



2012 AHA NOVA AWARDS

THE 2012 AHA NOVA AWARDS

The 2012 AHA NOVA Award winners span from Boston to Napa, Calif., and include everything from a hospital with its own farmers market and garden, to a computer program that uses a hip radio disc jockey's voice to help black teens manage their asthma. The American Hospital Association and Hospitals & Health Networks sponsored the 2012 AHA NOVA Awards, and a committee chose five winners earlier this year based on their "effective, collaborative programs focused on improving community health." In Boston, a children's hospital teamed with 11 local health centers, using a community-based approach to eradicate childhood obesity. In Detroit, a medical center collaborated with other institutions to develop a computer program geared toward urban teens suffering from asthma. • A New Jersey provider tackled health problems from all angles in Newark, planting its own garden to offer fresh fruit and veggies to an impoverished community, and challenging workplaces to trim the fat. Shawano Medical Center and ThedaCare, in Wisconsin, tried something different to tackle a rural health issue, sending a health coordinator out to stubborn farmers' homes to administer care at the kitchen table. And in California, a hospital looked to help less fortunate patients navigate through the barriers that were keeping them from treating their chronic illnesses. • All five winners found a way to reach out to the surrounding areas to tackle pervasive problems. "We've been able to take our hospital and into the community and make a tangible, lasting difference,"/says Newark Beth Israel CEO John Brennan.

—ARTICLES BY MARTY STEMPNIAK



Cultivating Better Patient Care on the Farm



ot too long ago, Kay Reminger couldn't even remember the last time her husband John had visited the doctor. The work keeps farm folk like her pretty busy, and often is paired with high-deductible health plans, or no insurance at all. That's why the nearby hospital, Shawano (Wis.) Medical Center, came up with an innovative program that sends nurses to farms for free every year to give regular checkups.

"My husband would never go. He just doesn't go until he's absolutely on his death bed, and then it's a struggle for me to get him there," says Reminger, a 55-year-old dairy farmer who lives in Leopolis. "This Rural Health Initiative brings the procedures to our farmhouse kitchen table. It's a blessing."

The program dates to 2002, when Appleton, Wis.-based ThedaCare, a partner in the effort, took a plunge into the community to see what farmers were facing in their homes. Up close, the group found them dealing with harmful chemicals, long hours and dangerous equipment, says Rhonda Strebel, executive director of the Rural Health Initiative. Some 14 percent of Wisconsin farm families have no health insurance, they estimate, and another 17 percent only have catastrophic coverage. A staggering 80 percent of farm families have no coverage for preventive care, according to the initiative.

At first they considered offering the service for free at a clinic, but decided it wouldn't work. Now, the program provides

MOO-O-VE OVER: Rural health coordinator Rhonda Strebel checks farmer Nathan Retzloff's blood pressure in his calf barn in Belle Plaine, Wis.

house calls from a specially trained rural health coordinator who has a background in both farming and health care. She provides screenings and referral services to the 300-plus farm families in northeast Wisconsin.

"They're used to everything coming to the farm," Strebel says. "The milkman comes to the farm, the vet comes to the farm, the feed, the seed, the fuel. Everything gets delivered there. So we said, 'Why don't we go to the farm?'"

A decade later, the seeds they planted in 2002 continue to grow. They're making upward of 1,200 contacts a year, 40 percent of which have resulted in referrals to other resources. Last year, the initiative expanded its reach and now covers three counties. Shawano CEO Dorothy Erdmann says they've cultivated a model that easily can be emulated in other rural areas. The partnership-funding model, with money from both hospitals and community partner fundraisers and pledges, is easily duplicated, they believe.

"This is extremely unique and will be welcomed as an innovative, practical, low-cost way to reach a large population of high-risk residents who normally fly under the radar," Erdmann says. •

A Garden Sprouts in a New Jersey Parking Lot



besity was, and still is, a common problem at the Rev. Eric Beckham's Newark, N.J., church. The food at functions often included greasy fried chicken, vegetables laden with salted pork, and tons of sweets. Diabetes and other weight-related health problems ran rampant through his parish.

But a handful of parishioners have taken part in a weight loss challenge through the local hospital, Newark Beth Israel Medical Center. And after four years of participation, they've lost close to 1,500 pounds, boosted their energy and dropped prescriptions. They tried their own wellness program before, but it failed because it didn't have the same relationship with a hospital, says Beckham, the pastor of Clear View Baptist Church.

"By having that community connection, it really changed everything," Beckham says.

Beth Israel championed a three-pronged approach to improving health in the area in recent years as part of "The Beth Embraces Wellness: An Integrated Approach to Prevention in the Community." That includes the Beth Challenge, the work wellness program in which Clear View participated; KidsFit, a school-based education and nutrition program; and the Beth Garden, a community garden and farmers market in an old hospital parking lot.

The latter makes Beth Israel's efforts stand above those of other hospitals, says Barbara Mintz, the hospital's assistant

SPROUT AND ABOUT: Community members peruse the selection at the Beth Garden, located in an old hospital parking lot, after it opened for the season last summer.

vice president of wellness. They believe it's the only garden and market run by a hospital in the country, growing everything from radishes to watermelons, and selling them to residents who live in the inner-city "food desert" surrounding Newark Beth Israel. They're working to build a greenhouse over the garden to keep their little farm humming year-round, and also to use it as a food laboratory to educate kids about nutrition.

"We had to be able to provide access to the very foods that we were teaching people about," Mintz says. "We found out that most of these kids don't even know that carrots have green tops on them, or that they don't come with ranch dressing dip."

They've engaged institutions across Newark to improve population health, and garnered widespread attention. "The Biggest Loser" TV show hosted a casting call at Beth Israel and First Lady Michelle Obama visited one of the local schools participating in KidsFit. The hospital is gathering data to spread the word of its success, and hopes that the "contagious" health movement in the Newark area will continue spreading, says CEO John Brennan. "We've been able to take our hospital into the community and make a tangible, lasting difference."

A Community Tackles Childhood Obesity



n Boston, as in the rest of the country, childhood obesity is an epidemic. But Boston Children's Hospital decided to try a different way of slimming down the problem, with an approach not quite like what everyone else is trying.

Since 2005, the hospital has been partnering with 11 community health centers, generally in underserved areas with low-income, minority populations. They're using a community-based method to bolster child health, rather than working through the hospitals or schools.

"If you look at these kids, there are very significant problems," says Boston Children's CEO James Mandell, M.D. "They don't have access to good food; they don't have access to athletic facilities. And if you can work in a community setting like this and help reduce their body mass index by 60 percent, you're going to basically change their lifestyle."

Through the health centers, the Boston Children's Fitness in the City program has offered minority communities everything from exercise classes to nutrition counseling. And they've seen results, with measurable data starting to roll in last year. In 2010, about 57 percent of participating kids reduced or maintained their BMI; and children also reportedly watched less TV, consumed fewer soft drink beverages and exercised more frequently.

Each health center is taking a slightly different approach, tailoring its strategy to meet the needs of the surrounding

SLIMMING DOWN: Local children help out with a farmers market at Bowdoin Street Health Center in Dorchester, Mass. Boston Children's Hospital has used various methods to fight childhood obesity, from nutrition education to exercise classes.

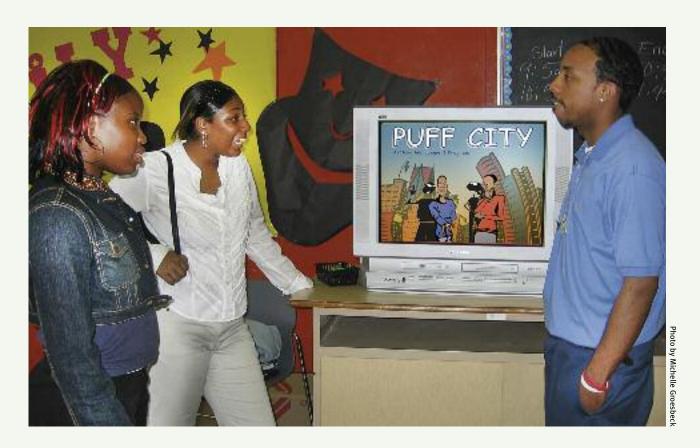
neighborhood, says Shari Nethersole, M.D., medical director for community health at Boston Children's. Some 45 percent of kids in Boston Public Schools are obese or overweight, far too many for just one hospital to tackle. So, Boston Children's helped the health centers build the capacity, develop the resources and gave them the setting to meet and discuss the results four times a year.

"You can't refer all those kids to a specialist; that's just not possible. It's almost 50 percent of your population that's overweight or obese," Nethersole says. "And so the idea was to really help the health centers build their own capacity to be able to address overweight and obese [children]."

Even further down the line, they expect to lower rates of high blood pressure, high cholesterol and diabetes when the kids grow up, says Kathy Cook, a pediatric nurse practitioner for Bowdoin Street Health Center, Dorchester, one of the 11 participants.

"It's important to start it off when the kids are younger, rather than wait until adulthood when they're taking insulin and it's too late," Cook says. •

Speaking the Language of Teen Asthma Sufferers



n Detroit, black teens with asthma went from staying at home to avoid bullying and embarrassment to carefully managing their problem with the help of a hip radio disc jockey named Puff Man.

Black teens have a much higher rate of asthma than whites, and yet there weren't really any programs targeting that population, Detroit's Henry Ford Health System found. So they set about developing a computer program to address the problem, with help from other local institutions, including the University of Michigan. But rather than using some stuffy voice spitting medical jargon at inattentive teens, they gave it an urban vibe and a narrator who spoke their language.

"This really did help fill a gap," says Antoinette McCain, R.N., program supervisor for the Detroit Public Schools, Office of Health and Physical Education. "We still have a lot of kids with asthma. We still have a lot of children who are experiencing asthma episodes, but it did make a huge dent in helping us get those kids under control."

"Puff City" participants start by logging into a computer at home or school for a baseline session, followed by four more visits every week, and then a follow-up six months later. In each visit, Puff Man and other characters ask questions about the user's asthma and try to tailor the message to each participant, sort of like a personalized talk show. Someone who smokes will get completely different advice than a non-

GETTING THE BLOW BY BLOW: A Heny Ford staff member tells teens about the Puff City program during a recruitment day at Detroit City High School.

smoker, says Christine Joseph, senior epidemiologist for Henry Ford.

"When you sit down to use Puff City, it's going to be very different than when I sit down to use it," she says.

This year marks about a decade since the program was first dreamed up. And statistics after the first year and a half show that teens who used the specialized software vs. a generic version reported fewer days and nights with asthma symptoms, fewer missed school days and fewer hospitalizations.

Now, Henry Ford is eyeing a possible version of Puff City that's geared toward Latinos. And those overseeing it wonder whether such a technology-based approach could help to manage other diseases such as HIV or diabetes, especially ones that affect young people, whose brains are wired to think through technology, says Nancy Schlichting, CEO of Henry Ford Health System.

"Clearly, the country is dealing with these same issues. The problem is not unique to Detroit, and I think in many cases the solutions are replicable," she says. "It does take leadership and it does take initiative, but there are certainly ways this can be adopted across the country."

Blasting Barriers to Managing Chronic Disease



ow are you supposed to manage your chronic condition if you don't speak the same language as your doctor or don't have the money to pay for your treatment? It's a question that many hospitals are facing these days, and one California hospital seems to have found an answer.

It all started back in the 1990s, when Queen of the Valley Medical Center in Napa, Calif., grabbed a grant to help less-fortunate individuals manage HIV and AIDS. Years later, it's evolved into the hospital's CARE (Case management, Advocacy, Resources and Education) Network. Through it, they've fought diligently to help poor and non-English-speaking patients overcome barriers that keep them from managing their chronic illnesses.

By providing social services and support up front, the hospital has been able to drop the number of emergency room visits and hospitalizations while improving the quality of care.

"If individuals are struggling to keep food in the refrigerator or a roof over their heads, they are not going to be interested or concerned with managing their diseases," says Dana Codron, executive director of the hospital's community outreach department. "The most important thing that we can do in disease management is to make sure that their basic needs are being met, and those are food, shelter and mental health."

Queen of the Valley does that by providing its 375 or so clients services from nurses, social workers, aides, and even

LOST IN TRANSLATION: Community care aide Ana Rosa Aranas (left) and case manager Angie Mueller, R.N., help a client in the hospital's community outreach department.

therapists to help patients facing depression stemming from their diseases. CARE has had myriad success, reducing emergency room use by its clients by 77 percent and hospitalizations by 40 percent. Those surveyed also showed a 90 percent uptick in improved self-management and quality of life.

And after their treatment, patients stay connected to a network of support services, says Karen Smith, M.D., public health officer of the Napa County Health and Human Services Agency.

"After that six months of intensive work with the CARE Network, it's not as though you just sign off of that patient's life," Smith says. "They're now plugged into a lot of different community-based organizations that they probably were unaware of."

Queen of the Valley has faced its share of financial difficulties, says CEO Walt Mickens. But it has no intention of cutting the CARE Network because of the success it has demonstrated. "Even in challenging times, this is something we think is such a high priority, not only for the hospital, but for our community. I'd love to see it grow and I'd love to see more partners work with us."

2012 AHA NOVA AWARDS COMMITTEE

LORRAINE C. PRUITT, CHAIRWOMAN

Trustee Abington Memorial Hospital Abington, Pa.

MAUREEN S. KERSMARKI

Director, Community Benefit & Public Policy Florida Hospital Orlando, Fla.

JOSEPH M. LETNAUNCHYN

President and CEO West Virginia Hospital Association Charleston, W.Va

RAYMOND W. MONTGOMERY II

President and CEO White County Medical Center Searcy, Ark.

ROGER J. REAMER

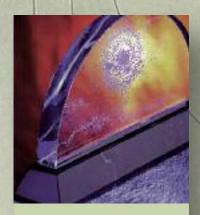
CEO Memorial Health Care Systems Seward, Neb.

DREW SONES

Chair Presbyterian Intercommunity Hospital Whittier, Calif.

MARK R. TOLOSKY

President and CEO Baystate Health Inc. Springfield, Mass.



THE AHA NOVA AWARD

The American Hospital Association honors leadership by its member hospitals and health care systems by presenting AHA NOVA Awards annually to the bright stars of the hospital field that:

- improve community health status

 whether through health care,
 economic or social initiatives
- are collaborative joint efforts among health care systems or hospitals, or among hospitals and other community leaders and organizations.

Awards will be presented in July at the AHA-Health Forum Leadership Summit in San Francisco, Calif. Additional information on the AHA NOVA Awards, including an application for 2013, is available at www.aha.org.



Editorial Director: Mary Grayson Managing Editor: Bill Santamour Senior Editor: Matthew Weinstock Writer: Marty Stempniak Proofreader: Susan Edge-Gumbel Designer: Chuck Lazar Production: Heather Yang Cover Photographer: Blair Jenson

2012 NOVA Awards is published by Health Forum, an American Hospital Association company. The American Hospital Association sponsors the AHA NOVA Award program, along with Hospitals & Health Networks.

© 2012 by Health Forum, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606, all rights reserved. Hospitals & Health Networks is a registered trademark of the American Hospital Association. All materials in this publication are provided for informational purposes only and should not be construed as professional advice.

