

2004 Foster G. McGraw Prize



Winner:
**HENRY FORD
HEALTH SYSTEM,
DETROIT, MICHIGAN**

Praise for the Henry Ford Health System bubbles up freely from its community partners and program directors. "This wouldn't have happened without them agreeing to take on a new nonprofit and support it," says Penny Bailer, executive director of City Year Detroit, a program that places about 70 young adult volunteers in Detroit public schools each year to tutor students and lead after-school programs. Henry Ford was instrumental in starting City Year Detroit and in the initiative's five-year existence has provided \$650,000 in direct funding plus in-kind support valued at an estimated \$150,000 annually.

The program has served more than 14,000 children through tutoring, after-school programs and Camp City Year, a day program held during spring break. Evaluation surveys indicate that at least 75 percent of children

tutored by City Year volunteers improved test scores by one academic year. In addition, volunteers participate in what Bailer calls "transforming activities" with groups like Habitat for Humanity and Motor City Blight Busters. The volunteers leave with leadership skills and life experiences that will serve them well throughout their careers. Bailer believes City Year Detroit pays even greater dividends by exposing the children to positive role models, grooming the volunteers for life-long public service and inspiring the community to pitch in.

The achievements of the Henry Ford's School-Based Health Initiative illustrate the health system's unwavering commitment, according to Kathleen Conway, administrator of pediatrics and director of the initiative. "When I first came, people told

ARTICLE BY GINA ROLLINS

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CITY YEAR TUTORS: *Henry Ford was instrumental in starting City Year Detroit, which, in the initiative's five-year existence, has provided \$650,000 in direct funding, plus in-kind support valued at an estimated \$150,000 annually.*

me there was no way I would get this program set up. But because of the support of the health system, it put us on the map. Otherwise, we would have been this little program on the side," she says. In 10 years of operation, the Initiative has established 10 public-school-based health centers and partnered with other health systems to launch three additional clinics, which those organizations now operate.

The clinics provide primary care, education and counseling for nearly 20,000 students each year and have racked up some impressive outcomes. Schools with health centers boast at or near 100 percent immunization rates and have 23 percent higher standardized test scores than schools without clinics. In addition, school-specific interventions have demonstrated higher grade point averages among asthmatics, decreased pregnancy rates and fewer violent incidents.

Overall, the clinics have been a "stabilizing influence in the schools," Conway says. Significantly, the program also enables Henry Ford to provide care in less costly settings while boosting its image in the community. "People see that we're not just talking the talk but walking the walk," says Conway.

City Year Detroit and the School-Based Health Initiative are just two in a constellation of activities Detroit's largest health sys-

tem has undertaken to improve the lives and health of the city's disadvantaged citizens. The organization's commitment to the community has remained steadfast despite hard economic times and changes in leadership. In recognition of these efforts, Henry Ford was selected as the winner of the 2004 Foster G. McGaw Prize for excellence in community service. The \$100,000 award is sponsored by the American Hospital Association; the Baxter International Foundation, Deerfield, Ill.; and Cardinal Health Foundation, Dublin, Ohio.

SUSTAINED COMMITMENT

The roots of Henry Ford's community involvement extend from its founding in 1915 by its namesake, automotive titan Henry Ford. Ford started the hospital—his first major philanthropic venture—to improve the health of metro Detroit. Many of its modern-day efforts started under the watch of president emeritus Gail Warden, who led the organization from 1988 to 2003. His successor, Nancy Schlichting, credits Warden not only for his wisdom in establishing the initiatives but also for sustaining them even during bleak financial periods. "When we experi-



MEN'S HEALTH: *The African American Initiative for Male Health Improvement started when an emergency-medicine physician kept seeing large numbers of African-Americans show up in the emergency department with advanced diabetes and other chronic conditions. After more than five years of operation, the initiative offers mobile clinics throughout the city and has two community-based health centers.*

enced tough times and the budget was tight, it wasn't easy to continue [these programs], but because of who he is and what he cares about, we found a way to do so," she says.

In 2001, the system lost a record \$87.7 million and went through an intensive turnaround process that included a layoff of about 1,000 employees and the closure of two medical centers and a behavioral health facility. During this period, recalls City Year Detroit's Bailer, "there was never a hint that cutting our support was even considered. They never wavered." With the system back in the black (it had net income of nearly \$12 million in 2003) Schlichting is looking for opportunities for greater synergy in its community endeavors. "We've created a community forum and brought together all the players with the idea of a more seamless, integrated model that will have more impact," she says.

NO MASTER PLAN

According to Schlichting, there was no master plan for developing Henry Ford's outreach activities. "Each program has a different story, but all have in common the combination of opportunity, talent and initiative of individual leaders. They're also examples of

where leadership existed and could be sustained," she says.

The African American Initiative for Male Health Improvement (AIM^{HI}) started when then-emergency-medicine physician Kimberlydawn Wisdom, M.D., kept seeing large numbers of African-Americans show up in the emergency department with advanced diabetes and other chronic conditions and little understanding of their diseases. She orchestrated an educational campaign in partnership with Detroit-area churches and then, step by step, built on that success. After more than five years of operation, the initiative offers mobile clinics throughout the city and has two community-based health centers.

AIM^{HI} has carried out more than 150 screening clinics and reached nearly 8,000 people, about one-third of whom had abnormal test results. The program also offers culturally appropriate health education and support groups. Although it has special outreach to male African-Americans, AIM^{HI} screens and educates any adult regardless of gender or race.

Community partnerships are a hallmark of the program, and a key to its success, says Denise White-Perkins, M.D., director of the Institute on Multicultural Health. "We built on community



NUTRITIONAL TALKS: A nutritionist shops with AIM^{HI} members at a local supermarket explaining the dietary and nutritional values of various products they select and how to read and understand FDA labeling as it pertains to their specific diets.

relationships so that we weren't just an island saying 'this is a great Henry Ford Health System program—why don't you come?'" she explains. Henry Ford also filled the breach when the program's main outside funding source, the Michigan Department of Community Health, cut its support by more than half.

FORTIFYING THE SAFETY NET

The Detroit Wayne County Health Authority was born out of the need to bolster the city's faltering health care infrastructure and right deep-rooted resource imbalances.

Between 1980 and 2000, Detroit lost one-fifth of its population, but the number of uninsured residents climbed and now is approximately 11 percent of the city's population, double the statewide rate. Similarly, the percentage of people in Detroit with commercial insurance—35 percent—is about half that of the state as a whole. Primary care resources and providers are in short supply and health indicators among the city's disadvantaged are worsening.

The scope of the challenge led civic leaders to create the authority in 2004 to improve health care access and quality for

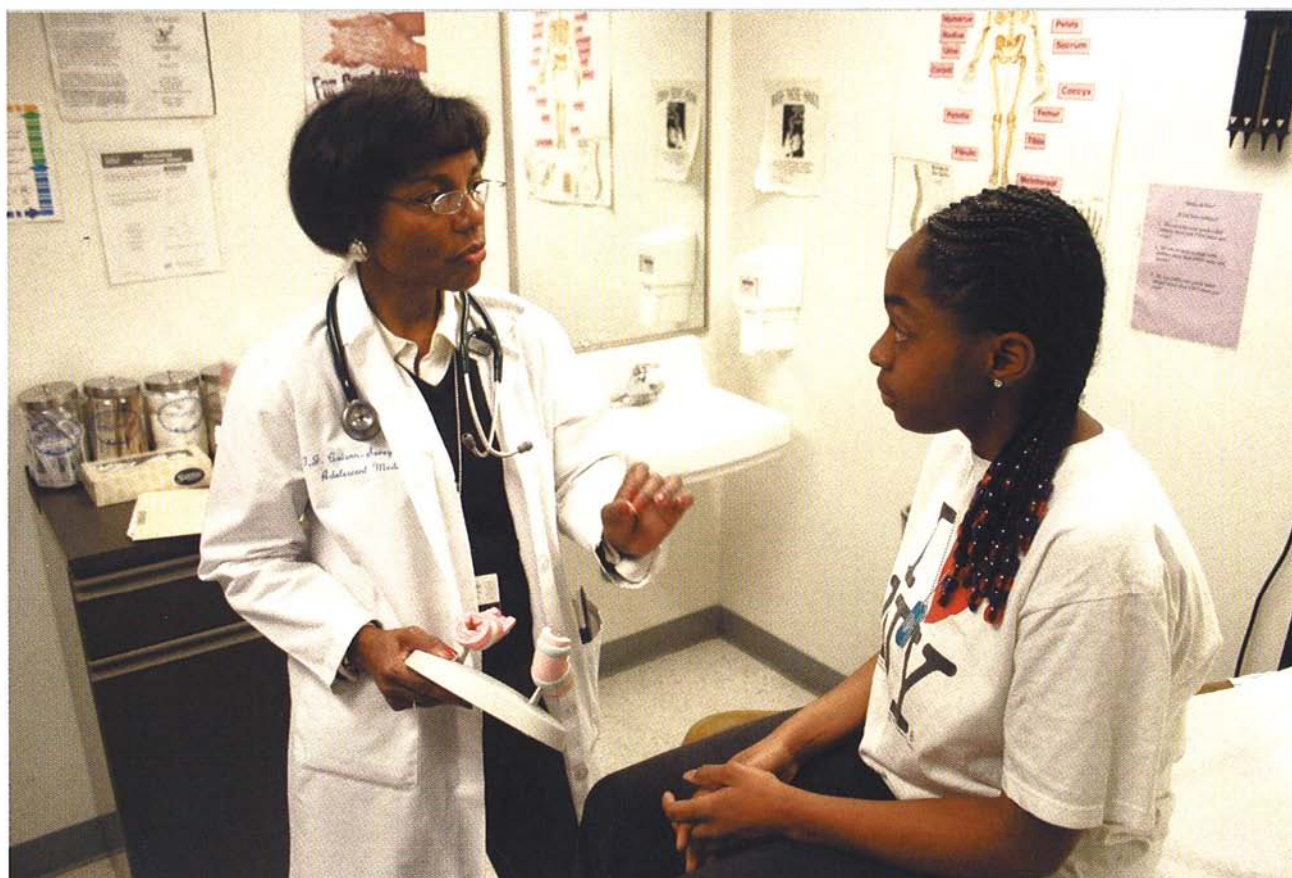
people who either lacked insurance or were covered by Medicaid. The public-private partnership includes city, county and state agencies; six area hospitals; labor unions; religious leaders; and insurers.

Among the authority's goals: creating a more effective health care delivery system, decreasing the overall cost of care, improving access to primary care and improving care quality throughout the delivery system. In 2004, Henry Ford pledged \$50,000 to the initiative and Schlichting, Warden and two other top executives are actively involved.

EDUCATING THE COMMUNITY

SandCastles, a grief support program for children and their parents, was the vision of Sondra Seely, a pioneer of the hospice movement in Michigan. She had long wanted to set up a grief program for children who had lost loved ones. After meeting Peggy Nielsen in 1996, Seely, founder and administrator (now retired) of Hospices of Henry Ford, was able to make her dream a reality.

The manager of SandCastles since its inception in 1997, Nielsen had just moved to Detroit at the time and had experience in the nascent children's grief field. Together, Nielsen and Seely constructed a program that has served more than 700 families and 2,000 indi-



SCHOOL-BASED HEALTH INITIATIVE: *The clinics provide primary care, education and counseling for nearly 20,000 students each year. Schools with health centers boast at or near 100 percent immunization rates and have 23 percent higher standardized test scores than schools without clinics.*

viduals throughout Southeastern Michigan.

SandCastles is open to all children regardless of whether their families have received services through Hospices of Henry Ford. They attend biweekly support sessions chock-full of self-exploration, personal expression and creative problem-solving activities. The programs take place at seven sites throughout metro Detroit, including schools and churches. Families may participate as long as needed; most do so for about a year, Nielsen says.

In addition, SandCastles works one-on-one to mediate real-life situations. For instance, one young girl's grief led to frequent stomach aches, for which she would be dismissed from school. With help from SandCastles, she and her teacher developed a signal so she could leave the classroom when overcome with grief, talk with a counselor and be able to return to class.

Aside from the direct benefit to grieving children and families, SandCastles serves a broader purpose. "Our society is not comfortable dealing with death and grief, and we try to educate the community at large about how to handle it," Nielsen says.

As much as Henry Ford has given to the community, its efforts also have been self-enriching in the best sense of the word. "We've learned that we can be community leaders and create value without being overwhelming to the community," Schlichting says. "Another lesson is that we don't have a lock on good ideas. With each initiative, we've learned more than we ever thought we would, and it's taught us to be open to patients, other providers and the community." ●

Gina Rollins is a freelance writer based in Silver Spring, Md.

THE 2004 FOSTER G. MCGAW AWARD FINALISTS



*each will receive a
\$10,000 prize*

- Harlem Hospital Center, New York City
- Saint Francis Medical Center, Grand Island, Neb.
- St. Joseph/Candler, Savannah, Ga.

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