



# RELATIONSHIPS WITH COMMUNITY

ST. MARY'S HOSPITAL, ROCHESTER, NY

One of the premises of the move to integrated delivery networks is that the healthcare system can no longer be conceived as isolated from other social, economic, and political structures. The realization that a community's economic health affects the health of its citizens has prompted providers to forge partnerships with citizens, local businesses, and governments.

## BULL'S HEAD DEVELOPMENT PROJECT

For the past six years, St. Mary's Hospital in Rochester, NY, has worked with community agencies and state and local governments to stabilize and revitalize its neighborhood and to ensure Rochester's inner-city residents have access to high-quality primary healthcare. In Rochester's Bulls Head area, where St. Mary's is located, one in four families lives in poverty, and unemployment, teen pregnancy, and infant mortality are all about double the overall city rates.

"As the area's economic condition worsened, we decided that we had to face a number of issues," St. Mary's President and Chief Executive Officer Patrick Madden explains. Most of the hospitals serving the Rochester inner-city area had moved to the suburbs along with the middle class, leaving behind a poor, predominantly African-American population.

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One key issue was that a comprehensive, community-based approach would be necessary to truly revitalize the area. St. Mary's was already working with neighborhood community health agencies. In 1987 the hospital initiated discussions with city and county governments, as well as with the local community college, about the area and its future.

"We sent the message that we were committed to staying but that we couldn't make a go of it without help," says Madden. St. Mary's goals were to improve job and educational opportunities in the Bull's Head area, improve the area's available housing, and instill a sense of ownership and pride in the community. On the recommendation of city and county officials, St. Mary's brought in an urban planning consultant who developed a strategy for improving the area.

St. Mary's first step in gathering support for the plan was to get local community members involved in discussing and critiquing it. Over several years the hospital held frequent meetings, some of which were attended by hundreds of local residents. "Getting people in the area committed and involved was a crucial first step toward establishing a broader support base," Madden stresses.

In approaching potential community partners, St. Mary's leaders emphasized that the hospital's



commitment to Bull's Head and its role as the area's largest employer uniquely qualified it to lead revitalization efforts. "Most inner-city hospitals have not really impressed on their business and governmental constituencies that they are critical community resources," Madden says.

"To get the attention of community partners, you need a lever," Madden points out. "We told local public officials and business leaders, We can address the very issues that you have not been able to address because we're there. With a \$100 million resource in the location, we can address social and economic problems in addition to medical needs. That's the lever we used."

Many of the Bull's Head development initiatives are beginning to bear fruit. St. Mary's Hospital recently helped create a community development corporation to address housing needs in the area, and the city council is set to approve a plan for developing a four-acre area across the street from the hospital. The hospital has approached the local police about the possibility of locating a precinct office in the new development. St. Mary's has also contacted local merchants and restaurants about relocating in the Bull's Head area.

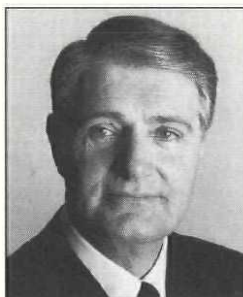
### PRIMARY CARE INITIATIVES

In addition to its community development efforts, St. Mary's Hospital has been active in building a coalition to improve primary care for the poor and underserved persons throughout Rochester.

Madden explains that the efforts began with a reconsideration of the role St. Mary's needed to play as a health provider. "About six years ago I looked at what our community needed on the medical side and realized that our focus on inpatient acute care wasn't meeting those needs," he says. To better serve the community, St. Mary's began to reconfigure its services.

At the time, Madden notes, 90 percent of the hospital's revenue stream was from acute care, even though such services benefited only a small number of people. Today, acute care accounts for only 55 percent of St. Mary's revenues, and the primary care network the hospital has set up serves tens of thousands of people.

Over the past six years, St. Mary's has established 14 primary care centers. Various clinics address the needs of African-American, Hispanic, East European, and Asian populations. In 1991, the hospital launched its HealthReach program to address healthcare and related social issues



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That same year New York State awarded St. Mary's a three-year, \$1.5 million grant to help the hospital link its primary care clinics to the St. Mary's emergency room. "Emergency room patients who do not have a primary care physician are linked up the following day to one of our centers' primary care doctors. We then follow up to make sure the patient follows up."

When the program started, 40 percent of persons visiting the hospital's emergency room did not have a primary care doctor. That number has now been reduced to 13 percent.

Part of the money for St. Mary's primary care initiatives comes from internal fund-raising efforts, but the hospital has also attracted support from local foundations and from some larger organizations like Blue Cross-Blue Shield. "You don't have to do much convincing to get organizations to help out when the amount of money you are asking for is minimal and the impact is large," Madden says.

In seeking partners for healthcare networking or for community development projects, the ability to explain the cost-benefit advantages is critical, Madden says. He notes that St. Mary's has also approached other hospitals in the Rochester area with the message that they too have an interest in the facility's continued presence in the inner city.

Other hospitals' stake in preserving St. Mary's viability has led to some interesting cooperative arrangements. For example, Strong Memorial Hospital transferred a cardiac catheterization unit to St. Mary's under its own licensure. In addition, other hospitals in the city have refrained from offering brain injury rehabilitation programs to ensure that St. Mary's is the only provider in the area with the service, which is an important source of revenue for the hospital.

### BUILDING A STORY

Madden concludes that, in making a case for community support, hospitals in St. Mary's position "really need to build a story."

"They must look inward, approach their neighbors and communities and ask, Are we important? Once they have that confirmation, they must use the strength it gives them to go to constituencies in the community at large and ask, Do you also believe? With that confirmation, hospitals can then say, We are here as a partner to work with you. That's how you get people on board."

—Phil Rbeinecker