The presentation will begin shortly.

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History of the Prize

In 1986, the Foster G. McGaw Prize was created to recognize hospitals that have distinguished themselves through efforts to improve the health and well-being of everyone in their communities.

Winners and finalists of this award are celebrated because they show us how people working together in hospitals and communities can enrich the environment in which they live.

Each year, this $100,000 prize is awarded to a healthcare organization that provides innovative programs that significantly improve the health and well-being of its community. This year marks the award’s 30th anniversary.
About Foster G. McGaw

Foster G. McGaw was born on March 7, 1897. He attended the Northwestern University School of Commerce. In 1922, Mr. McGaw founded the American Hospital Supply Corporation, later merged Baxter International, Inc.

By establishing strict ethical guidelines for selling to hospitals and insisting on a high level of quality and service, Mr. McGaw shaped the hospital supply industry and helped create the standards under which it operates today.

Mr. McGaw received numerous awards, citations, and honorary degrees. He is renowned for his philanthropic activities, including major gifts to establish medical centers and nursing programs.
Sponsors

The **American Hospital Association** is a not-for-profit association of health care provider organizations committed to health improvement in their communities. The AHA is the national advocate for nearly 5,000 hospitals, health care systems, networks, other providers of care.

Founded in 1898, AHA provides education for health care leaders and is a source of information on health care issues and trends.

For more information, visit the AHA web site at [www.aha.org](http://www.aha.org).
Sponsors

The **Baxter International Foundation**, the philanthropic arm of Baxter International Inc., helps organizations expand access to health care in the United States and around the world.

Baxter International Inc. and its subsidiaries assist health care professionals and their patients with the treatment of complex medical conditions, including cancer, hemophilia, immune disorders, kidney disease and trauma.

The company applies its expertise in medical devices, pharmaceuticals and biotechnology to make a meaningful difference in patients' lives.

For more information, please visit [www.baxter.com](http://www.baxter.com).
Sponsors

Founded in 1944, the **Health Research & Educational Trust** (HRET) is a private, not-for-profit organization involved in research, education and demonstration programs addressing health management and policy issues.

An affiliate of the American Hospital Association, HRET collaborates with healthcare, government, academic, business and community organizations across the United States to conduct research and disseminate findings that shape the future of healthcare.

For more information about HRET, visit www.hret.org
2015 Winner

**Massachusetts General Hospital** (MGH) in Boston received the 2015 Foster G. McGaw Prize for Excellence in Community Service.

The Prize recognizes and honors MGH’s broad-based efforts to partner with underserved local communities to improve health. Stand-out programs include comprehensive initiative to address the state’s opioid epidemic, as well as programs targeting obesity and improving access to healthcare for the state’s most vulnerable populations.
Fostering Collaboration in Population Health through Community Coalitions

American Hospital Association
June 20, 2016

Joan Quinlan, MPA, Vice President of Community Health
Leslie Aldrich, MPH, Associate Director,
MGH Center for Community Health Improvement
What We Will Cover Today

1. Introduction to Mass General Hospital and the Center for Community Health Improvement (CCHI)
2. Our work in the community
3. Value & examples of coalition collaborations
4. The influence of community on patient care
5. Partnering with Population Health Management – MGH Strategic Plan
6. Elements of MGH’s new substance use disorder initiative
7. Lessons learned and how to get started
Massachusetts General Hospital

- Founded in 1811
- Harvard teaching hospital
- 1,000 inpatient beds
- 1.7 million outpatient visits
- 26,000 employees
- Largest NIH research center in the US
- 3 community health centers
MGH Has Community Health Centers in Vulnerable Communities

Households living below poverty level

Limited English Proficiency, Hispanic population

[Map showing the distribution of households living below poverty level and the population with Limited English Proficiency in Boston area.]
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1810</td>
<td>Founded to care for the sick poor; “When in distress, every man becomes our neighbor”</td>
</tr>
<tr>
<td>1968</td>
<td>MGH opens first community health center in Charlestown with four more to follow</td>
</tr>
<tr>
<td>1995</td>
<td>MGH Center for Community Health Improvement founded in response to MA Attorney General community benefit guidelines</td>
</tr>
<tr>
<td>2007</td>
<td>MGH adds community health to the mission; board committee on community health formed; clinical departments engaged</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
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<tr>
<td>2010</td>
<td>Affordable Care Act requires community health needs assessments every 3 years; CCHI conducts</td>
</tr>
<tr>
<td>2011</td>
<td>MGH wins Spencer Foreman Award for community service (AAMC)</td>
</tr>
<tr>
<td>2014</td>
<td>MGH Strategic Plan</td>
</tr>
<tr>
<td></td>
<td>- Community health needs assessment informed new initiative on substance use disorders</td>
</tr>
<tr>
<td></td>
<td>- Executive Committee on Community Health (ECOCH) formed</td>
</tr>
</tbody>
</table>
CDC Health Impact Pyramid
Factors that Affect Health

- Smallest Impact
  - Counseling & Education
    - Examples: Eat healthy, be physically active
  - Clinical Interventions
    - Examples: Rx for high blood pressure, high cholesterol, diabetes
  - Long-lasting Protective Interventions
    - Examples: Immunizations, brief intervention, cessation treatment, colonoscopy
  - Changing the Context
    - Examples: Fluoridation, trans fat, smoke-free laws, tobacco tax
  - Socioeconomic Factors
    - Examples: Poverty, education, housing, inequality

Check the Tarrant County Public Health Web site to learn more. http://health.tarrantcounty.com
CCHI Strategies: Addressing Social Determinants at All Levels

- **Individual** - Enhance access to care for vulnerable patients through community health workers

- **Population** - Promote educational attainment for youth through STEM initiatives

- **Community** - Function as “backbone organization to 4 multi-sector coalitions working on policy, system and environmental change
Access to Care for Vulnerable Populations

- Community health workers
- Cancer Navigators
- Home visitors
- Violence advocates
- Recovery coaches
- Refugee health coordinators

Colorectal cancer screening results of navigator program

Promote Educational Attainment of Youth Grades 3 - College

- 1000 youth served in FY’15
- 450+ MGH staff participate
- First class just graduated from college
College Persistence High for MGH Students

87% persisting in college (compared to 49% from BPS after 6 years)

10 year longitudinal study with UMass Boston Donahue Institute
Working on Prevention through Community Coalitions
Why Coalitions Were Formed

Drank Alcohol in Past 30 Days
High School YRBS 1997-2013

EMS Heroin Overdose Calls by Boston Neighborhood, 2003

Mortality Indicator
2004-2006 Vital Records

Heart Disease  Diabetes  Stroke

Age-Adjusted Rate per 100,000 individuals

Chelsea  Revere  Massachusetts

 why coalitions were formed

Drank Alcohol in Past 30 Days
High School YRBS 1997-2013

EMS Heroin Overdose Calls by Boston Neighborhood, 2003

Mortality Indicator
2004-2006 Vital Records
Staff:
- 1 MGH staff – Coalition Director
- 1 DFC funded staff
- 2 DON funded staff (from CHNA)

Community Involvement & Organization:
- 75 active participants representing 12 sectors of the community focused on 5 bodies of work:
  1. Policy, Environmental and System’s Changes
  2. Navigation to treatment/overdose prevention
  3. Primary Prevention
  4. Access to Care for youth and their families / Family Support Circle
  5. Trauma Informed Care
Coalitions To Prevent Substance Use

Prevention & Harm Reduction

- Alternative Activities & Skill Building: Youth Groups, Parent Coffees,
- Education & Social marketing
- Evidence-based curriculum: Botvin LifeSkills
- Policy/system changes: School drug policy and legislative advocacy
- Decrease access: Prescription Take Back Days; Sticker Shock Campaigns
- Overdose Prevention: Narcan distribution
- Navigation/access to treatment: Recovery coaches / Drug Courts
- Decrease stigma: Community events / vigils
Community Reality
Reducing Youth Substance Use

Source: 1997-2013 Revere High School YRBS

Note: The 2013 high school response rate (63%) was lower than in past years and may not be representative of the population.
Opioid Overdose Deaths in Massachusetts: Three-fold Increase 2000 - 2014

Source: Massachusetts Department of Public Health, Data Brief, Aug. 2015.
Promote Healthy Living

- Advocate to change the physical environment – walking trails, bike lanes, clean-up of local parks, etc.
- Advocate to change the food environment - farmers markets, healthy school food, community gardens, etc.
Changing the Environment

5% Average increase in reported physical activity among high school students in Chelsea and Revere since 2011
Chelsea Corner Store Connection
In partnership with Anne Thorndike, MD

Before

After
Reduction in Unhealthy Behaviors

Soda Consumption Decreased 41%

3+ Hours of TV Decreased 30%

Can of soda

- 2007: 27%
- 2009: 25%
- 2011: 19%
- 2013: 16%

Watched 3+ hours of TV on an average school day

- 2007: 34%
- 2009: 38%
- 2011: 29%
- 2013: 26%

Source: Revere High School YRBS 2007-2013
Examples of Coalition/Hospital Partnership

- *Turn it Around* youth driven social marketing campaign (CCHI communication support) – *Over 40 youth involved.*
  
  www.facebook.com/turnitaroundcharlestown

- Take Back Days (incorporating MGH Pharmacists) - *Over 1000 prescriptions collected in 2015*

- Botvin LifeSkills Curriculum (DFC funded with MGH Doctor partnerships) – Over 500 students per year

- YRBS data collection and analysis (MGH CCHI Evaluation)

- DON dollars supports community staff address community priorities through the coalition
Benefits of Coalition / Hospital Partnership

Coalition/Community
- Data Collection & Evaluation
- Media/Communication Support
  - Grant Writing
  - Financial Assistance
- Professional Development & Networking
  - Advocacy
- Physician Involvement/Expertise
  - Healthy Communities

Hospital
- Community Information
- Community Partners
- Community Health Needs Assessment
- Community Based Participatory Research
- Prevention / Continuum of Care
  - Advocacy
  - Healthy Communities

When forging a relationship both parties should understand the benefits of working together
How the CHNA Influenced MGH’s Strategic Plan
Community Health Needs Assessment

Leading Health Concerns
Quality of Life Survey Data
Revere, Chelsea & Charlestown

More than 20% of Latinos reported worrying that they May Not Have Stable Housing in Next Two Months

2015 (2012) CHNA Community Involvement

- 1737 (2200) Quality of Life Surveys returned
- 123 (350) individuals reached through 12 (35) focus groups
- More than 100 (300) people attended community meetings

Leading Health Concerns

- Substance Use
- Crime & Violence
- Obesity/Poor Diet & Inactivity
- Mental Health
- Environment
- Education
- Housing

More than 20% of Latinos reported worrying that they may not have stable housing in the next two months.
2012: First Time Community Health Formally Included in Strategic Plan

MGH Strategic Planning Teams

CLINICAL
Redesigning the Delivery System for Population Health

RESEARCH
Organizing Research for the Greatest Success and Impact

EDUCATION
Redefining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape

COMMUNITY
Explicitly Linking Community to our Other Missions

MGH Strategic Planning Teams
Brought CHNA Findings to Strategic Planning Table

- Prompted colleagues in Population Health Management to look at patient data
29% of MGH high risk patients have a SUD

• Higher cost

• Higher readmission rates with a SUD diagnosis

Average Direct Patient Cost Considerably Higher for SUD vs. Other Conditions

N=2,583 medical and surgical patients (20% homeless); 10/12-10/13
Substance Use Disorder Initiative Leading Clinical Priority of MGH 2014 Strategic Plan

MGH to screen all patients for substance abuse
Querying part of effort to treat addiction
From Prevention to Chronic Disease Management

Inpatient (ACT) Multidisciplinary consult team

Bridge Clinic

Recovery Coaches Span from bedside to community

Outpatient Enhanced care at health centers

Community Connection to community providers and recovery support

Education & Prevention
57% and 62% decrease in self-reported ER visits and inpatient admissions

67% increase in number of days abstinent

Wakeman et al, 2015
“If I were anywhere else I would have relapsed by now but I feel very supported here by the addiction team and the medical team. I don't feel stigmatized.”
What We Have Learned

1. Time, effort and persistence is needed
2. Substance Use Disorders are an increasing concern to our communities
3. Addressing this issue is not work a hospital can do alone
4. Coalition collaboration is a truly effective approach to working with communities and addressing health priorities
5. Aligning community prevention efforts with hospital initiatives (ex. improving access and quality of care) is needed to make the largest health impact
How Hospitals Can Get Started

- **Build Capacity** - community champions
- **Partnership Formation**
- **Community & Hospital Assessment:**
  - Measure SDH
  - Measure policies and practices in hospital that promote health, equity & safety
- **Analyze data** and review with hospital leadership
- **Match evidence-based interventions** to the CHNA
- **Align** hospital priorities to community priorities

[www.preventioninstitute.org](http://www.preventioninstitute.org)
MGH Model for Improving the Health & Wellbeing of the Diverse Communities we Serve

Prevent Illness and Reducing Disparities in the Community

- Address Social Determinants through Policy and System Change Education, etc.

Manage the Care of Vulnerable Patient Populations

- Focus on Substance Use Disorders and other chronic conditions with coaches, navigators, community health workers

Integrate Community into the Hospital

- Executive Committee on Community Health Education Research

Informed by Community Needs Assessments
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