

Collective Vision: Promoting Leadership, Partnership, and Opportunities to Improve Health in Greater Hazelwood

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Abstract

Greater Hazelwood, a neighborhood located in Pittsburgh, Pennsylvania, saw a decline in residents, businesses, and services at the steel industry's decline. Residents, philanthropic organizations, advocates, health centers, schools, universities, and community-based organizations continue collaborating to revitalize the Greater Hazelwood neighborhood by following the Greater Hazelwood Neighborhood Plan. Duquesne University Center for Integrative Health was engaged by a place-based grantmaking strategy in Greater Hazelwood to explore the creation of a collaborative partnership between a university, federally qualified health center, school, residents, and community-based organizations to create a framework to improve access to comprehensive and quality healthcare in Greater Hazelwood. This collaboratively designed health and wellness programs based on community-identified health priorities to improve health outcomes. These programs provide opportunities for multi-sector partners and interdisciplinary health professionals to meet residents where they are, decrease disease disparity, and promote health equity.

Keywords: partnership, collaborative, health, wellness, community health

Introduction

Hazelwood and Glen Hazel, two of the City of Pittsburgh's 90 neighborhoods, create the Greater Hazelwood neighborhood. Greater Hazelwood was key in the region's Industrial Age for its production of steel, which brought people, employment, businesses, and heavy pollution to the area for over 100 years (Fraser, 2017). The decline of the steel industry in Pittsburgh throughout the 1980s and 1990s and the eventual closure of the steel mill in Hazelwood have been felt in Greater Hazelwood through a decline in population, closure of schools and businesses, and reduced services in the area.

Despite the changes and challenges, Greater Hazelwood is resilient. Residents, community-based organizations, advocates, universities, health centers, and philanthropic organizations continue collaborating to revitalize the community by addressing housing and environmental concerns such as air quality and increased green space access, revitalization of the business district, and resident well-being (Dorn, 2022).

In 2017, the Greater Hazelwood Community Collaborative (GHCC), a collaboration of community-based organizations from the neighborhood and those doing work within the neighborhood, launched the development of the Greater Hazelwood Neighborhood Plan. Greater Hazelwood residents, stakeholders, and the GHCC developed the Neighborhood Plan using an iterative process to establish a common vision and direction for a changing neighborhood; understand and prioritize community needs and desires, develop goals, recommendations, and implementation strategies in response; have a community-informed and -supported document to guide future planning activities, neighborhood design, and investment decisions; and proactively manage changing conditions and dynamics related to the development of Hazelwood Green [where the former steel mill was located] (City of Pittsburgh Department of City Planning, 2019).

The Greater Hazelwood Neighborhood Plan includes information about the neighborhood as it is today to understand residents' income and poverty, race, employment, education, economic development, housing, displacement, public health, food infrastructure, public safety, and community assets. Today, Greater Hazelwood is home to 5,099 residents (36.7% African American). It has an average median household income of just over half that of the City of Pittsburgh's median household income (\$25,440 vs. \$44,092) (City of Pittsburgh Department of City Planning, 2019). Compared to the City of Pittsburgh, Greater Hazelwood has a higher proportion of youth under 18, people over 50, and residents who live below the poverty level (City of Pittsburgh Department of City Planning, 2019).

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The Greater Hazelwood Neighborhood Plan also summarized the health needs of the community. Community conversation and data showed that the health priorities, given the demographic and socioeconomic makeup of the neighborhood, should focus on addressing mental health and wellness, hypertension, diabetes, addiction, and asthma. The City of Pittsburgh Planning Commission unanimously adopted the Greater Hazelwood Neighborhood Plan at a public hearing on November 5, 2019. This allowed the next phase of the plan to take place- a call to action to realize the implementation of all identified priorities and engagement of strategic partners to assist with the vision for the neighborhood's future.

The Duquesne University Center for Integrative Health (DUCIH) is one of many collaborating partners in this effort to implement the Greater Hazelwood Neighborhood Plan. DUCIH's mission is to train the next generation of health practitioners to address rural and urban healthcare disparities and improve health equity in the Pittsburgh region and beyond. DUCIH works with diverse community partners to meet residents where they are, decrease disease disparity, and promote health equity. DUCIH programs focus on problems that have a high cost, high burden, and significant racial disparity. In October 2022, the authors presented a poster at the 27th Annual Conference of the Coalition of Urban and Metropolitan Universities showcasing how the collaboration and framework between DUCIH, philanthropy, community-based organizations, schools, and local health center partners to build a strong neighborhood and improve health outcomes in Greater Hazelwood was created.

Background

Making a Greater Hazelwood (MaGH) is a place-based, grant-making strategy of the Heinz Endowments in the Greater Hazelwood community that began in 2018. MaGH intends to build, restore, and sustain meaningful relationships among social services organizations working in Greater Hazelwood (Dorn, 2022). MaGH aligns and coordinates efforts to support children and families residing in the neighborhood. At the start of MaGH, 14 organizations focusing on youth development, social determinants of health, education, and workforce development received grants to implement community-informed programs. Grantees met monthly on Zoom for approximately one hour to discuss technical assistance, collaborations, upcoming events, challenges, and future directions. When the City of Pittsburgh adopted the Greater Hazelwood Neighborhood Plan, MaGH was uniquely positioned to connect the community organizations to priority areas of the plan and promote the future directions that the MaGH coalition could support, such as focusing on health and wellness.

To achieve health equity and decrease health disparities, barriers must be removed so everyone has a fair opportunity to be healthy. Cross-sector partners must come together to ensure people

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have resources to maintain and manage their physical health. MaGH approached partners like Duquesne University and its Center for Integrative Health (DUCIH) to join MaGH and explore the creation of a partnership between universities, federally qualified health centers (FQHCs), schools, residents, and community-based organizations to improve access to comprehensive and quality healthcare in Greater Hazelwood. MaGH’s engagement of DUCIH catalyzed the Bridges to Health Collaborative.

Bridges to Health Collaborative

Formally launched in January 2020, the Bridges to Health (B2H) Collaborative convenes multi-sector partners to implement sustainable, trauma-responsive, community-driven programs to address health disparities identified in the Greater Hazelwood Neighborhood plan: asthma, diabetes, and cardiovascular disease. B2H bridges clinical and social determinants of health outside of the traditional healthcare system to create a pathway to health for everyone.

The B2H Collaborative convened and led by DUCIH in partnership with MaGH, Greater Hazelwood’s FQHC, elementary school, and seven community-based organizations (Figure 1) designed a framework that would implement health and wellness programs tailored to the Greater Hazelwood community (Figure 2). These programs, along with a brief description of the program and their outcomes, are located in Table 1. Some programs, such as the Community Clinical Linkages and School-Based Asthma Program, were able to be introduced to the Greater Hazelwood neighborhood with the support of the B2H Collaborative network, thus allowing this work to build upon existing literature and strong community programming to support residents of the neighborhood further (Elliott et al., 2021; Elliott et al., 2022). B2H Collaborative members were able to make connections between the needs of the community reported in the plan with program development. For example, the Greater Hazelwood Neighborhood Plan points to several areas for collaboration around health and social determinants of health needs. The B2H Collaborative decided that a Community Health Worker (CHW) program could assist with resources related to housing, utility and healthcare navigation, and food security, thus working to fulfill some of the residents' needs in a variety of priority areas. Research and evaluation on program outcomes are forthcoming.

TABLE 1. Bridges to health program descriptions and outcomes

Program Name	Program Description	Program Outcome Measures
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Community Clinical Linkages (CCL)	Community-based pharmacists help to ensure that those at high risk for chronic disease and its implications have access to community resources to manage their conditions best.	Chronic Disease and social determinants of health screenings Referrals to clinical and social services Follow-up with residents to support linkages to care Social determinants
Community Health Workers (CHW)	CHWs serve as liaisons between residents and clinical and social services to support residents in getting the care and services they need to be healthy	Healthcare navigation support Referrals to clinical and social services
School- and Community-Based Asthma Programs	Free, yearly asthma screenings Monthly school-based asthma clinic hosted by the elementary school in Greater Hazelwood in collaboration with the local FQHC and DUCIH	Referrals for children at risk for undiagnosed or uncontrolled asthma Asthma medication knowledge Visit compliance Asthma control
School-Based Health Education Program	With partners, provide and/or facilitate health education programs for the elementary school and community organizations in Greater Hazelwood	Asthma-related quality of life Educational programs have included: <ul style="list-style-type: none"> • Substance use disorder education and support • Tobacco prevention and education • COVID-19 Ask the Pharmacist • Asthma education
National Diabetes Prevention Program (DPP)	Program follows the nationally recognized CDC	Weight loss

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	National Diabetes Prevention Program model	Physical activity minutes
	Program is proven to prevent or delay the onset of Type 2 diabetes through lifestyle changes.	
Self-Monitoring Blood Pressure Program (SMBP)	Program follows the American Health Association SMBP program	Blood pressure management and monitoring education
	Program incorporates the concepts of remoting monitoring, online tracking, and recruiting local health mentors to encourage residents.	
Prescription for Change	Pilot research study that connects Greater Hazelwood residents to chronic disease prevention and management programs and pharmacist-provided Medication Therapy Management	Diabetes risk Cardiovascular risk Physical activity
Tobacco Cessation	Four weeks of cessation support classes for participants virtually or in-person, with follow-up and assistance with obtaining Nicotine Replacement Therapy	Access to healthy foods Decrease in tobacco use Access to Nicotine Replacement Therapy

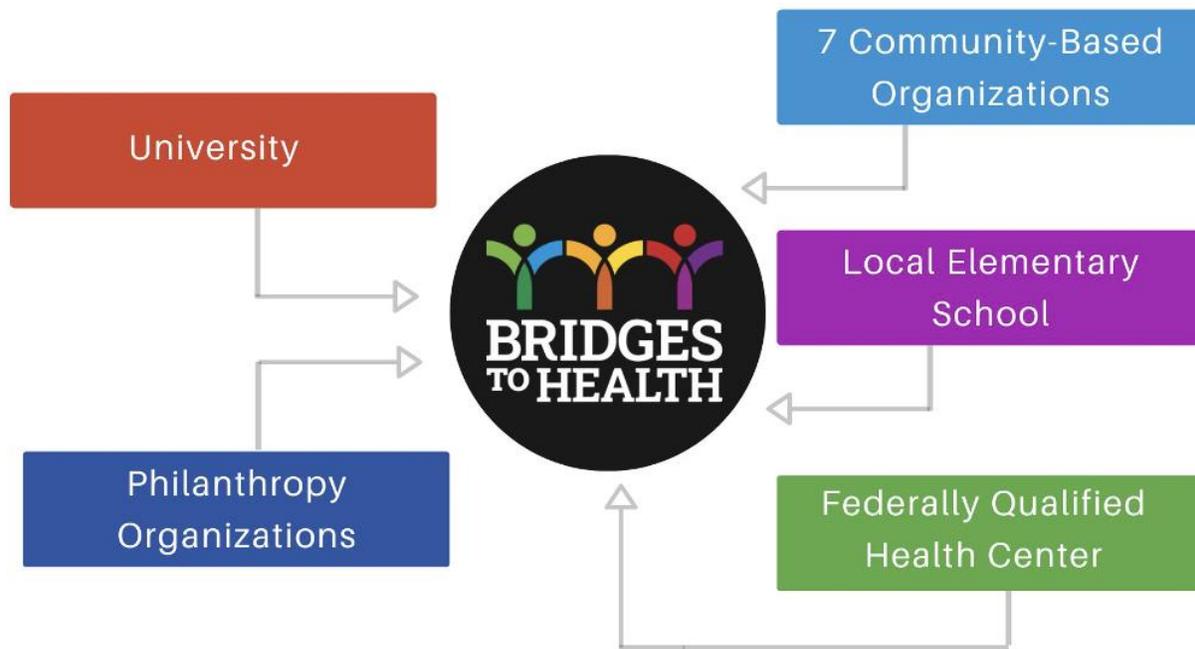


FIGURE 1. Bridges to health collaborative partners.



FIGURE 2. Bridges to health programs.

The B2H Collaborative meets twice a year as a large group. The meetings are coordinated and facilitated by DUCIH staff. During the Collaborative meetings, all partners provide updates and discuss any challenges or barriers to programming, such as communication or space needs.

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Partners also share and celebrate new partnerships formed and won for their programs. In between the large group meetings, partners have the opportunity to be involved in one of four workgroups that dive deeper into program planning, implementation, and evaluation. All partners (Figure 1) have representation in each workgroup to ensure community voice is centered and to promote cross-discipline collaboration. The workgroup's facilitation responsibilities rotate among members of the group. DUCIH provides coordination for the workgroups. The workgroup topics are chronic disease programs, social determinants of health, research and evaluation, and strategic planning. The groups help guide the B2H Collaborative's activities and future directions.

The B2H Collaborative framework supports opportunities for connection among partners. For example, the neighborhood FQHC works closely with the elementary school as a partner in the school-based asthma program. University faculty and students work with partners to co-create programs that address health priorities. Community-based organizations are trusted neighborhood sites for programming and provide opportunities for residents to learn more about services in their area.

Conclusion

The B2H Collaborative looks forward to growing the partnership between philanthropy, university, community-based organizations, and local health center partners to remain present in the Greater Hazelwood neighborhood to improve health outcomes. The B2H Collaborative, along with MaGH, has been exploring new and innovative ways to continue to grow our programs and teams and diversify programmatic support. The B2H Collaborative has found that it is imperative to have institutional buy-in, strong foundation partnerships, and other external funding sources, such as state and federal grants. One area for programmatic growth is maternal and child health. Over the coming year, the B2H Collaborative will enhance maternal and child health programming to serve families in Greater Hazelwood throughout the lifespan. The B2H Collaborative is committed to ensuring that the process of enhancing these programs is community-driven. Research and evaluation activities are ongoing to assess the programs' and collaborative's outcomes and impact. The Collaborative will continue to welcome partners working in these spaces to facilitate collaboration and share expertise.

The B2H Collaborative launched in early 2020, just before the COVID-19 pandemic. Strong partnerships were in place for the B2H Collaborative at that time because of existing relationships and support from MaGH and relationships with other partners wanting to improve health and wellness in the Greater Hazelwood community. These strong partnerships allowed the B2H Collaborative to rapidly respond to the needs of the Greater Hazelwood community

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throughout the pandemic. For example, the B2H Community Health Worker (CHW) program was created, and B2H CHWs could connect residents to health and social services resources. When the COVID-19 vaccine became available, the Community Clinical Linkages team partnered with the FQHC to provide vaccinations for Greater Hazelwood residents. The B2H Collaborative evolved to meet the changing needs of the Greater Hazelwood community throughout the pandemic, which, in turn, strengthened and positioned the Collaborative to continue to meet the community's health-related needs.

With MaGH as a facilitator of meaningful relationships among social services organizations in Greater Hazelwood and the Greater Hazelwood Neighborhood Plan as a guide, DUCIH and the Bridges to Health Collaborative were able to explore, implement and tailor the creation of a partnership and framework between the university, FQHC, schools, residents, and community-based organizations to improve access to comprehensive quality healthcare in Greater Hazelwood.

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