

2019

AHA Dick Davidson

NOVAAward

Collaboration for Healthier Communities



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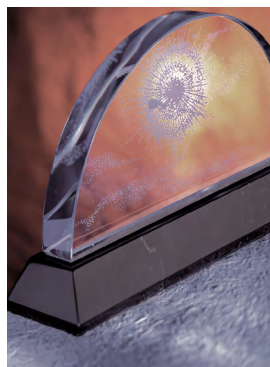
NOVA Award

Collaboration for Healthier Communities

Each year, the American Hospital Association honors as many as five programs led by AHA-member hospitals as “bright stars of the health care field.” Winners are recognized for their work to improve community health status in collaboration with other community stakeholders.

In 2018, the AHA NOVA Award was renamed in memory of Dick Davidson, who led the association as president and CEO from 1991 to 2006. Davidson championed the role of hospitals in improving the health of their communities and drove the creation of this award in 1994.

The AHA Dick Davidson NOVA Award is directed and staffed by the AHA’s Office of the Secretary. The 2020 application will be posted at www.aha.org/nova in late August and due Monday, Nov. 25. Visit the website for more information.



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Support for mothers and babies creates healthy foundation

Nationwide, an estimated 13,000 black infants die each year before their first birthdays, twice the rate of white infants. Ohio's infant mortality rates (IMR) are some of the highest in the nation. The state ranks 48th in the U.S. for overall IMR and 49th in black IMR.

"Our county was among the worst in Ohio for infant mortality, and the mortality for African American babies was significantly higher," said Liz Edmunds, DNP, R.N., executive director of population health with Aultman Hospital.

Edward J. Roth III, president and CEO of Aultman Health Foundation, Thomas Cecconi, president and CEO of Mercy Medical Center (retired) and James Adams, health commissioner for Canton City Public Health, knew something had to be done to improve those numbers. In 2013, they met with other local hospital executives, public health officials and community stakeholders to come up with solutions.

"The group was put together in a way that would be collaborative and would work together to make a difference," Roth said. "Our goal was that every baby in Stark County would have the opportunity to reach [his or her] first birthday."

This led to the creation of the Stark County Toward Health Resiliency for Infant Vitality and Equity (THRIVE) program, managed on behalf of the Stark County community by Canton City Public Health.

The local hospitals provided initial collaborative funding, and additional funders included the Ohio Department of Medicaid and the

March of Dimes.

"We focus on reaching high-risk women, many of whom are African Americans," said Anne Paliswat, MSN, R.N., vice president of nursing professional practice and advocacy with Aultman Hospital. "THRIVE promotes women's health before, during and after pregnancy. We have developed local partnerships to address the health needs of women of child-bearing age in our community."

After conducting a fetal infant-mortality review, the collaborating stakeholders selected interventions that would have the greatest possible impact on overall infant mortality and the disparity between the white and black IMR.

For example, THRIVE offers a program known as CenteringPregnancy that provides group prenatal care and community-based care coordination. The goals include raising awareness of the value of early prenatal care, linking women to prenatal services, addressing barriers to prenatal care and meeting socio-economic needs.

Another THRIVE initiative focuses on safe sleep education, policies and resources to staunch the problem of infants dying at home because of unsafe sleeping conditions.

"I've been very excited to work with our county health department in a program called Cribs for Kids," Paliswat said. "When we identify a family that doesn't have a safe sleep place for their infant, we give them a Pack 'n' Play bassinet. This is a joint community effort, so the other area hospitals also are offering this service."

Such interventions "extend our reach



MEETING A MILESTONE: "Our goal was that every baby in Stark County would have the opportunity to reach [his or her] first birthday," says Edward J. Roth III, president and CEO of Aultman Health Foundation.

outside the hospital to tackle social determinants," Edmunds said.

Other collaborative partners in THRIVE include local school districts, community health providers and faith-based groups.

Statistics indicate that THRIVE has made a positive impact. "The white infant mortality rate in 2012 was 8.5 (per 1,000 live births)," Edmunds said. "In 2018, it was down to 5.8. More significantly, the black infant mortality rate in 2012 was 19.7, and it has been reduced to 7.4."

Other positive results include a 10% in-

crease in the number of pregnant black women in Stark County who entered prenatal care during their first trimester between 2015 and 2016.

"We have the resources necessary to make this a sustainable, ongoing program," Roth said. "Our collaboration is a collaboration of our entire community. And while we're very pleased with our success so far, we know that the job isn't over, and we'll continue to work together so that every baby in the community has the opportunity to reach his or her first birthday." ●

Helping children and families to overcome and prevent violence

Violence was identified as a community health need for Milwaukee County in 2016, but that was not news to the Children's Hospital of Wisconsin (CHW) in Milwaukee.

CHW launched a campaign against violence two decades ago when it founded Project Ujima, aimed at stopping the cycle of violent crimes through individual, family and community interventions and prevention strategies.

"About 20 years ago, one of our emergency department (ED) physicians recognized recidivism among kids coming to our emergency department due to violent events in their lives," said Peggy Troy, the hospital's president and CEO. "Kids were coming back a year or two later as victims of violence, and we knew we could do better."

Project Ujima is one of the first such programs in the nation. Its name comes from the Swahili word meaning "working together," and that's exactly what Project Ujima does as it serves families across Milwaukee County.

"Project Ujima was an opportunity for us to look at the root causes that led up to a child's experiencing a violent situation," Troy said. "How do we work with the family and the community and the school, etc., to make sure we don't see these kids back in for a similar and sometimes more devastating injury?"

Project Ujima serves about 300 youths every year. The 18-month program is tailored to a family's needs and may include home visits, group therapy and art projects.

"This goes deep," Troy said. "What led up to the violent situation? How do we get that

family on it's feet and into resiliency? It's jobs, it's housing, it's food stability. There are many aspects to this."

A recent collaboration brought together Project Ujima participants and staff with the University of Wisconsin–Milwaukee Peck School of the Arts students on two community art projects: a peace banner and the peace paper project.

During the spring semester of 2018, participants created a 3-by-50-foot banner that explored how violence affects our society and what they could do to change it. The banner blended art, portraiture and testimony with such phrases as, "I am better than this" and "My past does not define me."

The peace paper project is an international community arts initiative that uses traditional papermaking as a form of trauma therapy, social engagement and community activism. During the fall semester of 2018, Project Ujima participants created their own paper. Youths brought clothing that was meaningful to them and transformed that clothing into paper. The paper became the backdrop for their portraits and quotes. Some of the quotes they chose were:

- "Live, learn, forgive."
- "Judgment becomes permanent justice."
- "Can't speak for the future."
- "Smart, kind, faithful, strong."

Bridget Clementi, CHW vice president for community health, said many participants in the peace banner project "talked about how important this was for them to reduce the judgments and stereotypes they often felt



SCREEN PRINTING CLASS: Project Ujima serves about 300 youths every year. The 18-month program is tailored to a family's needs and may include home visits, group therapy and art projects.

when people realized they were victims of violence."

After participating in Project Ujima, youth victims of violence showed improvements in such measures as psychological well-being, anger, anxiety and depression. The rate of ED recidivism for Project Ujima participants has remained below 3% since 2004, compared with a much higher national average for youth violence survivors who are not in similar programming. The difference in recidivism demonstrates that the program is successful

in preventing repeat victimization.

Launching such a program requires an "enormous amount of work and dedication, but the benefits are worth it," Troy said. "You need to know your community resources. This is as much about outside your walls as it is inside your walls. You have to have a very robust relationship with community partners." ●

Targeting social determinants of health that cause infant mortality

Health systems, researchers and policy-makers have long attempted to reduce infant mortality rates by improving the quality of prenatal care and access to care, but the United States continues to fall behind.

Infant death rates in Detroit have improved in recent years, but the infant death rate for black babies remains twice as high as the rate for white babies.

"We have stellar, high-quality health care systems that are providing cutting-edge care," said Kimberly Dawn Wisdom, M.D., senior vice president of community health and equity at Henry Ford Health System (HFHS) in Detroit. "But when we look at issues related to infant mortality, we still have a problem that in many instances seems intractable."

In response, HFHS helped launch the Sew Up the Safety Net for Women and Children program in 2011. The program subsequently was rebranded as the Women-Inspired Neighborhood (WIN) Network: Detroit.

"We pulled together a group of stakeholders that consisted of health systems, local and state health departments, academia, community-based organizations and other key community leaders," said Wisdom, who also serves as HFHS chief wellness and diversity officer.

The program is the first in the nation to combine the expertise of community health workers with that of certified nurse midwives. This model allows midwives to connect patients with social services and community health worker-based support.

"The issues that cause the disparity in infant mortality between black women and white

women constitute a very dynamic problem, and our approach to it was to come up with dynamic solutions that would look at more than just the medical model of addressing it," said Jaye Clement, HFHS director of community health programs and strategies. "The community health worker was, for us, a solution in that regard, because of their relationships with community stakeholders, partners and residents."

Midwives were incorporated into the program because "in their approach to care, midwives tend to be more community focused, more focused on educating women about their care," said Wright Lassiter III, president and CEO of the system. "We believe very strongly that the combination of certified nurse midwives with community health workers creates a very synergistic, collaborative approach to reducing the specter of high infant mortality in the city of Detroit, and particularly in communities of color."

The WIN Network program includes 10 sessions of group prenatal care instruction, based on the CenteringPregnancy curriculum. In addition, a home-visiting curriculum guide was developed by WIN Network in partnership with a comprehensive team of HFHS clinical, community and research staff.

Participants receive information around social determinants of health as to how to navigate community resources, health literacy, budget management and goal setting.

The WIN Network has received more than \$4 million in grants since its inception. Original funders included the Robert Wood Johnson Foundation's Local Funding Partnership, The Kresge Foundation, W.K. Kellogg Foundation, the



MIDWIFE SUPPORT: The WIN Network program is the first in the nation to combine the expertise of community health workers with that of certified nurse midwives. This model allows midwives to connect patients with social services and community health worker-based support.

four major health systems serving Detroit in an unprecedented collaboration, as well as several other foundations. Recent and current funders include the Michigan Health Endowment Fund, March of Dimes Foundation–Michigan Chapter, Rita & Alex Hillman Foundation and the DMC Foundation.

The impact of the WIN Network and enhanced group prenatal care can be seen in immediate birth outcomes, along with wellness indicators assessed during the infant's first year of life. As of September 2018, 156 eligible women had enrolled in the enhanced group prenatal care program. Among those partici-

pants, zero preventable deaths were reported in connection with 114 births for which hospital information was available.

In 2016, 14.5% of babies born in Detroit had a low birthweight and 14% of births were preterm. But of the babies born to WIN Network participants that year, only 7% had a low birthweight and only 4.4% were preterm.

"What I look forward to in the future of our program is even greater collaboration beyond Henry Ford and beyond the area we've touched thus far, so that we can dramatically impact the overall infant mortality rate of southeast Michigan," Lassiter said. ●

Homeless center provides emergency shelter and a path to a better life

Cities throughout the United States are dotted with shelters for domestic-violence victims, but what about individuals needing emergency shelter due to other crises?

To meet the needs of those in the latter category, Mercyhealth opened the House of Mercy more than 20 years ago. It is the only single-women/family shelter in the southern Wisconsin-northern Illinois region that is not specifically set up for victims of domestic violence, and it is believed to be the only hospital-owned and -operated homeless center in the nation.

"In the mid-1990s, I noticed that many people coming to the emergency room at our Janesville hospital listed their car as their home address," said Javon R. Bea, Mercyhealth president and CEO. "I knew we had to do something more than care for their health care needs, so I made it my personal mission and vision to help homeless individuals in our community."

Mercyhealth donated a campus building and renovated it into a 25-bed residential facility in 1996, providing 30-day emergency shelter to single women and families.

"When you think about the challenges of homeless individuals, especially those who are rent-burdened or have a history of eviction, often those individuals end up living in their cars," said Tammie King-Johnson, manager of the House of Mercy. "Unfortunately, they sometimes end up living in the street. We're able to address the needs of a very high-risk population that struggles with being both

homeless and ill at times. Having an adequate emergency shelter for them saves lives."

And while an emergency shelter can mean the difference between life and death, the House of Mercy goes beyond that. "We also work with residents of the shelter to help them develop an individualized plan to achieve permanent housing," King-Johnson said.

Residents receive services from a housing resource counselor and a social worker. Support services have grown to include case management, child care, outpatient health services, behavioral health services, substance-use treatment, educational services, transportation and life-skills training.

"We provide financial support for rent assistance when folks leave the shelter," King-Johnson said. "We often will provide some financial assistance to address ongoing medical needs. We partner with a local dentist to provide free dental services to our residents."

The House of Mercy recently introduced a Nurturing Parenting program. "We are working with our parents every day to help build their level of resilience and increase their ability to successfully parent their children," King-Johnson said. "The goal is to help them develop strategies that will lead to a reduction in abuse and neglect of children."

Current partners with the House of Mercy include Rock County Human Services Department, Rock County Job Center, the Rock County Homeless Intervention Task Force, ECHO food pantry, the Salvation Army, Legal Action of Wisconsin, local colleges and school



EMERGENCY SHELTER: Javon R. Bea (center), Mercyhealth president and CEO, said, "I knew we had to do something more than care for their health care needs, so I made it my personal mission and vision to help homeless individuals in our community."

districts and various free clinics and substance-use programs.

"We've been able to house more than 7,000 individuals, and we've provided more than 200,000 emergency shelter nights," King-Johnson said. "What's unique about that is we're able to do that with a very small staff and a committed group of volunteers."

Clients' self-sufficiency scores are calculated upon arrival and discharge, and nearly all clients demonstrate improvement.

The lion's share of funding for the House of Mercy comes from private donations, including money donated by Mercyhealth em-

ployees, King-Johnson said. The House of Mercy also is supported by Mercyhealth employees who volunteer at the homeless center.

King-Johnson thinks other health systems could elicit the same kind of response from their employees for such an undertaking.

"We pride ourselves at Mercyhealth on being servant leaders, and I think that's the general consensus for most health systems across the country," she said. "This is a way to put your servant leadership into action." ●

Evidence-based initiatives on childhood obesity and other social influences

Experts across the spectrum of health care agree that the root causes of poor health must be addressed to make a transformative, healing impact on U.S. communities, especially for those who are poor and vulnerable.

With that in mind, Livonia, Mich.-based Trinity Health in 2016 launched the Transforming Communities Initiative (TCI), the health system's first major investment to employ policy, system and environmental change strategies to improve health.

"In a health system, traditionally everybody is very comfortable addressing clinical needs and managing specific conditions," said Mouhanad Hammami, M.D., Trinity Health's senior vice president of safety net transformation, community health and well-being. "But unless we're addressing the conditions in which patients live and their societal influences, our treatment is going to be incomplete."

The five-year TCI strategy consists of six initiatives:

- Raising the nicotine/tobacco product purchase age to 21 and other tobacco-control policies.
- Complete Streets policies to make roads safe and accessible for all.
- Improving nutrition standards in early-childhood settings.
- School wellness policies to increase physical activity.
- Enhancement of breastfeeding policies to support breastfeeding.
- Healthier food and beverage options in schools and communities.

"These six evidence-based strategies have been proven to, at a rapid pace, improve

the health of individuals," said Jaime Dirksen, Trinity Health vice president of community health and well-being. "Because tobacco is the leading cause of preventable death in our country, we wanted to pursue policies such as Tobacco 21 to effect change in our communities."

Funding for the \$65 million program includes \$18 million from Trinity Health's Community Health Institute and \$7 million from community match dollars.

TCI has been implemented in eight communities across the country where Trinity Health operates hospitals: Boise, Idaho; Fresno, Calif.; Hartford, Conn.; Maywood, Ill.; Silver Spring, Md.; Springfield, Mass.; Syracuse, N.Y.; and Trenton, N.J.

The population within these communities is estimated at 2.24 million. All eight communities are faced with a 20-45% poverty rate; high unemployment; high levels of food insecurity; and large racial/ethnic populations experiencing significant health inequities.

Each community receives a grant of up to \$450,000 a year for five years. Trinity Health contracts with the local Trinity Health hospital and a local community-based organization, both of which are responsible for the fiscal and operational oversight of the grant. Funded communities also receive other supportive services, including technical assistance from national partners and Trinity Health staff.

The outcomes of the program thus far:

- In seven states and numerous counties and/or local jurisdictions, policies have been adopted to raise the tobacco purchasing age from 18 to 21.



HEALTHY EATING: Participants in Fresno's Cooking Matters class learn to prepare healthy meal options in a six-week course.

- In Syracuse, the TCI team is working with eight "corner" neighborhood stores to increase access to healthful food options. All except one are within 1,000 feet of a school. During the first year, participating stores received minigrant funding for such items as refrigeration units, produce baskets and healthful food promotion signs.
- In a variety of school districts, TCI efforts are helping schools make significant gains in child safety, nutrition and fitness.
- In Boise, the city leveraged data collected through TCI to obtain a \$250,000 Safe Routes to School grant to construct the first bike lane

with a curb and gutter along a 1-mile stretch in front of a community school.

- New Jersey and Idaho passed legislation defining breastfeeding as a civil right and protecting breastfeeding mothers from indecent exposure.

The positive outcomes would not be possible without collaboration, Hammami said. "No health system can or should do this on its own. It takes collaboration with our community partners and stakeholders, and getting support from policymakers and legislators. The recipe for any health system is that you start with the community and partnerships, and the rest is easy." ●



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