2020

AHA Dick Davidson

NOVA Award

Collaboration for Healthier Communities

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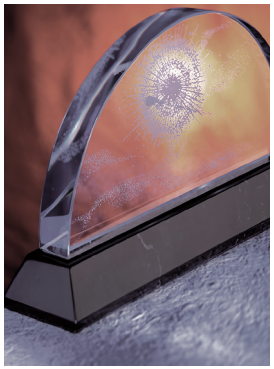
Each year, the American Hospital Association honors up to five programs led by AHA-member hospitals as "bright stars of the health care field." Winners are recognized for their work to improve community health status in collaboration with other community stakeholders.

In 2018, the AHA NOVA Award was renamed in memory of Dick Davidson, who led the Association as president and CEO from 1991 to 2007. 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. Visit www.aha.org/nova for more information.



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Connecting the dots between health and housing

On any given night, Baltimore is home to approximately 2,500 homeless people. Their lack of stable housing makes them more likely to get sick and need emergency care.

"On average, we see 200 visits from patients experiencing homelessness every month," said Redonda Miller, M.D., president of The Johns Hopkins Hospital. "If hospitalization was not necessary, we would try our best to connect them with temporary housing and special services. But if patients don't have a phone and don't know where they're going to be in three nights, how can they reliably receive the care they need?"

This unavoidable intersection between housing and health has motivated a partnership among Baltimore City, Health Care for the Homeless, The Johns Hopkins Hospital and every other hospital in the city of Baltimore — John Hopkins Bayview Medical Center, Medstar Good Samaritan Hospital, Medstar Harbor Hospital, Medstar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, Sinai Hospital, University of Maryland Medical Center and University of Maryland Medical Center Midtown Campus — with a goal to provide both the homes and intensive supportive services needed to help prevent a return to homelessness.

This nonprofit organization helps people find housing and delivers supportive services like home health care visits; transportation and education; treatment for substance use and mental health issues; and other wraparound services.

Health Care for the Homeless traces its history to 1985, when it was created as part of a Robert Wood Johnson Foundation research demonstration project. The founding board members of the organization included the late Dick Davidson, who retired as president of the American Hospital Association in 2007 after serving for 16 years.

Baltimore hospitals were involved in Health Care for the Homeless from the beginning and their support for both the organization and for initiatives that will help improve the health of individuals experiencing homelessness has been unwavering. "They helped to launch our organization and nurtured it along the way," said Kevin Lindamood, president and CEO of Health Care for the Homeless.

The latest partnership between the city's hospitals, Health Care for the Homeless, and the city of Baltimore is a program to provide 200 homes and supportive services for individuals and families experiencing homelessness.

"It's just a natural extension of our legacy mission and our current vision for compassionate care," said David Maine, M.D., president and CEO of Mercy Medical Center, one of the hospital partners in Baltimore.

The pilot program is entitled Assistance in Community Integration Services. Discussions began in 2018 and the program got underway in 2019. The city connects individuals with housing, and Health Care for the Homeless helps people apply to the city for housing and provides supportive services.

Baltimore hospitals play a crucial role in this program. They fund required local Medicaid matching money, refer patients to the program and provide oversight through a steering committee. "The hospitals wanted to do more to end homelessness," Lindamood said. "There's a growing understanding that housing with supportive services can improve health as well as end homelessness."

Photo courtesy of Health Care for the Homeless

NO PLACE TO CALL HOME: Health Care for the Homeless helps people find housing and delivers supportive services like home health care visits; transportation and education; treatment for substance use and mental health issues; and other wraparound services.

What makes the program unique is that all the hospitals in a local jurisdiction collaborate to invest in it. "This is the first time hospital presidents in the city of Baltimore have worked together like this," Miller said. "I'm a firm believer in partnerships as we tackle social determinants of health."

Thus far, the program has provided 121 homes that house 202 people. "The goal is 200 homes," Miller said. "The program will be evaluated at the end of 2021. At that point, there will be a discussion about continuing and expanding the program."

Homeless persons have been especially vulnerable to the COVID-19 pandemic, Lindamood said. "Case managers have been contacting clients twice a week and make sure they have the resources they need. We're working with the Maryland Food Bank on a collaboration to ensure that people have greater access to fresh foods."

The program is replicable by other communities, Miller said. "When front-line staff and hospital executives speak to the same community-based priorities, such as addressing homelessness and other social issues, the path for change becomes much clearer." ●

WINNER **CARILION CLINIC** | Roanoke, Va.

Addressing the social determinants of health

Healthy Roanoke Valley (HRV) was formed in 2012 after disturbing disparities emerged from the Roanoke Valley Community Health Assessment conducted by Carilion Clinic. The city of Roanoke fell below the rest of the region, and two specific areas within the city were plagued with much poorer health outcomes and higher levels of poverty.

These poor health results were reflected in statistics on death rates, asthma, smoking, obesity, blood pressure, cholesterol, chronic illnesses and other factors.

"That health assessment pointed to shortfalls in access to health care, coordination of health care, and behaviors that are unhealthy," said Nancy Howell Agee, president and CEO of Carilion Clinic, which was a founding member of HRV and continues to provide leadership through its steering committee, action teams and funding.

The 2018 Community Health Assessment identified social determinants of health as growing priorities, replacing access to health services as the greatest need.

"So much of our assessments in the early years were around access to medical care and medical conditions," said Shirley Holland, Carilion Clinic vice president of planning and community development. "But as we learn more, we're understanding that the root causes are where we need to be focusing."

Today, the work of HRV utilizes evidenced-based strategies that address the social determinants of health. Participants in the 12-week Fresh Foods Rx program receive nutrition and health education in the primary care setting and weekly prescriptions for fresh fruits and vegetables. Clinic staff recruit patients to participate based on demographics (residents of medically underserved areas who are low-income, uninsured or publicly insured) and diagnoses (obesity and/or diabetes) to ensure inclusion of the target population.

Participants in HRV's Pathways HUB program receive home visits from community health workers who connect them with medical homes, social services referrals, job skill training and other resources.

Healthy Roanoke Valley, a collaborative of more than 50 community organizations, has yielded positive results. Fresh Foods Rx participants have become more aware of the importance of eating fresh fruits and vegetables and have experienced reductions in poor health markers. Thirty-two percent of participants in the first year and 50% of participants in the second year reported an increase in fruit and vegetable consumption, which led to improved health markers.

The Pathways HUB program has enabled at least 543 community members to access health care, social services, education and employment. During an 18-month pilot program, enrolled clients saw a 67% decrease in avoidable emergency department visits. The pilot ended in November 2017 and funding has been sustained by United Way of Roanoke Valley (UWRV), which now is the coordinator of Healthy Roanoke Valley.

"The beauty of this partnership is we came together not because somebody told us to, but because as community members, it was the right thing to do," said Pat Young, director of family health strategies for UWRV.

Photo courtesy of Carilion Clinic/Shutterstock

EATING RIGHT: Participants in the 12-week Fresh Foods Rx program receive nutrition and health education in the primary care setting and weekly prescriptions for fresh fruits and vegetables.

The commitment of the various partners also proved helpful when the COVID-19 pandemic hit.

"There are weekly calls and offline discussions where we talk about personal protective equipment, health care access, food access, child care and utilities," said Abby Hamilton, president and CEO of UWRV. "They are all social determinants of health."

Amy Michals, Carilion's community health and outreach analyst, said, "The thing that is most unique and special about Healthy Roanoke Valley is the energy and cross-sector involvement in this collaboration."

Holland said all elements of Healthy Roanoke Valley are replicable by other communities that commit to building trust and foundational relationships. "Our ability to transcend our individual organizations' goals and agendas goes back to our commitment to a shared purpose and vision. We keep our eye on what we're trying to achieve, focusing on improving the health status of the community." ●

WINNER **HACKENSACK MERIDIAN SCHOOL OF MEDICINE** | Edison, N.J.

Infusing the Human Dimension into medical education

Throughout the history of medical education, the lion's share of training dealt with diagnosing and treating illnesses. Medical education still hinges on those skills, but recent years have seen schools place increasing emphasis on the social determinants of health.

A case in point is the Human Dimension course at Hackensack Meridian School of Medicine, which welcomed its first class of students in 2018. The three-year course links student pairs with individuals and families in medically underserved areas, through longitudinal interactions over the core curriculum. Students become involved in a family's life to understand drivers of health outcomes, provide education and navigate community resources.

"Medical schools across the U.S. are beginning to integrate the teaching of socio-economic and behavioral factors of health to all medical students," said Bonita Stanton, M.D., the founding and current dean of Hackensack Meridian. "We have integrated Human Dimension into our curriculum as a core course. All of our medical students, regardless of their specialty, have to understand the importance of socio-economic and behavioral factors in health, well-being and illness."

The Human Dimension course, which includes more than 80 community partners, grew out of the need to "create healthier communities and make sure the physicians of tomorrow recognize that prevention in health care is as important as treatment," said Robert C. Garrett, CEO of Hackensack Meridian Health. "It's going to take a new approach. We are doubling down on the social determinants of health, and the Human Dimension program has provided us a great framework for that."

Through this course, a pair of students enter the worlds of two families. They meet in the families' homes and become involved in their lives, identifying medical and nonmedical needs. They will help families apply for food stamps, for example. If there are legal issues, the students will partner the families with Seton Hall Law School personnel.

"We've heard testimonials from families and students on the impact it is having," Garrett said. "In one case, students educated a woman from one of our underserved communities about proper nutrition to better manage her diabetes. She lost a considerable amount of weight and needed less medication. She was so grateful."

While other medical schools have come to realize the importance of social determinants of health, the Human Dimension program is unique in that students are assigned to specific families for three years.

"They get to know each other as people," Stanton said. "The families come to understand the kinds of things the students are thinking about and learning about. The students, through their partnerships with these families, develop partnerships with organizations in the communities. And the students see the impact they make when they impart knowledge about how to improve health."

Among the 60 students in the inaugural class and 90 students in second class, the 75 student pairs are serving 150 families.

Photo courtesy of Hackensack Meridian School of Medicine

HOUSING SUPPORT: Members of the Human Dimension course help a local builder install vinyl siding on the home of one of the families participating in the program.

In response to the COVID-19 pandemic, participating students launched 12 community initiatives. "They held virtual town halls for seniors, teaching them about COVID-19," Stanton said. "They made sure isolated seniors had food and people to talk to. By remaining in contact with these patients, our students were able to help them become acquainted with the whole process of telemedicine, so that they can better access the health care system."

Keys to replicating the program include dedicated staff who develop and maintain community relationships that lead to immersion experiences for students, Stanton said.

"We advocate involving community members as much as possible from the very beginning of the program. We propose a shared goal in the broader health care community of eliminating disparities in health care outcomes. We believe we can achieve this by humanizing health care." ●

WINNER **MEMORIAL HEALTHCARE SYSTEM** | Hollywood, Fla.

Helping pregnant women beat drug addiction and deliver healthy babies

One of the most tragic statistics of the U.S. opioid epidemic is that every 25 minutes, a baby withdrawing from an opioid is born.

In Broward County, Fla., where Memorial Healthcare System operates one of the largest hospitals in the state, the number of babies born with neonatal abstinence syndrome reached 600 in 2015.

"We deliver about 55% of all the babies in Broward County," said Aurelio Fernandez III, Memorial Healthcare System president and CEO. "We were seeing mothers who needed detox and a way to have healthy babies delivered."

Other health providers in the community saw the same problem, said Tammy Tucker, Psy.D., associate administrator of Memorial Regional Hospital. "They approached us, seeking some type of program. We're a safety net hospital and this need resonated with us. We got together with others in the community, physicians and pharmacists and psychiatrists, and figured out a program."

The Mothers in Recovery program was launched in 2015. It provides rapid access to opioid-addiction treatment for pregnant women through Memorial's five emergency departments. Patients also can be referred to the program by community partner organizations, obstetricians and gynecologists.

The program is unique in that it offers an evidence-based, phased approach to treating substance-use disorders in pregnancy. It combines approved medications with recovery support services, psychopharmacology/medication management and psychotherapy services. Prenatal care is integrated with substance-use treatment at all touch points of care.

Mothers in Recovery includes a five-to-seven-day inpatient hospital admission, coordinated obstetric care and fetal surveillance, daily outpatient treatment and supportive housing. The result is a medical health home for pregnant women, along with services that address factors like housing and food.

"We believe in continuity of care," said Claudia Vicencio, Ph.D., LCSW, LMFT, director of behavioral health clinical services at Memorial Healthcare. "We're providing treatment that isn't just focused on the substance-abuse component, but looks at the whole person."

This wraparound approach is coordinated by a navigator — a licensed mental health counselor who works with each patient through all stages of treatment.

"The navigator is critical in getting the patient from the emergency department to the inpatient unit and setting up the transition through different levels of care," said Alberto Augsten, Pharm.D., clinical pharmacy manager of Memorial Regional Hospital. "It doesn't matter what time of day the patient presents or what substance they're using, the same process is in place."

Tucker, who leads the Mothers in Recovery program, said, "Wraparound services are key, because the detoxification quite honestly is the easy part. The hard part is sustaining it and getting one's life put back together."

Mothers in Recovery served 146 pregnant women between May 2015 and the end of May this year. Of 137 babies born to those patients, 125 (91%) were born drug-free. The number of post-partum women who remain drug free continues to increase — 92% at three months, 67% at six months and 58% at 12 months.

Getty Images

MOTHERS IN RECOVERY: The program provides rapid access to opioid addiction treatment for pregnant women through Memorial's five emergency departments. Patients also can be referred to the program by community partner organizations, obstetricians and gynecologists.

"The program is very safe," Augsten said. "We have had zero negative outcomes. We're giving the mom, baby and family a chance at recovery and a life worth living."

The COVID-19 pandemic presented challenges to the Mothers in Recovery program, but services continued. "We moved early on to provide some services via Webex or telehealth," Vicencio said. "Some patients had limited access to electronics, so we had to make sure people were still able to come in and see us face-to-face."

Memorial Healthcare System is participating in the Florida Perinatal Quality Collaborative's Maternal Opioid Recovery Effort to help all Florida hospitals provide evidence-based care for mothers with opioid-use disorder and their babies.

"This is a model for other institutions to adopt and embrace," Fernandez said. ●

WINNER **VAIL HEALTH** | Vail, Colo.

Eliminating barriers and increasing access to behavioral health care

Mountain towns across the western United States can boast of beautiful scenery and bucolic lifestyles, but they also stand out as hot spots in the nation's "suicide belt."

Vail, Colo., located in Eagle County, is no exception. Eagle County lost 16 people to suicide in 2017 and 17 people in 2018, up 183% from historical averages.

These alarming numbers spotlighted shortcomings in the area's behavioral health care infrastructure. In response, Vail Health started Eagle Valley Behavioral Health (EVBH) in 2019.

"We didn't have a comprehensive behavioral health system in this valley," said Chris Lindley, executive director of Eagle Valley Behavioral Health. "We all came together as a community — law enforcement, the school district, private citizens, local employers — to address this crisis. But only the hospital could effectively lead this."

Will Cook, president and CEO of Vail Health, likened the valley's suicides to the frequent fires that break out in the area. "We needed to figure out ways to put out the fires, and how to do parallel work in fire mitigation."

Today, EVBH is integrating a previously fragmented and inadequate behavioral health system. It strives to eliminate barriers and increase access to behavioral health care by targeting all segments of the social, environmental and health care continuum.

EVBH is unique in that it is a collaborative behavioral health effort that grew out of a grassroots model. It serves as a central hub for all things related to behavioral health.

In its first eight months of operation, EVBH launched an anti-stigma marketing campaign; successfully advocated for an Eagle County tobacco tax to fund public health services; and increased the number of behavioral health providers in the community by 50%.

Early this year, EVBH started a communitywide scholarship program known as Olivia's Fund, named after a 13-year-old girl who took her own life. That tragic event "pulled everybody together," Cook said.

Olivia's Fund provides financial assistance to anyone who lives or works in Eagle County to help pay for mental health and/or substance-use services, for up to six outpatient sessions per person per year. The scholarship funds are provided by private donors and foundations.

The fund so far has served more than 100 individuals. "What's very different about our scholarship fund is we've contracted with every single behavioral health provider in the community," Cook said. "We're paying fair market rates to the providers to ensure [that] we have the best."

Cook said half the scholarships have gone to persons whose primary language is Spanish, noting that Spanish speakers represent 30% to 40% of the local community.

During the program's first year, Vail Health saw a 70% reduction in behavioral health crisis transports to its emergency department.

EVBH has worked with the Eagle County Schools and the Hope Center to place one full-time behavioral health clinician in every middle school and high school in the district. In the first year, the clinicians had 2,930 interactions with the students, a majority of whom were in the sixth through eighth grades. Twenty-four percent of the students seen by the clinicians were deemed a high risk for suicide.

Plans are underway to build a cross-functional behavioral health facility, and EVBH is working on ways to integrate electronic health records for both physical and mental health.

After the COVID-19 pandemic struck, EVBH launched a website (www.communitystream.org) to further connect the community. The site includes livestream community events focusing on such topics as fitness, cooking, music and wellness.

While Vail Health took the lead, Cook stressed that communitywide participation was crucial in the effort to improve behavioral health.

"When you pull a community together, you can do great things," he said. "We encourage every community to work together to address this." ●

Dominique Taylor Photography

CHANGE AGENTS: Vail Health officials join representatives from various community entities engaged in the effort to improve behavioral health programs in Eagle County. Shown (left to right) are Eagle County Commissioner Matt Scherr; Vail Health President and CEO Will Cook; Vail Health Executive Director of Special Projects Doris Kirchner; Executive Director of Eagle Valley Behavioral Health Chris Lindley; Eagle County Commissioner Jeanne McQueeney; former Vail Health Board of Directors Chair Mike Shannon and Eagle County Commissioner Kathy Chandler-Henry.

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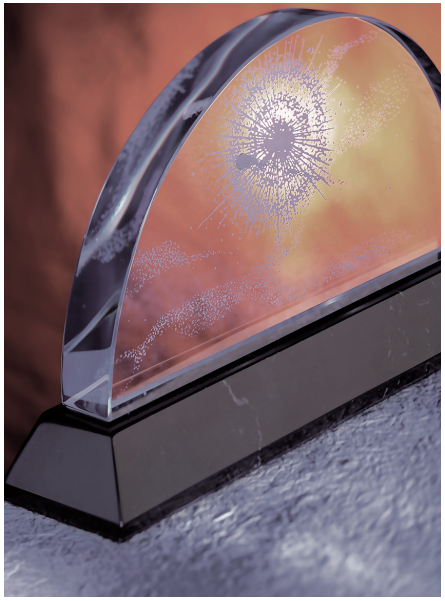

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