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**Evolution of the Healthy Communities Initiatives**

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**CASE HISTORY/BACKGROUND**

Barry Ross has served as vice president, Healthy Communities, at St. Jude Medical Center (St. Jude) for the last 15 years. His role has been to provide leadership to implement two key parts of St. Jude’s vision—promote health improvement and create healthy communities. While many not-for-profit hospitals have a manager to oversee their community benefits efforts, St. Jude is somewhat unique in having this position at the executive team level. Over the last 15 years, Ross has been instrumental in forming or building the capacity of four community collaboratives that partner with St. Jude to create healthy communities. He recognizes that to increase effectiveness of the collaboratives on the health and quality of life in the region served by St. Jude they must have a greater collective impact.

As part of the hospital’s strategic review of programs and their effectiveness, St. Jude’s community benefits committee asked Ross to respond to the following questions:

1. What are the strengths and weaknesses of our efforts to date?
2. How might the effectiveness of our programs be improved?
3. Within existing resources, what changes might provide a greater impact on improving community health status?

**ST. JUDE MEDICAL CENTER**

To provide a context to the community health initiatives undertaken by St. Jude, it is important to understand how the values of its founders, the Sisters of St. Joseph, have influenced the hospital’s approach and emphasis on serving the community. The Order of the Sisters of St. Joseph was founded in 1650 in southern France by a Jesuit priest who asked them to go into the community, find problems of concern, and work with the people to solve those problems. Initially, the Sisters of St. Joseph helped the poor and sick in their homes. Over the years they expanded throughout France and arrived in the United States in 1836 (Sisters of St. Joseph of Orange, 2015).

In 1912, the Bishop of Sacramento invited a group of sisters from LaGrange, Illinois, to establish a school in Eureka, California. In response to the Spanish flu epidemic of 1918 the sisters provided basic healthcare. This led to establishment of their first hospital in California, which further expanded their role in healthcare. In 1922, the sisters determined they could pursue their ministries more effectively by moving the motherhouse to Orange, California. The first ministries of the Sisters of St. Joseph of Orange were in education and healthcare. Today, the congregation engages in ministries beyond healthcare and education: distributing food, providing shelter for the homeless, helping new immigrants, and fostering spiritual development (Sisters of St. Joseph of Orange, 2015).

St. Jude Medical Center, founded in 1957 by the Sisters of St. Joseph of Orange, is one of 14 hospitals in St. Joseph Health (St. Jude Medical Center, 2015). The mission of the St. Jude Medical Center is to bring the healing ministry of Jesus in the tradition of the Sisters of St. Joseph and improve the health and quality of life in the communities it serves. This mission is emphasized by the vision of the organization; vision that brings people together to provide compassionate care, promote health, and create healthy communities. The values of dignity, service, justice, and excellence are achieved through centers of excellence in cardiology, stroke, oncology, orthopedics, rehabilitation, and perinatal services. St. Jude is a 320-bed community hospital with over 13,000 inpatient admissions and over 450,000 outpatient visits. Its annual budget is more than $466,000,000 (St. Jude Medical Center, 2015).

**THE COMMUNITIES SERVED BY ST. JUDE MEDICAL CENTER**

The focus of St. Jude’s community benefits activities is primarily in low-income neighborhoods in four California cities—Fullerton, La Habra, Buena Park, Placentia—as well as the broader communities in Brea and Yorba Linda. These cities have a population over 443,000 and have pockets of wealth and poverty. The cities are home to thousands of undocumented immigrants from Mexico and Latin America who struggle with daily needs. The cities have various community assets: St. Jude, several colleges, strong not-for-profit organizations, service clubs, and chambers of commerce. While considered a part of suburban Orange County, each city has a history and infrastructure that are at least 100 years old. [Table 22.1](https://jigsaw.chegg.com/books/9781938870736/epub/OEBPS/038_Chapter22.xhtml#tab22_1) provides an overview of the demographics of the St. Jude community benefits service area.

**Table 22.1.** Service area demographics—20XX

[Figure 22.1](https://jigsaw.chegg.com/books/9781938870736/epub/OEBPS/038_Chapter22.xhtml#img22_1) identifies community needs by zip code using an index developed by Dignity Health and Solucient, a healthcare information content company. The index aggregates five socioeconomic indicators: income, primary language, education, insurance status, and housing situation rated on a scale of 1 (low need) to 5 (high need).

**Figure 22.1.** Highest-need areas in the service area (1 = lowest need; 5 = highest need).

**ST. JUDE MEDICAL CENTER COMMUNITY BENEFITS EFFORTS**

Consistent with the mission, vision, and values of the Sisters of St. Joseph of Orange, St. Jude’s community benefits program focuses on meeting needs of the community. Initially, St. Jude’s community benefits program was the responsibility of the director of outreach whose primary role was to manage the medical center’s mobile health clinic program. After St. Joseph Health revised its vision to incorporate promoting health improvement and creating healthy communities, St. Jude expanded its definition of community outreach.

When Ross became responsible for overseeing the St. Jude Community Benefits Program he embraced the vision developed by the Sisters of St. Joseph of Orange and adopted by the parent organization, St. Joseph Health. The focus on improving health through healthy communities meshed with his educational background in public health and nursing. However, the pragmatist shaped by his MBA recognized that funds available for community benefits were limited, and the current emphasis on cost containment made it uncertain that funding existing programs could be sustained long term. As a result, he wondered if others in the community might be interested in working with St. Jude on its healthy communities initiatives.

**BUILDING HEALTHY COMMUNITIES THROUGH COLLABORATION**

For 15 years Ross provided leadership and technical assistance to develop several local city collaboratives to partner with St. Jude on its healthy communities’ goals (see [Table 22.2](https://jigsaw.chegg.com/books/9781938870736/epub/OEBPS/038_Chapter22.xhtml#tab22_2)).

**The Fullerton Collaborative**

In discussions with the hospital’s community outreach program Director Ross learned the Fullerton Public School District had received a healthy start grant that funded a family support center at a local school. As part of the funding requirement, the school district agreed to establish a community collaborative. At the time, the collaborative leader was a part-time teacher assigned to this project; representatives from the school district, city government, local colleges, and social service agencies were also included. As Ross began attending meetings he learned Fullerton was a very divided city of 135,000. Low-income residents, primarily Hispanic immigrants, lived in the southern part of the city; upper middle income white and Korean families lived in the north. School performance and health and socioeconomic indicators were strikingly different in these two parts of the city. He concluded that the collaborative should be much more than a grant manager; it could play a role in solving problems facing the city and its residents. He found that others on the board shared his view.

**Table 22.2.** Summary of work in the collaboratives

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| Name of collaborative | Year established as community collaborative | Key outcomes |
|  | | |
| Fullerton Collaborative | 2005 (previously an education collaborative) | Move More Eat Healthy Campaign; Faces of Fullerton; Homeless Collaborative; Richman neighborhood revitalization; Summer of Love Fullerton |
| La Habra Collaborative | 2006 | Move More Eat Healthy Campaign Teen pregnancy prevention program |
| Buena Park Collaborative | 2007 | Move More Eat Healthy Campaign |
| Placentia Collaborative | 2006 | Move More Eat Healthy Campaign Community Building Initiative |
|  | | |

To explore the range of possibilities for the collaborative, Ross invited the collaborative director to join him at a healthy cities conference. The conference broadened their vision as to what was needed to create a healthy city, as well as the role of the collaborative. When the school district grant ended in 2004, members of the collaborative wanted to continue working together, and Ross helped them establish a 501(c)(3) not-for-profit organization. This change in legal status required the collaborative—which had about 20 members at the time—to form a board of directors and raise funds to pay the director’s salary. Ross became chair of the collaborative board and St. Jude provided a community benefits grant to fund the group and facilitate its strategic planning.

The original leader Ross worked with entered city politics and, eventually, became the mayor of Fullerton. Later, she became a state assemblywoman. The path to political leadership continued when a subsequent director ran for city council. With this pattern of political engagement, the collaborative began to be viewed as a threat by some in city politics and, by others, as a place for new leadership to emerge.

Today, the collaborative focuses on reducing childhood obesity (also a hospital priority), gang prevention, homelessness, reducing achievement gaps in schools, and bringing together the diverse communities of Fullerton. In its 10th year as a not-for-profit, the collaborative has about 40 organizations that attend regularly, a young and passionate chair who leads a faith-based social services group, and a new executive director who is also a part-time faculty member. While the school district no longer employs the director, it remains active on the board and in the collaborative.

**La Habra Collaborative**

The effectiveness of the Fullerton Collaborative caught the attention of a community activist from the city of La Habra, another high-need city of 60,000 adjacent to Fullerton. At the time, she was involved with a small networking group formed by the La Habra school district. She asked Ross if he could come to one of their meetings to share what the Fullerton Collaborative was doing. After his presentation he offered to work with the La Habra Collaborative. A strategic planning process Ross led identified their top priorities. With a strategic plan, the head of a small not-forprofit foundation in La Habra agreed to take the lead as chair of the La Habra Collaborative. Ross served as vice chair.

To provide stability during this period, the collaborative contracted with a retired public school principal to be a part-time director of the collaborative. Initially, the school district was displeased with the decision to form a community collaborative from the education collaborative. It felt the actions suggested the education collaborative was taken over. Efforts by the former principal and her previous service as a school board member caused the school district to change its view of the transformation of the educational collaborative.

For the first few years, the collaborative used a local community foundation as its fiscal intermediary. In 2014, the collaborative filed papers to become a 501(c)(3) not-for-profit organization. Today, its priorities are to reduce obesity, prevent gangs, prevent teen pregnancy, and increase reading competence in children. Currently, the collaborative has 50 active members and a board of directors, and it is viewed in La Habra as an asset by all organizations. Annually, St. Jude provides a small grant to support the collaborative’s work on obesity.

**The City of Buena Park Collaborative**

The head of a small Head Start program in Buena Park, which is adjacent to La Habra, came to one of the La Habra Collaborative meetings. She saw the benefit a collaborative involving other organizations could bring to Buena Park. She invited Ross to attend one of her meetings and share his experience and knowledge in developing collaborative relationships with other organizations. Building on his work elsewhere, he assisted this small group of community activists to form the Buena Park Collaborative. To support establishing and developing their collaborative, he secured a community building initiative grant from St. Joseph Health and facilitated development of their strategic plan. To strengthen their role in the city, the Buena Park Collaborative merged recently with a collaborative that works to feed the poor.

**The City of Placentia Collaborative**

Ten years ago, Ross worked with a small networking group in Placentia, a city of 50,000 with few not-for-profit organizations. He assisted the networking group to obtain a community building initiative grant from St. Joseph Health and facilitated their strategic planning process. As they struggled to become more than a networking group, they became aware of a group in the city that was made up largely of service clubs. A former chair of the Fullerton Collaborative asked Ross to help bring the two small groups together. Ross agreed and asked his healthy communities manager to help the two groups work more closely together. Through the efforts of the healthy communities manager, the groups decided to merge. After merging, the next step was to align their efforts and have the positive impact on their community that both wanted.

**THE HEALTHY COMMUNITIES—A JOURNEY GUIDED BY A VISION, VALUES, AND ENLIGHTENED LEADERSHIP**

As he reflected on the 15 years he has dedicated to improving the health of communities, Ross is proud of his hospital’s and its partners’ accomplishments. Yet he wonders about the sustainability of these efforts. For more than 27 years St. Jude has been on a community benefits journey that has resulted in nationally recognized programs and outcomes, including the following:

* Providing more than one million healthcare encounters with low-income persons in 27 years
* Establishing a federally qualified health clinic with five sites in Orange County
* Implementing a model program to serve the homeless
* Acting as a catalyst for four local community collaboratives and a county-wide collaborative to address health disparities
* Developing a long-term care partnership initiative
* Implementing a population-based obesity prevention initiative focused on policy, system, and environmental change
* Reducing rates of asthma, heart disease, osteoporosis, and tobacco use
* Increasing rates of breastfeeding and self-rating of health status
* Revitalizing the Richman neighborhood of Fullerton

At the same time, Ross is concerned about continued success of the community-based collaboratives. Each is at a different stage in its evolution; all are seen as community assets by members and key stakeholders. Each collaborative reflects the unique culture and personality of its city. They have common characteristics, but all depend on their members seeing the value they bring to the organizations they represent and their communities. To be effective, they need more members who will devote time and resources to them. Many collaboratives have memberships that overlap with regional groups, and participation fatigue must be considered. The challenge in years ahead is engaging more community leaders and members and securing funding to sustain the collaboratives’ work.

As Ross reflected on his experiences and the need for a strategy to sustain and expand the healthy communities initiatives, he considered the next steps for the collaboratives and the St. Jude Medical Center if they are to achieve the goal of creating healthy communities in the long term.

# ****DISCUSSION QUESTIONS****

1. What are the strengths and weaknesses of St. Jude’s community benefits strategies?
2. Would the collaboratives have a greater impact on the region if they cooperated? Why? Why not?
3. What strategies do you recommend to Ross to give the collaboratives a greater local and regional impact?
4. Within the limits of existing resources, what changes might Ross consider to have a more notable impact on improving the community’s health status?