

# 2022

The  
American Hospital  
Association  
Foster G. McGaw  
Prize Honorees



## About the Foster G. McGaw Prize

The prestigious Foster G. McGaw Prize recognizes diverse health delivery organizations throughout the United States that demonstrate a passion for community health and an exceptional commitment to developing innovative partnerships and collaboratives that improve the health and well-being of their communities. The 2022 Foster G. McGaw Prize winner and finalists demonstrate that health delivery organizations working with community partners can be the cornerstone of a healthier America.

The Foster G. McGaw Prize is generously sponsored by the Baxter International Foundation and administered by the Health Research & Educational Trust (HRET), the not-for-profit research and education affiliate of the American Hospital Association (AHA). This year, the winner received \$100,000 and each finalist received \$10,000. The award winner and finalists were recognized in April at the AHA Annual Membership Meeting. For more information about the prize, visit <https://aha.org/fostermcgaw>.

### 2023 AWARD APPLICATIONS

The 2023 award application is available at <https://www.aha.org/foster-g-mcgaw-prize-call-entries> and applications will be due July 30, 2022. Email [fostermcgaw@aha.org](mailto:fostermcgaw@aha.org) with questions.



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**Texas Health Resources**  
Arlington, Texas

When  
an entire  
community  
embraces  
health  
improvement

When the COVID-19 pandemic arrived in Texas, Barclay E. Berdan, CEO of Texas Health Resources (THR), recognized it would increase hunger, housing insecurity and many other social needs in the massive Dallas-Fort Worth metroplex. And he knew what to do.

THR quickly reallocated \$5.2 million in designated community impact funds to tackle COVID-related issues during the difficult months ahead. “We pivoted and began acquiring and distributing food through schools, churches and pantries to meet that need that was so critical,” he said.

Beyond that, the redeployed funds supported emergency housing, food and medication delivery to isolated seniors, behavioral health screenings, online resiliency skills education and more.

The money was available because THR, a 29-hospital system serving North Texas, has a unique approach to community health improvement. With the goal of building the capacity of community organizations to strengthen existing care delivery systems, the system in 2018 launched the Texas Health Community Impact (THCI) initiative to address the social determinants of health and drive community health improvement at the local level.

A THCI board and five leadership councils — each serving a different geographic area — created regional strategic

plans based on the specific needs in those communities. Using a competitive grant process, THCI awarded \$10.2 million by the end of 2021 to local organizations positioned to meet those needs. The grants are considered seed money with the idea that further support will be forthcoming to meet long-term goals. THR provides startup support, technical assistance and capacity-building.

“We’re not going into those neighborhoods and doing things,” Berdan said. “It’s THR through our relationships in those communities, identifying organizations that have capabilities but not capacity and helping them to build capacity to serve in particular areas.”

Originally, all funds for the THCI initiative came from THR, but that is changing. A major foundation contributed to the second grant-making cycle, and Berdan’s vision is a “matching” approach in which THR’s contributions increase in lockstep with support from local philanthropies.

THR’s success in community health improvement perhaps is seen best through its implementation of Blue Zones Project Fort Worth.

Blue Zones Project seeks to influence a critical mass of places within a community to support healthy choices. In 2014, THR led a collaboration in which the health system, the City of Fort Worth and the Fort Worth Chamber of Commerce made a five-year commitment to transform Fort Worth into a certified Blue

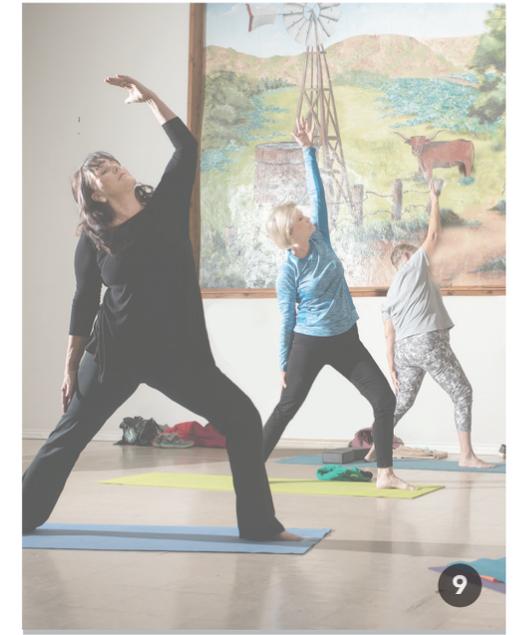
Zones Project Community. That means helping organizations implement evidence-based practices — ranging from walkable streets and healthy restaurant menus to policies supporting urban farms — in their environments.

Since then, more than 95,000 individuals joined the Blue Zones Project movement through healthier behaviors, and hundreds of restaurants, grocery stores, churches, community centers and other entities have adopted practices that make it easier for their patrons to make healthy choices.

Before the Blue Zones Project initiative started, the Gallup National Health and Well-Being Index ranked Fort Worth 185th out of 190 reported metro areas. By 2018, its equivalent rank improved to 31st out of 156 metro areas — where it remained in

**PHOTO CAPTIONS:**

1. First Refuge Ministries offers medical, counseling and food services through a collaboration with THR.
2. A mobile produce cart, launched with Blue Zones Project assistance
3. Eating healthy at southeast Fort Worth’s Ramey Market
4. Blue Zones Project volunteers at a local middle school



**Barclay Berdan**  
CEO, Texas Health Resources

“[Once COVID-19 hit] we pivoted and began acquiring and distributing food through schools, churches and pantries to try to meet that need that was so critical.”

2020. During those years, obesity did not increase; the smoking rate declined by 23%, the number of individuals with high blood pressure fell by 13% and high cholesterol was lowered by 20%. Meanwhile, the number of Fort Worth residents who exercise regularly increased, and those who reported biking or walking for routine trips increased by 58% between 2018 and 2020.

“Everybody is mindful about what we have to do around the built environment to support people in making positive changes,” said David Tesmer, THR’s chief community and public policy officer. “These changes have been impactful, but they’ve taken a while. The good thing is that these changes will continue to positively impact the community for decades.”

When the original five-year commitment ended, THR brought the Blue Zones Project initiatives in house so that momentum could continue to build. A staff of 12.5 full-time equivalents coordinates and supports all the Blue Zones Project partnerships.

“More importantly, they are looking for ways to enhance those partnerships and bring new partners in,” Tesmer said. “The goal is with everyone working together, this transformation is measurable and sustainable.”

The scope and scale of THR’s Sexual Assault Nurse Examiner (SANE) program also is noteworthy. Originally started by some compassionate nurses at a single hospital more than a decade ago, the program became a systemwide initiative in 2016 in

which individuals who seek care after a sexual assault in any THR hospital have access to nurses with specialized training.

Like many health systems, THR originally staffed the program with PRN [pro re nata, meaning “as needed”] nurses who had completed SANE training. When that approach became insufficient to meet demand, the program hired dedicated staff, including a director, two managers and six nurses. The six full-time nurses are supplemented by PRN nurses and, when necessary, the SANE administrators.

“That allows the team to become more mobile and we are able to serve all our entities with a more equitable presence,” said Catherine Oliveros, vice president of community health improvement. “This ensures that women who present at one of our smaller hospitals don’t have to be transferred to another hospital, which extends the traumatic experience.”

THR’s SANE program also includes a community outreach component to provide age-appropriate education to prevent sexual violence. In 2020, two SANE community health workers provided nearly 300 presentations to colleges, high schools, churches and other organizations, reaching more than 12,000 individuals.

“They talk about all types of violence, including cyberbullying, human trafficking and interpersonal violence,” Oliveros said.

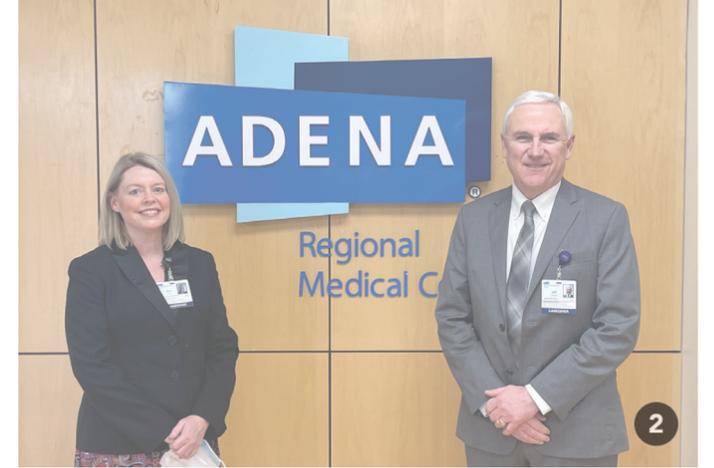
The SANE program recently expanded to provide medical fo-

rensic services to pediatric victims in the rural counties served by THR so that patients do not have to travel into the metroplex to receive specialized care. After a pilot project in one county demonstrated the feasibility of providing services locally, pediatric-trained SANE nurses recently started serving another county, with the goal of serving THR’s entire catchment area.

The SANE program is funded almost entirely with philanthropic grants. One foundation initially supported THR’s development of a systemwide program; a successful evaluation prompted it to offer continuing support and also attracted another foundation.

**PHOTO CAPTIONS:**

5. Barclay Berdan, CEO, Texas Health Resources
6. Students tend to the school garden at Fort Worth’s North Hi Mount Elementary.
7. A THR community health screening event
8. The Sexual Assault Nurse Examiner (SANE) program
9. Yoga classes at a local community center



## Adena Health System Chillicothe, Ohio

# Partnerships are key to community health

In the nine-county area of rural Appalachia that Adena Health System serves, tending to community health also means tending to the economic health of the community.

The system includes Adena Regional Medical Center, based in Chillicothe, Ohio; three critical access hospitals; six regional health centers; and clinic facilities throughout the region. Its impact is amplified by Adena's strategic priority of partnering with organizations that share its commitment to community.

"We know that you have healthier communities if you also have a healthy economy to support them," said Jeff Graham, president and CEO. "To achieve this, Adena has leaders across our system who are directly involved with economic development teams across the state, and in our communities. We are also key members in our partnerships with local schools and higher education institutions in the region. Adena is truly woven into the fabric of the communities that we are called to serve."

Adena and the Ross County Health Department lead Partners for a Healthier Ross County, a group of more than 25 partners, including social service and law enforcement agencies, schools and other community-oriented organizations. Using Adena's community health needs assessment as their road map, the partners work together to strategically address high priorities such as drug addiction, obesity and diabetes, respiratory problems and infant mortality.

"It has been fantastic to see how we have been able to sup-

port each other and bring millions of grant dollars into this community because everybody's partnering together," said Kim Jones, director of community health and development. "It's not all coming to one agency, which builds capacity, and everyone reaps the benefits."

One example: Ross County received a \$100,000 state grant to create the Heroin Partnership Project in 2015, and Adena was tapped to develop a pilot program that increased education and treatment capacity and improved overdose response.

In 2017, when Ohio's unintentional drug overdose deaths continued to increase, Ross County saw its own overdose deaths decrease by 25 percent. Two years later, Adena received a federal grant of nearly \$1 million to create the Ross Community Opioid Response Program, a consortium of 64 members who provide substance-use disorder services, to make a greater impact in the county.

In economic development, Adena's most important contribution has been its role in redeveloping a historic downtown landmark, the Carlisle Building, which stood vacant and unusable for nearly a decade after a fire. The health system partnered with a historic development firm to undertake a nearly \$8 million renovation. Today, the Carlisle houses 32 apartments for medical students and residents in Adena's graduate medical-education program and street-level office space for about a dozen community-facing Adena caregivers.

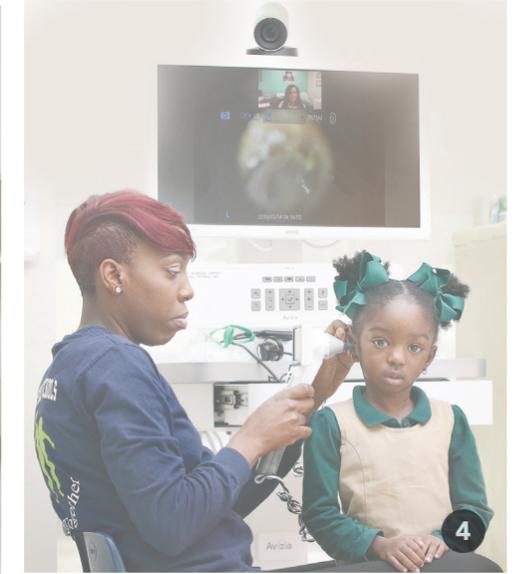
"The downtown area is now thriving with more than 70 new restaurants and shops, and has become a destination for people," Graham said. "Seeing this new life brought back in has really changed the attitude of this city, and community leaders recognize that the Carlisle Building's reemergence is what jump-started this revitalization."

In the year before the COVID-19 pandemic outbreak, Graham was talking with the CEOs of four non-Adena hospitals and health systems in southern Ohio about the possibility of sharing specialty resources so patients had a close-to-home option for care while each entity remained financially healthy.

When COVID-19 hit in early 2020, those CEOs and their staffs created an incident-command center to coordinate regional care of patients suspected of having or testing positive for COVID-19. After Ohio Gov. Mike DeWine learned of the collaboration, the group became known as the Ohio Region 7 Health Care Collaborative and served as a model for the state.

### PHOTO CAPTIONS:

1. Coats for Kids clothing drive
2. Kim Jones and Jeff Graham
3. Grand reopening of the Carlisle Building
4. Fayette County Summer Reading Program winners received free bikes.



**MUSC Health**  
Charleston, S.C.

## Telehealth supports focus on health statewide

**M**USC Health’s longstanding commitment to community health and well-being has paid off: The three-county Charleston region, home to flagship MUSC Health Charleston, ranks high in overall health status and in health factors — clinical, environmental and others — compared to other South Carolina counties.

Among other things, that reflects the success of long standing programs such as the CARES clinic that serves uninsured and underinsured people; the Kids Eat Free at MUSC summer feeding program; and the Boeing Center for Children’s Wellness, which has decreased obesity, decreased asthma emergency visits and improved educational outcomes in participating schools.

In the past three years, MUSC Health has added hospitals in seven other counties, and its definition of community now extends across the state.

“We put together a comprehensive strategic plan with the aim of taking care of the citizens of the state of South Carolina,” said Danielle Bowen Scheurer, M.D., the system’s chief quality officer.

Affiliated with the oldest medical school in the South, MUSC Health is an 11-hospital system that runs one of two Telehealth Centers of Excellence in the nation, as designated by the Health Resources and Services Administration. In operation for more than 15 years, the telehealth center offers more than 100 ser-

vices to almost 350 sites — 40 hospitals as well as outpatient clinics and schools — as well as patient homes.

The center includes the MUSC School-based Telehealth program which extends health services across the state. David Zaas, M.D., CEO of the MUSC Health Charleston Division, said the program allows kids who live in rural areas to receive care for chronic conditions like childhood asthma.

“It is not realistic for some kids to ever come in for a well-child check, but if you have a school-based program, you’re going to be able to get them in school with telehealth assisted by a school nurse,” he said.

That experience with telehealth paid off when the COVID-19 pandemic made in-person care unsafe. “Many organizations deployed telehealth just to shift outpatient visits away from clinic settings — and we did that, too, of course — but it is much more impactful when we can support care in local hospitals,” Zaas said.

Those relationships across the state helped MUSC Health address some of the big challenges of the COVID-19 era. Early in the pandemic, the system worked with an artificial intelligence company to identify patients at risk for COVID-19. The system recruited and trained several hundred volunteers to contact those individuals and direct them to local testing centers when needed. A research study found that more than 1,000 high-risk patients who were contacted had higher testing levels and few-

er emergency department visits and hospitalizations than others who were not contacted.

The system built on this work to address vaccine hesitancy when vaccines became available. MUSC Health worked with local leaders in rural communities to identify where to locate vaccination clinics, how to advertise them and who should be the face of the campaign.

“We were disciplined about figuring out who to partner with so that we could get the trust of the community,” Scheurer said. “Maybe it was a school or a barbershop or a church — wherever people would feel safe and where they could see local leaders like the mayor or the local activist — so people would show up for the vaccine.”

**PHOTO CAPTIONS:**

1. Quenton Tompkins, Danielle Bowen Scheurer, M.D., and David Zaas, M.D.
2. Veggie garden at the Boeing Center for Children’s Wellness
3. Kids cooking class at the CARES Clinic
4. School-based telehealth program



## UMass Memorial Medical Center Worcester, Mass.

# Anchor strategies promote health and economic well-being

When he is practicing emergency medicine, Eric Dickson, M.D., treats patients one at a time as they come through the door. In his role as CEO of UMass Memorial Health System, he has a different perspective.

“When you look at our mission statement — to improve the health of diverse populations of central Massachusetts — and the drivers of health, you start to say, ‘Well, we can’t just wait for people to get sick,’ Dickson said. “If there’s food insecurity in central Massachusetts, we have to try to help deal with that because having food security is a huge driver of the health of the population we serve.”

Addressing the social determinants influencing health is a strategic imperative for UMass Memorial Medical Center, the health system’s four-campus academic medical center. The medical center — the largest safety net hospital in Massachusetts outside of Boston — is located in Worcester, which has a high poverty rate and the poor health outcomes and barriers to accessing health care that come with it.

In 2018, the health system was one of the first in the country to join the Democracy Collaborative’s Healthcare Anchor Network, strengthening the medical center’s strategic focus on poverty, housing, education, nutrition and physical environment. The system committed to allocate 1% of its investment portfolio — about \$4 million — by 2025 to place-based commu-

nity investments.

UMass Memorial’s anchor mission focuses on four pillars — investment, local procurement, hiring and employee volunteerism. “So, we are not only improving the health and well-being of people in our community, but also their economic well-being,” said Cheryl Lapriore, the health system’s senior vice president and chief of staff.

In the first three years, UMass Memorial invested \$2.4 million in five different community projects related to housing and neighborhood revitalization and worked with community partners to complete 20 successful hires.

Lapriore and Douglas Brown, the health system’s chief administrative officer, serve as executive sponsors of the anchor mission work, which is implemented through a robust committee structure that offers many opportunities for UMass Memorial staff.

“The infrastructure around the anchor mission is pretty amazing because it allows so many staff members to be involved,” said Monica Lowell, vice president, Office of Community Health Transformation/Community Benefits. “We have seen a high degree of enthusiasm in being engaged in supporting a long-term strategy to improve the health of that community.”

As part of the work, Lapriore and Lowell are leading the system’s work with a single “anchor district” neighborhood. “We are trying to be a mile deep and an inch wide to demonstrate

that we can actually make a difference in a particular neighborhood if we bring to bear all of the assets from this anchor institution to that particular community of residents,” Lapriore said.

The health system’s focus on community outreach was cemented in 2000, when it started providing medical and preventive dental services to medically underserved families and individuals, regardless of insurance status, in 10 low-income neighborhoods and 21 schools in Worcester. When the COVID-19 pandemic began, the mobile clinic was redeployed to provide education and testing for the most at-risk populations in Worcester and the surrounding area.

“Through our Ronald McDonald Care Mobile dental and medical programs, we had already established a significant trust with the residents in our neighborhoods,” Brown said. “It was that trust upon which we built our outreach and education program. Our mobile ‘pop-up’ neighborhood approach goes to the heart of bringing care to the community — where they live, work and play.”

### PHOTO CAPTIONS:

1. Youth Urban Agricultural Grant Square
2. Eric Dickson, M.D.
3. Ronald McDonald Care Mobile offers remote dental and medical care.
4. UMass mobile veggie markets

## Making a lasting impact on health care and the health of communities

The Baxter Foundation and the American Hospital Association founded the Foster G. McGaw Prize on the belief that the relationship between a hospital and its community is unique. We celebrate the winners and finalists of this award because they show us how people working together in hospitals and communities can enrich the environment in which they live.

In the decades that come, the bond between the community and its health care providers will become stronger and more interdependent. And we shall continue to honor those individuals and organizations that distinguish themselves through excellence in community service.

We congratulate Texas Health Resources on the impact they have had to advance care and well-being in their communities, along with all of this year's Foster G. McGaw Prize finalists who are inspiring new ways to deliver health care and adapt to meet evolving local needs – ***The Baxter International Foundation***

