

# FIVE YEARS OF COLLABORATION

## *Baton Rouge Health Forum Focuses on Community Needs*

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**F**ive years ago in Baton Rouge, Bob Davidge, president/CEO of Our Lady of the Lake Regional Medical Center, a member of the Franciscan Missionaries of Our Lady Health System, invited other Baton Rouge hospital executives to a breakfast meeting to discuss conducting a jointly sponsored community-needs assessment. All the CEOs agreed to participate to the extent of their organizations' ability. The assessment process took six months, and at its conclusion the group decided to continue their monthly meetings. As a consultant, I had led the assessment process. The group retained me as executive director to help them find ways they could continue working together.

Thus was born the Baton Rouge Health Forum (BRHF) (see **Box**). The forum's members now include the local charity hospital, the local Columbia/HCA affiliate, the largest privately owned hospital in Louisiana, and the two largest competitors. The members represent for-profit, not-for-profit, large, small, specialty, and general acute care facilities. The East Baton Rouge Parish Medical Society is also a member and keeps local physicians in the loop. The society's

president is a member of the forum's Executive Committee.

BRHF's first project evolved because of Louisiana's requirement that high school students take a semester-long course on health prior to graduation. The high school teachers tapped to teach this course (primarily physical education teachers) were scrambling to find resources, and the school system contacted a couple of the larger hospitals for help. The director of the BRHF proposed putting together a resource manual with information from all the forum members, and the schools eagerly accepted.

The manual, inexpensively produced in conjunction with the community education and marketing staff from each of the forum hospitals, lists, by topic, all the presentations the hospitals offer to the community. As they put the information together, the committee's members realized that they could use the information for all ages, so they coded each topic for age appropriateness. Teachers could hardly get their hands on these manuals fast enough, and each public and parochial school received at least two copies. Copies of the manual, which was created in 1994, are still being requested.

### MISSION STATEMENT GREATER BATON ROUGE HEALTH FORUM

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

1. Identifying and prioritizing community health needs through an ongoing process and through community partnerships.
2. Coordinating and leveraging the resources and influence of its member institutions to bring them to bear on improving community health.

### COORDINATING EFFORTS

This year, the BRHF will conduct seven free community screenings, at which people can be tested for colorectal, skin, and prostate cancer; high blood pressure; and depression. The advertisement for these screenings lists information for each forum member, and the news release, printed on BRHF letterhead, also emphasizes the collaborative nature of the screenings.

For the past three years, BRHF has provided free hepatitis B inoculations for every fifth grader in four parishes. More than 10,000 inoculations were administered during the 1997-98 school

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year, and almost 70 percent of the target population received the three-dose regimen. The BRHF hospitals coordinate nurses and medical supplies, and the vaccine is donated as part of the national Vaccines for Children program. This program, which has received national attention, is scheduled to run through 2002.

### SICKLE CELL ANEMIA PROGRAM

BRHF hospitals are also collaborating on a program to enhance the lives of local sickle cell anemia sufferers, and to change emergency room protocols. In April 1998 an Atlanta physician presented a program on sickle cell management and potential new therapies to more than 200 area healthcare professionals, and in May Southern University presented a program on the dietary needs of the sickle cell patient for dietitians and nurses. This program will be presented again in the spring of 1999.

Each hospital will present a program on a specific topic for sickle cell patients and their caregivers and families. One program will be presented each month for the next six months, and then the programs will be evaluated and a new six-month schedule outlined. The local and state sickle cell anemia associations participate in and endorse this program, and other communities have expressed interest in adapting the program for their own needs. Louisiana's Department of Health and Hospitals has received federal funding for a sickle cell initiative and will consult the BRHF to determine the best way to utilize these

funds to reduce patient stays and enhance the quality of life for sickle cell sufferers. All this progress is due to the fact that nurses from two BRHF hospitals, Our Lady of the Lake and Baton Rouge General, sat down together to discuss ways to improve quality of care. The president of the medical society brought their idea to the BRHF Executive Committee and it was adopted by all the hospital CEOs.

### MUTUAL TRUST IS KEY

In a partnership of this nature, building trust is imperative. This takes time, but one way to facilitate group trust is to begin with relatively small and easily achievable projects, so that their success supports and encourages the group's further efforts.

Potential problem areas involve questions of ownership, equality, and leadership. All the partners must feel they have input in the projects, from the choice of undertakings throughout their execution. Each partner must also feel that its voice carries as much weight as the others'. Finally, the partnership's steering committee must be composed of the member organizations' top leaders—the CEOs or their equivalent. Delegating this responsibility can undermine success.

After five years, the forum's members can look back on significant accomplishments. The road is occasionally rocky, but no organization has left the forum, and three have joined the original group. Building and keeping mutual trust has been key to BRHF's success, and it will be key in the future. □

## APPROACHING THE MILLENNIUM

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Who, in the future, will pay attention to patients' spiritual needs?

Healthcare, which was originally designed by the caregivers themselves (physicians and nurses), is today being redesigned, to some extent by outside forces (employers, insurance companies, and government programs such as Medicare and Medicaid). The Catholic health ministry also has a role in this redesign. Our ministry's success will depend on our vision and our ability to make effective use of our human and material resources.

Deciding how we want the Catholic health ministry to fill its role in U.S. society will be the result of corporate reflection. To this reflection we must bring a deep sense of our Catholic tradition and of the pioneer spirit that laid the foundations of our ministry. We must also bring a readiness to reexamine the extent to which our current structures and services fit the needs of the new century. But, most of all, we must bring the conviction that Catholic healthcare remains an essential presence. From this conviction we can embrace a vision of the greatest potential for the expression of our ministry in the new millennium. □

### NOTES

1. John Paul II, "As the Third Millennium Draws Near," *Origins*, November 24, 1994, p. 406.
2. John Paul II.
3. Lk 4:18-20.
4. National Conference of Catholic Bishops, "Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy," in *Pastoral Letters of the United States Catholic Bishops*, Hugh J. Nolan, ed., vol. V, NCCB/USCC, Washington, DC, 1989, p. 469.
5. Joseph Sullivan, remark made at the autumn 1997 meeting of the National Coalition on Catholic Health Care Ministry.
6. Andrew von Eschenbach, MD, *Texas Medical Center News*, 1994.
7. Joseph Bernardin, *A Sign of Hope*, Archdiocese of Chicago, Chicago, 1995.

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