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Thomas W. Chapman

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Thomas W. Chapman, MPH*

The Greater Southeast Community Hospital (GSCH) is a 450-bed not-for-profit facility located in the most impoverished community in Washington, DC. It is the flagship institution of the Greater Southeast Healthcare System (GSHS). In addition to GSCH, the system is comprised of long-term care facilities, ambulatory care facilities, outpatient pharmacies, home health agencies, and interests in real estate redevelopment corporations.

In 1989, GSCH was awarded the Foster G. McGaw Prize in recognition of its outstanding community service activities. The programs were conducted by various parts of the GSHS and demonstrated the strong ties GSCH has developed over the years with its community. Many of these programs were initiated by the hospital to meet the needs in the community that were not being met by any other organization, either private or public.

GSCH and its surrounding community are geographically isolated from the rest of Washington, DC, by the Anacostia river. The service area, known as East of the River, tends to contain a population that is relatively homogeneous. The community is impoverished, and resources such as public transportation, health services, and employment opportunities are limited. GSCH has stepped in to fill the void, partly because of its sense of civic responsibility, but also because no one else seemed able or willing to take on this role.

GSCH has always had a firm commitment to working with its community to address the health and social problems prevalent in the population it serves. The organizational mission of the system clearly states that GSCH will serve as a catalyst in the community to bring about the changes needed to address the many problems of the area. The McGaw Prize was an acknowledgment of some of the accomplishments that have been achieved through implementation of this mission over 25 years of service.

The hospital's emerging role in the community makes it easier for GSCH to determine the needs of the community and to design programs to meet these needs. Also, as the area's largest private employer, GSCH has become a natural leader in the community and is relied upon by the community to be a catalyst for change. This helps when we approach the community with new ideas about ways to improve the health status of residents.

The programs undertaken by GSCH were not developed to win the monetary awards and recognition they have received. Rather, they represent an integral part of Greater Southeast culture and values. These programs reflect healthy organizational behavior and lead to a variety of working partnerships that strengthen community relationships and capabilities while providing important services that can make a difference.

Greater Southeast is clear about its goals, objectives, and commitment to the community it serves. GSCH recognizes that, as a community health organization, its values and behavior are assessed on the basis of what is done, not what is said. Therefore, GSCH strives to develop and implement community partnerships that validate authentic commitment to improving health and well-being. Consistency and genuine commitment to being a part of the community and to fulfilling real needs are important to Greater Southeast and should be important to other health care organizations.

Presently, community service remains a low priority for many hospitals in today's turbulent health industry. Public confidence in hospitals and their leadership is at a historic low. Today's hospitals are seen by many public officials and business leaders as contributing to the nation's health problem but not to possible solutions. Since their inception, the use of public funds (such as Hill Burton, Medicare and Medicaid, health manpower, research grants, and other programs) has established an expectation of long-term commitment to the community's welfare. Many view hospitals as having failed this commitment. Some hospitals, indeed, appear to have the attitude that government has the sole responsibility for addressing community ills and have demonstrated this through abandonment of and decreased commitment to the communities they serve.

The perception that hospitals have selfishly developed their own goals and strategies, which do not coincide with the community's, has led to attitudes that are proving costly to hospitals. At best, communities are skeptical; at worst, they are antagonistic, even hostile. Local and state governments in need of tax revenue are challenging some hospitals' nonprofit status. News media are quick to report instances where medically indigent people are denied care or vital services are eliminated. Some hospitals are cited as slum lords in their communities. Con-

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*President and Chief Executive Officer, Greater Southeast Healthcare System, Washington, DC.
Address correspondence to Mr. Chapman, President and CEO, Greater Southeast Healthcare System, 1310 Southern Ave SE, Washington, DC 20032.

sumer watchdog groups testify to local, state, and federal panels that hospitals are more obsessed with doing well financially than with doing good work in their communities.

Hospitals, however, have a new opportunity to reestablish their once honored status, because the "competitive" era has failed to control costs or to solve the health care system's ills. The 1990s and beyond will bring a new environment of public accountability, with new pressures and incentives. The new era for hospitals will be shaped by collaboration and be driven by continued fiscal cutbacks, by the dysfunctional state of the U.S. health care system, and by the national health and social political reforms. The need for multidisciplinary solutions to complex problems will require hospitals to apply new approaches to the task of organizing, financing, and delivering cost-effective care. The public and private sectors will, of necessity, combine talent and resources, and hospitals will be expected to be leaders in this collaboration. They will be pressured to develop community-wide endeavors with business, religious, educational, social, and civic organizations whose resources are also limited. This new brand of organization and management will require "community service entrepreneurs." Cooperation, collaboration, and compromise will be essential among many organizations similar and different in mission and character.

The leaders responsible for the continued viability of hospitals and other health care institutions have ample reason for eagerly seeking renewed involvement in, and service to, their communities. First, the deteriorating health status of a growing number of communities is influenced by social, environmental, economic, and business conditions. Providing traditional health care services without regard for these factors fails to improve health status and wastes money and other resources.

Second, science and the health delivery system have an outstanding record of curing disease and repairing the injured. However, to be effective in addressing health problems such as infant mortality, mental disorders, violence, and chronic diseases related to smoking, alcohol, and drugs requires cooperation with organizations community-wide. Regardless of the origin of such conditions, hospitals will be held responsible for treating the ill and injured and for improving their outcome. The annual report of Medicare mortality data strongly and inappropriately suggests that hospitals are responsible for the outcomes published by the Health Care Financing Administration. Society cannot afford the cost of treating health care needs on an acute and emergency care basis. Therefore, health promotion and education must be high on the agenda of hospital leaders.

The new community health interventions must be more than the extension of clinical programs in the community. New interventions require a change in the institutional mind-set to create commonality of purpose for the hospital and its community. Thus, community involvement and service represent additional management tools in the effort to reduce society's health care costs and to achieve more rational utilization of limited resources. Either hospitals must lead in this effort or others will determine their future and dictate their role. Health care pressures are churning the political, civic, and business energy towards reform. Hospitals and physicians are key targets and will either influence this movement or accept the consequences.

Another reason for renewed community involvement is that the special needs of a growing elderly, immigrant, and low-income population (all with heavy demands on the health care system) will continue to increase. The unique needs of these groups will not be met using traditional approaches. Community involvement can stimulate and facilitate creative, multiorganizational approaches to many of these problems. Almost every institution that addresses human development and quality of life has limited resources. Community involvement offers an opportunity to introduce risk-sharing and to create cost-effective contributions.

Finally, community involvement develops strong bonds and relationships and produces goodwill. These elements may seem intangible and therefore unimportant, but they will be critical as the problems of finance and delivery intensify. In this regard, community involvement has benefits before, during, and after acute care services are provided. In many instances, the future and survival of hospitals and their communities are inextricably linked to each other's success in effecting change. The programs for which GSCH was awarded the McGaw Prize are examples of this linkage.

GSCH Community Service Programs

High-Risk Infant Care Program/Adolescent Pregnancy Program—This program was started in an effort to reduce the high rate of teenage pregnancy and infant mortality in the GSCH service area. Many of GSCH's deliveries were to young mothers who had no prenatal care, often resulting in low birthweight babies. The High-Risk Infant Care Program, a combination of many programs dealing with the infant such as the Special Care Nursery, a team approach to care, an early bonding program, and sibling and grandparent programs and classes, provides the best start for these high-risk infants.

The Adolescent Pregnancy Program addresses the problem earlier by identifying pregnant teenagers and educating them about the importance of early and regular prenatal care and proper nutrition. The program helps them to develop parenting skills and teaches them how to develop and implement a realistic life plan. This program was funded by the hospital.

Geriatric Team—Composed of a physician, nurse, social worker, dietitian, clinical pharmacist, and rehabilitation therapist, the Geriatric Team functions as a consultative service to evaluate at-risk elderly patients and to develop comprehensive, individualized care plans. The results to patients are an improved level of function, reduced hospitalization time, fewer nursing home placements and readmissions, lowered mortality, and a significant reduction in overall health care costs in a population with limited resources. This program was funded by the hospital.

Service Credit Volunteer System—This modern-day barter system is designed to fill gaps in available services for the elderly and to promote independent living and quality of life. Program participants earn credits by performing tasks, such as light housework, respite care, transportation, and a variety of other services. In exchange, they use the credits to purchase services they need for themselves. Many of the participants are senior

citizens; however, relatives and others can earn credits for needy loved ones. This program was funded through a grant and is now supported through the work of volunteers.

Cancer Screening Center—This program provides low-cost screening for cancer of the head, neck, mouth, throat, colon, rectum, prostate, cervix, testes, breast, and all exposed skin. Those patients requiring a mammogram can have it done at the hospital for a reduced rate by presenting a referral from the Cancer Screening Center. In addition, staff from the Cancer Screening Center participate in health fairs and other off-site screenings where they conduct partial screenings and distribute literature about the program. Designed to be convenient for patients, the Cancer Screening Center is open evenings and weekends. Initially this program was run by volunteers; it is now funded by the hospital.

Neighborhood Blood Pressure Watch—This program best illustrates the close working relationship between GSCH and its community. Working with local churches, the hospital staff train and certify congregational members as blood pressure technicians and provide the necessary equipment and support. The churches conduct monthly blood pressure screenings, usually after services on Sundays. The program involves 25 churches and 300 volunteers and requires minimal funding by the hospital. It is operated mainly by volunteers.

Clothing Closet—The Clothing Closet was established to provide clothing to patients who were being discharged but did not have adequate clothing. Operated by volunteers, the program provides clean, used clothing at no cost to those in need. Begun as a service for needy patients, the Clothing Closet has become so successful that it has extended its services to anyone in need and regularly shares donations with local churches and others who extend contributions to the needy in the community. Donations to the Clothing Closet are made by staff, former patients, and others from the community. This program requires minimal funding by the hospital; volunteers provide most of the support.

Community Development Program—This program, which is conducted by the system with the support of many community, government, and financial organizations, was instrumental in providing a total of 546 renovated housing units to the community. In addition to providing adequate and affordable housing, this program serves to attract other developers to the area who provide increased housing and job opportunities and improved transportation. The impact on the community is an improvement in the quality of life, which translates into better health status.

Extended and New Community Outreach Services

The main purpose of the hospital in carrying out these community outreach programs is to improve the health and well-being of the community. In a community as impoverished as the one GSCH serves, this is an ongoing task that does not end with the receipt of an award such as the McGaw Prize. The hospital and the system have continued to meet the needs of the community by expanding many of the programs and by developing other programs to meet the ever-growing needs. GSCH has joined forces with organizations from outside of the area to provide the needed funding that many of these programs require.

Through funding by the Susan G. Komen Foundation, the Cancer Screening Center was recently expanded to increase its emphasis on breast cancer. The Greater Southeast Mammography Project, targeted at low-income minority women, provides education on the importance of early detection and treatment of breast cancer. Women are taught how to conduct breast self-examinations, and they receive a mammogram at no cost. It is anticipated that the program will train women to serve as advocates in their communities to identify and refer others to the program and to follow-up to ensure that the women have made the visit.

Another expanded program is the Neighborhood Blood Pressure Watch. Since the church program was not reaching many men, the program was expanded to two neighborhood barber shops. Hospital staff visit the barber shops and provide blood pressure screenings on Saturday mornings. This expanded program does not have volunteers and thus the hospital must provide funding for staff.

In a spin-off from the Geriatric Team, the Serving Spoons program was developed when it was discovered that many elderly patients were having trouble feeding themselves, which resulted in poor nutrition and lack of interest in eating. Through the Serving Spoons program, volunteers are trained to feed the elderly patients, to provide some socialization, and to retrain those patients who have forgotten how to feed themselves. Community members and hospital staff participate in this new program. The results have been an improvement in the nutrition of the patients and in shorter lengths of hospital stay. The program also has provided volunteers with an opportunity to interact directly with patients. This program was started with an in-house grant and now requires minimal funding. Most of the labor is supplied by volunteers.

The hospital also established a Stay in School program with the District of Columbia Public School System to help noncollege-bound students acquire the training and work maturity skills needed for survival in today's workplace. Students in the program attend school in the mornings and work afternoons at the hospital where they learn what will be expected of them in the workplace. In addition to basic clerical and communication skills, they are taught about minimum performance standards, such as punctuality, appropriate dress, and simple office etiquette. Through this program, GSCH will be able to recruit employees to fill entry level jobs while improving the employment opportunities for community youths. The hospital provides funding for this program.

Another educational program undertaken by the hospital is the Tuition Scholarship Program. The hospital developed this program with the University of the District of Columbia to award stipends to students who are studying nursing, respiratory therapy, and radiologic therapy. Each year up to 15 students are recruited into the program with the understanding that they will work at GSCH, if positions are available, once they have completed their education. These positions are normally difficult to

fill for most hospitals in the area, so the benefits of this program extend beyond Greater Southeast. Funding for this program is provided by the hospital.

Many of the District's most challenging health problems are part of everyday life in Ward 8. Working with the AT&T Foundation, the District of Columbia school system, the District of Columbia Commission of Public Health, and others, Greater Southeast has established community outreach services and a school-based health project aimed at helping at-risk youngsters in southeast Washington. The Ward 8 Youth Initiative delivers vital health, education, and social outreach programs to innocent victims of poverty—children. A key component of the effort is an adolescent health center at Ballou Senior High School. The center provides physical examinations, nutritional and health appraisals, acute and chronic care, mental health counseling, and a variety of other services. The Ward 8 Youth Initiative, also funded by Public Welfare, Glen Eagles, the Agnes and Eugene Meyers Foundation, and the Mobil Foundation, is a unique fusion of public and private interests that strengthens today's students who are tomorrow's adults.

The most recent community outreach project to be undertaken by the hospital is the Child Health Services Program. The hospital was recently awarded a grant by the Robert Wood Johnson Foundation to plan for a hospital-led network of child health services in the community. Through this grant, the hospital will assist low-income children in gaining access to the health and mental services to which they are entitled by maximizing Medicaid enrollment. The hospital will also assess what services are available in the community and determine the best way for these services to be coordinated and organized to be of most benefit to the patients. In working on this project, the hospital will have to expand upon the relationships already developed with the school and public health systems. It will also forge new relationships with other private and public providers of care.

While GSCH's role in the community has certainly helped in implementing these programs, such projects would not be impossible to implement elsewhere in Washington or in other urban areas of the country. Institutions seeking to start similar programs should identify specific communities where they have the support of the residents as well as the government and community leaders. It takes time to develop these relationships; however, in the long run, both the institution and the community benefit.

The Challenge to Hospitals

A common deterrent to increased community service is the lack of reimbursement. However, many effective community endeavors can be initiated by investing time, energy, and organization. For projects that require money, public or private seed money often can be obtained through the support of community leaders and organized coalitions.

Each community has needs, interests, and values that must be sorted, defined, and understood before collaboration can begin. Community groups must be an integral part of this new approach. Such efforts require long-term commitment and the building of trust. Hospitals can provide the leadership.

All of this requires vision, understanding, and agreement. It will require commitment from the governing board, management, and medical leadership of the hospital. In essence, a hospital's strategic plan objectives should reflect what is in the best interest of the hospital and community. An overall strategy should be designed to achieve those goals.

In the next few years, many community groups will be more highly organized around issues and demands, such as drug treatment, service to working parents and their children, treatment for the acquired immunodeficiency syndrome, youth development, education needs, health career opportunities, and others. Hospitals have an opportunity to identify these interests early on and to work with community leadership on them. The challenge to hospitals today is to think about, speculate on, and define the future.

The commitment and responsibility that hospitals have to their communities must become a critical part of the new corporate culture at every level in the organization. This collaboration initially will require more work, but in the long run it will make the hospitals' work easier.

The opportunities for leadership for hospitals in this era of collaboration will enrich their status and standing. They will once again become known as temples of trust, reliability, and hope for the people they serve.