

CONTINUING A COMMUNITY ALLIANCE

For More than a Decade, Hospitals in One Louisiana Parish Have Collaborated to Improve Community Health

In August 1993, the administrators of eight hospitals in East Baton Rouge Parish, LA, were invited to a breakfast meeting at Our Lady of the Lake Regional Medical Center, Baton Rouge, a member of the Franciscan Missionaries of Our Lady (FMOL) Health System, which is based in that city. On the agenda was a discussion of the Catholic Health Association's community needs assessment process, *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Restraint* (St. Louis, 1989). Were the administrators interested in conducting such an assessment in *their* community?

It was the first time that some of the meeting's participants had even met. Given that fact—and the fact that they represented competing organizations—their coming together to talk about a collaborative project was a bold step to take. As far as they knew, no similar group had ever gathered to discuss such an assessment. “I felt that it just made sense for us to carry out this project as a group rather than individually,” said the meeting's organizer, Robert Davidge, the CEO of Our Lady of the Lake. “An assessment would produce the kind of community-level information we could all use in our own strategic planning. Beyond that, none of us knew where it might lead.”

Davidge suggested that if the administrators were to agree to conduct a community assessment, they might choose to do so in different ways. Before the meeting was over, however, all eight had opted to participate to the fullest extent possible. The assessment was planned to last six months. I, who had some experience in conducting needs assessments, was hired to lead it. I had only recently moved to Baton Rouge and thus could have no bias regarding any of the participating organizations.

Three committees were formed. One was

staffed by people who had expertise in marketing and communications, the second by people with expertise in research. The third committee, which I led, was assigned to conduct personal interviews and focus groups throughout the community (I provided training for this group). Members of all three committees helped develop a list of people to be interviewed in the assessment. Over the next six months, I met with the administrators once a month to ensure that all had input and were aware of the assessment's progress.

The assessment report was presented to the administrators in April 1994 and approved by them with no changes or edits (see Robert C. Davidge and Virginia M. Pearson, “Healthy Vision,” *Health Progress*, July-August 1995, pp. 48-51). Information concerning the availability of health and social service programs appeared to be the area's biggest need. Reporting on the presentation meeting, we wrote:

As in many other U.S. communities, Baton Rouge residents' top 10 needs center around social issues that have health implications. Most persons interviewed and those who participated in focus groups say they are quite satisfied with the level of acute care available to Baton Rouge residents. They believe that most, if not all, needed services are already available for persons who are knowledgeable . . . and have the money or insurance to cover the cost of healthcare. . . . But what about community residents without access to a central information clearinghouse? They have no way of knowing what services are readily available (p. 50).

After a discussion of the report's contents and of the ways the information gathered in it affect-

BY VIRGINIA M. PEARSON



Ms. Pearson is executive director, Greater Baton Rouge Health Forum, Baton Rouge, LA.

ed each of the eight participating organizations, the conversation turned to what might be done as a next step. The administrators decided to form a permanent organization, which they called the "Baton Rouge Health Forum," and asked me to be its executive director. Among other things, the forum, which would meet on a monthly basis, would serve as a clearinghouse for health and social services in the area.

The forum then went on to sponsor a number of community health projects (see Virginia M. Pearson, "Five Years of Collaboration," *Health Progress*, January/February 1999, pp. 28-29).

- In 1994, the forum published a health resource manual for local high school students (Louisiana requires graduating seniors to take a semester-long course on health).

- During the 1997-1998 school year, member hospitals provided free hepatitis B inoculations for fifth-graders in both public and private schools in four local parishes.

- In 1998, the forum sponsored presentations, by an Atlanta physician, to more than 200 health care professionals on the management of sickle cell anemia.

- Beginning in 1999, the forum conducted seven free screenings for several varieties of cancer, high blood pressure, and depression; this program continues today.

- Also in 1999, the forum provided initial funding for a Free Pharmacy at the St. Vincent DePaul Society.

- In 2000, the forum became the initial sponsor of a service providing medical and dental services to the working uninsured (see Virginia Pearson, "Baton Rouge's 'Virtual Clinic,'" *Health Progress*, July-August 2003, pp. 33-35, 54).

- In 2002, the forum sponsored a flu-prevention drive, including posters, public service announcements, and bookmarks

THE FORUM TODAY

The forum is now more than a decade old. Of the eight people who gathered for the 1993 meeting, Davidge alone continues as the representative of a member organization. But all eight original organizations continue to send representatives to the forum's meetings. In fact, the original eight have been joined by six others. Whereas the original group included only East Baton Rouge Parish hospitals, it now represents all of the hospitals in a six-parish region. As a result, it has been renamed the Greater Baton Rouge Health Forum (GBRHF). Similar hospital councils exist in other parts of the United States, but few, if any, have been around as long as the GBRHF. And few, if any, can say they comprise *all* area hospitals in their membership, as the forum can.

Today the forum's membership includes two Catholic hospitals (both members of the FMOL Health System), the regional "charity" hospital (one of Louisiana's ten state-run public hospitals), two "service district" hospitals (local public hospitals), the East Baton Rouge Parish Medical Society, and Louisiana State University's Pennington Biomedical Research Center.

Perhaps the biggest obstacle I have faced over the years is keeping GBRHF lists updated: When committee members change jobs or organizations, those seats must be filled by others. Changes have also occurred on the forum's board; over the past decade, all member organizations except for our Lady of the Lake have changed their CEOs at least once. Some of the for-profit member organizations have changed owners.

GBRHF's main work continues to be done through committees, each of which I chair. Forum members can participate in as many of these committees as they choose.

One of GBRHF's earliest committees, the Community Benefit Committee, formed in 1996, created guidelines and a process through which help could be requested from the forum. This group handles requests for sponsorship of and volunteers for health fairs, fund-raisers, and other events. Because the committee has focused on health-related requests (such as childhood obesity and hepatitis B), in member organizations' immediate service areas, it has been able to reduce requests by more than 75 percent.

The Greater Baton Rouge Health Forum

The forum's member organizations are:

Ascension Hospital, Gonzales, LA

East Baton Rouge Parish Medical Society

Baton Rouge General

HealthSouth Rehabilitation Hospital, Lafayette, LA

Lane Memorial Hospital, Zachary, LA

Louisiana State University-Earl K. Long Medical Center, Baton Rouge

Mary Bird Perkins Cancer Center, Baton Rouge

Pennington Biomedical Research Center, Baton Rouge

Our Lady of the Lake Regional Medical Center, Baton Rouge

River West Medical Center, Plaquemine, LA

St. Elizabeth Hospital, Gonzales, LA

Summit Hospital, Baton Rouge

West Feliciana Hospital, St. Francisville, LA

Woman's Hospital, Baton Rouge

Recommendations from the committee are approved or rejected by the GBRHF board at its meetings.

In addition to taking requests for help, the committee also proposes projects for the forum to carry out. One example is the local St. Vincent de Paul Society's Free Pharmacy, which provides free medications to people who are unable to purchase them. Local physicians and pharmaceutical companies donate medical samples to the pharmacy, which is open four days a week and has a full-time pharmacist who oversees the program. The Free Pharmacy helps area residents get the medications they need to maintain their health without depriving themselves of other essentials.

Another recent initiative supported by the committee is the Baton Rouge Children's Advocacy Center, a place where physically and sexually abused children can be interviewed by a multidisciplinary task force in a child-friendly environment. The GBRHF provided the center with a grant to help it get started.

The GBRHF's Emergency Preparedness Committee, formed in 2000, has taken on a new importance since September 11, 2001. One of the forum's largest committees, the group now includes representatives of the local emergency medical services, phone company (when communication issues are on the agenda), the state's Office of Emergency Preparedness, and the U.S. Office of Public Health. Perhaps the most important new committee members are representatives of the Louisiana National Guard, who have made presentations to the committee concerning decontamination and appropriate emergency preparedness preparations.

Other GBRHF committees are:

- The Advance Directive Committee, which was formed to produce communication tools concerning advance directives

- The Marketing Committee, which won a marketing award for its work during a recent flu prevention campaign

- The Community Education Committee, which conducts free community screenings; it has distributed free colorectal cancer screening kits among adult area residents and sponsored anti-smoking programs for elementary school students. In partnership with local dermatologists, it also conducts free skin cancer screenings—a popular offering in a region where skin cancer is common

- The Human Resource Committee, composed by the member organizations' human resource directors, which meets monthly to discuss staffing shortages and the best way to address them

- The HIPAA Committee, which has offered four workshops on patient privacy to employees of GBRHF member organizations. The committee recently developed a privacy policy that members could adapt to meet their particular needs

In addition, the GBRHF and the Baton Rouge Area Foundation have engaged a philosophy professor from the university to attend ethics committee meetings at the member hospitals, devise an ethics curriculum for medical residents, and produce educational programs for both forum members and the community at large.

In short, GBRHF's committees:

- Identify areas in which member organizations

Continued on page 62

Mission and Values Statement

The mission of the Greater Baton Rouge Health Forum is to improve the health status of the Greater Baton Rouge Community by:

- Identifying and prioritizing community health needs through an ongoing process and through community partnerships

- Coordinating and leveraging the resources and influence of its member institutions to bring them to bear on improving community health

We are known and trusted members of the Baton Rouge community and we conduct ourselves and the forum's business with integrity. As important as what we do is how and why we do it. Our work is based on the following values:

- *Collaboration* We will cooperate and work together to achieve common goals. Recognizing that there are some things that we can do better together than we can as individ-

ual organizations, we will work for the greater good of the communities which we serve.

- *Compassion* When one in our community suffers, we all suffer. Our work together will be done to support and aid identified community needs.

- *Commitment* We pledge to consider each potential collaborative program or service to determine what will best meet the needs of the individuals we serve. We will then determine what resources can best be utilized to achieve successful outcomes.

- *Community* As a nationally unique organization of health care providers, our goal is to provide help and service to both our internal communities (staff, physicians, patients, visitors) and our external communities (area businesses, social service organizations, residents of the greater Baton Rouge area).

NURTURING THE MINISTRY'S SOUL

Continued from page 43

sentation at the *Commonweal* Colloquium on Catholics in the Public Square, Malibu, CA, February 22-24, 2002; Charles Curran, "The Catholic Identity of Catholic Institutions," unpublished presentation, Fordham University, Bronx, NY, April 1996; and the extensive and insightful discussion of the significant identity challenges confronting the Catholic Church's institutional ministries of health care, social services, and higher education in Peter Steinfels, *A People Adrift: The Crisis of the Roman Catholic Church in America*, Simon & Schuster, New York City, 2003.

2. Charles B. Moulinier, quoted in Sharon Pentland, "What's Past Is Prologue," *Health Progress*, January-February 1995, p. 57. Fr. Moulinier was CHA's first president.
3. "Lumen Gentium," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-Conciliar Documents*, vol. 1, Costello Publishing, Northport, NY, 1975, para. 13.
4. See Margaret Steinfels, "The Catholic Intellectual Tradition: Colleges and Universities," *Origins*, August 24, 1995, p. 171. In this article, Steinfels asked the same question of the Association of Catholic Colleges and Universities.
5. Steinfels, p. 172.
6. See James C. Collins and Jerry I. Porras, *Built to Last: Successful Habits of Visionary Companies*, HarperBusiness, New York City, 2002. "Profitability," the authors write, "is a necessary condition for existence and a means to important ends, but it is not the end in itself for many of the visionary companies. Profit is like oxygen, food, water and blood for the body; they are not the point of life, but without them there would be no life" (p. 56).
7. Collins and Porras, p. 71.
8. Assuming that \$1 invested in the stock market in 1926 would have been worth \$415 in 1990, Collins and Porras calculate that if the dollar had been used to buy stock in one of the "most successful" companies, it would have brought \$6,356 in 1990. Invested in one of the control companies, that dollar would have brought only \$995 (Collins and Porras, p. 4).
9. Steinfels, p. 219.
10. "Gaudium et Spes," in Flannery, para. 1.

A FELLOWSHIP PROGRAM FOR MISSION LEADERS

Continued from page 46

mission leader role, competency development is an ongoing task for all of Trinity Health's mission leaders, even those with years of experience. *No one is exempt; no one ever arrives* at the point where there is no more to learn. Environmental scans of U.S. health care clearly reveal that the challenges we face (and the changes we will need to be making) show no signs of abating. Without continuing competency development, our organizations could be quickly left behind.

The fellowship program in mission works for Trinity Health. We are impressed each year by the quality of the candidates who apply to the program. Our job is to prepare people well to be effective leaders in the church's ministry of health care. As Smith has said, "Without the fellowship, I might never have known this vocation God was calling me to, nor developed the basic skill set necessary for a mission leader. I will always be grateful to Trinity Health for the opportunity."¹¹ □

I wish to thank former Trinity Health fellows Brian P. Smith and Gordon Self; and Sr. Myra Bergman, RSM, mission leader, mentor, and preceptor; for contributing their own reflections to this article. Their thoughts helped me discover my own.

NOTES

1. Brian P. Smith, personal communication, May 10, 2004.
2. Gordon Self, personal communication, May 5, 2004. See also Mary Kathryn Grant, "Mission at the Millennium," *Health Progress*, March-April, 1999, pp. 18-20.
3. *Trinity Health Fellowship Program*, Trinity Health, Novi, MI. An online version of this brochure can be found at www.trinity-health.org/career/fellowship/.
4. Self.
5. Catholic Health Association, *Development Plan for Mission Leaders*, St. Louis, 2000.
6. Smith.
7. Smith.
8. Myra Bergman, personal communication, May 2004.
9. Self.
10. Smith.
11. Smith

CONTINUING A COMMUNITY ALLIANCE

Continued from page 55

can work better together than separately to accomplish health care goals

- Develop ways in which, by working together, those organizations can make their own jobs easier
- Avoid duplication of effort

COMMUNITY SUPPORT

The community response to the GBRHF has been overwhelmingly positive, especially from area business leaders. Several years ago the forum considered adding other kinds of health care organizations—such as long-term care centers and managed care organizations—to its membership. Local business people who responded to a survey suggested that enlarging the GBRHF's membership might make the forum less effective. As a result, the GBRHF has continued to be primarily a partnership of hospitals. From time to time, other community organizations are invited to participate in forum initiatives as appropriate, but they do not become full members.

In recent years, area business leaders have suggested that the GBRHF take a more visible role in identifying local health needs. The forum's Planning Committee recently developed a strategic plan for the greater Baton Rouge area. Working with the Louisiana Department of Health and Hospitals' *Parish Health Profiles*, national resources such as Healthy People 2010 and Bright Futures, and local surveys, the committee developed a document called *Healthy Baton Rouge 2004-2006* for the forum and its members to use in planning future projects.

We are still a pioneering initiative. We have no map to follow. What we do have is our collective desire to do what is best for the health of our community and the people we serve. □