester, the Wellness Center has been teaching a curriculum designed to reduce risk behaviors in middle school students in the Chester Upland School District for over 17 years. And in doing so, has established a network of all of the child-serving agencies and organizations to form the "Chester Youth Collaborative" whose goal is to increase the number and quality of programs available to young people in the city. Considerable partnership activity has taken place in the CKHS breast cancer screening and treatment program described in Section 5, with 15 local organizations partnering with CKHS to provide referrals from minority and immigrant groups. These projects are strengthened with a formal partnership with the Fox Chase Cancer Center, one the largest hospitals in the country devoted entirely to cancer. Or over 20 years, CKHS' Congregational Nurse Program has provided training and support to volunteer nurses working in churches throughout the county is coordinated by the VP for Community Health and provides additional partnership opportunities for promising new projects.

e. Breadth and Depth of Initiatives:

The bi-annual data provided by PHMC and other sources are used by CKHS to structure an approach to community health. A Report Card to the community with the 2012 data will soon be available on our website with results for each of the CKHS hospitals. Anecdotally, extensive screening mammograms now result in diagnosing breast cancer at stages 0, 1 & 2, rather than previously, 3 and 4. Progress has been made in achieving healthier lifestyles, greater use of preventive care, and advances in medicine. At the same time, the data show that: 1) too many infants are still born with low birth weights, and the infant death rate is still too high, 2) fewer adults are maintaining a healthy weight, 3) more adults are smoking, 4) death rates from cancer and stroke in the county still exceed those for the state, 5) acts of violence continue to affect the health and well-being of the community across all age, gender, and ethnic groups. While the PHMC data and Healthy People 2020 indicators provide a framework for tackling community health at the county level, staff working in poverty areas recognize that health problems of certain racial and ethnic groups as well as immigrant groups at the municipal level are invisible in county-level data. For this reason, CKHS frequently develops programs that target these underserved communities, such as our Upper Darby Community Inclusion Network which meets with local immigrant-serving organizations and public agencies in order to identify social and health care needs and address, and frequently remove barriers to care. In Chester, a Hispanic Resource Center was created to provide free translations and referral for legal assistance for the growing Hispanic population.

CKHS has built a broad network of programs which are designed to help people prevent the onset of disease, encourage the detection of disease at an early stage, and reach outside the walls of the healthcare institution to encourage residents, especially those with barriers to care, to be proactive in protecting their health. During the current school year, the Passport to Health Project educated 6,000 children in 3rd, 4th and 5th grades in 30 schools throughout the county. The program teaches children at an early age about

healthy behaviors for life. CKHS has also established school health councils with numerous school districts in response to a state mandate to address the growing problem of obesity among children. Many of these programs have been in existence for many years, and have grown and expanded as their success has been demonstrated through measurable evaluation results.

f. Community Involvement:

With a track record of service to the community established over more than 20 years, the community's willingness to embrace these initiatives grows. A relationship of mutual trust and respect has been earned by the health system. The Vice President of Community Health's strong leadership in the community has demonstrated a willingness to listen and learn from community members about community needs. Staff members involved in community health activities sit on County task forces and many other community-based planning committees to learn about issues and offer the resources of the health system in solving community problems. This communication process has resulted in the creation of a number of new programs, or the expansion of existing programs to meet urgent unmet needs. Many CKHS community health initiatives involve community members in the planning of new initiatives, and once implemented, remain as Advisory Board members to ensure that the projects are continuing to meet real community needs over time. The fact that so many CKHS community health initiatives have been in place for almost ten years attests to the long term commitment of CKHS to the community. For example, with the 4th highest uninsured child population in the state, (8,972), our coalition of community stakeholders has nearly halved that number (4,761) today.

g. Sustainability:

Staff working with community programs must balance a desire to design new programs to meet emerging needs and at the same time, continue to attract funding to sustain existing, equally critical programs. Continuing grant funding for existing programs is a particular challenge. CKHS aggressively pursues foundation and government grants to create and sustain programs. The health system uses grant funding which totaled \$4 Million in fiscal year 2013, with a substantial amount of CKHS financial support to maintain existing programs with proven value to the community. CKHS has strongly supported its broad range of community health programs with funding for staff and programs, even in difficult financial periods. This includes funding for a core community health staff responsible for community health planning, education, and a number of key programs. CKHS has provided funding for the continuity of specific community-based programs when grant funding temporarily lapsed. This has made it possible for significant participant outcomes to be achieved in several CKHS community health programs over a ten-year period. In FY2012, the total Community Benefit amount for CKHS, which includes charity care and uncompensated care, was \$94.2 Million; \$1,883,800 was for staff and community education programs to ensure sustaining wellness programs cross the lifespan that work.

Section VI Program Description: Crozer-Keystone Women and Children’s Health Services

Overview:

CKHS started the Women and Children’s Health Services (W&CHS) Program in 1992. For more than 20 years W&CHS has worked in collaboration with health system departments and community resources. The department’s mission is to seek out and connect with poor, vulnerable and hard to reach women and families and provide maternal and child health supportive services that will improve maternal and birth outcomes; reduce the disparate rates of infant mortality and morbidity; improve health literacy and health status and support early childhood growth and development. The department specializes in delivering services that are culturally and linguistically appropriate meeting the literacy needs of the community. The majority of department staff is from the community served and provides services in English and Spanish by trained medical interpreters and translators. An offshoot of these efforts resulted in the “Hispanic Resource Center”, developed and implemented with bilingual staff to assist community residents with translations, understanding bills, legal notices, and health information.

W&CHS fulfills its mission through: Crozer-Keystone Healthy Start (HS), Crozer-Keystone Nurse-Family Partnership (NFP) program and the Delaware County Cribs for Kids Program. Services focus on prevention and early intervention and address the social determinants of health. Services and performance are focused on many of the Healthy People 2020 maternal and child health goals. Since 1997 with a focus primarily on Chester City, HS provides pregnancy, parenting and Interconception care support through active outreach and recruitment, case management/care coordination, health education and civil and consumer legal assistance. For more than six years, the Cribs for Kids Program has been an important infant safety education partner. Since 2007, NFP an evidence-based nurse-home visitation program for first-time pregnant moms and families provides health and parenting education, connects families to prenatal care, pregnancy and parenting related resources; and civil and consumer legal assistance.

Impact:

Healthy Start - 1999-2005, there were 19 deaths among infants born to program participants. During the most recent three year period, 2010 to 2012, there was one infant death. 1999-2006, there were 10 very low birth weight (<1,500 grams) singleton births to program participants. 2007 and 2012, there was only 1 very low birth weight singleton birth. Nurse-Family Partnership Program - The premature birth rate for the CK NFP infant population 2008 – 2012 is 9.6% (19 of 197 infants). The CK NFP cumulative low birth weight rate is 8.6% which is below the Pennsylvania NFP average of 10.3% and the total national NFP rate of 9.6%.

Lessons Learned:

To do this work: cultural competency, relationships and trust are important; good health literacy is integral to improve health status; communication with service recipients in their first language and in a way that they can understand must be a priority; collaboration is necessary.

Future Goals:

- Goal 1: Improve the health status of program participants and clients.
- Goal 2: Reduce the disparity in infant mortality, morbidity and in perinatal health for the service area.

Operating Expenses for Past Fiscal Year:

\$1,439,082.00

Funding:

U.S. Department of Health and Human Services:	\$ 815,827.00
Pennsylvania Department of Public Welfare:	\$ 382,787.00
David Angelo Cruz Memorial Fund:	\$ 7,000.00
Crozer-Keystone Health System:	\$ 233,468.00
Total:	\$1,439,082.00

Section VI Program Description: Kids Asthma Management Program (KAMP) & Chester Home Asthma Prevention Program (CHAPP)

Overview: In 1999, Crozer pediatricians conducting school physicals discovered that children in the Chester Upland School District (CUSD) experienced asthma at a rate of 24%, twice the state level of 10%. According to the CDC 14 million school days are missed because of asthma and 3.2 billion dollars are spent annually to treat school aged children. In response Crozer began the Kids Asthma Management Program (KAMP), a school-based asthma intervention program which provides services that include: asthma screening, referral to spirometry, group education for students, parents and school staff and support of asthma camps and asthma awareness days. In 2010, the program partnered with a local environmental justice community organization, the Chester Environmental Partnership (CEP) to implement an indoor/outdoor home intervention and environmental remediation and education program using peer counselors. This program, the Chester Home Asthma Prevention Program (CHAPP) sought to increase the asthma self-management skills/health literacy of parents and their children ages 0 to 17. CHAPP was funded by a three-year EPA grant administered by the Pennsylvania Department of Environmental Protection.

Impact: CHAPP conducted outreach to 382 families and was able to enroll 132 children. Two of the primary goals of CHAPP were to reduce frequency of children's asthma flares and improve asthma control. The data showed significant improvement for both of these goals. For both children above and below the age of 12, there was a significant improvement in pre-and posttest asthma control scores (CACT $P=.076$, ACT $P=.063$)¹, in addition to a decrease in visits to the emergency room ($P=.006$). CHAPP prompted families to make changes to reduce triggers in the home and be more diligent partners with their medical providers. The improvement was especially great for children whose asthma was initially considered "severe" based on the standard for the ACT score. For the children who began with a CACT or ACT score of less than 20, there was significant improvement from pretest to posttest (CACT $P=.001$, ACT $P=.050$) and a mean difference of 3 and 4 points, respectively. This substantial improvement for these kids suggests that CHAPP though helpful to all children, was especially beneficial for children who initially had less control over their asthma.

Lessons Learned: The families that participated in CHAPP also were more likely to complete and share the Asthma Action Plan (AAP). The binomial test, comparing the percentage of children who initially had the AAP and those who had it by the end was statistically significant ($P<.001$). By the end of the program, there was a 38% increase in the number of children with an AAP. There was also a significant increase in the percentage of kids who shared the AAP with their school nurse ($P<.001$). Data analysis also showed a substantial decrease in the number of school days missed and the frequency of the use of rescue medications ($P=.008$, $P=.049$).

Future Goals: Although CHAPP's three-year EPA grant ended in 2012, Crozer continues to support KAMP and earmarks corporate funds for this purpose. In November 2012 Crozer initiated and hosts the Pediatric Asthma Task Force of Delaware County. Crozer continues its leadership role and comprehensive approach to asthma control, a major chronic illness within its service area.

Operating Expenses for Past Fiscal Year: \$182,189

Funding: EPA: \$58,465; DEP: \$5,191;
CKHS: \$118,533 (includes "KAMP" donated funds)

¹ 1 CACT is the Asthma Control Test for ages 4-11, and ACT is the Asthma Control Test for ages 12 and older)

Section VI Program Description: Crozer Wellness Center

Overview: Seventeen years ago, in partnership with the local school district, CKHS launched an initiative aimed at improving health and life outcomes among adolescents and young adults in the City of Chester. Crozer Wellness Center serves as an adolescent-focused primary care provider for youth from puberty to 22. In addition the Center operates an array of community-based leadership programs for youth ages 12-22 as well as city-wide initiatives aimed at increasing opportunities for youth so that they can become healthy, productive adults. Crozer Wellness Center's commitment to tailoring its specific programs and initiatives to the unique needs of the community is part of the Center's mission: "Working to support the community health goals of the Crozer-Keystone Health System, the mission of the Wellness Center is to provide innovative and research-based youth development programs as well as comprehensive primary health care, by working in partnership with youth, families and the community." Staff members engage in continual conversation with our partners, participants and families to assess the continued and emerging needs, and to develop concepts for new programs and activities. The qualitative data generated through our informal conversations and formal focus groups is merged with quantitative needs data to inform next steps. Recently the Center launched a program wherein high school students take introductory courses on the campus of a local college to earn college exposure and credits prior to high school graduation. The goal of the program is to move "college-going" from an abstract concept to a reality for youth and to increase their confidence in their ability to succeed in college. The program was based on community feedback and data showing dismal high school graduation and college-completion rates in our city. The initiatives operated by Crozer Wellness Center are collaborative in nature, with most involving a range of partners and funders each contributing resources as a means of maximizing dollars and increasing impact.

Impact:

Youth Leadership / Risk-Reduction Programs: Reduced risk-taking behavior (substance abuse, violence, risky sexual behavior); Increased positive behavior (school attendance, on-time graduation, workforce skills, commitment to education, leadership, and service)

Top tier quality rankings among other youth serving organizations in our community
100+ youth served per year; Over 200 hours per youth (high-intensity)

Training & Technical Assistance to Youth Serving Organizations

Provided to a network of 20+ local Youth Serving Organizations to increase the quality and number of opportunities to support youth in transitioning successfully into adulthood

Network of organizations collectively reaches 6,000+ youth

Youth participating in in-network programs more likely to report: having positive relationships with peers and program staff, feeling safe at programs, and having fewer sexual partners than similar youth not served by the network of programs.

Lessons Learned: The strongest programs:

- ✓ Are customized for the community they serve- blending opinions of community partners, local data, innovation and existing evidence about what works.
- ✓ Have diversified funding to protect the program from relying too heavily on a single source of revenue or in-kind support.
- ✓ Have equally enthusiastic support from community residents, executive leadership, anchor institutions, and grassroots groups.
- ✓ Have the ability to demonstrate their impact with data as well as stories and testimonials

Future Goals: We plan to sustain and/or expand our activities by continuing to diversify our sources of revenue and in-kind support, with a focus on youth workforce preparation, college access and completion, and expansion of research/dissemination efforts so that other communities can learn from our successes.

Operating Expenses for FY2013 : \$1,438,975

Funding: Foundations: \$550,817; Subcontracts: \$16,298; FedGrants: \$335,963; UW: \$49,967; State: \$12,437; County: \$5,000, Chester: \$60,000, Corporate: \$8,050, Donations:\$37,810, CKHS: \$362,633