# FROM ASSESSMENT TO ACTION

## *A Hospital-Community Coalition Provides Needed Services to Children*

BY NANCY DUGAS

Hospitals have traditionally managed and grown within their own walls. But as the number of persons lacking access to basic healthcare increases, providers have seen the need to move beyond those walls, collaborating with community leaders and competitors to reach out to those the healthcare system has left behind.

In late 1991 the Sisters of Charity of the Incarnate Word Health Care System (SCH), Houston, asked its member facilities to complete a three-phase procedure to provide underserved persons better access to care. SCH suggested that members begin by completing a community needs assessment, after which they would develop a hospital-community coalition to plan and implement solutions.

St. Mary Hospital, Port Arthur, TX, began the process in December 1991. Port Arthur has a large economically disadvantaged population, which presents unique challenges to healthcare providers. By collaborating with community leaders and competitors, the hospital has forged a coalition to provide needed primary care services to the community's underserved children.

### Identifying Community Needs

The needs assessment, which took place in the first two months of 1992, was conducted by a team comprising one community member and three hospital representatives from management, marketing/planning, and social services. External consultants, a facilitator, the SCH Mission Department, and the CCVI sisters at St. Mary Hospital provided additional support.

During the planning stage, team members met with the facilitator to determine overall and interim objectives. They identified populations according to age and ethnicity, along with community members with access to those groups.

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**Summary** In December 1991 St. Mary Hospital, Port Arthur, TX, began a three-phase procedure to provide underserved persons in the community better access to care. The process began with a community needs assessment, after which St. Mary developed a hospital-community coalition to plan and implement programs to address identified needs.

The needs assessment revealed two underserved populations: racial and ethnic minorities, and youth in two separate categories (below five years old, and from five to the teen years). The top needs were for greater access to healthcare and an increase in primary care services.

Having determined that St. Mary Hospital was better equipped to address the lack of primary care, the needs assessment team forged a coalition with community leaders and providers. Collaborative efforts led to the opening of three primary care clinics for children in 1993. The hospital also participated in a task force that identified and alerted the parents of more than 3,800 Port Arthur children in need of Early and Periodic Screening and Developmental Testing. St. Mary is currently working on a plan to contact the family of every Port Arthur child at the age of three months to ensure immunizations are current and a relationship has been established with a healthcare provider.

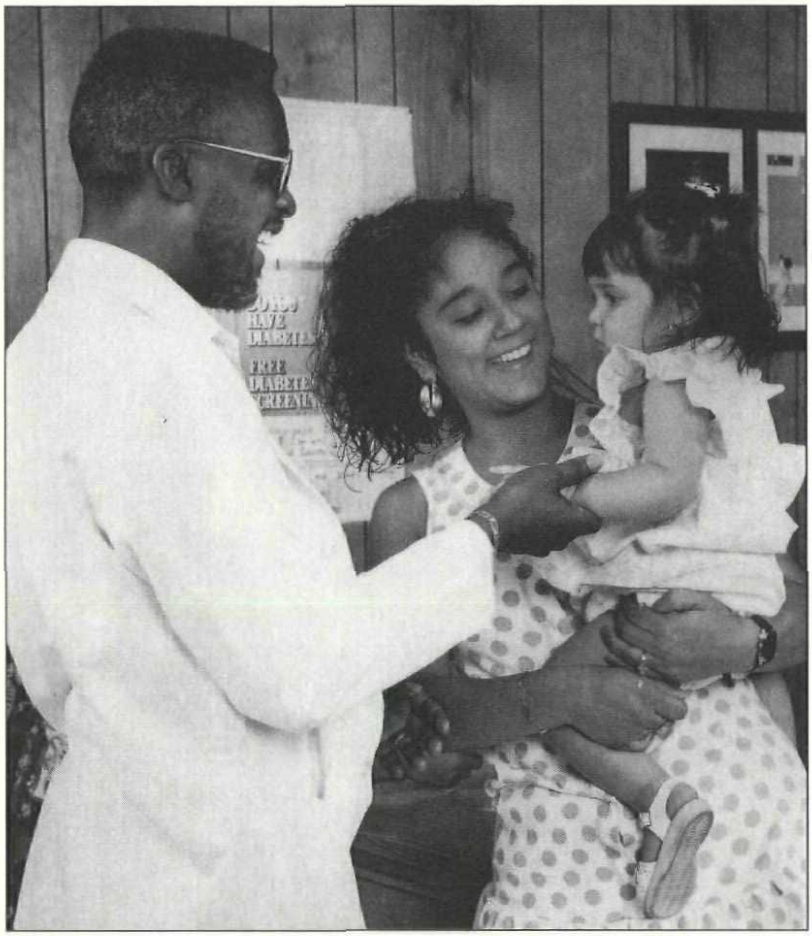
The team used storyboarding (a brainstorming and planning technique) to identify crucial data and persons to interview. A briefing board helped team members keep track of assignments, due dates, interview teams, and other pertinent information.

An important aspect of this community needs assessment methodology was the decision not to use a questionnaire. The team believed members needed to go into the community and talk with informants at all levels. Person-to-person interviews, they agreed, would be a more powerful source of information than a standard questionnaire.

A consultant trained team members in interview techniques. Initial interviews were with "key informants"—individuals whose position or profession gave them knowledge about the community as a whole, such as the executive director of the Port Arthur Housing Authority. In most cases, these were followed up by an interview with a gatekeeper, such as the city's director of social services, who identified residents' needs. When vulnerable populations were identified, team members conducted on-site focus groups with persons from these groups to ensure that earlier interviewees correctly identified needs and issues.

Two-member teams met before each interview to determine an action plan and objectives. The teams also conducted debriefing meetings and completed an interview summary form.

Once team members had gathered adequate information, they ranked the needs of vulnerable populations on a matrix. The two most vulnerable populations identified were racial and ethnic minorities and youth in two separate categories (below five years of age and from five to the teen years). The two top priorities identified by the community needs assessment were the need for access to healthcare services and for more sources of primary care, particularly for children.



*A two-year grant from St. Mary led to the reopening of a county immunization clinic.*

## Building a Team

With the assessment complete, in March 1992 St. Mary began to build a community participation team. The team originated with a three-member core group comprising the hospital's marketing director, a representative from the Port Arthur Health Department, and the executive director of the federal community health clinic.

The core group's first task was to determine where and how to target their efforts and resources. They decided that the second identified need—primary care, specifically for children—presented the best opportunity for greatest immediate impact on the most people.

The group conceded that the first identified need, access to services, was simply too challenging as a first-year goal; they would instead research ways to improve access to services while focusing on primary care for children. As a first step, a group representative visited Centerpoint, an information and referral network coordinated by Schumport Medical Center, Shreveport, LA. St. Mary Hospital is currently considering buying the program and developing it for a social service agency to manage.

Having identified the target group as children, the core group then expanded into a community participation team comprising representatives from the school district, housing authority, Department of Human Services, and other orga-

nizations that serve children. The team set two goals:

- Increase the number of children, particularly those five years and younger, who receive immunizations.
- Increase the number of children who receive Early and Periodic Screening and Developmental Testing (EPSDT). EPSDT provides Medicaid-eligible children up to age 20 with periodic vision and hearing screenings, physical examinations, blood work that includes testing for lead, dental examinations, and administration of the Denver Developmental Test to assess motor skill development.

### Fulfilling the Needs

The work of the community participation team came to partial fruition in early 1993, when three clinics were opened in response to the need identified by the assessment.

The first success—the March reopening of a recently closed county immunization clinic—came unexpectedly and resulted from the increased community awareness created by the needs assessment (see **Box** below).

The second and third successes proved somewhat more challenging. Initially the community participation team believed that educating Medicaid recipients about EPSDT screenings would be enough to increase the number of screenings. But team members then identified a more difficult problem—an insufficient number of providers, including physicians, certified pediatric nurse practitioners, physician's assistants, and nurses under the direction of a physician.

St. Mary has begun to provide EPSDT clinics and health fairs at the hospital's wellness center, public housing facilities, and an elementary school.

To resolve the EPSDT provider shortage, St. Mary worked within its newly established community network.

MedAMErica, which had several successful clinics in Louisiana, had decided to expand into Texas, focusing on Houston, Dallas, Beaumont, and Port Arthur as potential clinic sites. On arrival in Port Arthur, representatives from MedAMErica were referred to St. Mary Hospital because of the facility's heightened visibility in the community as a result of the needs assessment. The hospital, in turn, invited MedAMErica to be part of the community participation team and shared data the team had collected. As a result, MedAMErica chose Port Arthur for its EPSDT clinic, which opened April 1.

Two weeks later, a second EPSDT clinic opened in downtown Port Arthur, operated by a certified pediatric nurse practitioner who had been a member of the original core group from which the community participation team evolved. The downtown clinic, like its MedAMErica counterpart, is doing brisk business serving Port Arthur's low-income children.

In addition to providing impetus for establishing the freestanding clinics, St. Mary Hospital has begun to provide on-site EPSDT clinics and health fairs at the hospital's wellness center, public housing facilities, and an elementary school. Although turnout has thus far been disappointing, each experience offers insight into how the hospital can better reach underserved populations. St. Mary's goal for next year is to include

## COMMUNITY NEEDS ASSESSMENT HELPS REOPEN IMMUNIZATION CLINIC

One key outcome of the community needs assessment was to heighten awareness at St. Mary Hospital of what was happening in the Port Arthur community. Had the hospital not gone through the assessment process, leaders would not have been aware of children's need for primary care services.

That awareness set in motion a chain of events that led to the reopening of a county immunization clinic closed in October 1992 for lack of funding. The closing had placed more than 5,000 children at risk of not being immunized. Although the clinic was outside of St. Mary Hospital's needs assessment target area, the community participation team seized the opportunity to help ensure that immunizations remained available to children in surrounding communities.

Soon after the clinic closed in October 1992, the team began working with county commissioners and the St. Mary Hospital board of directors to reopen it. On March 1, 1993, the clinic opened its doors with a two-year grant from the hospital. The grant is funded by proceeds from the Children's Miracle Network telethon, an annual fund-raiser conducted by the hospital under the auspices of the Osmond Foundation, which stipulates that donated funds be used for the benefit of area children.

It appears to be money well spent. The clinic, staffed by a certified pediatric nurse practitioner and assistant, offers immunizations for $5. It is currently near capacity.

## HEALTHY BEGINNINGS

In an effort to promote breastfeeding, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) are sponsoring the Baby-Friendly Hospital Initiative. Baby-friendly hospitals encourage and help women breastfeed—a process that saves infants' lives because it is sterile, prevents diarrhea, and provides antibodies; saves women's lives because it helps space births; and saves money for families and hospitals.

In the United States 82 hospitals have received certificates of intent to be named baby-friendly hospitals, an interim step in preparation for the Baby-Friendly review. To receive actual baby-friendly recognition, hospitals must:

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff
- Train all healthcare staff in skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breastfeeding
- Help mothers initiate breastfeeding within 30 minutes of birth
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
- Give newborn infants no food or drink other than breast milk, unless medically indicated
- Practice rooming-in, allowing mothers and infants to remain together 24 hours a day
- Encourage breastfeeding on demand
- Give no artificial teats or pacifiers to breastfeeding infants
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge

UNICEF and WHO want hospitals to focus on prevention once these baby-friendly policies are in place. The agencies envision such hospitals providing immunizations against the six major vaccine-preventable diseases, information about the use of oral rehydration salts to treat diarrhea, and child development monitoring.

The Catholic Health Association is a participant in the Healthy Mothers, Healthy Babies Coalition, a group that supports the Baby-Friendly Hospital Initiative.

At least 15 Catholic hospitals are participating in the initiative, and many others are taking steps to promote breastfeeding. A program sponsored by St. Mary's Health Center, St. Louis, offers breastfeeding counseling to all new mothers, regardless of where they delivered their babies. Counselors help new mothers cope with normal difficulties of breastfeeding.

In 1991 the Breastfeeding Promotion Committee at Saint Joseph Hospital, Towson, MD, launched the Breastfeeding Employee Support Program. The program sponsors the Pumping Place, a private room with a sink, rocking chair, soft lighting, a radio and tape player, relaxation tapes, and an electric breast pump. Employees enrolled in the program get a key to the Pumping Place and establish a pumping schedule.

*—Michelle Hey*

Medicaid parents on the team and conduct focus groups among them to determine how best to help the children get the healthcare for which they qualify.

St. Mary Hospital's heightened profile and community outreach has also resulted in its inclusion on a mayoral task force that recently identified more than 3,800 children under five in Port Arthur who had not received a medical screening in more than five years, if ever. The mayor sent a letter about the screening and the need to establish a relationship with a healthcare provider to each child's home. A list of providers, including the two new EPSDT clinics, appeared on the back of the letter, along with a toll-free number for referrals.

### Building on Success

St. Mary Hospital's community needs assessment that began less than two years ago has resulted in two concrete accomplishments: clinics for underserved children and a hospital-community partnership that will enhance future efforts to meet the healthcare needs of all Port Arthur's citizens, especially the underserved.

St. Mary's goal is to determine how best to help children get the healthcare for which they qualify.

The next community involvement program St. Mary Hospital plans is a network to contact the family of every child living in Port Arthur at the age of three months to ensure that their immunizations are current and that the family has established a relationship with a healthcare provider. Currently in the planning stage, the immunization initiative would involve collaboration with all area hospitals, local and state agencies, and community healthcare providers. □

*For more information about the methodology and outcome of St. Mary Hospital's community needs assessment, contact Nancy Dugas, director of mission services, 409-989-5236.*