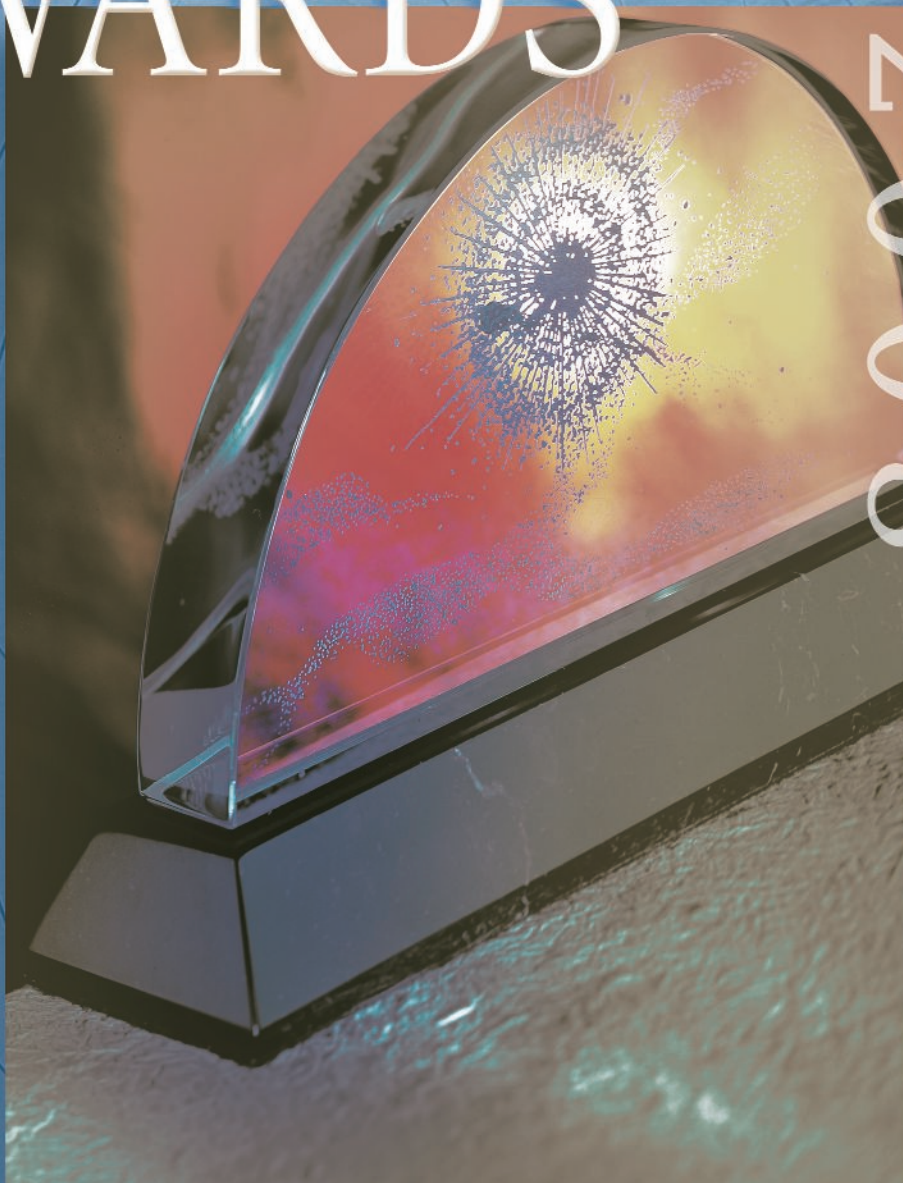


AHA NOVA AWARDS

2008



THE AMERICAN
HOSPITAL ASSOCIATION
2008 NOVA AWARD WINNERS

The 2008 AHA NOVA Awards

Big-picture societal problems like hunger, infant mortality and childhood obesity defy any organization to make a significant difference on its own. The winners of the 2008 AHA NOVA Awards knew that to tackle those or similarly daunting issues they would need to harness the power of synergy: Like-minded organizations coming together to accomplish far more than they would individually. And through these partnerships, they are making a difference in their communities and, one by one, in the lives of the people they serve. "We can't avoid the emotional pride and satisfaction that comes from knowing this person, at this time, needed me a lot and I was able to help," says Martin Brotman, M.D., president and CEO of California Pacific Medical Center. That spirit guided all the winners of the 2008 AHA NOVA Awards, which are sponsored by the American Hospital Association and *Hospitals & Health Networks* and "honor effective collaborative programs focused on improving community health status."



American Hospital
Association

Giving Kids an Early Boost

A good start in life is the best gift a child can receive, and an innovative program in greater Cincinnati aims to give kids just that. Every Child Succeeds is a partnership of Cincinnati Children's Hospital Medical Center, United Way of Greater Cincinnati and Cincinnati-Hamilton County Community Action Agency, along with 16 provider agencies. The program involves regular home visits to first-time, at-risk mothers from the time of pregnancy to the child's third birthday. Nurses, social workers and child-development specialists provide interventions and assessments designed to achieve good health and psychosocial adjustment, with the ultimate goals of optimizing early brain development and readying the child for school. "It's given hope, good health and the promise of good lives to a great number of women and children in this area," says James M. Anderson, president and CEO of Cincinnati Children's.

The average Every Child Succeeds mother is 20 years old at the time of enrollment. More than 90 percent are unmarried and have low incomes, and nearly one-third have received late, inadequate or no prenatal care. Those factors put their children at higher risk for delayed development, abuse and neglect, and poor academic achievement.

The program has provided approximately 250,000 visits to 13,000 families since 1999. An array of indexes measuring health and safety, learning and development, nurturing and effective parenting, and physiological development indicate that it is making a difference. Arguably the most significant outcome is a lower rate of infant mortality. Among ECS families, the rate is 4.7 per 1,000 live births, compared with 17.4 per 1,000 in Cincinnati and 8.3 per 1,000 for the state of Ohio. "In Cincinnati, as elsewhere, infant mortality is an issue of high political importance, but there aren't good results despite the attention paid to it," Anderson says. "This is one of the few programs demonstrating quite clearly through its application that infant mortality can be dramatically decreased."

Every Child Succeeds achieves those outcomes by thoroughly researching developmentally appropriate interventions and assessments, developing a comprehensive curriculum with easy-to-access resources, and extensively training the more than 120 professionals providing in-home visits. "At its heart, the program is about the relationship between the home visitors and mothers," says Judith Van Ginkel, president of Every Child Succeeds. "We acknowledge that everyone wants the best for their child, and when young mothers come into the program they are making a sacrifice to accomplish that."

The close relationship of participating organizations is another success factor. Home visitors are employed by the 16 provider agencies, which all operate off well-articulated protocols, program deliverables and a common training curriculum. About 40 percent of the budget comes from private sources; the United Way of Greater Cincinnati contributes approximately \$2.5 million annually. Medicaid and other state programs are the source of public funding. Every Child Succeeds also benefits from the guidance of senior executives from private industry. "They've brought us the kinds of minds we couldn't afford to buy, and helped us use business principles to deliver social services," Van Ginkel says. ●



Photograph courtesy of Cincinnati Children's Hospital Medical Center

GUITAR HERO: Mary Ellen Meier, R.N., (left) a manager with St. Elizabeth Medical Center, Covington, Ky., and a home visitor with the Every Child Succeeds program, meets with future rock star Billy Parker and his mom April Griffith. The heart of the ECS program is the relationship between mothers and home visitors.

THE PROBLEM | Without a stimulating and nurturing environment in the earliest years of life, children will not develop to their full potential.

THE PLAYERS | Cincinnati Children's Hospital Medical Center, United Way of Greater Cincinnati, Cincinnati-Hamilton County Community Action Agency, and 16 provider agencies.

THE PLAN | Create a home visiting program for first-time, at-risk mothers focused on providing guidance and interventions that promote early brain development in their children.

THE RESULTS | Lower infant mortality among participants, 4.7 per 1,000 live births versus 13.9 per 1,000 in Hamilton County and 17.4 per 1,000 in Cincinnati; 90 percent of ECS kids have safe play environments; 92 percent of parents support active learning; 87 percent of moms are more nurturing and meet kids' emotional needs.

Reaching Out to the Wider Community

WINNER

Photograph courtesy of the San Francisco Tourism Bureau



BROAD REACH: The Partnership for Community Health serves a wide range of patient demographics in the San Francisco area. Of the patients served, 21 percent are African-American, 25 percent Asian and Pacific Islander, 21 percent Caucasian, 33 percent Hispanic/Latino and 1 percent Native American.

THE PROBLEM | Community clinics in underserved areas need more resources, and their clients need more timely access to specialty care.

THE PLAYERS | California Pacific Medical Center, San Francisco Community Clinic Consortium and four of its primary care clinics, CPMC Physician Foundation's Family Health Center, Community Health Resource Center, and specialists affiliated with CPMC.

THE PLAN | Develop a seamless continuum of care to extend primary care services offered by community clinics and make specialty care readily available.

THE RESULTS | More than 20,000 served in two years with greater than 500 specialty referrals.

California Pacific Medical Center's three facilities are in relatively affluent areas of San Francisco. While that makes for beautiful campuses in soothing surroundings, it has presented a challenge in terms of meeting the organization's community outreach objectives. "Uninsured patients tend not to come to us because we're located where they're not," explains Martin Brotman, M.D., president and CEO. So CPMC devised a unique system to support care already taking place in underserved areas, the Partnership for Community Health. "Since the patients wouldn't come to us, we decided we would go to them," Brotman says. "But rather than us going to them directly, we wanted to work with excellent organizations already meeting needs [in those communities] but which didn't have enough resources. In that way, it became not CPMC instead of them, but CPMC with them."

The Partnership is between the San Francisco Community Clinic Consortium and four of its clinics in high-need areas. CPMC provides funding—approximately \$2 million per year for the past three years—to extend the primary care the clinics provide every day and to support the specialty care needed by their patients. To accomplish the latter, CPMC recruited 60 of its affiliated specialists in 12 specialty areas. Participating clinics pay the specialists the equivalent of MediCal rates with funds received from CPMC, and CPMC writes off any related hospital-based procedures and services. The system has resulted in 520 specialty referrals and served more than 20,000 low-income, uninsured San Franciscans since 2005. It also has filled a gap in the safety net by making it possible for Partnership patients to see specialists within a few weeks at most, rather than having to wait months for appointments at over-stretched public facilities.

Developing a user-friendly system for both patients and physicians has been essential to success, says Shirley Manly Lampkin, R.N., director of community health programs at CPMC. A referral coordinator (also known as a patient navigator) helps patients referred to specialty care make and keep appointments by, for example, arranging transportation as necessary. In addition, the navigator tracks services, charges and reimbursement to specialists to facilitate prompt payment. "The specialists were more than willing to see the patients, but they didn't want to deal with a lot of paperwork," Manly Lampkin explains. "This system makes it easy. They can just focus on seeing the patient."

The Partnership also developed a set of policies to process and coordinate referrals and claims, and provided extensive training to clinics. More recently, CPMC developed continuing education modules for clinic staff and helped them identify best-management practices. CPMC hopes to extend the Partnership further by creating Internet-based "e-consult" models to boost the availability of specialists, Manly Lampkin says.

Synergies from the Partnership are enabling CPMC to accomplish even more in terms of meeting the needs of the underserved. For instance, CPMC recently launched an initiative to reach African-American women primarily through churches for free mammography and related procedures. "By partnering with organizations known for years and trusted by the community, we were able to piggyback on that trust and develop new outreach programs," Brotman says. ●

Feeding Families, Transforming a City

What happens when a dedicated and enterprising college student sets her sights on making a difference in the lives of neighbors struggling to get by, and these efforts coincide with the interests of city leaders and the local health system? The answer: the Nutrition Center of Maine, an unusual program that encompasses nutrition education and services literally from the ground up. "It's our attempt to stem the epidemic of poor nutrition and obesity in one small community," says Jim Cassidy, president of St. Mary's Health System (formerly Sisters of Charity Health System) in Lewiston, Maine. The initiative also has been essential in transforming the cityscape of downtown Lewiston, and in giving hope to the town's youth.

The Nutrition Center's flagship program is Lots to Gardens, the brainchild of Kirsten Walter, the Bates College student who is now the center's director. Walter started Lots to Gardens as an internship project. Her idea was to clear vacant city lots and engage nearby residents—particularly young people—in growing vegetables they could use for themselves and make available for other needy families. The effort quickly picked up steam and became a focal point for the restoration of inner-city Lewiston, as well as the foundation of Saint Mary's involvement in nutrition services. Today, there are 15 community gardens in downtown neighborhoods and housing projects.

"People have access to food they otherwise wouldn't have, but there's also the obvious physical transformation of downtown Lewiston," Walter says. "People are so affected by their surroundings, and if you're in a neglected environment you feel neglected, too." Through its Summer Youth Gardeners Program, Lots to Gardens has given about 70 teenagers the opportunity to serve the community and learn about such disparate subjects as sustainable agriculture, nutrition and civic duty. A separate eight-month youth internship program develops leadership and life skills for three to four students each year.

Just as Lots to Gardens was hitting its stride in 2002, Saint Mary's assumed responsibility for an existing food bank, which it renamed the Sisters of Charity Food Pantry. Now the largest emergency food pantry in New England, the operation distributes nearly 13,000 boxes of food annually to more than 26,000 people.

Even though surplus produce from Lots to Gardens were donated to the food pantry, residents initially did not take full advantage of the fresh vegetables. Nutrition Center staff quickly discovered that "physical and economic access are two parts of the process, but knowing how to use vegetables is another barrier to accessing good nutrition," Walter says. This led to the center's third service line, a fully equipped kitchen to demonstrate how to make tasty and nutritious meals from nature's bounty. Classes are held for adults and children, and each participant receives a bag filled with ingredients and cooking instructions after the demonstrations.

Recently, all the center's activities were consolidated in an elementary school purchased and renovated by Saint Mary's. The new common space "has given us a real energy to attack the issue from basic hunger and nutrition education to engaging people about hunger in our community," Cassidy says. ●



Photograph courtesy of St. Mary's Health System

FLOWER POWER: Kirsten Walter stands at the gate of one of 15 Lots to Gardens in Lewiston, Maine, where residents grow vegetables to eat at home or distribute to their needy neighbors at a local food pantry. Lots to Gardens is part of the Nutrition Center of Maine, which Walter conceived and now serves as director.

THE PROBLEM | Lewiston residents lacked the resources to purchase and the knowledge to prepare nutritious food, city youths lacked employment and training opportunities, and inner-city Lewiston needed beautification.

THE PLAYERS | Saint Mary's Health System, Bates College, Western Maine Community Action/Lewiston Career Center, the Training Resource Center, the city of Lewiston, Empower Lewiston, Vineyard Christian Church, Healthy Maine Partnerships, Volunteers of America, YouthBuild USA, New Beginnings, Maine Agricultural Community.

THE PLAN | Operate a food bank, offer cooking classes, engage low-income residents in beautifying and cultivating vacant city lots, provide youths with employment and training opportunities.

THE RESULTS | Distribution of nearly 13,000 boxes of food annually to more than 26,000 low-income residents, Lewiston youths completed 3,000 community service hours, about 60 gardeners cultivated 15 community lots, and more than 600 individuals attended 70 cooking classes.

A Kid-Friendly Way to Tackle Type 2 Diabetes

WINNER

Photograph by Frank Curran



HEALTHY MOVES: Cecily Lehman, a fitness specialist, leads young people in an ENERGIZE! activity in Raleigh, N.C. ENERGIZE! is a 12-week intensive lifestyle education initiative that targets children at risk for or showing signs of type 2 diabetes, encompassing nutrition, physical fitness and behavior modification.

THE PROBLEM | The burgeoning population of children with type 2 diabetes faces multiple health complications, overall poor health and shortened life expectancy if the disease goes unchecked.

THE PLAYERS | WakeMed Health & Hospitals, program partners YMCA of the Triangle and Raleigh Parks and Recreation Department, financial supporters John Rex Endowment, Blue Cross and Blue Shield of North Carolina Foundation and the Duke Endowment.

THE PLAN | Create an age-appropriate intensive education and lifestyle program to combat type 2 diabetes.

THE RESULTS | Of 500 participants, 50 percent had decreased body mass index at six months; of those with fasting blood sugars greater than 100, 50 percent had reduced it to normal within six months; and a state-funded pilot expanded the program to five other counties.

Mark Piehl, M.D., a pediatric intensivist at WakeMed Health & Hospitals in Raleigh, N.C., knows too well the devastating impact diabetes can have on children. He went all out to save two young patients with life-threatening complications of type 1 diabetes. The children pulled through; however, a third child with severe complications of type 2 diabetes did not survive. “Type 1 diabetes is not preventable, but you can prevent complications like a diabetic coma. But the entire condition of type 2 diabetes is preventable, not to mention its complications,” he says. “It was then that I thought there must be some way to address this in our community.”

Address it he has. Piehl and colleagues from WakeMed, in concert with the YMCA of the Triangle and the Raleigh Parks and Recreation Department, and lead financial support from the John Rex Endowment and the Duke Endowment, have created a program that dramatically impacts children at risk for or already showing signs of type 2 diabetes. ENERGIZE! is a 12-week intensive lifestyle education initiative that focuses on nutrition, physical fitness and behavior modification and encompasses the entire family. Of 500 children who have completed the program, 50 percent had a decreased body mass index after six months, and 50 percent of participants with fasting blood sugars higher than 100 had reduced the figure to normal (below 100) within six months.

“You can see their transformation before your eyes,” says William Atkinson, WakeMed president and CEO. “A lot of times the physical outcomes of medical interventions are not as quick, but [for participants] it has been, and we may have saved a life before their disease became irreversible.” ENERGIZE! was inspired by the Diabetes Prevention Program, a major clinical trial that demonstrated that diet and exercise sharply reduce the chance that adults with impaired glucose tolerance will develop diabetes. Those types of lifestyle interventions “haven’t been proven effective in children, but in theory you could use the same premises, which we did, to develop a kid- and family-friendly program,” explains Debbe Langdon, R.N., WakeMed’s manager of diabetes and asthma programs.

Pediatricians refer children based on criteria developed by WakeMed, including a body mass index greater than 85 percent for the child’s age, a family history of diabetes, and/or being of African-American or Latino ethnicity. WakeMed personnel then meet with the children and their families, conduct lab tests, explain the child’s risk factors and describe the program. Families enroll free-of-charge, but commit to three months of nutritional and health education and a variety of physical activities.

ENERGIZE! expanded so sessions now are held in at least eight locations. “We learned early on that the sites needed to be convenient to where people lived, because if they’re 45 minutes away, families wouldn’t be able to stick it out three nights a week for 12 weeks,” Langdon says.

The program caught the eye of the state legislature, which appropriated \$250,000 to expand it to five other counties. Piehl hopes to make it a model for other programs across the country. “My advice is to establish partnerships early on,” he says. “A coalition can tackle the problem together. The hospital, with its staff and expertise, can provide leadership, and that excites everyone and gets the community behind it.” ●

Healthier Students are Better Students

The nexus between a child's health and performance in school is well-known: Healthy children have better attendance and can achieve more academically. That's the premise behind Memorial Hermann Health Centers for Schools, a partnership between Memorial Hermann Healthcare System in Houston and three school districts. "If you influence children at an early age, healthy habits are likely to carry into adulthood," explains Dan Wolterman, president and CEO of Memorial Hermann. "Our longitudinal data shows the advantage of school-based clinics and the value for each dollar expended."

The five school-based clinics operate Monday through Friday year-round, and provide about 24,000 visits annually. They serve as a medical home for uninsured children and as a secondary access point for those with insurance, offering primary care, mental health counseling, health education, dental care and, depending on the school district, reproductive health services. Although Memorial Hermann operates the clinics and provides more than \$700,000 in funding each year, it credits much of the success to strong relationships with each school district and individual school. "We've had phenomenal, unwavering support from them, and that's why we [go through] good due diligence in finding the right schools with both need and administrative support," Wolterman says.

Host schools are all in pockets of high need and selected strategically so that students from other nearby schools can access services easily. Approximately 90 percent of students are enrolled in free or reduced-cost lunch programs and nearly 40 percent speak English as a second language. More than three-quarters of students seen at the clinics have no health insurance at all; the remainder typically do not access care because of transportation issues, their parents having to forfeit hourly wages to take them for treatment, or other challenges. "The kids come to us during classes, so the schools have to decide it's worth it to [support the program] because they believe the children will do better in the long term," says Deborah Ganelin, director of the program.

The program diligently collects outcomes data. "That's the greatest strength of our program. It's what sustains community support and has made a difference in schools being on board," Ganelin says. The annual performance evaluations of all Health Centers for Schools staff are at least in part tied to strategic objectives. Results from 2006-2007 indicate that asthma exacerbations, ED visits and hospitalizations decreased by 67 percent, cholesterol levels among students in the cholesterol management program declined by 73 percent, and students who received mental health counseling had improved grade point averages and self-reported well-being, along with fewer suspensions, detentions and days absent.

A slow but steady expansion philosophy is guided by outcomes. Mobile dental health services were added in 1999. Conscious of making every dollar count, Health Centers for Schools is willing to curtail or restructure services that are not meeting objectives. An example is an intensive nutrition education program. "We saw lifestyle changes, but just in the first weeks of the program. It was too much for some people," Ganelin says. "It's now been revised and designed to meet people where they are instead of following a regimented program." ●



Photograph courtesy of Memorial Hermann Healthcare System

BRIGHTER SMILES: Cindy Hines (left), a dental hygienist with Memorial Hermann, discusses brushing techniques with a grade school student in the mobile dental van. Mobile dental health services were added in 1999 and now cover three schools on a rotating basis as part of the Memorial Hermann Health Centers for Schools program.

THE PROBLEM | One-third of Houston children lack insurance or access to health care; poor health hurts school performance.

THE PLAYERS | Memorial Hermann; Houston Independent School District; Pasadena Independent School District; Lamar Consolidated Independent School District; and nearly \$2.5 million in corporate, foundation and individual gifts.

THE PLAN | Strategically locate comprehensive school-based clinics; set performance measures and track outcomes.

THE RESULTS | 24,000 visits annually; drop in inappropriate use of emergency services; cholesterol levels cut by 73 percent; asthma exacerbations, ED visits and hospitalizations down two-thirds; cut in absenteeism and detentions; increase in grades and self-reported well-being among students who get mental health counseling.

2008 NOVA FINALISTS

CARMA (CONTROLLING ASTHMA IN THE RICHMOND METROPOLITAN AREA) | *Bon Secours Richmond Health System, Richmond, Va.*

MOBILE HEALTH OUTREACH PROGRAM | *Franklin Memorial Hospital, Farmington, Maine*

SAFE FAMILIES INITIATIVE | *Lancaster General Hospital, Lancaster, Pa.*

PALMETTO HEALTHY START | *Palmetto Health, Columbia, S.C.*

COMMUNITY HEALTH IN MOTION | *Providence Milwaukie Hospital, Milwaukie, Ore.*

IMPROVING ACCESS TO ORAL HEALTH CARE IN CHIPPEWA COUNTY | *St. Joseph's Hospital, Chippewa Falls, Wis.*

NORTHWEST OHIO COLORECTAL TASK FORCE | *St. Rita's Medical Center and Lima Memorial Hospital, Lima, Ohio; and Joint Township District Memorial Hospital, St. Marys, Ohio*

INTERIM CARE PROGRAM | *Sutter Medical Center and UC Davis Health System, Sacramento, Calif.; Kaiser Permanente, Roseville, Calif.; and Mercy/Catholic Healthcare West, Rancho Cordova, Calif.*

HEALTHY YORK NETWORK | *WellSpan Health and Memorial Hospital, York, Pa.*

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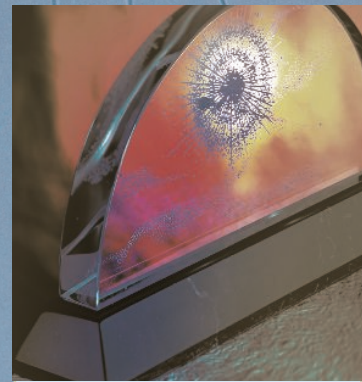
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THE AHA NOVA AWARD

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 health care 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 2008 at the AHA-Health Forum Leadership Summit in San Diego. Additional information on the AHA NOVA Awards, including an application for 2009, is available at www.aha.org.



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