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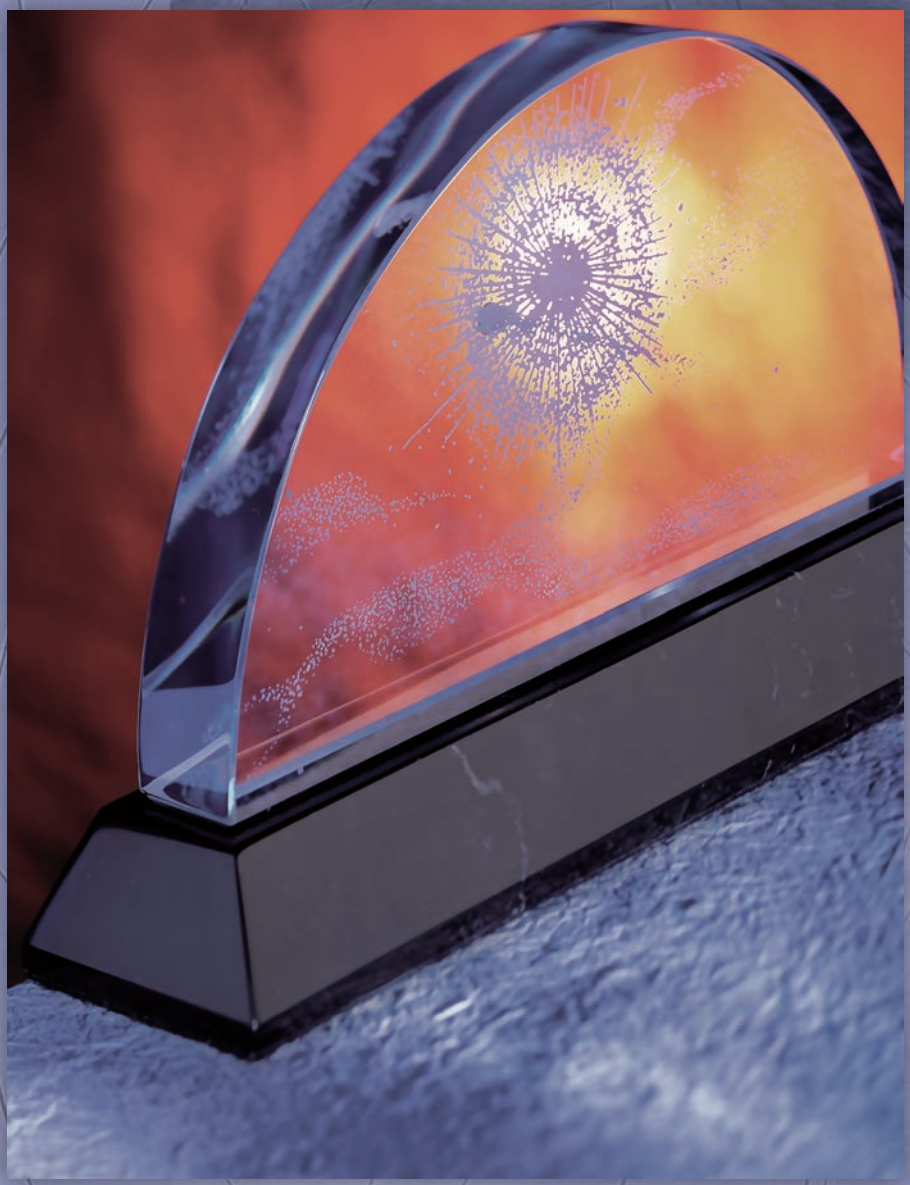

2015 AHA NOVA AWARD

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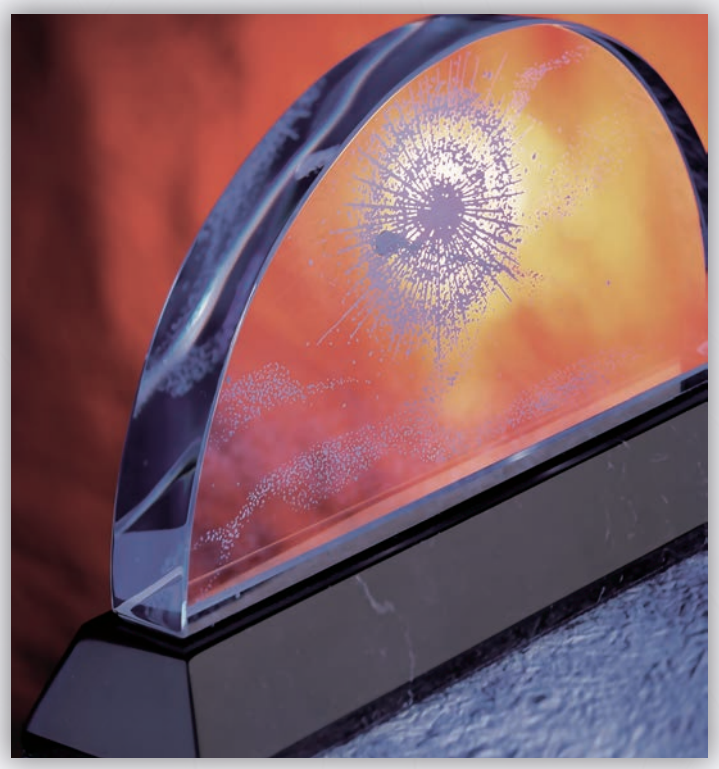

Each year, the American Hospital Association honors up to five programs led by AHA member hospitals as "bright stars of the health care field" with the AHA NOVA Award. Winners are recognized for improving community health by looking beyond patients' physical ailments, rooting out the economic and social barriers to care and collaborating with other community stakeholders. The AHA 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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Bringing a lost community back to life

BITHLO TRANSFORMATION EFFORT

Florida Hospital, Orlando

Tim McKinney was raised in Orlando, Fla. Like most Orlandoans, he knew the community of Bithlo only as "the nightmare before Christmas," he says, because of its proximity to the town of Christmas and, more so, for its living conditions. Bithlo is located just miles from "the happiest place on earth" but resembles areas in Appalachia. Major issues include generational poverty, a lack of infrastructure, illiteracy, and myriad social service and environmental needs.

Today, McKinney calls Bithlo "a foundation of inspiration ... created by a movement of tenaciousness."

McKinney is the executive vice president of United Global Outreach Inc., a nonprofit whose goal is to "transform forgotten communities into places in which we'd all want to live." UGO began that effort in Bithlo, with 8,200 residents, in 2009. Residents live with a lack of infrastructure and transportation, contaminated well water from the town's major industry of junkyards, and an illegal landfill with high levels of lead, mercury and carcinogens.

A year into the Bithlo Transformation Effort, UGO pursued a partnership with Orlando's Florida Hospital, 13 miles away. "Everyone in Bithlo went to the Florida Hospital emergency department for care and they all took ambulances — so it made sense to me that they would be interested in a partnership," McKinney says. "Hospitals can make the biggest difference because they are the good guys in town. If they lead the charge, others will follow."

Florida Hospital became the lead partner in 2010, providing donations, engaging health providers, and leveraging its community, business and vendor relationships. "We wanted to work alongside community champions who looked at solutions, not Band-Aids," says Verbelee Nielsen-Swanson, vice president of community impact. "Our ultimate goal is to help Bithlo become a self-sufficient, healthy community with its own grassroots leaders."

Florida Hospital and UGO gear their efforts toward sustainable local partnerships that will expand services, rather than seeking grants for UGO or infrastructure. More than 65 community, faith-based, education, business and government partners are working on nine focus areas: education, health care, housing, environment, transportation, basic needs, sense of community, advocacy and economic opportunity.

The town's Transformation Village began when the local church donated its facility to house a private school serving the unique needs of Bithlo children. Florida Hospital helped UGO purchase adjoining property to convert into a library, coffee shop, hair salon, playground, meeting hall and other "village" businesses.

Florida Hospital also donated a 4,500 square-foot modular building for Bithlo's Medical Village. The village will house a permanent federally qualified health center, eye clinic, social services, behavioral health counseling and dental clinic. The hospital tapped its construction vendors to build or convert buildings and dig a new well for safe drinking water.

UGO is leading the charge for affordable housing through Dignity Village, a planned neighborhood with modular cottages to replace decaying trailers and minimize homelessness. A fixed bus route has been restored, a pedestrian bridge is being widened, and partners are working with county government on the landfill issue.

"Nothing is easy in Bithlo, so if we can do it there, we can do it anywhere," Nielsen-Swanson says. "But we've instilled trust and hope in a lot of residents, and that is so important."

'Hospitals can make the biggest difference because they are the good guys in town.'

Tim McKinney | UNITED GLOBAL OUTREACH INC.

After a crisis, 'beautiful opportunities' for lasting improvements

MAYOR'S HEALTHY CITY INITIATIVE (HEALTHY BR)

Baton Rouge General Medical Center; Ochsner Medical Center; Our Lady of the Lake Regional Medical Center; Woman's Hospital, Baton Rouge

When Hurricane Katrina devastated New Orleans in 2005, Baton Rouge, 70 miles away, was inundated with its displaced residents and did what good neighbors do — the best it could. Many health and social service organizations were created in the wake of the disaster and they evolved in the years that followed in the realization that Baton Rouge was growing, not only in population, but also in its need to create sustainable population health solutions beyond disaster relief. So in May 2008, the Mayor's Healthy City Initiative — known as Healthy BR — was commissioned by Mayor Melvin L. "Kip" Holden to coordinate efforts to improving health citywide.

"The mayor thought that we had a lot of groups doing great work, so we didn't need to re-create that, but instead, develop a forum for collaboration, with a neutral third party to pull it all together," explains Andy Allen, community outreach coordinator for the mayor's office. He is clearly that third party. "It's such a relationships game — it takes time and trust," Allen says. "Ninety percent of my job is playing the role of connector."

Today, there are more than 70 partners from community government, faith-based groups, schools, businesses and health care, including the city's four acute care hospitals. They jointly conducted a community health needs assessment and emerged with a unified implementation plan. They agreed that Healthy BR should focus on obesity, HIV/AIDS, mental and behavioral health, and emergency department overuse.

Coletta Barrett, vice president of mission at Our Lady of the Lake Regional Medical Center and chair of the Mayor's Healthy City Initiative, appreciates the importance of that document. "The single implementation plan provided the leadership to bring all four hospitals together," she says. "You can't come to the table with your own agenda — you need to listen, so you don't miss beautiful opportunities."

Most of the initiatives target neighborhoods that suffer the greatest health disparities. Examples: the Red Stick Mobile Farmers Market and the Healthy Corner Store Initiative bring fresh, healthful foods to low-income, low-access areas, while Cooking Matters classes educate school children and community members about how to prepare nutritious meals. To reduce inappropriate emergency department use, Healthy BR created a data exchange on ED usage patterns that led to a patient navigation program to help patients seek the most appropriate treatment. To combat the city's HIV/AIDS epidemic, testing has been increased, along with education and public policy advocacy. For all these efforts, passionate leaders are a must.

"I don't like to sit and talk about things; I like to make things happen," says Jeff Soileau, team leader for Healthy BR. He works with Allen to find event sponsors, including the Cooking Matters initiative, which has since become a national program. He recently coordinated the initiative's second annual Family Fit Day, co-sponsored by all four partner hospitals. Each organization offered various health services and fun activities under its own tent, which Soileau thinks sent the powerful collaborative message: "Choose any one of these hospitals if you need care — we are all here today to make you healthier."

'You can't come to the table with your own agenda — you need to listen.'

Coletta Barrett | OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

From food desert to healthy harvest

COMMUNITY HEALTH: HEALTHY EATING

Presbyterian Healthcare Services, Albuquerque, N.M.

Residents of the South Valley, an unincorporated low-income, semirural but culturally rich area outside Albuquerque, live in a literal food desert with uncertain access to adequate healthful, affordable groceries. Not surprisingly, area mortality rates from nutrition-related diseases are higher than the national average and New Mexico has one of the country's highest rates of childhood hunger.

Presbyterian Healthcare Services in Albuquerque captured the enormity of those statistics in its 2012 community health needs assessment and set out to change them through its Community Health: Healthy Eating program. The program works under a "collective impact model" that addresses the cost and availability of healthy food at several levels, integrating nutrition as a tool for medical providers in the prevention and treatment of chronic diseases, while strengthening the local food system. Some program partners include the New Mexico Farmers' Marketing Association, Farm to Table, the Santa Fe Community Foundation Mo-Gro program and the La Cosecha/Agri-Cultura Network.

In addition to providing internal and foundation funding, data access and measurement, and clinical provider networks, Presbyterian hired Leigh Caswell as its manager of community health to coordinate the initiative's efforts.

"Leigh came from the community and knows everyone," says Kathy Davis, Presbyterian's chief experience officer and former chief nursing officer. "She came in with relationships that would have taken years [to develop] otherwise."

Caswell says that under the collective impact model, "we bring together different parties with aligned goals. It's all about the relationships you develop with health departments, community health providers, food pantries, advisory boards. We all want to integrate healthy food into health care."

An example is the Fresh Rx program, which allows pediatricians to "prescribe" fruits and vegetables to overweight or obese patients. Providers give children's families payment coupons to local farmers markets, along with nutrition counseling. "If a provider recommends something, patients are more likely to give it a shot — there's more credibility," Davis explains. Families involved in the Fresh Rx program also receive food baskets, two-for-one SNAP coupons and free access to healthy cooking classes, which has "created community around how to use these resources," Davis says.

Working to build an economically stable community that can keep those resources literally growing is one of the partners, the Agri-Cultura Network. Agri-Cultura aims to create a stable market for local farmers, making the food accessible and affordable for all. The network aggregates all harvested food and sells it to schools and other local buyers, generating revenue for the network's farmers. It purchases bulk seed, and provides equipment and training opportunities. Through its community-supported agriculture program, La Cosecha, which means "the harvest," is able to provide weekly food boxes to 300 families.

"Community-supported agriculture is the bulk of our programming and the benefits on the ground are immeasurable," says Anzia Bennett, director of La Cosecha. "It's really about finding creative ways to support small farmers and sustainable agriculture practices to make sure everyone gets enough food — food is medicine."

'We all want to integrate healthy food into health care.'

Leigh Caswell | PRESBYTERIAN HEALTHCARE SERVICES

Reducing hypertension through the lifeblood of the community

BLOOD PRESSURE ADVOCATE PROGRAM

University of Rochester Medical Center and Rochester Regional Health System, Rochester, N.Y.

A 2012 health survey of New York's Monroe County found that half of adults ages 35 and older living in the city of Rochester had high blood pressure. Obesity rates were higher as well.

Through a $300,000 grant provided by the Finger Lakes Regional Economic Development Council, and additional funding provided by the Rochester Business Alliance/Finger Lakes Health Systems Agency's High Blood Pressure Collaborative, the Blood Pressure Advocate Program began in August 2012 as a partnership between the University of Rochester Medical Center and Rochester Regional Health. Its goal: Improve blood pressure control among those seeking care at neighborhood clinics by assisting clinic staff in addressing the social and behavioral determinants of patients' health.

No one knows those determinants better than those who actually live in the neighborhoods, so the program has trained local residents as community health advocates. Four advocates are now embedded in one suburban and three urban primary care centers that serve low-income, ethnic and refugee groups. CHAs support patients at increased risk for developing hypertension by using resources and strategies for making lifestyle changes and, at the same time, addressing their personal barriers to better health.

"Our patients often have complicated lives. They need to become self-motivated to address their health — and that is best done by their peers," says Nancy Bennett, M.D., professor of medicine and director of the URMC Center for Community Health, which developed the Blood Pressure Advocate Program. "Lots of patient questions come up with community health advocates that don't come up with physicians." She attributes that openness not only to peer empathy but also to the greater amount of time CHAs can spend with patients.

"The clinical sites are excited about the community health advocates, especially as they've been thinking about how to achieve population health," says Shaquana Divers, BPAP's program manager. "The doctors say, 'I don't have time to sit and talk with patients, but the CHAs do.'"

CHAs set up appointments with patients in each practice who have either recently been identified as having Stage 1 hypertension — blood pressure of 140/90 or higher — or who have been previously diagnosed but have not been seen at a clinic in more than a year. Over three months of appointments, CHAs discuss with patients how to set achievable goals to lower their blood pressure through changes in diet, exercise, smoking cessation and stress management.

It's working. Between August 2012 and December 2014, 71.1 percent of the 409 active patients had their blood pressure under control and 41 percent of previously diagnosed hypertension patients were brought back to clinic care through the program.

"I love what I do," says Community Health Advocate Andrea Clarke. "I struggle with high blood pressure myself, so I practice what I preach, and I tell my patients, 'We will do this together.' Sometimes people are dealing with so many difficult life situations, I don't even start with blood pressure control. We start with where they are when I come into the picture."

'Lots of patient questions come up with community health advocates that don't come up with physicians.' **Nancy Bennett, M.D.** | URMC CENTER FOR COMMUNITY HEALTH

Walking the health talk in Whittier

In Whittier, Calif., 12 miles east of Los Angeles, a walk in the park really is a breath of fresh air ever since the city council adopted a smoke-free policy in all 22 of its parks. Then there's the Whittier Greenway Trail with five miles of transformed railroad tracks. They represent only a fraction of what the city of more than 85,000 residents has accomplished since Activate Whittier was launched in 2008.

ACTIVATE WHITTIER

PIH Health, Whittier, Calif., and Kaiser Permanente Downey Medical Center, Downey, Calif.

The inspiration for the community collaborative came from 2007 community needs assessments conducted by PIH Health and Kaiser Permanente Downey Medical Center. which found that 27 percent of the city's adults and 25 percent of children were significantly overweight and diabetes rates were climbing. With a vision to "create a healthy, active Whittier," the health systems joined forces with the city, the YMCA of Greater Whittier and the Los Angeles County Department of Public Health. Some 40 local businesses, health care providers, schools and government entities have collaborated on workplace wellness initiatives, healthier corner stores and and a high school youth club geared toward nutrition and physical activity, among other achievements. Community health workers and community advocate teams keep the momentum going.

"We had never all worked together before, but there was a natural synergy that happened," says James West, president and CEO of PIH Health. "Each of the partner organizations knew we needed to collaborate with other community organizations to make the greatest impact — and the YMCA has made it a priority to be the glue of the project."

Lori Tiffany, the YMCA's executive director and Activate Whittier's chairwoman since its inception, says, "We were able to show the community that the Y is more than gym and swim. You need the ability to bring diverse people together — and the Y is really good at that."

A few examples of Activate Whittier's success: The PTA eliminated food fundraisers with unhealthful options, community vending machines offer more nutritious choices, 22 parks are smoke-free and the Greater Whittier YMCA and Boys and Girls Club of Whittier have health and wellness policies to benefit participants and staff.

"For Kaiser Permanente, this was a natural partnership because fostering healthier communities is in our DNA," says Jim Branchick, executive director at Downey Medical Center. Kaiser Permanente has given multiyear community benefit grants totaling more than $540,000 to the collaborative, as well as technical assistance, and provides researchers to track outcomes. PIH Health brought in a strategic planning consultant in 2011 to help hone the collaborative's goals and provides technical assistance and staff to support core program operations. PIH Health and Kaiser Permanente are actively involved with governance and leadership of the collaborative.

An example of Activate Whittier's efforts is "Change Starts with Me," a six-week, bilingual advocacy training program that "really helped move the whole program forward," Branchick says. Led by a licensed clinical social worker from Kaiser Permanente's educational outreach program, 67 parents of school-age children have graduated to date and become health advocates. "It's a benefit to the entire community to pull the health systems together and look at what's best for healthy lives," Branchick says. West adds, "There are not enough resources to not work together — you have to collaborate. It's why we're in health care." ●

'There are not enough resources to not work together — you have to collaborate.'

Jim Branchick | DOWNEY MEDICAL CENTER

2015 AHA NOVA Award 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*.