

Community Health Partnerships

BY RHODA WEISS

A major goal of Catholic health care is to improve the community's health through community relations, health education, and outreach. But efforts in health status improvement are also increasingly becoming part of business development and marketing.

A good example of this strategy change can be found at St. Joseph's Mercy of Macomb, MI, a member of Trinity Health and Henry Ford Health System, where they are working to save lives, improve health, develop awareness, reduce costs, and generate funds. St. Joseph's has developed initiatives that expand its influence in the community and support the organization's core business and financial imperatives.

GOING BEYOND HEALTH EDUCATION

For the past 15 years, St. Joseph's has been a community leader in health education through offerings—from complementary medicine to physician-led classes on joint replacement—that have had an impact on various clinical programs. But in the mid-1990s, St. Joseph's began evolving its community-based programming beyond health education.

According to Scott Adler, St. Joseph's vice president of community integration, the planning process began with a simple question: How can we facilitate the connections that allow neighbors to care for neighbors in a way that typical fee-for-service health care cannot?

"In his book *The Careless Society*, John McKnight argues that there has been a 'professionalization' of service to the point that neighbors feel inadequate in helping others through difficult times, such as the death of a loved one or dealing with heart disease or cancer," explains Adler. "McKnight argues there is a fundamental difference between paying someone to provide a medically related service and caring support where no payment is necessary or expected." Within this framework, St. Joseph's developed two community-based nursing partnership programs.



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AN AFFORDABLE AND SUSTAINABLE PARISH NURSING NETWORK

Parish nurse programs usually follow one of two models. The first involves hiring nurses and assigning churches to be their "territory." However, "This model is self-limiting because health care organizations cannot always afford the numerous staff required, especially if the desire is to reach many different churches," explains Ameldia Brown, RN, BSN, who directs St. Joseph's parish nursing network.

The second model—at the other end of the spectrum—is the all-volunteer parish nursing program. But, according to Brown, an ordained minister with a master's degree in divinity, this model lacks quality controls necessary for an effective program and the structure to ensure ongoing commitment from volunteers.

Instead, St. Joseph's developed a community-based, institutionally supported model that combines the deep caring of volunteers within a structure and quality framework to ensure the best care possible and maximum hours available from volunteers.

A core group of coordinators now manages relationships with the churches. They provide education required for network inclusion (30 contact hours) and continuing networking support. "The result is nothing short of remarkable," says Brown.

Last year alone, 55 network churches had more than 30,000 parish nurse contacts. An online documentation system allows the nurses to list their contacts electronically, thus saving time and ensuring appropriate follow-up and quality monitoring. Additionally, the network received a \$350,000 grant from the state of Michigan for a pilot study to demonstrate how increasing the independence of older adults translates into a decrease in Medicaid spending for nursing home care.

The network also developed an "at home and safe" program. The program's home visits to hundreds of seniors help ensure a safe living envi-

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care websites are available to consumers, hospitals have the distinct advantage of being seen as local sources of credible and trustworthy information. To profit from this advantage, a hospital must understand that online information seekers usually go through a two-step process.

Web users who have just been diagnosed as being ill will initially search the Web for the best available information about that illness. Once they have gathered specific information about the illness and its treatment options, they will begin exploring the treatments and services available in the region. It is at this crucial moment that a well-organized health care website can make a difference. By providing information about treatments offered and success rates, profiles of physician specialists, and descriptions of support services, a hospital site can help reduce consumers' anxiety and increase their loyalty to the hospital. Although a hospital website cannot take the place of face-to-face contact with a caregiver, it can be an alternative that provides consumers with easy access to information and services that they consider important. If done right, a site will provide a cost-effective means of extending the services beyond the walls of the organization. □

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NOTES

1. U.S. Department of Commerce, "A Nation Online: How Americans Are Expanding Their Use of the Internet," available at www.ntia.doc.gov/ntiahome/dn/anationline2.pdf.
2. Pew Internet & American Life Project, March 2, 2002, p. 4, available at www.pewinternet.org/reports/pdfs/PIP_Vital_DecisionsMay2002.pdf.
3. Pew Internet & American Life Project.
4. National Institute of Health press release, January 1999, available at www.nlm.nih.gov.
5. National Institute of Health.

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ronment and aim to reduce falls and other injuries. The network works with hospital discharge planners to facilitate post-acute support for discharged patients. In addition, the two network-developed free clinics for the homeless and uninsured are projected to have more than 3,700 visits this year.

The Parish Nursing Network also continues to focus on seniors through disease management and creation of a Parish Nursing Network card that alerts caregivers to support that can be accessed through the network and in the community.

NEXT STEP: SCHOOLS

Because of its early success in parishes, St. Joseph's is expanding offerings into the schools. As with the churches, each school establishes a health team based on the assets available at the school or in the school district.

Annual planning occurs within each school, with goals set and programs implemented. Programs vary from basic health educational classes to case management and support of asthmatic children or those with food allergies. There are now more than 90 schools (nearly half of those in the county) in 19 of 21 school districts in Macomb County, the third-largest county in Michigan.

Last year alone, the School Health Program had more than 170,000 contacts with students and parents, according to Deanna Culberson, RN, St. Joseph's director of school health and the Center for Health Management.

The School Health Program has been recognized as a "Best Practice

Vocational Educational Program" by Michigan's Department of Career Development. Each year, 50 high school students do rotations in more than 40 hospital departments, including nursing units, emergency departments, and human resources. In the three years since its inception, more than 25 students have been hired by St. Joseph's, and many more changed their career choices to nursing and other health professions.

The School Health Program also offers weight management for obese adolescents. (Macomb County is the most obese county in Michigan, which is the second heaviest state in the country, behind Wisconsin.) This program is expected to help thousands of students and generate revenue for St. Joseph's.

TYING IT ALL TOGETHER

The average cost of each contact through these initiatives is about \$2. Despite a reduced marketing budget, St. Joseph's continues its position as a wellness leader based on a recent community survey.

"Marketing, public relations, health education, and community outreach should remain connected and synergistic," advises Adler. "These activities must support the entire enterprise and not exist solely because of some abstract sense that they are good things to do in and of themselves." □

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