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ABOUT THE AHA NOVA AWARD



Each year, the American Hospital Association honors up to five programs led by AHA member hospitals as “bright stars of the health care field” with the AHA NOVA Award. Winners are recognized for improving community health by looking beyond patients’ physical ailments, rooting out the economic and social barriers to care and collaborating with other community stakeholders. The AHA NOVA Award is directed and staffed by the AHA’s Office of the Secretary. Visit www.aha.org/nova for more information. ●

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BAYLOR SCOTT & WHITE HEALTH

Creating an Access Point for Wellness

In Texas, nearly 2 million lives are threatened by diabetes, and in the Southern Dallas community of Frazier, those numbers were only growing.

With no primary care physician and a flooded emergency department, Baylor Scott & White Health revamped an underutilized neighborhood recreation center, creating an access point for care and a one-stop shop to combat the stranglehold diabetes had on residents.

“The commitment here is to really make a difference in this community,” says Joel Allison, president and CEO of Baylor Scott & White Health, “and show that we can truly improve the health of a population and prove that prevention, education and screenings do make a difference and have an impact.”

In 2010, the Diabetes Health and Wellness Institute at the Juanita J. Craft Recreation Center opened its doors to the community — offering a newly renovated family health center, primary care clinic, diabetes education services and even a demonstration kitchen to help residents with healthful eating. The 22 acres surrounding the center provide space for tennis and basketball courts, walking paths and lifestyle classes.

In economically depressed Frazier, 60 percent of residents are unemployed and 33 percent live below the poverty level.

Community needs assessments and a board member who grew up near Frazier found that the region was also located in a food desert — with no local grocery store within a mile of the neighborhood.

So once a week, a farm stand sponsored by Baylor Scott & White pops up,



Once a week, a farm stand sponsored by Baylor Scott & White pops up, offering low-cost fresh fruits and vegetables.

offering low-cost fresh fruits and vegetables. In addition to the fresh food, a nutritionist is on hand to educate residents on developing healthful habits.

Community events such as DHWI cook-offs and the annual Healthy Harvest 5K bring the community together to help spread awareness about the center.

These services and the DHWI are all part of a larger focus, says Allison. “This is about understanding the communities you serve and how you can best meet those needs. Coming up with unique and innovative ways to improve community health, lower health care costs and improve the health of the individual — it’s really around the Triple Aim.”

And with more than 18 collaborative partners, including the city of Dallas, the health system has a lot of eyes and ears out in the community to identify and address those needs.

As for Allison’s aim to make an impact in Frazier, the results speak for themselves. More than 4,000 community members have participated directly in DHWI programs. As of July 31, 2015, a total of 40 percent of the institute’s members who have diabetes have achieved optimal blood sugar levels, and 67 percent have reached optimal blood pressure control.

Not only that, but changes in the neighborhood are visible; with a children’s medical center opening a clinic nearby, the community has really been revitalized, says Allison. It’s an effort others may find useful, the CEO says.

“Type II diabetes isn’t exclusive to southern Dallas. This model, we believe, will be able to be replicated in other parts of the communities we serve. The institute really has turned into a destination around wellness, prevention, exercise and a how-to on avoiding diabetes.” ●

SPECTRUM HEALTH

Paving the Way for Future Generations

Infant mortality is an important piece of the larger picture when determining the health of a community, and Spectrum Health's Strong Beginnings Program is helping one county in Michigan create a positive picture.

The largely African-American population in Kent County, Michigan, had an exceptionally high infant mortality rate: 22.4 deaths per 1,000 live births, the highest black infant mortality rate of any municipality in the state in 2003. The findings from the county's Fetal Infant Mortality Review along with the 15 founding members of the Healthy Kent Infant Health Team, a community health organization, spurred the formation of Strong Beginnings, Spectrum's program that focuses on maternal-infant health, while establishing a healthy family unit.

"The whole idea of this program is to help children grow up healthy and become productive members of the community," says John Mosley, executive vice president of Spectrum Health.

That's done through eight key community partnerships, a curriculum tailor-made to the needs of residents and a staff of dedicated community health workers. Those health workers serve as a bridge between the community and service providers, made up of staff, trained workers from the community and accompanied by medical social workers and RNs. Most are from the local Grand Rapids community and many were previously involved with Strong Beginnings as clients. These are the ground troops who meet face-to-face in the homes of those in need — and that makes all the difference.

"I hear stories about how our team members have become part of a family that our clients did not have. They want to make a difference in how they're raising their kids compared



A subgroup of Spectrum Health's Strong Beginnings Program is Strong Fathers, which reinforces the importance of father figures in child development.

with how they were raised," says Ken Fawcett, M.D., vice president of Healthier Communities, the parent organization for Strong Beginnings.

A unique subgroup within Strong Beginnings is the Strong Fathers program. According to the most recent data, of the 4,202 women served by Strong Beginnings, 92 percent were single, 18 percent were teenagers and more than half of that total had no support from the children's fathers. The Grand Rapids African American Health Institute oversees the program that reaches out to fathers, offering an effective black parenting course, 24/7 dad discussion groups and reinforces the importance of a father figure in child development.

Creating a program targeting community needs required town hall meetings, interviews with more than 350 residents and potential clients — most of whom are the most at risk for poor perinatal outcomes and are reluctant to seek care for a variety of reasons. This is a community-focused, data-driven approach, says Mosley.

"If you're not in the community and you're expecting individuals to come to you and seek out care, that's probably not going to happen in the way you want it to. It takes a community to come together to get these kinds of results."

And those results have been encouraging. The black infant mortality rate has dropped to 14.9 deaths per 1,000 live births, according to the most recent data from 2011–2013. Additionally, 74 percent of women received first-trimester prenatal care and 85 percent completed a postpartum exam within eight weeks of delivery. The numbers are up for women and children who have primary care providers.

"Mothers in our programs have higher rates of mental health issues, substance abuse and spousal abuse compared to average populations. If we know we have been able to successfully improve birth outcomes in that category, we know we have a model that can be successful with other special-need populations," says Fawcett. ●

TANNER HEALTH SYSTEM

Reaching the Community Outside Hospital Walls

Part of the responsibility of a community hospital is to help improve the community it serves, and Tanner Health System has taken that mission to heart.

The health system, about an hour west of Atlanta, faces many problems prevalent in the South and other parts of the country: Fried foods are popular, cancer is an issue and hypertension is a problem, says Loy Howard, CEO of Tanner Health System.

In 2012, the Get Healthy, Live Well program — comprising 24 subgroup task forces and more than 160 local, state and national partners — was launched to tackle these issues.

"Like all hospitals, we realize we have to try to improve outcomes and the overall health of the community outside the walls of the hospital and outside of our clinics. We have to change the environment that our patients go back to," says Howard.

A 2012 grant from the Centers for Disease Control and Prevention helped to kick-start the program, which has seen 543 individuals volunteer since its launch in 2013. The program is still young, but Tanner has seen progress in partnering with others in the community such as schools, faith-based organizations, civic groups and many others to change the habits of residents.

"We're moving away from the traditional hospital wellness model and building partnerships and expertise with community-based groups that have an interest in developing programs that have the depth and sustainability to make meaningful, lasting change in our region's health," says Denise Taylor, senior vice president and chief community health and brand officer for Tanner.

In 2013, a 12-week communitywide weight loss challenge was piloted and



The Power Up for 30 program encourages kids to incorporate 30 extra minutes of physical activity into each day.

1,400 participants lost an average of 10.6 pounds. The following year, 1,700 participants lost an average of 7.7 pounds.

GHLW has also expanded access to evidence-based programs like Kids N Fitness, a family-centered weight management program developed by a team of doctors and health professionals with Children's Hospital Los Angeles for overweight and obese children ages 8 to 16 and their parents.

Similar programs are offered to help prevent and control diabetes and other chronic diseases throughout Tanner's primary service area of Carroll, Haralson and Heard counties, which all rank above the national average for adults diagnosed with diabetes.

Key partnerships through schools, business and industry and faith-based organizations have allowed GHLW to reach community members across multiple sectors. One example of a key partnership: GHLW has equipped churches with toolkits, instructor training and technical assistance toward the development of policy, system and environmental changes. Connecting faith with prevention and health has had impressive results.

Another key partnership has been

with area school systems. GHLW teamed up with Power Up for 30, part of the Georgia Shape program that encouraging elementary schools to incorporate 30 extra minutes of physical activity into each day. To reinforce healthful initiatives, GHLW has developed multiple nutrition and physical activity programs for families. A Menu It app even provides information on healthful food choices at local restaurants.

Recognizing the need for chronic disease management and prevention, GHLW has partnered with physician practices to develop a community clinical linkages model for referring individuals with diabetes and hypertension, as well as other chronic conditions, to evidence-based community health programs. GHLW provides updates to physicians on patient referrals, progress and outcomes. The evidence-based programs selected by GHLW have been shown to reduce hospitalizations and readmissions.

"When you hear the personal impact that Get Healthy, Live Well has had on individual lives, you know you're truly making a difference," says Taylor. ●

BON SECOURS HEALTH HAMPTON ROADS SYSTEM

A Commitment That is Long-Term and Wide-Ranging

The English translation of Bon Secours is "good help" and nothing embodies that like the Bon Secours Hampton Roads Health System's Healthy Communities Initiative in East Ocean View.

In the summer of 2009, the health system partnered with New Life Christian Center and Hampton Roads-based Operation Blessing International Relief and Development Corp. to start the Healthy Communities Initiative in East Ocean View, a small coastal community in Norfolk, Va. But, in November 2009, remnants of Hurricane Ida developed a nor'easter off shore, resulting in massive flooding in the community — adding even more urgency to the initiative.

"The flood really brought a focus to that area," says Michael Kerner, CEO of Bon Secours Hampton Roads Health System. Soon after, other Norfolk community partners joined in the effort to revitalize a section of Norfolk, where approximately 4,500 people reside. Many partners, including the U.S. Navy, took a different approach to rebuilding East Ocean View (EOV) and found that many of their needs were not directly health-related.

"Sometimes we have a tendency to go into a community, and it may be just our nature that everyone wants to help, but they don't listen to the community first to see what's needed," Kerner says. "This work really does address the fact that there are needs in addition to health care, and we do provide that health care piece, but we also provide a number of other things."

That includes rebuilding and expanding the community storehouse, which holds food for residents in need, while providing jobs for five men who had been unemployed. More than 40,000 pounds of food were given away during the store-



A community garden grows vegetables to be used by residents.

house's reopening. To date, more than seven tons of food have been distributed during the storehouse's existence — a vital part of East Ocean View.

One request from residents took Bon Secours and its partners by surprise: landscaping. Bennett's Creek Wholesale Nursery donated more than \$13,000 in shrubs and plant material toward a beautification effort.

Of course, tackling medical issues is an essential part of the EOV initiative. The Passport to Health program addresses heart disease, diabetes and obesity problems prevalent among residents by giving participants an overall health assessment — measuring cholesterol, glucose and other areas. Six months later, patients are brought back and results are compared.

The program also provides educational classes, cooking demonstrations and farm-to-table produce bags

twice a month, along with weekly exercise classes.

The coastal community had no medical facility — now, the Bon Secours Care-a-Van mobile health unit is deployed twice a month in partnership with Lighthouse Community Church to reach out to the community's uninsured residents. And in 2013, the East Ocean View Medical and Dental Center opened, providing primary care, a pharmacy, diagnostic tests and other critically needed services.

But it is the long-term commitment to health needs and the partnership investment in the small community that has made this initiative successful, Kerner says. "They've probably seen a lot of people come and go and act as if they wanted to help in the community, but a multiple-year commitment is something you need to do. You can't move the dial and change much in a short period of time." ●

MEMORIAL HERMANN HEALTH SYSTEM

Dental Care on Wheels Gives Kids New Hope

For every child without medical insurance, there are 2.6 without dental insurance. In parts of the Houston area, where many children have rarely been to a dentist and many go completely uninsured, Memorial Hermann Health System is bringing dental care to them.

The largest nonprofit health system in Southeast Texas created a Mobile Dental Program, partnering with five area school districts to provide dental care to uninsured children. Three 40-foot vans rotate year-round at 10 Memorial Hermann school-based health centers, providing an array of dental work from fixing cavities to performing restorative work.

Neglecting oral health has disastrous side effects, says Carol Paret, senior vice president and chief community officer at Memorial Hermann, who oversees the dental program. "As we learn more and more about oral health," Paret says, "we know that poor oral health leads to other chronic conditions. So it's not this stand-alone issue that we used to believe it was." Research has found links between dental health and chronic health issues such as diabetes, cardiopulmonary diseases, respiratory problems and, in some cases, low-birth weight babies.

The program, originally operating with one van, has expanded to three and each is staffed by a dentist and one or two assistants.

Patients are on a three- to six-month recall program after their initial visit. Not only does this program improve dental health, but it also affects the entire development of a child. "Our goal is to give children the tools so they can excel," Paret says. "You don't care about your times tables if you have a toothache."

Moreover, "dental issues create a



Memorial Hermann Health System uses mobile dental vans to bring care to Houston's most underserved children.

lot of self-esteem issues," she explains. "If you're afraid to smile because your front teeth are black, that affects a lot of pieces of your life and what you do."

The idea for a mobile health program started in 1996, when Memorial Hermann Health System took part in a citywide group that produced the Survey of School Medical Needs. Seventy-four percent of Houston school districts involved identified dental services as a need. And many uninsured individuals or those covered by Medicaid have problems finding transportation to a dental office. In 2000, the program kicked off with a solitary van and focused on its key partnerships with schools to provide oral care and educate children.

Each month, nearly 2,000 dental procedures are performed for 230 uninsured students. Fourteen percent of those students are seeing a dentist for the first time, and 61 percent of initial patients have cavities. Memo-

rial Hermann collaborates closely with teachers, administrators and school nurses to identify children in need of care. Partner schools allow the vans to park in their lot even when not in session, and provide electricity.

The program has produced significant positive results. Measuring itself against the U.S. Department of Health & Human Services' Healthy People 2020 objectives, a national health promotion and disease prevention benchmark, Memorial Hermann is doing more than just meeting standards. Only 6.3 percent of children ages 6 to 9 have caries — tooth decay or cavities — when they return for visits. That's an impressive achievement considering the Healthy People 2020 goal is that 49 percent or less of children in that age group have caries at recall.

"We see children who have a whole different chance at a new life," says Paret. "How can you not feel great about that effort?" ●

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