TRENTON HEALTH TEAM

transforming healthcare *for* the community *with* the community

2013
ANNUAL REPORT

TrentonHealthTeam

LETTERS TO THE COMMUNITY

From the Executive Committee

The past year has been a truly remarkable one for the Trenton Health Team (THT). Established as an innovative collaboration among the city's two hospitals, St. Francis Medical Center (SFMC) and Capital Health (CH); its only federally qualified health center, Henry J. Austin Health Center (HJAHC), and the City of Trenton Department of Health and Human Services, THT has demonstrated that by working together we can amplify our institutional efforts and effectiveness to improve the health of our community.

We have been significantly aided this year through the addition of full-time staff at THT, made possible through the generous support of The Nicholson Foundation. During 2013, THT grew from just one staff member to a team of 11 professionals. The staff is comprised of a diverse group of individuals with a shared commitment to ensuring access to quality care for all community residents. With backgrounds in medicine, social work, community health, education, data systems and management, our team is dedicated to improving health and healthcare delivery. Adding staff to THT has allowed the Executive Committee to shift from day-to-day operations into a leadership role, developing policy and strategy and building partner buy-in. Profiles of the new THT staff are included in this report.

Our work has continued to focus on strategic initiatives in five areas:

- Expansion of access to primary care
- Community-wide clinical care coordination
- Use of data to enhance delivery of care
- Establishment of infrastructure for a Medicaid Accountable Care Organization
- Engagement of community residents

Among the many accomplishments of THT described within this report are deployment of the THT Care Management Team to work with a cohort of the city's highest utilizers of emergency services; launching the Trenton Health Information Exchange, a data platform that allows real-

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James Brownlee, M.P.H
President, THT
Director, Department of Health & Human Services and Health Officer
City of Trenton

Robert Remstein, D.O., M.B.A.
Vice President, THT
Vice President, Accountable Care, Capital Health

Judith DiBartolo, R.N., B.S.N., N.E.-B.C.
Secretary, THT
Vice President, Ambulatory and Forensic Care, St. Francis Medical Center

Kemi Alli, M.D.
Treasurer, THT
Chief Medical Officer, Henry J. Austin Health Center

Photo on Cover:
Pat Ni'ma, MSW, LSW, of Trenton Heath Team's Care Management Team introduces herself to a guest of the Trenton Area Soup Kitchen.

From the Executive Director

The Trenton Health Team (THT) has experienced tremendous growth over the past year, not only in terms of our numbers but, more importantly, our impact. It has been deeply rewarding for me to build a team of top-flight professionals who are working daily to address the complex health needs of the residents of Trenton. It has also been affirming to see that a compassionate, comprehensive approach to healthcare can make a real difference in the lives of individuals and the community.

I am immensely grateful to the outstanding partners we have brought together through our Executive Team, our Board of Directors, our Community Advisory Board, and now our full-time staff. The collective sense of mission and purpose within each of these groups is palpable and inspiring, as great minds join together to solve problems and think creatively about the challenges we face. I am also proud to be supported by foundations and government agencies that are widely recognized as leaders in the field of healthcare: The Nicholson Foundation, The Robert Wood Johnson Foundation, the Horizon Foundation for New Jersey, the New Jersey Department of Health, and New Jersey Division of Mental Health and Addiction Services.

Ruth E. Perry, M.D.

When I joined THT in 2011, I believed we had an exciting opportunity to make a powerful difference for people in our community who often live in the shadows. I also believed we could create a model that would help to address many of the complex issues that we face as a nation, trying to ensure access to quality healthcare while bringing escalating costs under control.

As we strive to realize our mission and vision, we understand that our approach must be collaborative and innovative. We must look holistically at the combination of physical, social, and emotional factors that affect a person's health and well-being, often called the social determinants of health, addressing first the reality of the present situation while offering hope and help for the future. Our Care Management Team exemplifies this approach on the ground, while our leadership team works to ensure that policies and procedures are designed to support an integrated, data-driven approach system wide.

Early in my medical career, working as Attending Physician in the Department of Emergency Medicine for Albert Einstein Medical Center in Philadelphia and Associate Professor of Medicine at Temple University Hospital, I was struck by the fact that most of our patients had complex health issues that went far beyond the physical symptoms we were treating on any given day – and treating very well, I might add. Many of our emergency department and inpatient visits were in fact the medical manifestation of social problems, which the medical system was not structured to address in an integrated manner.

This realization stayed with me and was reaffirmed as THT undertook a unified Community Health Needs Assessment for the city of Trenton. What emerged from the comprehensive process, which combined both quantitative and qualitative information in a way that captured the voice of the community, was a clear picture of the convergence of medical, social, and environmental issues that our citizens face. The results of these analyses, available in our summary report: http://www.trentonhealthteam.org/tht/, illustrate the complex healthcare crisis in the city of Trenton—a crisis that stretches beyond the exam room, through the streets and into the workplaces, schools, parks, shelters, homes and hearts of residents who could represent the face of any urban area in the United States.

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LETTERS TO THE COMMUNITY

From the Executive Committee

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time sharing of patient information among our partner organizations to further enhance coordination and efficiency in the delivery of care; establishing a Health Resources and Services Administration (HRSA) Free Clinic through the City of Trenton Department of Health and Human Services; launching New Jersey's only Screening, Brief Intervention, and Referral to Treatment (SBIRT) program to provide access and care for individuals with substance abuse issues; and completing a unified Community Health Needs Assessment and developing a Community Health Improvement Plan, supported by the Robert Wood Johnson Foundation through its New Jersey Health Initiatives.

In addition, we have seen articles pertaining to our work published in periodicals with a national reach, including *Readmission News*, *Journal of Population Health*, and the *Journal of Accountable Care*. With these accomplishments, THT is poised to make even greater strides in the year ahead, advancing our mission to transform healthcare *for* the community, *with* the community.

James Brownlee, M.P.H.

Robert Remstein, D.O., M.B.A.

Judith DiBartolo, R.N., B.S.N., N.E.-B.C.

Kemi Alli, M.D.

From the Executive Director

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Recognizing the confluence of physical, social, and emotional factors is a first step towards improving health for individuals and the community. Working collaboratively across healthcare providers is a vital next step to offering coordinated and integrated services that address the full range of patient needs.

At THT we are committed to doing this and have established an infrastructure and partnerships that are connecting residents to integrated health homes, care management teams, and increasing access to primary and behavioral healthcare. We have laid the groundwork and are poised to become a Medicaid Accountable Care Organization (ACO) in 2014. We have established a vital technological resource with our newly launched Trenton Health Information Exchange (HIE). We are working to improve health literacy and knowledge regarding preventive care and self-management. The Community Health Improvement Plan that we have developed, with input from a range of agencies and community residents and are moving to implement in the year ahead, will address the priorities that emerged through our health needs assessment, with targeted strategies and programs to move us towards "creating a culture of health" for our community.

I am truly proud of our efforts in 2013 and look forward to building on these accomplishments to help the city of Trenton to grow in health, vibrancy and prosperity.

Ruth E. Perry, M.D.

Christy Stephenson, R.N., B.S., M.B.A.
Interim President and CEO
St. Francis Medical Center

Change of Personnel and a Note of Thanks

On behalf of the Trenton Health Team, I would like to express our appreciation of Christy Stephenson and her myriad contributions to THT over the years. As a member of the Executive Committee since 2010, she has given of her time, talent, and wonderful wit, representing SFMC with a real sense of collegiality and unwavering commitment to the people of Trenton. Her brilliant thinking and tireless efforts have helped move THT forward in countless ways. To mention just one example, her leadership was a critical factor in the successful design and completion of our Community Health Needs Assessment. Christy's skills are widely known and were recognized this past year through her promotion to Interim CEO of SFMC, which led to her difficult decision to step aside from the THT Executive Committee, effective September, 2013. Happily, SFMC has replaced Christy with another bright and dedicated staff member, Judy DiBartolo, who has stepped in without missing a beat, contributing her own warmth, creativity, and enthusiasm for the work at hand.

Summary: Key Areas of Focus in 2013

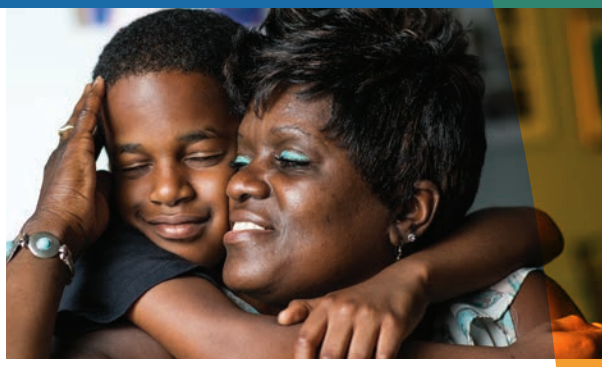
In reviewing THT's efforts during 2013, there is a recurring theme through all the five strategic initiatives: collaborative problem solving, with a constant focus on improved health outcomes for the community. This approach undergirds all of our efforts and ensures that we meet the Triple Aim of better health, improved patient experience, and reduced health care costs. Highlights from our accomplishments of 2013 are included below, with more information about each strategic initiative in the pages that follow.

1. Expansion of Access to Primary Care

- THT worked with the City of Trenton Department of Health and Human Services to reopen the City's Free Clinic for children and adolescents, operating through Health Resource and Services Administration (HRSA) guidelines and support.
- THT worked with corporate and community-based partners to increase insurance coverage for residents through enrollment in new insurance options made possible through the Affordable Care Act, including the expanded Medicaid program in New Jersey.

2. Community-Wide Clinical Care Coordination

- The THT Care Management Team, comprised of a nurse case manager, licensed social worker, and two community health workers, is providing care coordination for a targeted group of 50 patients who are among the highest utilizers of Trenton's emergency departments, increasing their access to primary and behavioral care, prevention programming, and social services, thereby reducing their avoidable use of the hospital emergency rooms.
- A grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Screening, Brief Intervention, and Referral to Treatment (SBIRT) – the first grant of its kind in New Jersey – is offering an integrated approach for connecting more residents with substance use disorders to behavioral health services.



Trenton resident Sharon and her grandson share a hug.

3. Utilization of Data to Enhance Delivery of Care

- Establishing a Health Information Exchange (HIE) that pulls together data from various healthcare agencies and makes it accessible to all providers is a critical goal if Trenton residents are to receive appropriate, cost-effective care – one that was realized by THT in 2013.
- THT has also been looking at non-medical data that is tied to the social determinants of health, working to geo-map information such as hot spots for crime, transportation routes, healthy food outlets, and other barriers and resources that have a direct and indirect impact on health in the community.

4. Establishment of Infrastructure for a Medicaid Accountable Care Organization

- With the support of The Nicholson Foundation, THT has been working to lay the groundwork to become a NJ Medicaid Accountable Care Organization (ACO) in 2014. The ACO model is designed to improve health outcomes, quality, and access to care through regional collaboration and shared accountability, while reducing costs.
- Essential elements of operating the ACO that have been put in place are governance structures, data systems, and staff to engage with the community, coordinate care, analyze data, and manage information and systems.

5. Engagement of Community Residents

- THT completed a unified Community Health Needs Assessment (CHNA) that draws on the knowledge and expertise of our Community Advisory Board and incorporates the voices of Trenton residents. This process has laid the groundwork for a city-wide Community Health Improvement Plan that will focus on the priorities that emerged, working to create a culture of health within the Trenton region.
- A first-time grant from the Horizon Foundation for New Jersey is bringing mobile technology designed to improve health literacy and health care compliance into the hands of approximately 500 residents, including members of our high utilizer cohort and 450 diabetic patients.

I. EXPANSION OF ACCESS

THT Ensures Residents Have Access to Primary Care

THT worked closely with the City of Trenton Department of Health and Human Services to reopen the city's free clinic for children and adolescents, the Pediatric and Adolescent Treatment Center, in 2013, operating through Health Resource and Services Administration (HRSA) guidelines and support. This has proven to be a much-needed resource for the neediest, including uninsured and undocumented residents who otherwise too easily fall through the cracks. Our plans for 2014 include an expansion of services beyond basic assessments and immunizations for the pediatric population to adult and specialty care. In the fall of 2013, THT also worked with our corporate and community-based partners to facilitate communication about and enrollment in new insurance options made possible through the Affordable Care Act. This includes the expanded Medicaid program in New Jersey, through which we expect to see as many as 30,000 newly enrolled participants within our zip code area. Our Care Management Team members were trained, along with staff at each partner organization, to serve as navigators and counselors to support the enrollment process, providing assistance with both language and technical issues. Through enrollment in Medicaid or other insurance plans, we expect to see many more patients gain access to the quality healthcare they deserve.

Jeanette Oliveras, B.S.N., measures a child head during a home visit.

Care Management Team Coordinates Services

The highest utilizers of Trenton's emergency room services are getting direct support from Trenton Health Team's Care Management Team (CMT). The four-member CMT includes a nurse case manager, a social worker, and two community health workers who bring a range of skills to their work, offering personalized interventions that link patients to social and psychological services as well as primary healthcare (see CMT profiles page 17).

Since its launch in June of 2013, the CMT recruited more than 65 high utilizers to maintain a stable cohort of 45-50 participants for care management. Through their efforts, they have strengthened partnerships with hospital staff and behavioral and social service providers, and facilitated several success stories and reductions in avoidable emergency care. The work of the CMT has also provided enormous insight to the real, day-to-day challenges faced by our cohort members, offering a vital perspective on what the systemic barriers are and where change is needed.

True medical emergencies are rarely the reason why high utilizers visit the emergency room, but that doesn't mean they are healthy. Most high utilizers have one or more chronic conditions, many with behavioral health co-morbidities, which require consistent monitoring and care that an emergency room is not designed to provide. An ongoing relationship with the patient is vital to managing the illness and reducing the likelihood of complications. When patients visit multiple emergency rooms and receive treatment from different clinicians, they receive fragmented and sometimes repetitive or contradictory treatment that is aimed at alleviating the immediate symptom rather than caring for a condition over the long term.

Trenton Emergency Medical Service transports a patient.

Chronic conditions also have strong connections to the patient's lifestyle. Trenton's highest utilizers often need help managing areas of their lives that may not seem directly related, but can have a serious impact on their chronic conditions. If a patient does not have enough food to eat, for example, he or she cannot use diet to manage heart disease or diabetes. If a patient cannot afford medications, the disease also goes unmanaged.

Transportation to the pharmacy and medical appointments presents another challenge for many high utilizers. Or, if patients are having trouble with housing, they cannot establish healthy routines or keep track of medications and regimens. Unmanaged chronic conditions lead to true medical emergencies, a costly alternative compared to prevention and ongoing management.

THT's Care Management Team helps its patients access the full range of services they need as part of their healthcare. If necessary, a CMT member will connect patients to a primary care medical home, accompany patients to appointments, take them to the pharmacy to get medications, and help connect them with social services to facilitate improvements related to food, clothing, shelter and finances. This approach to care management addresses the whole patient and acknowledges the reach of chronic conditions beyond the exam room.

> "Many of the Medicaid patients who make the most visits to hospitals face various medical, behavioral health, and social challenges. Any one of them alone is extremely challenging – all three of them concurrently is extraordinarily difficult."
>
> –Ruth Perry, M.D.

3. DATA UTILIZATION

Access to Information Enhances Delivery of Care

Trenton residents who go between hospitals and clinics are generally treated without the advantage of a detailed medical history since their medical records have not been readily accessible across multiple organizations. As a result, providers have lacked information on a patient's long-term health issues and on tests and treatments previously administered. Establishing a health information exchange (HIE) that pulls together data from various healthcare agencies and makes it accessible to healthcare providers across the city of Trenton is a critical goal if Trenton residents are to receive appropriate, cost-effective care. The electronic database enables doctors to see lab results, radiology reports, emergency room records, prescribed medications, and discharge information for the patients of each of the city's healthcare providers.

"By having a health information exchange, doctors can see, for example, that just weeks ago, a patient had, say, a cardiac catheterization. Because they can see the tests and results, they won't be duplicating any of that. The system will give doctors important information to enable them to provide the appropriate level of care," Dr. Perry said.

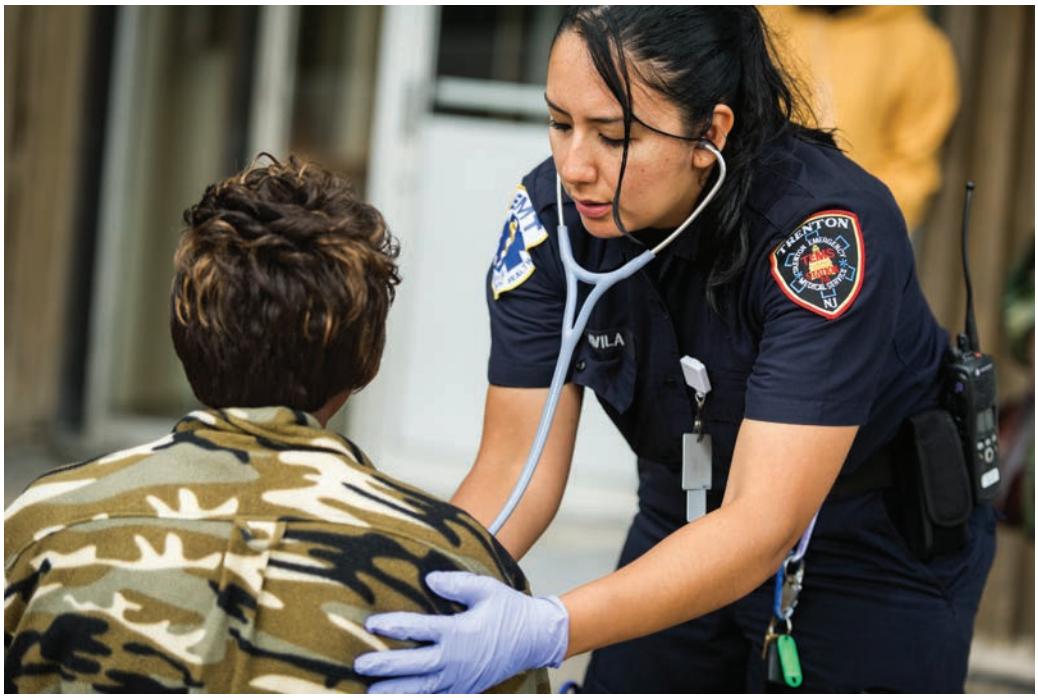
THT marked a major milestone as data began to flow through the Trenton HIE in the fourth Quarter of 2013. Funded in part by a grant from The Nicholson Foundation, the HIE currently connects Trenton's two acute care hospitals (Capital Health and St. Francis Medical Center), the City's only Federally Qualified Health Center (Henry J. Austin Health Center), and the City of Trenton's Department of Health and Human Services Clinics. The Trenton HIE also connects to Quest Diagnostics for laboratory results.

THT has partnered with CareEvolution, Inc. as the technology vendor for the Trenton HIE. CareEvolution, led by Vik Kheterpal, MD, is pioneering new approaches to the meaningful sharing of patient information. Dr. Kheterpal explains, "All we are trying to accomplish is to ensure that information about patients moves through our fragmented healthcare system as fast as the patients themselves do. Access to a comprehensive longitudinal history about the patient in front of you, whether in the ED, office, hospital, or nursing home, is critical in helping caregivers deliver safe, effective, and efficient care – and yet, it is rarely available."

> "The Trenton HIE gives healthcare providers a comprehensive and integrated view of patients' health records so that they can provide more holistic and effective care."
>
> –Gregory Paulson

The vital next step is to drive full adoption of the Trenton HIE within our core partners and to build further adoption across the community. Having this technology available is integral to advancing the Triple Aim, as success is totally dependent on our ability to access and analyze real-time data, allowing us to make adjustments that will ensure that patient outcomes are improving; that care is coordinated across providers to facilitate a positive patient experience and delivery of high-quality, fully-informed care; and that system utilization is appropriate and costs are being contained.

TRENTON
HEALTHINFORMATIONEXCHANGE



Trenton EMS assesses a patient.

As noted earlier, full implementation of the Trenton HIE will be an enormous step forward in achieving our goal of improved care coordination. The Care Management Team will be using the system for inputting patient information and generating reports relative to the care of individual patients and the cohort of high utilizers who are enrolled for their services. This capability will be used for integrating and coordinating the care of additional cohorts and care teams and for generating reports for THT leadership and the Community-wide Clinical Care Coordination Team.

Increasing access to crucial medical information, City Health Officer Jim Brownlee noted, is important to improving health outcomes and ensuring patients receive personalized, patient-centered care. "Our emergency departments can share information in real time, leading to better healthcare for patients city-wide," he said.

In addition to launching the Trenton HIE, we have been looking at non-medical data that is tied to the social determinants of health, working to geo-map information from social service agencies plus environmental and municipal data. We are developing analytic tools that allow us to look at hot spots for crime, transportation routes, healthy food outlets, and other barriers and resources that have a direct and indirect impact on community health.

4. ACCOUNTABLE CARE ORGANIZATION

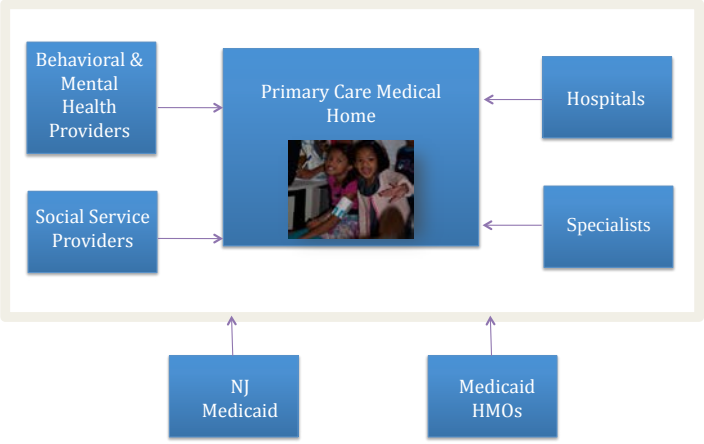
Infrastructure Established to Become Medicaid ACO

Over the past several years, THT has established itself as an effective leader and collaborator in efforts to improve health and the delivery of healthcare in Trenton, NJ. With the support of The Nicholson Foundation, THT has been working to lay the groundwork to become a NJ Medicaid Accountable Care Organization (ACO) in 2014, in accordance with NJ P.L. 2011, Chapter 114, which was signed into law in 2011.

The ACO model is designed to improve health outcomes, quality, and access to care through regional collaboration and shared accountability, while reducing costs. The demonstration project provides both THT and the NJ Medicaid program an opportunity to explore innovative system re-design, including evaluating how care management and care coordination could be delivered to high-risk, high-cost utilizers; stretching the role of Medicaid beyond just medical services to integrate social services; and testing payment reform models including pay for performance metrics and incentives.

THT already meets requirements for a NJ ACO applicant to be a nonprofit organization serving a minimum of 5,000 Medicaid beneficiaries within a designated region and to contract with 100% of the hospitals, 75% of the primary care providers, and at least four mental health providers within the intended service region. Also vital to becoming a successful ACO, THT has built its presence in the greater Trenton community through expanded staffing. Nicholson-funded efforts have allowed us to increase access and coordination of care, with a particular focus on the highest utilizers, and, importantly, we have been able to launch the Trenton HIE after many years of work and numerous challenges along the way. We are confident that having this vital resource will allow us to use data more effectively, tracking and monitoring outcomes at the individual and population level, and driving the Triple Aim that is required for operating a successful ACO.

Medicaid Accountable Care Organization



Combined Community Resources Help Tackle Health Challenges in Trenton

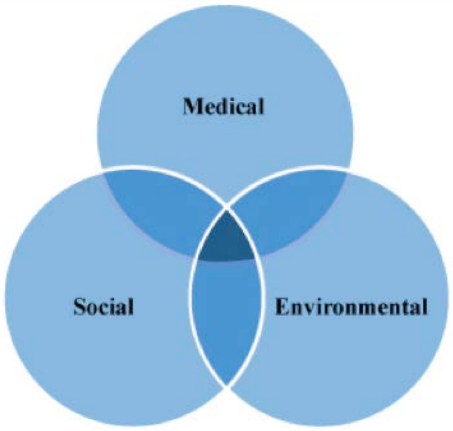
THT has been working with other community-based organizations to build knowledge and availability of health resources within the community. The Community Health Needs Assessment (CHNA) process has been an important means for accomplishing this, as has the deployment of the THT Care Management Team.

St. Francis Medical Center and THT received funding from the Robert Wood Johnson Foundation's New Jersey Health Initiatives to support our community health needs assessment, along with six other communities across the state. The CHNA methodology involved three major components. The first was to form a Community Advisory Board (CAB). This organization was chartered in late 2011 and reports directly to the THT Board of Directors. The CAB consists of 40 unique community organizations which include municipal, county and state government, behavioral health providers, social service agencies, academia, homeless service providers and the faith community. Members of the CAB that possessed community data shared their data with THT. In turn, THT committed to sharing our compiled data with the CAB.

Second, THT performed a three-year retrospective data analysis utilizing data from all of the hospitals and outpatient clinics. These data have been analyzed in a very robust manner and key health care trends have been geo-mapped to the zip code level.

The third component involved hearing the voice of the community through one-on-one interviews and community forums across our geography. Many of the one-on-one interviews were videotaped, creating a permanent first-person narrative record of the health challenges facing our community. Twenty-five community forums were led by members of the THT Executive Committee, which enabled us to hear the unfiltered voices of our residents. This element is unique to our methodology and demonstrated how quantitative and qualitative data can be mutually reinforcing and useful in refining our understanding of barriers to good health in our community. We also developed a deeper appreciation of the rich diversity in our community. This knowledge has been valuable in developing our community health improvement plan because no one intervention will meet diverse needs.

As we commenced our community forums and residents began to share their health care narratives, it became apparent that the barriers they faced went beyond the purview of traditional health care. Many of these barriers were environmental and social; e.g., infestations, lead paint, homelessness, and crime. Based on this information, we modified our approach by grouping the findings under the headings of medical, environmental and social to identify areas of overlap among the three. Depicted as a Venn diagram, the intersection of all three arenas was used to help the community prioritize health needs. Similarly, we are utilizing the intersection of medical, environmental, and social issues as a framework to hear directly from our community which interventions have had a positive impact on health. The community forums are laying the foundation for our Community Health Improvement Plan.



ASSESSING AND ADDRESSING COMMUNITY NEEDS

Case Study

Homeless woman moves from a train station bench to a real home… and better health

This participant was identified to THT by an Amtrak police officer working in the Trenton train station, where she regularly slept. Given the participant's psychiatric illness, initial visits were focused on building trust and determining her own priorities. During THT's initial outreach, the participant experienced a seizure, was admitted to the hospital for several days, but was then discharged back to the train station. THTs Social Worker established that the participant was eligible for Social Security Disability benefits, but those benefits had been stopped because they had been misappropriated by someone other than the participant. Re-establishing the benefits allowed the participant to move into housing at a Single Room Occupancy facility in the city. Unfortunately, the change in surroundings created significant anxiety for her, and she went back to sleep at the Train Station for five of the first seven nights in her new apartment. THT helped her with adjusting to her new environment and developing the necessary skills to live independently. The participant was linked to a primary care provider and the Nurse Case Manager accompanied her to her appointments. THT collaborated with Greater Trenton Behavioral Healthcare and obtained psychiatric services for her PTSD (a result of domestic abuse). Because she was receiving more coordinated care (and THT was able to obtain old medical records), the hospital identified that the previous psychiatric diagnoses were incorrect, and the participant received a new diagnosis of mood disorder and the proper treatment plan. Currently, she is living successfully on her own, is no longer drinking alcohol, and has been compliant with her medications (monitored by weekly checks). She attends weekly therapy sessions, has improved her hygiene and is bathing daily, and has started to make friends and even participate in building activities at her new home. Continued support is being provided to encourage self-care and health management.

Community Health Needs Assessment

Making Trenton the Healthiest City in New Jersey Requires Looking Beyond Health

The Trenton Health Team's efforts to address Trenton's health challenges requires navigating a web of interconnected human needs, with the forces of economics, policy, and politics tugging at the threads. THT is navigating Trenton's health challenges with five community health improvement committees, each one dedicated to an emerging health priority identified in THT's Community Health Needs Assessment (CHNA). This effort is part of THT's process for developing and implementing its Community Health Improvement Plan.

Trenton, NJ, is an example of one of "two Americas" recently described by David Simon, creator of the acclaimed TV series, The Wire. The city limits encompass six zip codes, a zone of poverty surrounded by some of the most affluent zip codes in the nation – another America entirely. But Trenton's story is more than a tale of the impoverished living aside the wealthy; it's a geography lesson about health.

As THT worked to describe Trenton's health needs, a relationship emerged between zip codes where people live and the health problems they have. The Venn diagram of intersecting medical, environmental and social factors (page 11) reflects that relationship. Characteristics of a community that impact residents' health are called social determinants of health. Trenton's five Community Health Improvement committees are working to address the city's top health problems and the social determinants driving them.

"If our streets are not safe, if people don't have housing, if education is poor, if we cannot treat patients with cultural competency, if we have no income because there are no jobs, we're still going to be very limited in our success."

–Ruth Perry, M.D.

Five Committees Tackle Toughest Issues

Priority Area 1: Health Literacy & Disparities: THT found that residents need better health knowledge and improved ability to communicate about health so they can make better choices and get maximum benefit from the healthcare system. The Health Literacy and Disparities Committee is developing and implementing culturally competent ways to raise health knowledge and improve patient-provider communication.

Priority Area 2: Safety & Crime: Criminal activity in Trenton, including major levels of gun violence, deprives residents of the health benefits of exercise by keeping people out of the city's parks and streets. In 2010, the rate of violent crime in Trenton was 4.5 times higher than the average for New Jersey, making public safety a major health priority. The Safety and Crime Committee has been working with the police department and residents to develop the Trenton Violence Reduction Strategy, which includes gang interventions and referral to social and education services for perpetrators and their families. Also being implemented are strategies to assure safe walking routes and recreational areas, and enhanced community programming.

Priority Area 3: Obesity & Healthy Lifestyles: The obstacles to healthy diet and exercise in Trenton have made obesity another top health concern. The Obesity and Healthy Lifestyles Committee is looking at factors like the extent of Trenton's obesity epidemic, with nearly half its children, including its preschoolers, being overweight or obese. Access to healthy food is a major challenge in Trenton, which has been labeled a "food desert." Few grocery stores with fresh produce are located within walking distance of the zip codes inside city limits. Many Trenton residents do not own cars and cannot afford the cost of public transportation. Collaboration with New Jersey Partnership for Healthy Kids, Shaping NJ, the Food Trust, and the Trenton Healthy Food Network are yielding "healthy corner stores" and numerous educational and outreach efforts to encourage healthy eating and an active lifestyle.

Priority Area 4: Substance Abuse & Behavioral Health: All of the challenges that Trenton residents face fuel the substance abuse and behavioral health issues in the city. Fifty-five percent of the county's substance abuse treatment admissions in 2012 came from Trenton. The traumatic environment and living conditions of the city drive the need for behavioral health services. The Substance Abuse and Behavioral Health Committee is working with residents and community organizations on this issue, pursuing strategies that build on the THT grant for Screening, Brief Intervention, and Referral to Treatment (SBIRT), described in more detail on page 7 in this report. Additional efforts are focused on increasing access to and utilization of prevention services.

Priority Area 5: Chronic Disease: The Chronic Disease Committee is focusing on one of Trenton's top health priorities, with a particular emphasis on Trenton's high rates of diabetes, hypertension, and cancer. Sixteen percent of the city's residents were diabetic in 2009, yet chronic diseases are regarded as the most preventable and manageable diseases. Proper diet and exercise are two health requirements that are challenging for Trenton residents because of where they live, but these are being addressed through our other priority areas. Coupled with expanded efforts to encourage appropriate screening and coordinate care, we aim to make a significant impact on this issue.

Members of the Trenton Health Team pack bags of fresh produce at the Trinity Episcopal Cathedral Farmer's Market.

ASSESSING AND ADDRESSING COMMUNITY NEEDS

The Community Health Improvement Plan

THT is using these emerging priorities to drive its Community Health Improvement Plan (CHIP), which includes realistic, measurable goals to address the priorities. Each priority has been assigned to a community leader who led a small team of community members to develop the goals, objectives, and metrics for each improvement initiative. This process was guided by the CHIP Steering Team. The goals, objectives, and metrics of each working group were synthesized and combined to create our Community Health Improvement Plan, which has been reviewed and approved by the THT Executive Committee and the THT Community Advisory Board. There are a few programs that already exist, which support our CHIP goals. For example, SBIRT, to address substance abuse; the Healthy Corner Store Initiative, led by the New Jersey Partnership For Healthy Kids, to provide healthier food options within community bodegas; a $50,000 grant to THT from the Horizon Foundation for New Jersey that supports a partnership with Gold Mobile, to bring mobile technology designed to improve health literacy and healthcare compliance into the hands of approximately 500 residents; and the New Jersey Cancer Education and Early Detection program through the Shiloh Baptist Church Community Development Corporation that promotes cancer screenings. THT will seek additional grant funding to address implementation of the plan and each priority area.

THT and the community will track progress using an online dashboard created for THT by Healthy Communities, Inc. The public dashboard will display data for the Trenton community down to the zip code level, allowing THT to track its progress against pre-determined health goals.

Social determinants of health place a community in one of the two Americas, either a land of sustainable health and potential, or a land of hardship and health challenges. By working with residents and institutions to address some of these interconnected needs, THT aims to help the city of Trenton transition to a healthy community of hope and opportunity.

A-Team artist Patrick Bowen creates pointillist art.

Trenton Health Team Staff

Gregory Paulson, Deputy Director: During his years as an emergency department Patient Care Technician and Field Paramedic, Greg Paulson helped many patients who needed emergency care, and many who sought refuge in the emergency room when they actually needed accessible primary care and social services. His interest in improving the healthcare system brought him into health care operations. "The opportunity to work with the Trenton Health Team intrigued me because it offers a chance to work on the healthcare problems and experiences I had as a paramedic, in an environment where healthcare institutions are collaborating to restore health to the community they serve," he said.

Prior to joining THT, Greg served as the Manager of Emergency Medical Services at Somerset Medical Center, where he oversaw all operations, policy development, new programs development and implementation, staff management, strategic planning and community outreach. At THT, Greg oversees programs and operations, including oversight of the Trenton Health Information Exchange, analysis of THT program and customer data, staff oversight, payroll administration, management of technology infrastructure, and leading THT's Care Management Team.Greg earned his BA in Psychology from Princeton University, followed by the Post-Baccalaureate Pre-Medical Program at the University of Pennsylvania. He earned his MS in Emergency Services Management at Drexel University.

Martha Cook Davidson, Director of Development: Public health has always been an interest for Martha, who grew up in India, where her parents worked as medical missionaries, setting up ambulances as mobile clinics that visited village bazaars. Martha joined THT as Director of Development in 2013, with specific responsibilities for researching, developing, and responding to public and private grant opportunities, while providing stewardship to current donors and working to ensure financial objectives are met. Prior to joining THT, Martha spent over 20 years working in development for nonprofit organizations that support the arts and education. She received her BM in Music Education and her MM in Accompanying and Vocal Coaching from Westminster Choir College, which is now a part of Rider University. Outside work, Martha's interests include health and fitness, the arts, and reading. She is currently the accompanist for the Westminster Community Chorus and Chamber Choir.

Roberto Gerardi, Data Analyst: Roberto Gerardi joined THT in May, providing support in managing systems and tracking program outcomes across the organization. He has both domestic and international work experience, including a research and development position at a biotechnology start-up in Spain, serving as statistical analyst for Habitat for Humanity and as an operations project manager at St. Barnabas Health Care System in NJ, where he conducted data and statistical analysis to implement process improvement. Roberto has a degree in systems analysis from Universidad Nacional de Rosario in Argentina and a BS in Chemical Engineer from Rutgers University. In his spare time, Roberto serves as a tutor through an organization called Advanced Learners. He also enjoys hiking and rock climbing.

Trenton Health Team Staff (continued)

Marlo Bodinizzo, Administrative Assistant: Marlo Bodinizzo serves as the administrative point person for THT, coordinating calendars and events, managing information and supplies, and providing general support to the Executive Director and THT leadership. She brings a broad range of experience in both for-profit and non-profit environments, with proficiency on an array of software and data systems. Marlo has an Associate in Applied Science degree in Visual Arts (Advertising and Design) from Mercer County Community College. Marlo brings a smile and positive attitude to all that she does. Her hobbies include art work and taking costumed pictures of her cat!

Anita Porbeni, MD, MSPH, SBIRT Program Coordinator: Anita brings over 10 years of experience in designing, implementing, managing, and successfully completing local and international donor-funded public health and development projects.to her management role for the Screening Brief Intervention and Referral to Treatment (SBIRT) program. Among previous projects she has managed was a Chevron-funded youth HIV-prevention program in eight Niger Delta conflict-afflicted rural communities. She co-wrote the first Centers for Disease Control grant for the pilot Prevention of Mother to Child Transmission of HIV/AIDS in Rivers State, Nigeria. Anita has also served as a public health consultant for Quality Health Technology International and as a teaching and research fellow at St. Georges University in Grenada and an instructor at Middlesex County College in New Jersey.Anita has a Master of Science in Public Health (MSPH; Epidemiology) from St. Georges University, Grenada, and MD degree (MBBS) from University of Port Harcourt, Nigeria. A member of the American Public Health Association, she presented findings on HIV/AIDS research at the organization's 138th meeting and served as an Abstract Reviewer for their 139th annual meeting. Anita loves reading, singing, writing poetry and working amongst marginalized populations.

Deborah Peters, RN, Tuberculosis Nurse Case Manager: Deborah joined THT in 2011, bringing many years of experience as a nurse and health services administrator. She has served as team leader and unit manager for dialysis centers in Delran and Bordentown, NJ, and as a staff nurse at Helene Fuld Medical Center (now Capital Health Regional Campus). She has also served as Head Nurse in the Adult Psychiatric Unit at Trenton Psychiatric Hospital, Primary Care Nurse in the Oncology Unit at Rancocas Valley Hospital, as a nurse for the Trenton State Prison and Garden State Youth Correctional Facility, and Center Supervisor for Cooper River Convalescent Center in Camden, NJ. In her role with TB patients throughout Trenton, Deb interacts regularly with the City of Trenton's team of public health nurses, all of whom make regular home visits and coordinate care for some of the neediest residents.The services she provides are often the difference between life and death for individuals with limited education or resources. Deb has an Associate of Applied Science from Mercer County Community College and a Certificate in Dialysis from the National Nephrology Association.

Care Management Team

Deborah Hicks, RN, BSN, Nurse Case Manager: Debbie leads our Care Management Team, bringing a lifelong commitment to patient care, with a particular focus on behavioral, rehabilitative, and geriatric populations. Among the institutions where she has served in clinical and managerial roles are Trenton Psychiatric Hospital, SeniorBridge, Inc., The Manor Health and Rehabilitation, Brandywine Senior Care, and Franklin Care Center. She has developed and implemented programs addressing congestive heart failure and pain management, and is affiliated with the National Alliance on Mental Illness and the National Education Alliance for Borderline Personality Disorder. Patients in our care management cohort respond to Debbie's kindness and empathy with a sense of trust that is hard-won for people with multiple challenges and complex medical conditions. Debbie has degrees in nursing from Regents College, State University of New York, and University of Phoenix.

Patricia Ni'ma, MSW, Licensed Social Worker: Pat works with individuals and groups to provide support for psycho-social needs. She consults with patients to determine whether issues with housing, finances, and food are contributing to their health problems, and matches those needs with community resources that can help. Pat has over 15 years of experience in client needs assessment, substance abuse counseling, conflict resolution, and organizational leadership. Prior to joining THT, she worked as an employment specialist for Catholic Charities, and as a parent educator, kinship care specialist and case manager. In October, Pat's efforts were recognized with an Outstanding Service Award from the Trenton chapter of the NAACP, presented at the 100th anniversary celebration of its founding. Pat holds a BA in History and Psychology and a MSW from Rutgers University.

LaTanya Bethea, Community Health Worker: LaTanya provides outreach to patients who have been identified as high utilizers of hospital emergency rooms. Working as a liaison between hospitals and social service organizations to engage patients and facilitate access to services, she strives to improve the quality and cultural competence of service delivery, providing community education, informal counseling, social support, and advocacy. A military veteran, LaTanya's caring, no-nonsense style helps to keep patients focused and motivated to achieve their personal health goals. Prior to joining THT, she worked with a number of organizations, including the Department of Community Affairs in Trenton, the Mercer County Youth Detention Center in Ewing, Isles, Inc.'s YouthBuild Institute, and Greater Trenton Behavioral Healthcare. LaTanya has a B.S. in Social Science, minoring in Sociology and Psychology, from Colorado State University and M.S. in Human Services from Cappella University.

Kerron Smith, Community Health Worker: Kerron provides outreach to potential patients, helping them understand how the Care Management Team works so they can decide whether it is a good fit for their health needs. Kerron has worked in and coordinated a variety of programs that provide family services, mentoring and advocacy in the Trenton community. He has worked with the N.J. Division of Youth and Family Services, Life Ties, Inc., Shiloh Community Development Center, Center for Family Guidance, and AT&T. Prior to joining THT, he was the Assistant Home Manager for New Jersey Mentor. Kerron's warmth and sense of humor make him particularly effective with our patient cohort – qualities that are also visible during his off-hours when he can be seen doing stand-up comedy, locally and in Manhattan. He holds a BFA in Graphic Design from Rowan University.

LEADERS AND FUNDERS

Case Study

THT helps high utilizer and family to manage health, reduce ER visits

This participant was referred to THT during an ER visit. He resides with his mother and utilized the ER five to six times each week. He experienced high anxiety when his asthma symptoms worsened, and that anxiety drove him to the ER where "they take care of me." Other problems identified included non-filled prescriptions, lack of trust with caregivers, and fearfulness of outsiders. He was also eligible for Medicare Part D but not enrolled. The participant was connected to a primary care provider at Henry J. Austin Health Center. Antibiotic medication and steroids were prescribed to control the asthma. The participant and his mother were instructed in obtaining prescriptions, creating a pill box, and properly administering the oral medication and inhalers. Clinical symptoms have improved significantly during follow-up primary care visits, and there has been only one ER visit in the past month (when the inhaler ran out on a Sunday). Because of the participant's limited cognitive understanding, reinforcement is provided to both the participant and family to ensure continued improvement.

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Trenton Health Team

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