The Impacts on Hospitals of Youth Mentoring Projects:

An Overview for Decision Makers

Prepared for:

The Commonwealth Fund

Prepared by:

The Lewin Group, Inc.

The Hospital Youth Mentoring Project (HYMP)

Sponsored by
The Commonwealth Fund
New York, NY
Kathryn Taaffe McLearn, Project Officer

Participating Institutions:

Albert Einstein Medical Center, Philadelphia, PA	Maine Medical Center, Portland, ME
Allegheny Univ./Hahneman Med. Ctr., Philadelphia, PA	MetroHealth System, Cleveland, OH
Barnes-Jewish Hospital, St. Louis, MO	University of Michigan Medical Center, Ann Arbor, MI
Beth Israel Medical Center, New York, NY	Mount Sinai Medical Center, New York, NY
Cedars-Sinai Medical Center, Los Angeles, CA	Univ. of Rochester/Strong Mem. Hosp, Rochester, NY
Duke University Medical Center, Durham, NC	Vanderbilt Univ. Medical Center, Nashville, TN
Elmhurst Medical Ctr., Elmhurst, NY (Queens Co.)	Washington Hospital Center, Washington, DC
Iowa Health System (Iowa Methodist and Iowa Lutheran), Des Moines, IA	

HYMP Coordinating Center:

The Johns Hopkins Hospital
Baltimore, MD
Deborah Knight-Kerr, Project Manager

HYMP Evaluation Team:

Survey of Students and Mentors:
Public/Private Ventures
2005 Market Street
Suite 900
Philadelphia, PA 19103
Cindy Sipe & Wendy McClanahan

Survey of Hospital Experiences:
The Lewin Group
3130 Fairview Park Drive
Suite 800
Falls Church, VA 22042
Barbara Bazron & Henrick Harwood

An Overview for Decision Makers
The Impacts on Hospitals of Youth Mentoring Projects

Introduction

Youth mentoring represents one of the most exciting recent initiatives aimed at improving the quality of life of our "at-risk" youth and our communities. While in actuality the concept is almost 100 years old (originating in the Big Brother, Big Sister movement), it appears to be gaining momentum in our nation, our communities and in our workplaces. The growing positive evidence on youth mentoring motivated The Commonwealth Fund to initiate its' Hospital Youth Mentoring Project (HYMP) to explore whether hospitals are fertile settings in which to develop and operate youth mentoring projects.

An important series of studies—including a rigorous random assignment study—have demonstrated that there are important positive results from providing "at-risk" youth with stable adult role models that care about and become involved in their lives. The youth that have been shown to benefit from mentoring often come from broken, single-parent homes. They have average or better than average academic aptitude, however they have begun to lose interest in their education, appear on the way to failure or dropping out, and may be beginning to get into trouble in their homes and communities. Mentoring provides them with something extra in their lives that has been demonstrated to reduce their rate of dropping out, increase attendance, and reduce delinquent behaviors. The evidence clearly shows that mentoring helps, although it does not always work. There is actually still much work to be done in learning more effective approaches to mentoring.

The workplace appears to be a fruitful environment around and within which to undertake mentoring. It can represent the important next step for the adolescent in their life. Mentoring around the workplace can expose the youth to the world of work, making them familiar with the demands of that world, and the possibility of attaining success in the next stage of life.

Where do hospitals come in? Further studies have shown that mentoring that is oriented or organized around workplaces appears to be effective and efficient for purposes of recruiting, training, supporting and retaining mentors and sustaining mentor-youth matches. Mentoring is challenging, and those adults that take a risk and make the commitment are more likely to stick with it if they have support, including moral support, support from other mentors, coaching about how mentoring relationships evolve, and backup when their youth experience crises, as most youth invariably do.

Hospitals usually have a multitude of resources that can support youth mentoring projects. They start with a large pool of staff strongly motivated to help their follow citizens, add an institutional mandate to serve the community (particularly if they are non-profit or public institutions) and they generally have staff that are experienced and skilled at organizing and supporting community services and volunteer activities. In theory, youth mentoring is highly compatible with the mission and the operation of hospitals.

In practice the Commonwealth Fund's Hospital Youth Mentoring Project (HYMP) has demonstrated just how well the theory can work. The rest of this document presents the main findings of the evaluation that studied the experiences of the 15 hospitals selected in a competitive process to receive grant support to participate in the multi-year demonstration.

The Commonwealth Fund carefully structured the HYMP demonstration and evaluation. Core direction and technical assistance was provided to the 15 hospitals through the Program Office located at the Johns Hopkins Hospital and Health System. The evaluation was comprised of two components—a survey of participating

youth and mentors and a study of the impacts on the hospitals. Public/Private Ventures (P/PV)—a leading non-profit research organization with extensive experience in the study of youth mentoring--performed the survey of youth and their mentors. Copies of that report can be obtained from P/PV (contact information is in the cover).

The evaluation of the impact of youth mentoring on the 15 HYMP hospitals was conducted by The Lewin Group, a consulting firm specializing in health policy and consulting. Information was collected from each of the 15 participating HYMP hospitals through a series of telephone interviews. Interviews of about 30 minutes were held with each hospital's project director as well as a senior hospital administrator responsible for oversight of the grant from the Commonwealth Fund. Copies of the complete report can be obtained from The Commonwealth Fund.

Overview

Hospitals are often characterized as "small cities" that employ thousands of people of all levels of skill, occupations and ages. The Commonwealth Fund wanted to examine whether non-profit and public hospitals--which have a mission to serve the community--are viable institutions to initiate and sustain youth mentoring projects. These are community service projects in which hospital staff are recruited to provide mentoring to promising adolescents--some of whom may be at risk of dropping out of school. The mentoring projects usually entailed one-to-one student-mentor matches spending several hours per month together, job shadowing by students, various other job readiness activities, and some academic support such as tutoring.

This document assesses the benefits and costs to hospitals of engaging in this service, and their overall assessment of their projects. This is a companion to another study prepared by Public Private Ventures, Inc. That report assesses project operations, and experiences of students, mentors and project staff.

The 15 hospitals that have participated in the Commonwealth Fund's Hospital Youth Mentoring Project (HYMP) are overwhelmingly pleased with the accomplishments of their mentoring projects. They share the strong opinion that the benefits both to student participants and to the institutions have been greater than anticipated at the beginning of the project. Moreover, virtually all (13) of the hospitals intend to continue their projects after completion of Commonwealth Fund support, and only two hospitals consider continuance uncertain or intend to make only modest changes in project design. Participating hospitals do believe that there have been various specific--if difficult to measure--benefits to their own institutions such as a good boost to employee morale, publicity for the hospital in the community, community good will, a good source of part-time workers and a potential pool of future young staff. However, it is clear that hospitals consider their mentoring projects primarily to be a service to their local community. They intend and believe that mentoring projects primarily benefit the students who were mentored by hospital staff.

Evidence of the strong support by hospitals for these initiatives is that each dollar of HYMP "seed" funding was matched with about $6.50 in hospital and other external support for mentoring (this generally excludes costs or investments by or at their partner schools). In the most recent year, the 15 institutions sponsored almost 650 students, and invested about $1.7 million ($2,650 per student) from all sources to give support and encouragement to promising and/or "at risk" youth. In addition, 10 of these institutions hired some or all of their students for part-time school year or summer work, paying youth about $600,000 for their work. This study could not assess whether any given hospital/model has been more effective (as opposed to having higher or lower costs) at mentoring or otherwise encouraging students to stay in school or further their education/career preparation.

The Project

The Commonwealth Fund initiated the Hospital Youth Mentoring Project in order to explore whether the roughly 4,300 community (non-profit and public) hospitals in the United States could serve as fertile institutions to provide mentoring to promising high school youth, including those at risk of dropping out of school. Fifteen large non-profit or public urban hospitals from across the nation participated in this demonstration (see the inside cover of this document).

Selected institutions were provided modest "seed" funding from HYMP, and required to arrange for or provide matching funding to cover the largest part of the expenses for the project.

Non-profit and public hospitals attempt to serve broader community needs, in addition to primary missions to deliver healthcare services. This is done through a variety of approaches that attempt to identify and serve health and other needs of the community. Often the efforts entail attempting to "plug in" to other community institutions such as schools, and to reach out and involve community members such as youth in the life of the hospital.

Youth mentoring projects represent an effort that links hospitals directly with one or more community middle or secondary schools, offering to work with students that might benefit from or desire a mentoring relationship with a health professional, and drawing the youth into the life of the institution. The life and operation of the hospital is opened up to students, demystifying what may often be large, impersonal institutions, and helping students to understand the ways of the world of work, and the role that education can play in their personal growth and development.

Each hospital has paid core staff whose responsibility is to coordinate with local junior or senior high schools in order to identify and recruit youth that desired and could benefit from mentoring, and to maintain ongoing liaison with schools about the needs and progress of these students. The projects recruited and trained hospital staff to serve as mentors, and offered opportunities for job shadowing and exploring career opportunities in the hospital. Hospitals provided a variety of additional supports to students, including transportation to the institution, career seminars, job readiness training, paid employment, job shadowing, tutoring, and social activities with their mentors. This report is based upon structured telephone interviews with the project manager and a senior hospital administrator at each institution, as well as analysis of their budget and periodic project reports.

Hospital Judgment of Experience

The 15 HYMP hospitals were overwhelmingly pleased with the accomplishments of their mentoring projects. They believed that the benefits from the project were greater than anticipated at the beginning of the project. Fully 13 hospitals are continuing their projects after completion of Commonwealth Fund support. This conclusion is reinforced by the finding that hospitals were willing and able to provide or generate 86 percent of the needed support internally (53 percent from the hospital budget) or from other external sources such as federal, state and foundation grants (33 percent). It should be noted that costs of operating the projects were somewhat higher than had been initially planned. Ten hospitals felt that costs to the hospital to operate the project were greater than anticipated at the outset. Despite these cost concerns most hospitals felt that the benefits to the students, the mentors and the hospital were well worth the total costs.

Benefits to Students

Hospitals undertake mentoring as a service to the community, and to the particular youth that participate in the project. There is accumulating evidence that youth can benefit greatly from "mentoring" and "big brothers/sisters" in their approach toward and engagement in school and the world of work. Many adolescents want adult role models with whom they can talk about their school and other experiences, and see how they can put school together with life and career aspirations. Students can benefit from learning

the rewards and requirements of work settings, and what is required to function and succeed in the working and adult world. The 15 HYMP hospitals accepted the challenge to recruit and assist their staff in working with youth.

Benefits to the Hospital

It is clear that sponsoring youth mentoring is beneficial to hospitals, although it is difficult to actually attach measures and values to the benefits. Perhaps the most tangible benefit may be creation of a pool of potential employees. This was anticipated by 14 of the hospitals. Cedars-Sinai estimated that 30 percent of each graduating class continued to work at the hospital after graduation, many while continuing their education. Most of the hospitals hired at least some of their students for part-time work, expecting and finding that these youth performed their jobs very well. All of the project managers said that the mentoring project had increased volunteering of students within the hospital.

The other most frequently cited benefits were for enhanced external publicity and community recognition and generating community goodwill (12 hospitals, respectively). Employee morale was also boosted by hospital by the project, according to several hospitals. It was generally not expected that the project would increase patronage of the hospital.

Project Characteristics

The typical or "median" hospital had 39 active students in its' mentoring project (each institution recruited at least 50 and generally many more students over the program life). Staff mentors were estimated to spend 5.5 hours per month with their student partners (Exhibit 1). However, some projects were much larger (up to 90 students) and much smaller (as few as 10), and some staff spent much more or much less mentoring time with students. The median hospital was successful at recruiting 0.68 mentor volunteers per 100 hospital staff.

"Job shadowing" was a core component of the project at all of the institutions. This provided students with opportunities for accompanying their mentor or other staff during selected work days--from one day a year, to two days a month over the course of a school year. Twelve institutions offered some or all students summer employment or work experience, and 8 hired some students part-time during the school year. Students were expected to carry an appropriate level of responsibilities in these jobs.

Exhibit 1.
Major Characteristics of the 15 HYMP Demonstrations

Activity/Benefit	
Students per Hospital	39 students median (range from 11 to 93 students)
Mentors per 100 Hospital Staff	0.68 per 100 staff median (range 0.3 to 1.6 mentors per 100)
Mentor-Student Contact per Month	5.5 hours/month median (range 1.5 to 10 hours/month)
Job Shadowing	15 hospitals
Paid Part-Time Jobs	12 hospitals
Summer	12 hospitals
School-year	8 hospitals
Health Services	8 hospitals

Source: survey and analysis by The Lewin Group.

Beyond part-time employment, participation in the project (participation in job shadowing, academic progress, meeting their mentors) was rewarded with modest stipends (about $400 over a school year) in five hospitals. Eight hospitals provided limited health services to students, generally inoculations and sick call privileges.

The general design for projects is to have a mentor for each student, although Elmhurst largely uses a "group mentoring" model and offers one-on-one mentor matches for only about a third of students. For the most part mentors were from middle management (54 percent) in host institutions, with 25 percent from support/administrative positions and 21 percent from upper management or professional positions. At Mount Sinai 90 percent of their almost 50 mentors were medical students, while at Beth Israel over two thirds of their almost 90 mentors were from upper management.

The 15 HYMP hospitals estimated that in total about 400 persons helped in addition to mentors, whether on steering committees, or as hosts to job shadows. Almost 250 of the 400 non-mentor volunteers were at Beth Israel. At Beth Israel it was reported that on average three staff volunteers worked with each student in a given year as they rotated across different departments and work assignments.

Department within the Hospital

Projects were primarily located in human resources or community relations departments (11 altogether). Other departments included volunteer services (2), minority affairs and vocational services. The community relations, volunteer and minority offices are often located within human resources departments. Hospital administrators felt that their project's success was primarily due to the commitment and performance of their project manager. They did not believe that project success was uniquely affected by the nature of the department within which the project was located. This is to say that they believed that the project had operated very well in the department where it was located.

Project Expenses and Staffing

The "median" hospital had annual expenses in the most recent year of just over $100,000 (see Exhibit 2). A little less than half of the costs were direct program outlays (median of $46,000), and the rest were for support by 2 to 3 different staff members providing about 1.1 full time equivalents (FTE) of time. Staff time was generally "donated" by the hospitals. Beth Israel actually had 6 different staff members dedicating some of their work to the project (a total of 1.55 FTE per year). The median project had 45 students for each FTE of staff.

Staff assisting on the mentoring project was paid an average of $36,000 (per FTE, not including fringe) per year--indicating projects were staffed with a combination of mid-level managers and support staff. Exhibit 2 attempts to give some sense of the variation by presenting median characteristics as well as the range of the distributions—which tended to be rater wide, indicating a lot of variation across hospitals.

To offer some context for these values, data from *Hospital Statistics* (the American Hospital Association) show that among the HYMP participating institutions the median hospital had: a bed census of 600 patients; annual revenues in the range of $400 million; and staff of about 5,000 persons. The hospital would have expected to have a 5 percent "margin" (similar to profit) of about $20 million.

Median total costs per student were about $2,800 per year, although several had costs as low as $1,000 per student, and the highest were somewhat over $4,000 per student. One project had annual costs of $10,000 per student (funded mostly by state grants) because it actually provides the students with intensive apprenticeships. These costs are modestly inflated by the fact that 6 hospitals had mentor "release" expenses, which raised the median cost from $2,250 per student.

Staffing constituted the largest share of costs for the projects--almost 70 percent--and also constituted the single largest source of variation.

Exhibit 2.
Expenses and Staffing for a Typical HYMP Project

	Median*	Range
Project Cost, Annual	$104,000	$45,000 - 352,000
Programming Costs	$58,000	$19,000 – 323,000
Staffing Costs	$46,000	$16,000 – 116,000
Project Staff FTE	1.1	.3 - 1.6
Project Staff, Total (not mentors)	3	2 - 6
Staff Salary per FTE (w/o fringe)	$36,000	$17,000 - 63,000
Students/FTE Staff	45	10 – 90
Costs per Student	$2,800	$1,000 - 10,000

Source: survey and analysis by The Lewin Group.

In particular, 6 institutions included in project costs expenses for mentors taken away ("released") from their regular work responsibilities to meet and work with their students. At Beth Israel mentor release expenses made up almost 80 percent of total project costs. In the other five projects mentor release made up 5 to 40 percent of costs (three projects were in the range of 20-25 percent).

Stipends and salaries for students are another major category of expenses – the 15 hospitals collectively accounted for about $600,000 for salaries and $100,00 for stipends per year. Stipends came from hospital in-kind support and various grants held by the mentoring projects. However, there is a material difference between salaries and stipends.

Stipends represent a full cost to the hospital and the project, because students are generally engaged in job readiness, job shadowing and work experience programs with minimal job responsibilities. Students that were actually working were delivering productivity to the hospital as would another employee at the same level of pay and responsibility. This expense has been considered a salary.

Hospitals may treat student salaries as costs for purposes of cost and tax reports to the government. The survey asked--and most project managers were able--to make this differentiation. Most payments to students were salaries for which students were expected to carry appropriate workloads in order to maintain their jobs. The $600,000 student salary expenses are therefor not counted in project budgets, while the $100,000 in stipends are counted.

Formal project budgets captured the largest part of project costs and resources, but underestimated actual project costs. Formal budgets for the 15 projects totaled $1.21 million, however there were an estimated $490,000 in expenses from budgets from other departments.

Further Information about Mentoring:

Hospital Youth Mentoring Program
Johns Hopkins Hospital
600 No. Wolfe St., Houck Building Room 454
Baltimore, MD 21287-1454
410 955-1488
Internet: http://www.mentor.jhmi.edu

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
Internet: http://www.bbbsa.org

Public/Private Ventures
2005 Market Street, Suite 900
Philadelphia, PA 19103
215-557-4400

One to One/National Mentoring Partnership
2801 M Street NW.
Washington, DC 20007
202-338-3844
Internet: http://www.mentoring.org

Chicago Tribune

BUSINESS

Photos for the Tribune by Warren Skalski

Meredith Grady (center) and Harold Smith (right) bring their son Jalyn Smith, 2, into the emergency room recently at Roseland Community Hospital, where 1 in 3 patients entering the ER in the last year were uninsured.

Financial hemorrhage

Hospitals serving the poor are bleeding red ink as the uninsured's ranks grow, health-care costs climb and more government cutbacks loom.

By Bruce Japsen
Tribune staff reporter

Long the safety net for the working poor, urban hospitals provide free care for millions of Americans who can't pay their medical bills.

But as the economy softens and more people lose their jobs, these hospitals are facing their biggest threat in years: The number of uninsured patients is growing as health-care costs are soaring. At the same time, the Bush administration is proposing deep cuts in programs that help hospitals make up the difference.

If state or federal lawmakers keep reining in spending, industry analysts warn, it's just a matter of time before the weakest hospitals fold. And that shakeout could be coming soon given the weak economy.

"The workforce issues, rising numbers of uninsured and the cost of pharmaceuticals have all harmed hospitals to some degree, but they have hurt inner city hospitals the most," said Rick Wade, senior vice president at the Chicago-based American Hospital Association.

At Roseland Community Hospital on Chicago's Far South Side, for example, 1 in 3 patients entering the emergency room in the last year was uninsured. Moreover, the number of uninsured patients and those able to pay only a small part of their bills rose to 20 percent of the hospital's 6,000 inpatient admissions last year, up from 11.4 percent in 1995.

While an unprecedented number of Americans found employment during the 1990s, nearly half of those who earn $7 or less an hour weren't offered health insurance by their employers. That compares with nearly all workers who earn $15 or more a hour.

"Our community's residents may have found a job, but health insurance hasn't been a part of that equation," said Roseland Chief Executive Oliver Krage. "They weren't a part of the economic recovery."

Even as Roseland got stuck with more of the bills, its revenue barely budged, inching up less than 1 percent a year to $59.4 million in 2000 from $57.3 million in 1995. Last year, the hospital posted a $1.1 million loss on operations and is expecting similar losses this year.

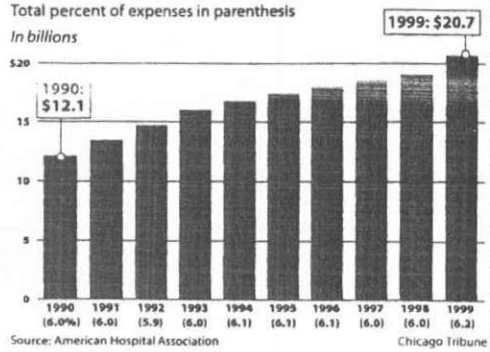
"The free health care that inner city hospitals give away really destroys the bottom line," said Vince Bakeman, Roseland's board chairman. "These facilities are expected

PLEASE SEE HOSPITALS, PAGE 2

At Roseland, the number of uninsured patients and those able to pay just a fraction of their bills grew to 20 percent of its 6,000 inpatient admissions last year. In 1995 it was 11.4 percent.

Cost of charity care and bad debt rising at hospitals'
Total cost of uncompensated care incurred by hospitals nationally by year.

Total percent of expenses in parenthesis



Source: American Hospital Association

Chicago Tribune

Photo for the Tribune by Warren Skalski

Roseland CEO Oliver Krage (right) talks about the hospital's financial plight as Vince Bakeman, hospital board chairman, looks on.

HOSPITALS: Expectations for closure of facilities on the rise

CONTINUED FROM PAGE 1

to continue to do this, yet there is no additional financial revenue source coming in. We're in a dangerous situation."

To be sure, Roseland isn't alone.

Nearly 70 percent of the 27 Chicago hospitals serving most of the uninsured and those covered by the federal/state Medicaid program for the poor were losing money on operations in 1998, according to an analysis this month by the Illinois Hospital & HealthSystems Association. While the hospital association has yet to calculate 1999 or 2000 data, they don't expect profits have improved, given that uncompensated care has risen in the last two years.

What's more, those same 27 hospitals provided about the same amount of uncompensated care, $464 million, as nearly 50 suburban hospitals in suburban Cook and the collar counties did at $502 million.

"There is a danger that hospital closures will occur," said Larry Singer, director for the Institute for Health Law at Loyola University Chicago School of Law.

In the last 20 years, 22 Chicago hospitals have closed, including eight in the 1990s. The hospital association cites inadequate government reimbursement as the primary driver behind closures, although some hospitals were shut to reduce excess capacity.

Those shaky finances have been building for years. Hospital revenue was squeezed through much of the 1990s as managed care expanded. The Balanced Budget Act of 1997 reduced federal outlays. Now, the Bush administration is proposing to cut all but $20 million of a $140 million program linking the uninsured to hospitals and other providers.

While Bush officials have said they are looking to reallocate the funds in ways that could help health-care facilities, hospitals are facing spending reductions elsewhere.

In Illinois, hospitals are trying to end an eight-year freeze of their base inpatient hospital rates paid by Medicaid, the federal/state health insurance program for the poor. Hospitals say Medicaid patients tend to be more ill and thus more expensive to care for because they can't afford low-cost preventive treatments.

To head off the expected revenue shortfalls, lawmakers are examining ways to expand state and federal health benefits to the uninsured who don't qualify for Medicaid. In Illinois, a move is afoot to expand the KidCare health insurance program for poor children to cover their parents.

Known as FamilyCare, the initiative, sponsored by state Rep. Sara Feigenholtz, (D-Chicago) would provide benefits to as many as 200,000 working parents of poor children. It has passed the house and is pending before the state Senate.

One wild card is how many of those losing their jobs in cutbacks today will be the uninsured patients of tomorrow. While companies employing more than 20 workers are covered by a federal COBRA law requiring them to offer insurance policies to workers they cut, those policies often are prohibitively expensive.

"Some workers will risk going without benefits," said Todd Swim of benefits consulting firm William M. Mercer Inc.

For inner city hospitals, the economic downturn might make it even more difficult to attract new patients with insurance.

"We would like to attract more patients who can pay, but they look at us as just a safety net provider and don't want to come here," said Roseland's Krage of the hospital, at 45 W. 111th St.

For those 20 percent who can't pay, Roseland collects an average of 5 cents for every dollar it bills, Krage said.

The upshot: Belt-tightening that makes the hospital even less attractive to the insured.

The 77-year-old Roseland last launched a big renovation project in 1975, and other hospitals in similar straits also have deferred basic maintenance. Capital improvements are often sacrificed by urban community hospitals that are barely breaking even and struggling to keep salaries competitive enough to attract nurses and other healthcare workers.

Indeed, a shoestring capital budget almost forced the government to strip Mt. Sinai Hospital of its all-important Medicare funding last year after regulators found its 88-year-old Kurtzon building in violation of safety codes. The building, which houses the hospital's psychiatric and medical intensive care units, needed a new sprinkler system and two fire escapes.

The hospital, however, was able to secure $8 million from the state to help upgrade facilities—and keep its Medicare eligibility.

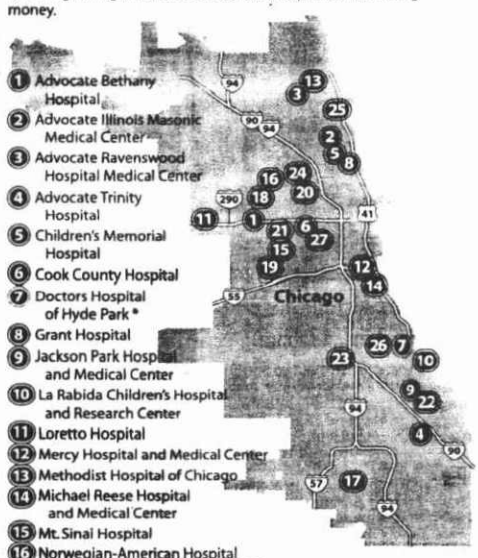
"We were in disagreement [with regulators] on how fast we could fund $10 million in remedial construction work," said Benn Greenspan, chief executive at Sinai Health System, parent of Mt. Sinai Hospital. Any revenue is important to Mt. Sinai, which provides more than $50 million in uncompensated care each year. That's three times the amount of uncompensated care provided by the average Chicago hospital and more than five times the amount given by suburban hospitals.

Moreover, urban hospitals typically don't have the financial endowments enjoyed by their surburban counterparts.

"They get brand new buildings and they don't have the kind of disruption like we had last year," Greenspan said. "We don't have a foundation or an endowment. This is a concern for all hospitals in medically underserved and under-financed parts of the country."

Some city hospitals face shortfall

A 1998 analysis found that nearly 70 percent of these 27 hospitals, which received additional Medicaid payments for caring for high numbers of Medicaid recipients, were losing money.



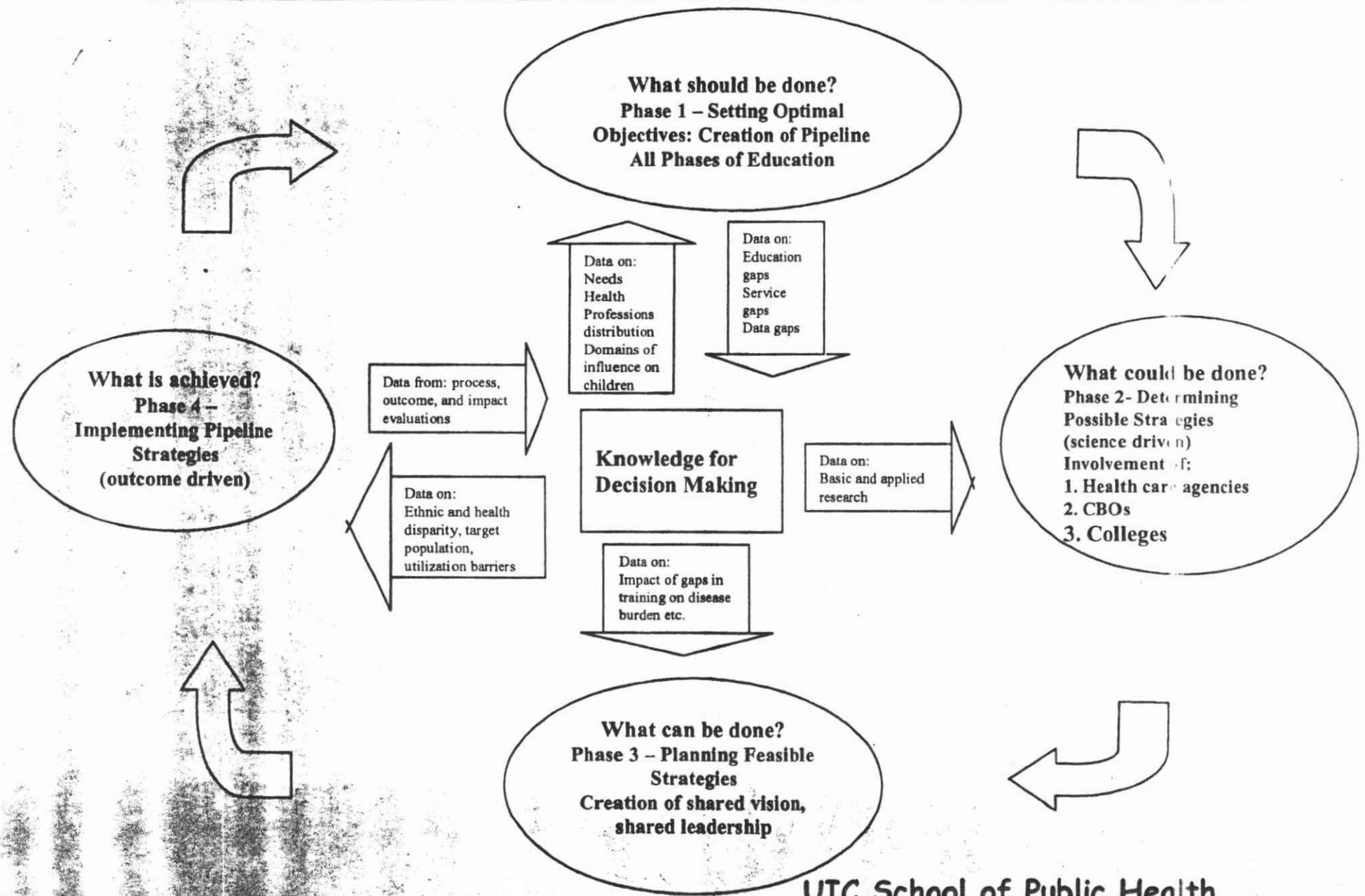
1. Advocate Bethany Hospital
2. Advocate Illinois Masonic Medical Center
3. Advocate Ravenswood Hospital Medical Center
4. Advocate Trinity Hospital
5. Children's Memorial Hospital
6. Cook County Hospital
7. Doctors Hospital of Hyde Park *
8. Grant Hospital
9. Jackson Park Hospital and Medical Center
10. La Rabida Children's Hospital and Research Center
11. Loretto Hospital
12. Mercy Hospital and Medical Center
13. Methodist Hospital of Chicago
14. Michael Reese Hospital and Medical Center
15. Mt. Sinai Hospital
16. Norwegian-American Hospital
17. Roseland Community Hospital
18. Sacred Heart Hospital
19. St. Anthony Hospital
20. St. Mary of Nazareth Hospital Center
21. Schwab Rehabilitation Hospital and Care Network
22. South Shore Hospital
23. St. Bernard Hospital and Health Care Center
24. St. Elizabeth's Hospital
25. Thorek Hospital and Medical Center
26. University of Chicago Hospitals
27. University of Illinois at Chicago Medical Center

* Hospital closed in 2000.

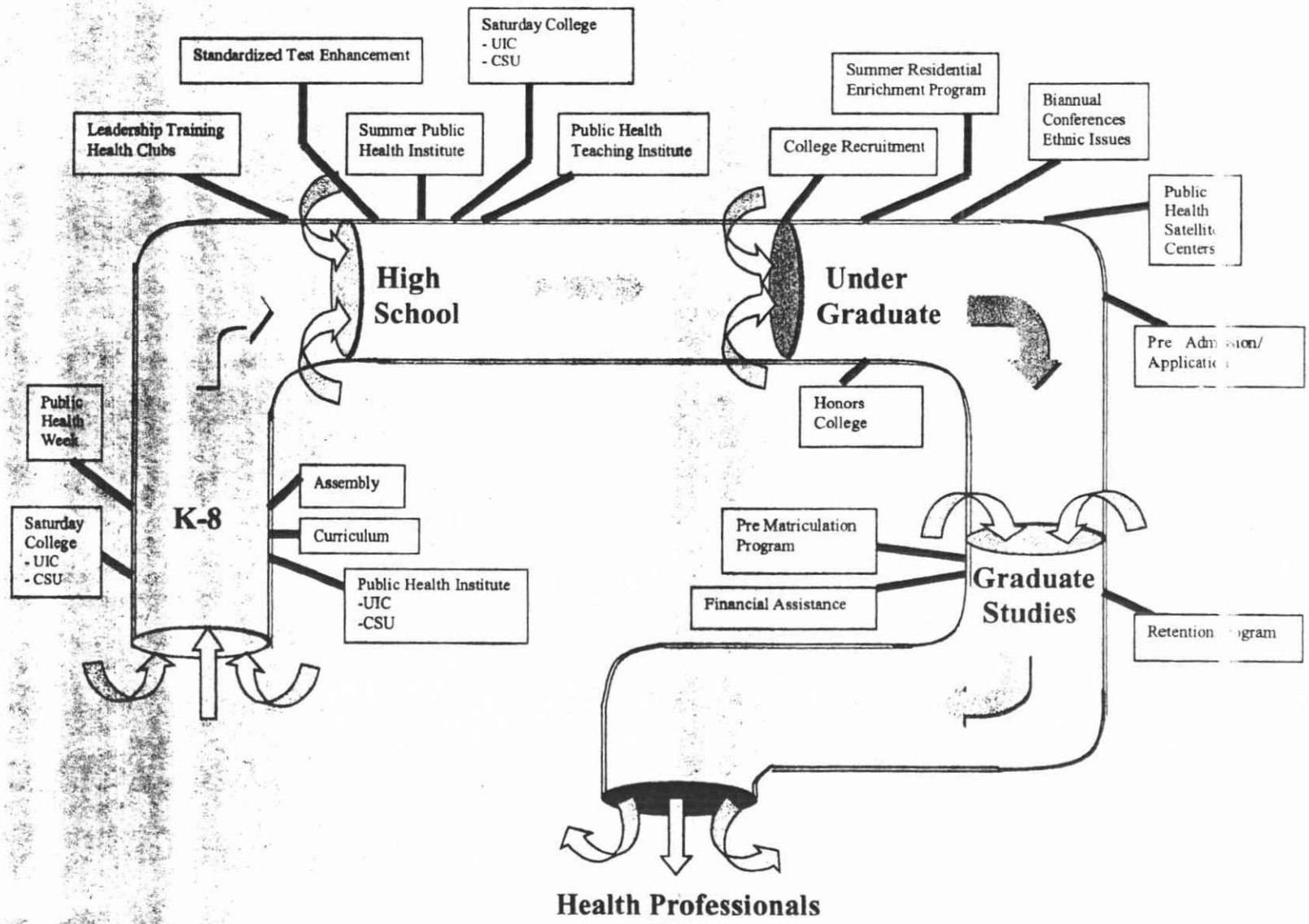
Source: Illinois Hospital and HealthSystems Association

Chicago Tribune

FRAMEWORK FOR OUR COMPREHENSIVE APPROACH



UIC School of Public Health



Pipeline to Health Professions

UIC School of Public Health

Dr. Barbara Barlow, fed up with treating so many seriously injured children, decided to get involved:

Her Push for Prevention Keeps Kids Out of ER

BY PETER HELLMAN

DR. BARBARA BARLOW STILL RECALLS THE 4-year-old boy who arrived at Harlem Hospital Center 20 years ago, soon after she had been appointed chief of pediatric surgery. "He tumbled head-first out a fourth-floor window while his mother went to answer the phone," she told me. "Multiple fractures. Brain dead. An only child. It was just so incredibly sad."

Dr. Barlow was then treating an average of one dozen children annually who'd fallen from windows. "I only saw kids who were still breathing," said Barlow. "Others had been taken directly to the morgue."

Gregory Jackson

Dr. Barbara Barlow, 56, chief of pediatric surgery at Harlem Hospital Center in New York City.

Convinced that "prevention is better than sewing them up," Dr. Barlow decided to get involved. She knew that installing inexpensive window gates would remedy the problem and that a new law required New York City landlords to install the guards upon request. But compliance was spotty, so Barlow put her energy into a campaign, started by the city's health department, called "Children Can't Fly." Harlem students acted out dramas about window falls. They were sent home from hospital clinics with window-guard request forms. At the culmination of the campaign, "Children Can't Fly" balloons were tied to window gates all over Harlem.

The result? Last year, Dr. Barlow treated only one window-fall victim.

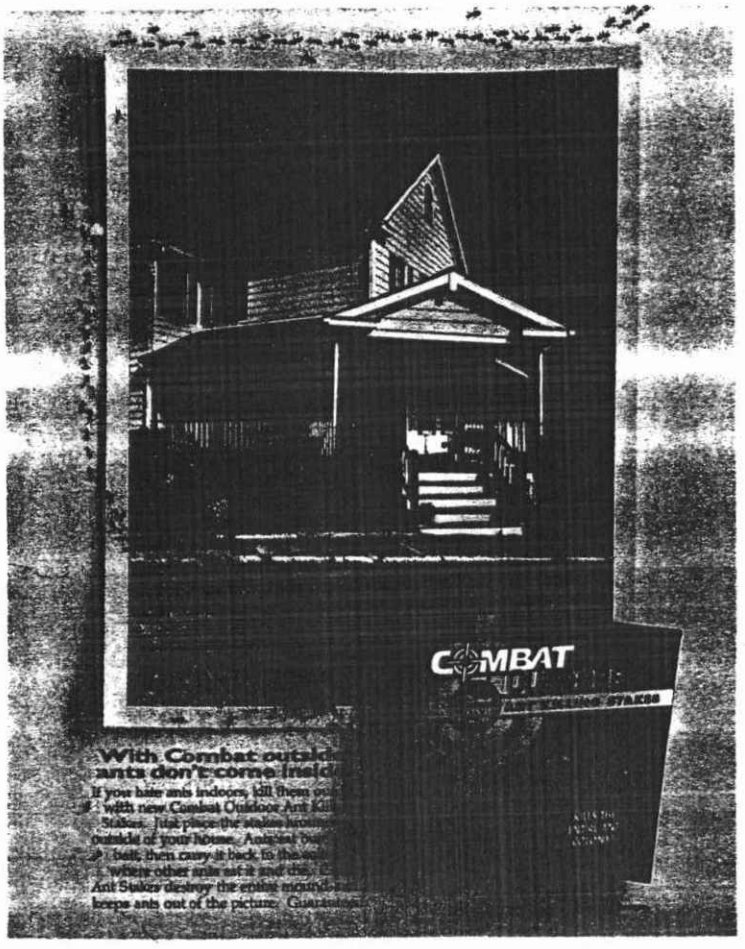
If window falls could be so decisively reduced by attacking root causes, reasoned Dr. Barlow, why not also the other kinds of trauma injuries to Harlem's children? Through the mid-1980s, they were being hurt at a rate that was double the national average. Now, thanks to the Injury Prevention Program that Dr. Barlow established in 1988, admissions of children with trauma injuries to Harlem Hospital have been reduced by 44 percent.

Dr. Barlow first focused on Harlem's dirty and dangerous playgrounds. Emergency-room data showed that they caused many injuries. To help upgrade the playgrounds, she persuaded the nonprofit Robert Wood Johnson Foundation of Princeton, N.J., to provide a $240,000 grant. ("A very untraditional use for our money in terms of health care," admitted Michael Beachler, a program officer for the foundation.)

Though she was outwardly confident, Dr. Barlow remembers "lying awake all night and thinking, 'What if we can't get anyone to fix these playgrounds?'" But it turned out Barlow could put people together as well as bodies. With the cooperation of city agencies, schools and volunteer groups (she calls her own role "coalition-building"), more than a dozen playgrounds were made safer. Metal swings—which too often smashed into children, sometimes fracturing skulls—were replaced by soft rubber ones. Broken climbing bars with jagged points also were replaced. Pocked asphalt, which so easily tripped dashing feet, yielded to rubberized surfaces. Graffiti-strewn walls were painted over with cheerful murals by schoolchildren. Five entirely new playgrounds with Harlem motifs were created.

Dr. Barlow didn't stop there. When a child was raped in the darkness of unkempt Jackie Robinson Park in northern Harlem, where the lights had long been out, she demanded that city officials get the lights back

continued



on. Now, Little League teams once again play on the park's renovated fields, and two of the teams are sponsored by Harlem Hospital.

While sports have their place, they can't give a child what gardening can, according to Bernadette Cozart, a gardener for the city parks department. Her "Greening of Harlem" project works in cooperation with the Injury Prevention Program. Under Cozart's eye, children fill vacant lots and playground plots with flowers and vegetables. Typical is the garden at P.S. 197, an elementary school. Roses, lilies, tomatoes, eggplants, even collard greens thrive there. "I have kids who wouldn't eat anything green until they started growing it," said Cozart.

Like gardening, the hospital's popular dance program might seem far afield from injury prevention. But time spent dancing is time away from the mean streets of the inner city. "Why shouldn't these children be loaded up with after-school activities, just like suburban children are?" asked Dr. Barlow.

No Harlem child, however, can avoid the streets: 48 percent of pediatric trauma injuries at Harlem Hospital involve motor vehicles. So "Safety City," a course for third-graders on how to be a safe pedestrian, is part of the Injury Prevention Program (aided by the city's department of transportation). Another part of the program is the Urban Youth Bike Corps, which provides helmets and bicycle-repair instruction, while the KISS (Kids, Injuries and Street Smarts) project educates teens about gun violence.

So varied has the Injury Prevention Program become that it's easy to assume Dr. Barlow has little time left for old-fashioned doctoring. That would be a mistake. She still takes a turn of duty every fourth night, though, as a department chief, she doesn't have to.

Dr. Barlow's pioneering program is now going national, thanks to a new $1.1 million grant from the Robert Wood Johnson Foundation. Pittsburgh, Chicago and Kansas City, Mo., are the first cities to replicate it. At Harlem Hospital, meanwhile, the surest sign of the continuing downward trend in trauma injuries is a dark corner of the pediatric ward. "We used to have patients hanging off the rafters when I first came here," said Dr. Barlow. "Now I've closed off six beds. We don't need them anymore."

For more information, write: Injury Prevention Program, Harlem Hospital Center, Dept. P, Room MLK 17103, 506 Lenox Ave., New York, N.Y. 10037.