GRASSROOTS HEALTHCARE

System Creates New Division to Improve Community Health Status

BY STEPHANIE HEARN

St. John Health System, Detroit, sponsored by the Sisters of St. Joseph, has long been involved in community-focused healthcare. But St. John's leaders recently decided that the system needed a more structured approach for its efforts in improving community health status. Thus in July 1995 they created a new division, Urban and Community Health (UCH).

Vernice D. Anthony, former director of Michigan's Department of Public Health, was named UCH's director. Her appointment was partly intended as a message to employees and the communities the system serves, Detroit and a large part of southeastern Michigan. It told them that the community's health was an important part of the system's strategic plan.

One of UCH's highest priorities was to step outside hospital walls and establish close links with the community. To forge these links and provide overall guidance, the new division's leaders formed the UCH Steering Committee. The steering committee is made up of community representatives and system board members and senior staff.

The steering committee's first task was to develop vision and mission statements (see **Box**, p. 29). This not only provided UCH with a focus for its work; it also gave the committee's community representatives a sense of commitment to UCH.

Ms. Hearn is director, community health initiatives, St. John Health System, Detroit.

Development Steps

In creating UCH, the steering committee followed several steps. (Sometimes the steps overlapped and were not taken in the order given below.)

Internal Evaluation For several years, St. John had conducted an annual inventory of its community benefit activities (based on *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Constraint,* Catholic Health Association, St. Louis, 1989). The inventory gave the steering committee an overview of the system's current programs for improving community health status. The committee found a number of anomalies—that some zip codes received many St. John services and others got none, for example.

External Evaluation In a series of interviews, the St. John staff asked community leaders—including representatives of government, law enforcement, business, schools, and labor unions—to identify key healthcare strengths and issues. To get the views of other community members, the staff conducted five focus groups and sent questionnaires to 5,000 households. Responses showed that community leaders and people at the grassroots level did not always share views on healthcare issues. For instance, leaders said primary care was fairly affordable and accessible, but grassroots respondents said it was not.

St. John's staff also reviewed demographic, health status, and health behavior data from Michigan's Department of Community Health and Detroit's Health Department.

Healthy Detroit, a private organization, shared the results of its community health assessments. The steering committee used these data to determine UCH's priorities.

Board Establishment St. John's board of trustees formed a subgroup called the Community Services

Committee, whose main function is to maintain communications between UCH and the board. The Community Services Committee helps to keep board members, who are usually not community residents, informed about community needs and assets. The committee is also the mechanism for obtaining board support and approval for community initiatives.

In addition, St. John is currently forming community advisory boards for each of its eight hospitals (see **Box,** p. 36) to maintain communication between the hospital and the community served.

Defining the Community St. John's hospitals cover a geographically large and culturally diverse region. The steering committee decided it should focus initial UCH's efforts on a smaller area. After identifying the zip codes that produced a majority of the region's level I and level II emergency room visits—visits for problems that might be treated in less acute settings—the committee targeted that area, which, in addition, was plagued by crime, drug and alcohol abuse, and a high infant-mortality rate.

"Community Plunge" To introduce the Community Services Committee and the steering committee to the neighborhoods they were to serve, St. John arranged for their members to spend two days visiting community organizations, including a homeless shelter; an economic development agency; a mental health agency; and a St. John-sponsored, school-based health clinic. In meeting community residents and hearing their stories, the committee members were introduced to the human side of the data they had been studying.

Problem Choice The steering committee next decided which problems UCH would address and how it would measure progress in dealing with them. The problems selected were infant mortality, drug and alcohol abuse, an absence of heart disease and cancer prevention programs, and a lack of access to primary care. The steering committee saw that UCH would have to launch new programs to deal with some problems, whereas it could build on existing efforts in addressing others. Measurement of progress would depend on the problem and the program prescribed for it.

Collaboration The region's three largest healthcare systems—St. John, the Detroit Medical Center, and the Henry Ford Health System—agreed to work together to improve community health status by, for example, immunizing children and improving access to primary care. They also promised to increase purchasing from local and minority vendors, a measure that should help the area economically. (St. John learned from its focus groups and questionnaires that area residents see unemployment—and accompanying crime and drug abuse—as a major healthcare problem.)

The public school system and UCH have collaborated in opening a health center in one of the city's middle schools.

UCH Initiatives

The following are some of UCH's major initiatives.

Community-Based Health Centers At the community level, UCH has created the St. John Detroit Health Center and (in partnership with the city's health department) the Northeast Health Center, both of which offer primary and preventive care as well as health education on such topics as nutrition, child immunization, and making healthy lifestyle choices.

School-Based Health Center UCH and the public school system have collaborated in opening a health center in one of the city's middle schools. The center offers medical care, an abstinence program, a violence prevention program, and counseling.

Countywide Initiatives UCH has teamed up with several local community organizations—Healthy Detroit; Healthy People, Healthy Oakland; and Creating a Healthier Macomb—to improve health and quality of life in Wayne, Oakland, and Macomb counties. The initiatives address healthcare needs and such related topics as economics, education, housing, and the environment.

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ST. JOHN HEALTH SYSTEM URBAN AND COMMUNITY HEALTH DIVISION

Vision Statement

We are inspired by our values, which are consistent with the Gospel imperative to improve the health status of our communities, including the poor and the underserved. This will be accomplished through strategic partnerships that build on the communities' strengths, and value the uniqueness and diversity of each neighborhood.

Mission Statement

We strive for excellence to improve and maintain the health of all people in our communities, including the poor and those with special needs.

We provide both services and leadership in a manner that respects the human dignity of all and is open to learning from the communities we serve.

We cooperate with others and serve as a visionary catalyst to achieve civic improvement, educational excellence, and safe and peaceful communities, and to improve human rights and social justice.

We demonstrate community partnerships through collaboration with other healthcare providers, physicians, public health and social service agencies, businesses, and civic and religious organizations.

We use our resources wisely and hold ourselves accountable through measurable outcomes.

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Parish Nurse Program UCH operates a parish nurse program, in which eight full-time nurses serve 15 parishes. In each parish, the nurse typically begins by getting to know congregation members, assessing the parish's healthcare needs, establishing healthcare goals, and then working with the parish clergy to achieve those goals.

Grieving Children Program UCH is currently developing a program that will provide grief support for children who have lost people who were significant in their lives.

Other Initiatives UCH has also formed partnerships with other area providers and public health agencies. St. John collaborated with Big Brothers Big Sisters of Detroit to establish a mentoring program; it provides primary healthcare and health education for Boysville of Michigan clients.

A Vision for the Future

St. John will continue to develop the key partnerships that enable it to integrate community preventive care into its continuum of services. □

For more information, contact Stephanie Hearn, 313-343-7547.

THE SYSTEM'S EIGHT HOSPITALS

St. John Health System, Detroit, includes the following eight hospitals:

St. John Hospital and Medical Center, Detroit

Holy Cross Hospital of Detroit, Inc., Detroit

St. John Health System Oakland Hospital, Madison Heights, MI

River District Hospital, East China, MI

Saratoga Community Hospital, Detroit

St. John Hospital-Macomb Center, Harrison Township, MI

Detroit Riverview Hospital, Detroit

Macomb Hospital Center, Warren, MI

ADVOCACY PRIORITIES

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Working together, sponsor representatives, staff leaders, and board members crafted a new model of sponsorship, explained Brennan. In fall 1997, the system shifted from region-by-region provincial ownership and governance to a unified model in which the Daughters of Charity provincial councils together sponsor the entire system. The regional level of governance is eliminated.

With the system's new two-level governance model, regional boards' responsibilities are reallocated between the DCNHS national board and the local boards. "The structure strengthens local health ministries, allows more effective use of financial and human resources, and enables faster decision making. The more unified system now has a stronger advocacy voice," said Brennan.

The structure facilitates the partnerships DCNHS committed to in its vision statement and prepares the system for the future. Brennan explained, "We are taking better advantage of the synergies that exist within a system by using our national strengths to add value to our local ministries. For example, the national system disseminates systemwide findings on best clinical practices. We are better able to carry on a tradition of 170 years of service to communities while acting effectively in a marketplace that calls for innovation and responsiveness."

Ethical Challenges in a "Bright" Future

Brennan predicts a "challenging but bright future" for the Catholic health ministry. "We face formidable challenges in clinical, social justice, and business ethics. For example, how should we allocate scarce resources or handle the unnecessary duplication of services?"

Society responds to the values of Catholic healthcare, according to Brennan. "People have a fundamental concern for others and for the communities in which they live. They embrace what we stand for. I am optimistic that the Catholic health ministry will remain strong and will continue to speak for a more humane and just society and a better healthcare system." —*Judy Cassidy*