**Covering the Spectrum of Community Need**

**Foster G. McGaw Prize winner** Spectrum Health has two decades of community health wisdom to share

**BY LAURIE LARSON**

It was a tough day at Union High School for Kim [not her real name]. The freshman was coming down with some kind of bug, but didn’t say anything to her mom who, as usual, was racing to get Kim to school before she headed to work. A pediatrician’s appointment would have cost their home in Grand Rapids, Mich. Kim struggled through her morning classes, feeling worse every hour. “Why don’t you go to the school clinic?” her friend asked.

“I didn’t know about the clinic until my friend suggested it,” Kim says. “It was really good to go.” Now a sophomore at their home in Grand Rapids, Mich. Kim struggled through her morning classes, feeling worse every hour. “Why don’t you go to the school clinic?” her friend asked.

“I didn’t know about the clinic until my friend suggested it,” Kim says. “It was really good to go.” Now a sophomore at Union, she also sees the health center’s dentist, as well as a counselor and a dietitian. “I can ask questions about my health and the answers to good use,” she says. She is working with the dietitian to eat more healthfully and lose weight, and goes to counseling “to stay positive about school and problems at home. My counselor gives me good advice — and everybody there is easy to talk to.” Kim doesn’t have daily appointments but she pops by the health center every day anyway just to say hello.

“I’ve told my friends about the clinic because I think it could help them like it’s helped me,” she says.

There are four such high school health centers in Grand Rapids, run collaboratively by Cherry Health (a federally qualified health center), the Grand Rapids Public Schools and Spectrum Health. The clinics are part of Spectrum’s larger School Health Program, a partnership with seven local school districts providing front-end, medication administration, immunizations, chronic-condition management and disease-prevention services to 29,000 students. The clinics are funded by the Michigan Department of Health & Human Services, the state department of education and Spectrum Health.

The School Health Program — and Kim’s story — exemplify the everyday victories achieved among the five programs that comprise Spectrum Health’s Healthier Communities Department. The department also operates and supports Community Partnership Health Care Programs, which provide free or discounted medical care to vulnerable local urban populations; Community Partnership Programs for Healthy Food, Community Partnership Programs to Create Healthy Lifestyles, and Core Health, a chronic-disease management program for at-risk area residents.

In recognition of Healthier Communities’ two decades of outreach services dedicated to improving the health of underserved Western Michigan residents, Spectrum Health was awarded the 2016 Foster G. McGaw Prize for Excellence in Community Service. As the 31st recipient of the prize, sponsored by the Baxter International Foundation, the American Hospital Association and its affiliate, the Health Research & Educational Trust, the nonprofit integrated health system will receive $100,000 to support and expand upon those efforts.

“Since 1997, Spectrum Health’s Healthier Communities has built the infrastructure, resources, community-based programs and services to reach the people who need care the most,” says John O’Brien, chair of the Foster G. McGaw Prize Committee. “Through impactful alliances with community organizations, Spectrum Health has shown incredible perseverance, patience and a vision to dramatically improve the health of individuals in their community and reduce health care costs.”

“I am so proud of our team and grateful for their collaborative work,” says Tina Fresen-Decker, president of the Spectrum Health Hospital Group, which includes 12 hospitals, 180 ambulatory and service sites and more than 3,200 providers. “Everyone is focused on creating a culture of excellence.”

Healthier Communities Vice President Ken Fawcett, M.D., believes there are three chief reasons the department has been recognized. “First, we have a comprehensive list of programs that support people throughout life’s journey,” he says. “Second, the community health workers in our maternal-infant health and Core Health programs establish great trust with their clients, often mentoring them through firsthand experience. And finally, we know we can’t do this work alone.” Fawcett sits on four community boards and meets individually with various stakeholders every week. “I consider other community leaders as friends and partners. In the end, we’re all trying to help those whose voices are not always heard.”

Healthier Communities was launched 20 years ago with a three-pronged focus on reducing infant mortality and disparities in maternal-infant health, improving children’s health, and preventing and managing chronic disease among those living in its 13-county service area. Spectrum Health dedicates $6.8 million each year to the department.

To ensure that the budget continues to advance the department’s goals in real time, every Healthier Communities program has a data measurement system, regularly comparing results with desired outcomes. “We are unrelentingly data-driven — and we want to make sure we are using every dollar in the best possible way,” Fawcett says.
begin prenatal care during their first trimester of pregnancy and continue regular care throughout their pregnancy and 24 months after delivery. Outreach staff provide breastfeeding education, help with groceries and baby supplies, and coordinate doctors’ appointments, among other services.

“The key to our success has been a combination of community health workers’ efforts and mental health services,” says Peggy Vander Meulan, program director for Strong Beginnings. “There are multiple stressors in these communities. Being able to go into people’s homes and engage with mothers and fathers has been very important.”

Core Health
Since 2013, the Healthier Communities Core Health program has been developing those same personal connections through its chronic-disease management program for underserved residents at risk for poor health outcomes. Community health workers and nurses make regular home visits to both urban and rural households, monitoring diabetes and asthma treatment compliance, helping patients to manage heart disease and chronic obstructive pulmonary disease, or following up on a hospital discharge. The program has reached 2,500 community members.

“Navigating the health system with a chronic illness is tough for anyone, but add in diminished resources, language barriers and other social determinants of health, and it’s even tougher,” says Bethany Swartz, Core Health’s program supervisor. “Core Health is able to walk through life with our clients.” Recognizing the need for more behavioral health services, the program added a licensed social worker to its staff last year. “Health may be the last thing people think about — food security, housing security, personal safety, transportation take priority,” Swartz says. “Getting someone to feel safe and secure in their community is so important, because that stress will exacerbate all their other health problems.”

Healthy food in reach
Understanding the vital link between food security and good health, a Healthier Communities pilot program, the Community Food Club of Greater Grand Rapids, has provided healthy food to low-income households in a grocery store setting for the past three years. Area residents at or below 200 percent of the federal poverty level may be referred by one of seven community health aides or by the medical teams at Spectrum Health. The club has provided food to more than 2,400 children and 1,200 adults. A member survey conducted last year found that 85 percent of members said they had improved their ability to purchase food, and 74 percent said they had reduced the worry of feeding their families.

“The kids are open to sharing their issues and it’s a gift to me and to the kids. Our students are at high risk for depression, abuse and trauma issues, and our social workers have all been trained to deal with those issues.” Nieboer also can check in with the social workers to see if students need medical attention. “That mental-physical connection is especially important for teens who are at a volatile point in their lives,” she says.

On-site counseling further “reduces the stigma of seeking behavioral health care,” Friesen-Decker adds. “These types of outreach tie into Spectrum Health’s Heal the Whole Person initiative to address the social determinants of health.”

“Getting someone to feel respected for administering and monitoring their medications. “Now, our services allow kids to participate in school without parents worrying about that, knowing we will make sure students adhere to their medications,” Zamarron says.

Healthier Communities launched a pilot program that sent a school nurse and a community health worker to that first elementary school, where they saw 267 students in 1995. By the 2014–2015 school year, 61 RNs and 28 health aides had provided care to 28,864 students in 58 schools across seven Grand Rapids districts. That year, more than 98 percent of student visits for illness, injury or other problems were resolved without the need for further referrals. Emergency care action plans also have been developed for more than 2,400 children with asthma, diabetes, seizures, life-threatening allergies and other significant health problems. All services are free.

Cor�� Nieboer has been a physician assistant at the Union Town High School Health center for five years. From sports physicals and flu shots to well-child exams and a range of risk assessments, she likes the close-knit coverage the clinic provides. “My patients are in this building all day — we can pull them from class if we’ve worried about them. I can be right with them,” she says. Parents feel the same way. “We get grateful calls from parents — just our being here is a weight off their shoulders to know their kids are getting good, quality care.”

Teens also learn how to navigate health care services, from learning how to make appointments to getting their care decisions in their own hands,” Nieboer says.

As for the social work and counseling services available to teens, she says, “I can’t imagine working without that component now. It’s a gift to me and to the kids. Our students are at high risk for depression, abuse and trauma issues, and we’re all trained to deal with those issues.” Nieboer also can check in with the social workers to see if students need medical attention. “That mental-physical connection is especially important for teens who are at a volatile point in their lives,” she says.

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Children’s Health System of Texas
The Dallas-based system has created a cross-sector coalition that takes a unique approach to improving the health and well-being of children in the community.

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White Memorial Medical Center
The Los Angeles medical center has developed several prevention programs for its patient populations, including a healthy eating initiative and interventions for pregnant and postpartum women, in addition to promoting a health career program to help sustain community health.
Spectrum Health’s community-based chronic disease management program

Since 1997, Spectrum Health in Grand Rapids, Mich., has provided community-based care through its Healthier Communities initiative. Developed through the merger of two previous programs, Core Health was added in 2008 to provide in-home education on general wellness, including weight and stress control, for patients with early-stage chronic conditions, such as diabetes, heart failure and chronic obstructive pulmonary disease.

Eventually, it became evident that Core Health, as originally designed, was not serving some of the communities’ neediest members, those with more advanced disease, some of whom also had cognitive and behavioral challenges that made it difficult to benefit from the home-education curriculum.

“We realized that, wow, we’re saying no to a cohort of people who don’t have anywhere else to go” to learn how to better manage their health, says Core Health Program Supervisor Bethany Swartz.

The CHWs maintain contact with a client’s care manager and primary care physician. For example, if a client’s blood pressure is higher than a certain level or blood sugars are too high or too low, the CHW will call either the care manager or the PCP for further instruction. “Our ultimate goal is to get the client to a place where they’re using their primary care doctor to make their health decisions,” Swartz says.

In 2016, Core Health had the following results in client engagement and health and cost efficiency:

• Success for the client is measured using a patient activation measure (PAM), which assesses a client’s competence and readiness to manage his or her condition and engagement with primary care. In 2016, 70 percent of clients had a mean increase in their PAM scores of 26 percent. The client satisfaction rate was 97 percent.

• Objective measures of patient health indicate an improvement as well; more than 52 percent of diabetes clients decreased their A1c levels by an average of 17.2 percent during the period they participated in Core Health.

• Clients reduced the number of hospital stays and visits to the emergency department, which is usually related to the CHW’s cost of care for these patients.

Once selected, CHWs undergo rigorous training in a certification program developed jointly by Spectrum Health Healthier Communities and the Grand Rapids Community College to provide the Michigan Community Health Worker Alliance standardized curricula. Upon completion, the student will receive a certificate from GRCC. To become certified for the Core Health program, CHWs are tested in eight competencies, including advocacy and outreach, community and personal strategies, legal and ethical responsibilities, teaching and capacity building, communication skills and cultural competencies, coordination, documentation and reporting, healthy lifestyles, and mental health. The eight-week workshop training includes class-room work, scenario prepping, job shadowing and peer mentoring, after which CHWs understand the nature of diabetes, heart failure and COPD, as well as the resources to manage them.

Newly minted CHWs also undergo Spectrum’s systems, department and program orientations.

Swartz notes that CHWs are being used more frequently by hospitals these days, and that it has become a coveted career in the region. Often, there are more applicants than job openings. “I think that is in part due to the training and certification and the amount of attention that this position is getting at local, state and national levels,” she says.

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The major takeaway, Swartz says, is the extent to which factors other than physical health affect the client’s ability to manage a chronic condition. “Looking back at the original design of Core Health, the behavioral and social health needs of our clients were probably underestimated,” she says.

Core Health staff have come to appreciate the complexity of chronic conditions, especially for the program’s target clientele. The acuity level of the clients’ conditions and the number of community members who were not receiving appropriate care services were unmet, Swartz says.

Modeling the program around the client’s needs and capabilities is also much more productive than trying to mold clients into a certain approach, she says. This means that work with the clients is more intense, but not often as long. “Our caseloads might be smaller, but we’re discharging clients more successfully at a faster rate so we can open that slot to somebody new,” Swartz says.

Next steps

One future objective is to incorporate technology into home visits. Swartz perceives a great need for pharmacy services, especially medication reconciliation for clients who are seeing providers from multiple health systems. Managing medication prescribed from non-Spectrum providers is often challenging, she says. The solution most likely involves virtual visits, Swartz says.

Spectrum has a new online platform called MedNow that enables patient visits with a primary care physician or advance practice provider via online access.

Pharmacy visits might one day be offered through MedNow, as well. Virtual nurse visits would also allow care managers to “visit” more patients, expanding the effective client base of the program.

Whatever the approach, the goal is to keep evolving. “I think we can get creative,” Swartz says.

“Micro is an incredibly exciting program over the years,” says Lubberts. “It has impacted a lot of outcomes,” she says, “but still the most impactful elements within this program were the times when I would receive phone messages from clients describing how a community health worker made all the difference in their lives.”

— KAREN WAGNER