



*community*  
**CONNECTIONS**

Ideas & Innovations for Hospital Leaders  
Case Examples 7



American Hospital  
Association

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In 2006, hospital leaders across the country received their first Community Connections resource—a collection of programs that demonstrate the various ways hospitals provide for and benefit their communities. This case example book is the seventh in a series and highlights many more innovative programs. For more examples or to share your own story, visit [www.caringforcommunities.org](http://www.caringforcommunities.org).

Photos in this publication are courtesy of Doug Haight, photographer, and illustrate programs from recent Foster G. McGaw Prize-winning organizations. Since 1986, the Foster G. McGaw Prize has honored health delivery organizations that have demonstrated exceptional commitment to community service. The 2012 Prize is sponsored by The Baxter International Foundation, the American Hospital Association and the Health Research & Educational Trust.

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**T**oday, more than 5,000 hospitals of all kinds — urban and rural, large and small — are making their communities healthier in ways that are as diverse as the needs of each community. The men and women who work in hospitals are not just mending bodies. Their work extends far beyond the literal and figurative four walls of the hospital to where free clinics, job training efforts, smoking cessation classes, back-to-school immunizations, literacy programs, and so many others are brought directly to the people of the community... often with very little fanfare.

This book highlights the unique and innovative ways hospitals are doing this work. Far from a comprehensive list, *Community Connections* begins to illustrate where and how hospitals are meeting their communities' many needs. The stories cover four broad categories:

- ◆ Social and Basic Needs
- ◆ Health Promotion
- ◆ Access and Coverage
- ◆ Quality of Life

Every day in America's hospitals, there is tremendous good being done. The instantly recognizable blue and white "H" sign signifies more than a place that patients and families can depend on for care. It signifies the heart of a community.



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## Social and Basic Needs

Non-medical needs are often intricately tied to personal health and well-being. Hospitals are working to address basic, social and personal needs as a way to improve their communities' health. The programs described on the following pages illustrate approaches hospitals are taking to meet the basic needs of everyday life, from food and shelter to education and self-reliance, ultimately improving the long-term health of communities.

# Social and Basic Needs

## ◆ Baystate Health – Springfield, Massachusetts

**Program:** Baystate Springfield Educational Partnership (BSEP)

**What is it?** This program integrates health career preparation into the public school curriculum. Starting in elementary school, students are mentored by adults in health care careers. In middle school, students build a solid foundation of relevant math and science skills. In high school, students have real-life internship and job-shadowing opportunities in a working academic medical center.

**Who is it for?** Children from challenged urban communities.

**Why do they do it?** The goal is to meet future health workforce needs and guide local students from underserved communities toward rewarding and sustainable long-term careers.

**Impact:** More than 750 students have successfully completed BSEP programs since 2006; 75 percent of them have gone on to attend college and more than 45 have taken jobs within Baystate Health.

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## ◆ Beartooth Billings Clinic – Red Lodge, Montana

**Program:** Children's Center

**What is it?** This state-licensed childcare center provides playschool, preschool, before-and-after school programs, as well as childcare for more than 40 children each day. Scholarships are available to families who need short-term aid or ongoing assistance. Children's Center staff network and partner with a host of community agencies to meet the needs of area families.

**Who is it for?** Families in Carbon County.

**Why do they do it?** The Children's Center is the only licensed childcare facility in Carbon County. Families must choose a licensed center to receive additional help from the state.

**Impact:** The Children's Center serves up to 48 children per day in its summer programs and up to 70 per day during its fall-winter-spring sessions. Roughly 75 percent of families enrolled are low-income and/or have service industry jobs.

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## ◆ Central Valley Medical Center – Nephi, Utah

**Program:** LPN Education Partnership

**What is it?** This partnership between Central Valley Medical Center, a rural hospital and a community college provides education for licensed practical nurses (LPNs). The hospital provides classroom space and facilitates the opportunity for clinical experience.

**Who is it for?** Residents of Juab County and surrounding areas.

**Why do they do it?** The program has helped the community expand educational opportunities while helping the hospital address the issue of a continuing nursing shortage. Hosting the program locally saves students driving an hour to reach an actual college campus.

**Impact:** Since 2005, the partnership has allowed many students to obtain needed educational requirements to become an LPN without traveling long distances.

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## ◆ Charleston Area Medical Center (CAMC) – Charleston, West Virginia

**Program:** Geriatrics Initiative

**What is it?** This initiative comprises the coordinated development of three new training programs in geriatrics for physicians, pharmacists and nurse practitioners, plus two pilot projects specifically geared toward seniors and two new geriatric research projects. Several geriatrics learning opportunities are offered throughout CAMC, in addition to community activities and classes supporting seniors and caregivers.

**Who is it for?** Health care providers, patients, caregivers and the community.

**Why do they do it?** West Virginia has the second oldest population in the country. As the age of the population increases, so does the need for quality, accessible care for the elderly, as well as highly trained specialists to provide that care.

**Impact:** All three training programs are active and in 2010 graduated a geriatric pharmacy resident, two geriatric medicine fellows and six geriatric post-master's nursing students.

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### ◆ Children's Hospital – New Orleans, Louisiana

**Program:** Family Advocacy, Care and Education Services (FACES)

**What is it?** Founded in 1988, FACES is a Ryan White Part D grant-funded, state-wide program that provides services to people affected by HIV/AIDS. Services include HIV primary care, medical case management, treatment adherence support and education, mental health counseling, medical transportation and peer support.

**Who is it for?** HIV-infected adults, youth and children, HIV-positive pregnant women and their HIV-exposed infants and affected family members.

**Why do they do it?** In 2009, the CDC ranked Louisiana 5<sup>th</sup> highest for AIDS case rates (19.4 per 100,000), with both New Orleans and Baton Rouge ranking among the top 10 U.S. metropolitan areas in AIDS case rates. Of the 17,155 individuals in Louisiana living with HIV in 2009, 54 percent had an AIDS diagnosis.

**Impact:** In 2010, 1,563 clients received services.

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### ◆ Clarinda Regional Health Center (CRHC) – Clarinda, Iowa

**Program:** Home for the Holidays

**What is it?** Initiated by CRHC's emergency medical services (EMS) team, the program offers free, round-trip transportation services from a care facility to a family gathering and back during the holiday season. The hospital volunteers its medical expertise and ability to transport medically needy or bedfast-care facility residents to what is a rare and/or sometimes last visit home.

**Who is it for?** Any community resident within a 20-mile radius of the hospital, from the week of Thanksgiving through the last week of December.

**Why do they do it?** The program is a goodwill gesture toward the community, neighbors and friends during the holiday season.

**Impact:** Area family members have contacted the CRHC EMS director to describe the positive impact visits made on their family.

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### ◆ East Alabama Medical Center – Opelika, Alabama

**Program:** Unity Wellness Center (UWC)

**What is it?** This subsidiary of East Alabama Medical Center is a nonprofit 501(c)(3) and Lee County United Way agency. Working closely with health care professionals, community-based organizations and local communities, the UWC provides services to individuals and families, advocates on behalf of those impacted by HIV/AIDS and conducts outreach and education for targeted populations and locations.

**Who is it for?** Area individuals and families affected or infected by HIV/AIDS.

**Why do they do it?** UWC began as a grassroots effort in 1987, when information about HIV/AIDS was not widely available.

**Impact:** In the last year, UWC provided 219 people with a range of services including HIV counseling and testing, medical treatment, diagnostic labs, specialty appointments, oral health, mental health, access to HIV medications, post-test education, medical and non-medical case management, housing and transportation.

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### ◆ Eastern Maine Healthcare Systems (EMHS) – Brewer, Maine

**Program:** Raising Readers

**What is it?** This statewide early intervention program focuses on improving literacy, school readiness and family-based learning behaviors. EMHS partnered with MaineHealth to create the program in 2000. It now includes 29 hospitals, 329 health centers and six birthing centers across the state. The program also gives free, age-appropriate books to each child at birth and at each well-child visit from two months through five years.

**Who is it for?** All Maine children from birth to age five.

**Why do they do it?** Studies show that adults who struggle with reading also struggle with managing their health. The positive sights, sounds and interactions afforded by early literacy help develop bright toddlers, strong students and ultimately, literate and healthier adults.

**Impact:** Last year, 74 percent of participating providers reported more parents reading to their children. The program has distributed more than 1.5 million books to 180,000 children since 2000.

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# Social and Basic Needs

## ◆ Martin Memorial Health Systems – Stuart, Florida

**Program:** Mother Baby Home Visitation Program

**What is it?** The program provides home visits by registered nurses at no charge to families with newborns.

**Who is it for?** All families with newborns in St. Lucie and Martin counties.

**Why do they do it?** The goal is to reduce readmission rates for infant jaundice, dehydration and weight loss; maintain breastfeeding rates at or above the Healthy People 2010 goals; promote family bonding and father involvement; and provide infant health and safety education.

**Impact:** The program has been meeting or exceeding its breastfeeding goals (80 percent at birth and 49 percent at six months), as well as its 90 percent goal of acceptable weight gain for infants who have lost more than 10 percent of their birth weight. Patient satisfaction was a perfect 4.0 in the first three months of 2011, based on a 60 percent return rate.

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## ◆ Memorial Health University Medical Center – Savannah, Georgia

**Program:** Medical Respite Care Program (MRCP)

**What is it?** In 1999, the MRCP was created in collaboration with the JC Lewis Health Center, a local federally qualified health center, to provide acute and post-acute medical care for homeless individuals presenting at the emergency department. Beds are available at all times, with care and oversight provided by a nurse practitioner and physician.

**Who is it for?** Homeless individuals who are too ill or frail to be on the streets, but are not ill enough to require hospitalization.

**Why do they do it?** Lack of a stable home environment diminishes the long-term effectiveness of inpatient and outpatient hospital care.

**Impact:** The MRCP meets the post-hospital recuperative needs for people who are homeless, while reducing public costs associated with frequent hospital utilization. In 2010, the program took care of 64 patients.

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## ◆ Monroe County Hospital – Monroeville, Alabama

**Program:** Thanksgiving Meal in a Bag Program

**What is it?** For a \$20 donation, one bag that feeds four people is provided to a family. Each bag includes one canned ham, string beans, candied yams, rolls, pound cake and peaches. The bags are distributed through area health care agencies (home health, hospice, chemotherapy and radiation therapy).

**Who is it for?** Residents in Monroe County who are sick, shut in and/or caregivers who may not be able to go out and buy or prepare a meal for the holiday.

**Why do they do it?** Many people in this rural area do not have access to transportation and some cannot afford to provide themselves or their families with a Thanksgiving meal.

**Impact:** The program provides a Thanksgiving meal to more than 500 area residents.

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## ◆ Mt. Ascutney Hospital and Health Center – Windsor, Vermont

**Program:** Windsor Connection Resource Center

**What is it?** Since 2002, the Windsor Connection Resource Center has been a “one-stop shop” for health and human services in the community. Participating agencies collaborate as a team – led by hospital staff – and share resources to deliver coordinated care as needed.

**Who is it for?** The community-at-large.

**Why do they do it?** Windsor’s need for increased human service coordination was identified as an unmet need 15 years ago. Rurality and lack of transportation aggravate the problem.

**Impact:** In 2010, 3,248 individuals received a wide array of services, including alcohol and drug counseling, computer use, crisis fuel/electric/shelter support, vocational rehab, adult education, food stamps, housing, legal assistance, mental health care, phone/fax/copies, state economic services and more. In 2011, the Resource Center served 4,569 community members, an increase of 1,321 from the previous year.

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#### ◆ Northwest Hospital – Randallstown, Maryland

**Program:** Domestic Violence (DOVE) Program

**What is it?** DOVE provides 24/7 crisis intervention to victims of domestic violence in the emergency department, complete documentation of physical and psychological injuries, referrals to community and legal resources, as well as follow-up case management, support groups and counseling. Staff includes crisis interventionists, a forensic nurse, case managers and a psychotherapist.

**Who is it for?** Area victims of domestic violence.

**Why do they do it?** The hospital's service area has a high rate of domestic violence. In 2009 alone, nearly 1,600 incidents were reported to police.

**Impact:** DOVE has experienced a 20-fold increase in victims identified by hospital staff and local police: from 24 victims in 2004 to 536 victims in 2010. All DOVE clients are offered assistance to develop and implement a safety plan and are provided with forensic and medical records for court proceedings.

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#### ◆ Northwest Medical Center – Margate, Florida

**Program:** Northwest Focal Point

**What is it?** This is a partnership with the city that links hospital care to community support services for older patients.

**Who is it for?** Patients 60 and older.

**Why do they do it?** Nearly 25 percent of Margate residents are 60 or older. The program aims to create a true community-wide continuum of care for older patients by connecting them to counseling, health support, physician taxi services, Meals on Wheels, etc.

**Impact:** As of November 30, 2010, more than 2,000 patients have been screened for the program; referrals to social services have increased and of the 63 patients hospitalized, 62 percent were not readmitted within 90 days.

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#### ◆ Parkview Health System – Fort Wayne, Indiana

**Program:** Community Nursing Program

**What is it?** This staff of 13 nurses, a respiratory therapist and a full-time nursing leader provided by Parkview works with other local non-profit agencies to improve community health.

**Who is it for?** The entire community.

**Why do they do it?** The initial impetus was the shortage of nurses in four area schools. When that effort was successful, the program expanded into other school districts, social service agencies and broad collaborative efforts, such as the Indiana Joint Asthma Coalition and the Minority Health Coalition.

**Impact:** Among the numerous positive outcomes from community collaborations, the school-based flu vaccine program had remarkable results. The program vaccinated as many as 71 percent of eligible children and provided 99.5 percent of second doses to children who needed them, compared with the national average of 18 percent and 23 percent, respectively.

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#### ◆ Phelps Memorial Health Center – Holdrege, Nebraska

**Program:** Summer Lunch Program

**What is it?** In summer 2010, this program for children who receive free or reduced-price school lunches was launched to ensure no child went hungry when school was not in session. The program was open June and July, Monday through Friday, in an area church. Phelps Memorial collaborated with several entities to spread the word, enlisted volunteers to help serve and chaperone the lunches and hired three school-cafeteria employees to run the program.

**Who is it for?** Every child who desires a meal is welcome; there are no low-income criteria.

**Why do they do it?** Hospital leaders became concerned that area children who eat a free or reduced-price school breakfast and lunch may go hungry in the summers.

**Impact:** In summer 2011, approximately 25 children received daily lunches via the program.

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# Social and Basic Needs

## ◆ Rogue Valley Medical Center – Medford, Oregon

**Program:** The Period of PURPLE Crying Program

**What is it?** Designed by the National Center on Shaken Baby Syndrome, this program seeks to prevent abuse by educating parents on their babies' natural instinct to cry and how to respond. A booklet and 10-minute DVD explain PURPLE crying. PURPLE spells out the crying characteristics of an inconsolable infant: **P**eak pattern, **U**npredictable and for long periods, **R**esistant to soothing, **P**ain-like facial expressions, **L**ong bouts, **E**vening and late-afternoon clusters.

**Who is it for?** Parents of newborns delivered at Rogue Valley and three other area birthing centers.

**Why do they do it?** The number-one trigger for infant child abuse is crying. Nearly 1,400 children are killed or injured by shaking every year.

**Impact:** Last year, families of 1,556 babies born at Rogue Valley received educational materials.

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## ◆ St. Dominic Health Services – Jackson, Mississippi

**Program:** Phoenix Initiative

**What is it?** This grant program is for Fondren district homeowners to help them afford home maintenance. Many homes are 40 to 60 years old and in need of significant repair. The homeowner is responsible for 20 percent of the total project cost, which is currently set at a maximum of \$6,250.

**Who is it for?** Live-in homeowners on the west side of North State Street who are unable to afford repairs on their homes.

**Why do they do it?** Currently, 34 percent of area residents live below the poverty line. St. Dominic's is committed to fostering economic growth and positive change in the Fondren district.

**Impact:** The hospital committed \$250,000 to the project, which helped improve 56 homes.

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## ◆ Saint Luke's Health System – Kansas City, Missouri

**Program:** Artists Helping the Homeless

**What is it?** Saint Luke's Health System joined with Kar Woo and Artists Helping the Homeless to address the increasing number of homeless using area emergency departments for basic needs. Through a \$300,000 grant, a van program was launched that operates seven days a week from 5:00 p.m. to 1:00 a.m., to take homeless individuals from streets, stores and hospitals to a safe place.

**Who is it for?** Homeless individuals in Kansas City.

**Why do they do it?** A large proportion of Kansas City's homeless population was not obtaining the services they needed.

**Impact:** In 2010, the van logged 3,799 trips to transport 821 individuals from every segment of the local homeless population, including 14 chronic homeless individuals that realized transitional or full reintegration.

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## ◆ St. Mary's Hospital & Medical Center – Grand Junction, Colorado

**Program:** Sadie the Safety-saurus

**What is it?** Sadie the Safety-saurus is an interactive teaching tool/robot that was unveiled at a Back-to-School Safety Fair in August 2011. The fair featured presentations and demonstrations on "outside safety" measures such as helmet use, bike safety and stranger awareness. Sadie also makes visits year-round to Mesa County schools and public events to provide "inside safety" information on electricity, heat/smoke/fire and gun safety.

**Who is it for?** Children ages 5 to 11.

**Why do they do it?** The goal is to teach area children to stay safe at school, at play and at home.

**Impact:** Youngsters were educated about injury prevention, the state's new booster seat law, crosswalk safety, home-alone skills and more. Free bicycle helmets were distributed to children while supplies lasted. This event was made possible by a gift from Kohl's Cares.

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### ◆ Washington Regional Medical System – Fayetteville, Arkansas

**Program:** Faith in Action

**What is it?** Since 1996, this volunteer-based program has provided the Northwest Arkansas community with services for seniors, including transportation, shopping, chore assistance, minor home repair, community services linkage and friendly visits.

**Who is it for?** Area individuals age 60 and older who are homebound and not driving due to aging or disability.

**Why do they do it?** The program was started to enable seniors to remain in their homes and avoid unnecessary institutionalization. An estimated 70 percent of clients live at or below poverty level.

**Impact:** In 2010, nearly 4,400 individual services and more than 300 group services were provided. Volunteers provided more than 4,250 hours of service. Future goals include developing a systematic approach to reaching the Hispanic community for both volunteers and clients.

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### ◆ Yakima Valley Memorial Hospital – Yakima, Washington

**Program:** Children's Village

**What is it?** Children's Village is a model of collaborative care with multiple partners providing more than 30 types of health, therapeutic intervention and support services that positively impact outcomes for children. Families register, tell their story once and access coordinated care.

**Who is it for?** Children with special health or developmental needs and their families who reside in central Washington State. Services are provided regardless of a family's ability to pay; 85 percent of patients are on Medicaid.

**Why do they do it?** Area children with special needs had no easy access to high-quality, coordinated services, and families often had to drive hours for treatment.

**Impact:** Since opening in 1997, more than 16,000 children have received services at Children's Village. Parents report significantly higher rates of "feeling like a partner in their child's care" than the national average.

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## Health Promotion

It takes more than blood pressure checks and medications to sustain a healthy lifestyle. It takes an understanding of the behaviors that cause poor health. The programs in this section combine education and support to promote healthier lifestyles and improve health, one person at a time.

# Health Promotion

## ◆ Berkshire Health Systems – Pittsfield, Massachusetts

**Program:** Get Cuffed Berkshires

**What is it?** This community-based hypertension program brings existing outreach and public health services together to organize evidence-based initiatives, including free blood pressure screenings and targeted educational programs.

**Who is it for?** All county residents, especially those at risk.

**Why do they do it?** About 17 percent of Berkshire County's working adults have high blood pressure and another 40 percent are at risk. Populations with limited access to care, seniors, the homeless and those with mental illness or disability have an even greater risk.

**Impact:** In the first few months of the program more than 2,500 individuals have been screened, and more than 200 high-risk patients have received blood pressure cuffs with education. Partnerships have been established with various health care providers and associations. Also in partnership, more than 20 local restaurants have signed on to a coordinating effort, "Healthy Dining Resolution."

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## ◆ Cheyenne Regional Medical Center – Cheyenne, Wyoming

**Program:** Southeast Wyoming Cancer Resource Collaborative

**What is it?** The hospital partnered with the Wyoming Department of Health to work to eliminate health disparities in underserved patients with cancer through early detection, screening and cancer education. Along with the American Cancer Society, the hospital offers free wigs, hats and scarves for chemotherapy patients and free prostheses and mastectomy bras for the uninsured.

**Who is it for?** Residents in five counties in southeast Wyoming.

**Why do they do it?** The purpose of the effort is primarily focused on promoting early and affordable cancer screening and care among the medically underserved.

**Impact:** In 200-plus community events, the program has found 20 pre-skin cancers, one skin cancer, 14 symptomatic prostate issues and eight colorectal cancers. More than \$2,000 worth of gas cards have gone to cancer patients who must travel for treatment.

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## ◆ Cleveland Clinic – Cleveland, Ohio

**Program:** Lifestyle 180® program

**What is it?** Lifestyle 180 is a year-long group wellness experience that employs classroom-based instruction around three key components of a healthy lifestyle—cooking/nutrition, physical activity and stress management—together with ongoing follow-up for participants with chronic diseases.

**Who is it for?** People diagnosed with common chronic conditions such as hypertension, hyperlipidemia, type 2 diabetes, obesity, metabolic syndrome and early breast or prostate cancer.

**Why do they do it?** More than 100 million Americans are diagnosed with chronic disease. The Lifestyle 180 program was developed to respond to the need for effective intervention in line with the mission of the Cleveland Clinic Wellness Institute to make preventive medicine and wellness the driving force in society.

**Impact:** Launched in 2008, the program has provided guidance and support for more than 600 people. Participants have shown significant improvement in biometrics, physiological markers, psychosocial outcomes and overall reversal of chronic disease rates.

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## ◆ Concord Hospital – Concord, New Hampshire

**Program:** Business Partners in Health

**What is it?** This initiative was launched in 2010 to reach out to businesses to share information about the charitable services available to address their employees' medical needs and to share tangible health/wellness programming and information to keep employees healthy.

**Who is it for?** Area employers and their employees.

**Why do they do it?** Hospital leaders wanted to create a synergistic relationship between area businesses and Concord Hospital and in the process, provide tangible information and programs to improve employee health by managing and preventing disease and injury on the job, reducing stress and more.

**Impact:** In its inaugural year, the collaboration provided 150 businesses with a Healthy Tips newsletter every other month to distribute to employees, connected personally with 140 businesses to offer wellness programming and conducted three breakfast forums, which attracted 75 business leaders.



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### ◆ **Davis Memorial Hospital – Elkins, West Virginia**

**Program:** 100 Miles in 100 Days  
**What is it?** In 2011, the first mile of walking – or other form of cardiovascular activity – was logged on Sunday, May 29, and continued daily through Labor Day, September 5. After all miles were tabulated, participants with 100 or more miles received the 2011 edition of the “100 Miles in 100 Days” t-shirt.  
**Who is it for?** Anyone in the community who wants to participate.  
**Why do they do it?** Originally created by The Wellness Program of West Virginia University (which continues to draw a substantial response for the activity), the program aims to help people make at least 20 minutes of physical activity a daily habit.  
**Impact:** This is the sixth year for the popular event, which has helped more than 400 people a year become more active.  
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### ◆ **Delta Regional Medical Center – Greenville, Mississippi**

**Program:** Birth & Baby Fair  
**What is it?** This new educational fair focuses on childbirth and newborn child care information and is presented by medical specialists. The educational event takes place while also offering new mothers an enjoyable shopping experience with vendors who sell a wide variety of products. Hors d’oeuvres are also provided and participants have the opportunity to begin a baby registry and register for door prizes. Presentation topics include vaccinations, breastfeeding, birthing plans and “You’ve Brought Your Baby Home. Now What?”  
**Who is it for?** New mothers, mothers-to-be and their mothers as well.  
**Why do they do it?** The hospital delivers an average of 960 babies a year, and wants to provide additional support and education to these patients and their mothers.  
**Impact:** Ninety patients and family members attended the fair in January 2011.  
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### ◆ **Effingham Hospital – Springfield, Georgia**

**Program:** Guys Night Out  
**What is it?** Guys Night Out was created to increase attendance to Effingham Hospital’s annual prostate cancer screening event. As an incentive, an off-site provider location is transformed into a place where men gather to watch football’s greatest moments or old-time westerns, complete with ‘guy-friendly’ snacks, while awaiting their free screenings. The program encourages survivors of prostate cancer to become spokespeople to convey the importance of early detection and treatment.  
**Who is it for?** Men living in Effingham County and its surrounding communities.  
**Why do they do it?** Prostate cancer is the second leading cause of cancer death in men; Guys Night Out encourages men to be more proactive about their own health.  
**Impact:** Attendance is 25 to 30 men over a three-hour period of time, a significant increase from the pre-Guys Night Out screening turnout of less than 10.  
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### ◆ **El Camino Hospital – Mountain View, California**

**Program:** Chinese Health Initiative  
**What is it?** The initiative emphasizes cultural preferences and health issues that occur with high incidence in the rapidly growing Chinese community, including hepatitis-B, liver cancer and stroke. It is a collaborative effort with community leaders and a newly formed network of hospital-affiliated Chinese-speaking physicians.  
**Who is it for?** Residents of Chinese descent.  
**Why do they do it?** Access to culturally appropriate, language-specific providers has been lacking and dramatic health disparities exist for this population.  
**Impact:** Aggressive media and outreach programs including health fairs, workshops and free screenings inspired an overwhelming response from the Chinese community. Hundreds attended 28 events and screenings for hepatitis-B and stroke, and more than 150 physicians participated in hepatitis-B CME programs. Further, hospitalized patients benefit from staff sensitized to the cultural implications of caring for Chinese patients.  
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# Health Promotion

## ◆ Flagstaff Medical Center – Flagstaff, Arizona Verde Valley Medical Center – Cottonwood, Arizona

**Program:** Fit Kids of Arizona

**What is it?** The goal of the program is to reduce the problems and illnesses associated with excess weight by teaching at-risk children and their families how to improve nutrition and physical activity and maintain a healthy lifestyle. Program components include a medical exam, physical activity, nutritional counseling and behavioral change.

**Who is it for?** Children under the age of 18 who are at or above the 85<sup>th</sup> percentile of BMI and are referred by their primary care providers.

**Why do they do it?** One in every three children in the United States is overweight or obese.

**Impact:** Fit Kids has cared for more than 700 children and their families through its clinic. Additionally, Fit Kids programs have partnered with 20 schools, and educational programs and activities are made available at community events for the general public.

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## ◆ Gifford Medical Center – Randolph, Vermont

**Program:** Healthier Living Workshops

**What is it?** Healthier Living Workshops are free six-week self-help groups with trained facilitators, designed to help individuals with chronic conditions manage their disease and improve their health. Gifford Medical Center participates as part of the Vermont Blueprint for Health, a statewide chronic care initiative.

**Who is it for?** Individuals with arthritis, asthma, heart disease, diabetes, emphysema, fibromyalgia, multiple sclerosis and other chronic illnesses along with their caregivers.

**Why do they do it?** The purpose is to add vitality to participants' lives; provide tools to deal with frustration, fatigue and pain; help improve strength, flexibility and endurance; and provide tips for managing medications, eating healthier and improving communications with family, friends and care providers.

**Impact:** Past participants report increased energy, reduced stress, more self-confidence and fewer doctors' visits. Between 2008 and 2011, more than 115 participants completed four or more of the six workshop sessions.

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## ◆ Greenville Hospital System – Greenville, South Carolina

**Program:** Barber Shop and Beauty Shop Talks

**What is it?** Greenville Hospital System expanded its frank, men's-only Barber Shop Talk to include a women's-only counterpart. Both talks are led by a physician and diversity leader. The talks are free and include dinner; they cover medical topics of special interest to African Americans, including diabetes, high blood pressure, stroke, nutrition and obesity. Health concerns such as fear, mistrust and misinformation also are addressed. A "train-the-trainer" initiative helps fight the spread of diabetes.

**Who is it for?** African-American men and women in the Greenville community.

**Why do they do it?** Currently, 1 in 10 adults has diabetes. That ratio is even higher in the African-American community.

**Impact:** In 2009, 127 men attended the Barber Shop Talk. In 2010, 335 participants attended the expanded Talks.

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## ◆ Holy Cross Hospital – Silver Spring, Maryland

**Program:** Senior Fit

**What is it?** Senior Fit is a free, 45-minute workout for older adults of varying physical abilities. The program is active at 21 sites, and 63 classes are conducted each week by certified fitness professionals experienced in working with people who have chronic conditions.

**Who is it for?** Adults ages 55 and older.

**Why do they do it?** Physical activity is a way to improve overall health and manage chronic conditions. Providing a safe and effective evidence-based program helps sedentary adults gain confidence and improve their health status.

**Impact:** The program helps seniors improve overall health, manage chronic disease, maintain independence, improve functional status and prevent the need for institutionalized care. Senior Fit has an active enrollment of 2,852 participants and had 82,571 encounters in FY 2011.

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### ◆ **Kuakini Medical Center – Honolulu, Hawaii**

**Program:** Kuakini Healthful Lifestyle Promotions

**What is it?** These programs increase awareness about personal health and the importance of practicing and maintaining good health habits. The project provides education and awareness activities such as free health screenings, clinical consultations at community events, interactive learning activities and demonstrations and distribution of health-related brochures, posters and recipes.

**Who is it for?** Children, adults, the elderly and women.

**Why do they do it?** The goal is to educate and raise awareness in people of all ages about their personal health and encourage them to live a healthful lifestyle.

**Impact:** Each year, more than 3,000 individuals benefit from the program. Based on participant feedback, people are grateful for the free screenings, information about health topics and the opportunity to speak with nurses, physicians, pharmacists, dietitians and other health professionals during community events.

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### ◆ **Martha Jefferson Hospital – Charlottesville, Virginia**

**Program:** Elementary Standards of Learning (SOL) Outreach

**What is it?** The program partners with local elementary schools to offer 10 interactive modules, directly tied to SOL (curriculum mandated by the state), on hand-washing, healthy eating, bicycle safety as well as other topics.

**Who is it for?** Students from kindergarten through fourth grade.

**Why do they do it?** In 2007, a community-wide risk assessment identified improving behavioral risk factors, such as tobacco use and obesity, as the most challenging need.

**Impact:** The program reached more than 500 students in the 2010/2011 school year. After the modules were presented, results included: 100 percent of kindergartners said you have to sing “Happy Birthday” twice while washing your hands; 90 percent of first-graders might consider vegetables as a snack; and 75 percent of second-graders could name a healthy food they’d be willing to try.

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### ◆ **Mountain States Health Alliance (MSHA) – Johnson City, Tennessee**

**Program:** MSHA Health Resources Center (HRC)

**What is it?** This community outreach service is located in The Mall at Johnson City and is staffed by RNs, dietitians and other health professionals. The HRC is a convenient, comfortable, accessible place to attend wellness classes and support groups or be screened for various health issues for free or at minimal cost.

**Who is it for?** Individuals and families in the surrounding communities.

**Why do they do it?** The Mall is a gathering place for young and old, and all income levels. MSHA chose the location especially to reach young adults who visit the mall and seniors who exercise there daily.

**Impact:** The HRC provided more than 1,100 health screenings in 2010, including hearing, bone density, diabetic A1c, cholesterol and coronary risk. More than 38,000 residents visited the HRC in 2010.

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### ◆ **Nemours/Alfred I. duPont Hospital for Children – Wilmington, Delaware**

**Program:** Promoting Healthy Activities Together (P.H.A.T.)

**What is it?** The P.H.A.T. campaign embraces music, dance and other elements of hip-hop culture to deliver important messages about healthy eating and physical activity. Over eight weeks, Southbridge-area youth worked a few hours each week with local hip-hop talent and associates from Nemours Health & Prevention Services. This culminated with participants developing their own dance routine featured at a community health event at Henrietta Johnson Medical Center (HJMC), a federally qualified health center.

**Who is it for?** African-American girls ages 13-17.

**Why do they do it?** HJMC recognizes that the prevalence of obesity among African-American adolescents (23.6 percent) is twice that of white adolescents.

**Impact:** To date, 87 girls have taken part in the P.H.A.T. program. Participants have expressed a newfound awareness of healthy eating and physical activity.

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# Health Promotion

## ◆ New Milford Hospital (NMH) – New Milford, Connecticut

**Program:** Plow to Plate®

**What is it?** Designed to improve nutritional health, this initiative involves collaboration with food service vendors, farmers, hospital staff and community leaders to develop a sustainable food system. Senior Suppers, a program offshoot, provides low-cost, nutritional dinners and a social atmosphere for seniors.

**Who is it for?** Patients, employees and visitors of NMH, as well as residents of Northwest Connecticut.

**Why do they do it?** This program was launched to address patient and employee complaints and in response to increasing concerns about health and well-being in the community, specifically targeting diabetes and obesity.

**Impact:** NMH ranked in the 51<sup>st</sup> percentile nationally for inpatient meals and 38<sup>th</sup> percentile for quality of food at the initiative's inception in FY08. Since then, rankings have advanced upward. During FY11 inpatient meals and quality of the food scored above the 95<sup>th</sup> percentile, and in FY11 1,312 seniors benefited from Senior Suppers.

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## ◆ Northwestern Memorial Hospital – Chicago, Illinois

**Program:** The Diabetes Collaborative

**What is it?** This partnership among the hospital, medical school and two federally qualified health centers (FQHCs) identifies and teaches adult patients with type 2 diabetes how to manage their chronic condition. Launched in 2006, the program uses culturally sensitive bilingual videos and print materials to help patients of all education levels self-manage their diabetes.

**Who is it for?** Adult patients with type 2 diabetes in two medically underserved Chicago neighborhoods.

**Why do they do it?** The program grew out of a critical need for assistance to combat the health problems associated with diabetes and was developed into a comprehensive, sustainable and evidence-based model of care.

**Impact:** When comparing eight key measures in detail at each FQHC, it is clear that the strategies implemented are having a positive impact on patients. The Diabetes Collaborative has laid the groundwork to expand the program to other Chicago neighborhoods.

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## ◆ Novant Health – Winston-Salem, North Carolina

**Program:** Safe Med

**What is it?** Safe Med is a telephonic medication reconciliation and patient education program managed by pharmacists. This consultation includes a review of the patient's personalized medication reconciliation list, education on each medication's purpose and pharmacist contact information. The patient's primary care physician receives an assessment, medication list and pharmacist recommendations.

**Who is it for?** Novant Medical Group patients.

**Why do they do it?** The goal is to reduce the risk of adverse drug events during hospital-to-home transition and in the community.

**Impact:** Both 30- and 60-day readmission rates among participants have decreased by 58 percent and 64 percent, respectively. Safe Med readmission rates are 8.2 percent at 30-day and 10.4 percent at 60-day. Declines in adverse drug events, hospital readmission rates and unnecessary drug expenses benefit patients, as well as the broader health system.

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## ◆ Ochsner Health System – New Orleans, Louisiana

**Program:** I Can Do It!

**What is it?** The program began by offering scholarships to an obesity program at a fitness center, which it still does. But in 2007, the program commissioned a customized mobile fitness unit to travel the region supplementing shrinking physical education programs and encouraging healthy, active lifestyles.

**Who is it for?** Children in the region.

**Why do they do it?** The state ranks the 4th highest in childhood obesity, and diabetes has been dramatically rising among children.

**Impact:** In 2010, the "On the Move" mobile unit spent 2,000 hours visiting 230 sites including the Ironman triathlon, New Orleans Saints youth training camps and a wide variety of community events. Scholarship recipients received more than \$55,000 in fitness support, and 50 families lost 289 pounds and 223 inches.

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### ◆ Rapid City Regional Hospital – Rapid City, South Dakota

**Program:** Don't Thump Your Melon

**What is it?** Since 1995, Rapid City Regional Hospital Foundation and Auxiliary's Don't Thump Your Melon program has been promoting helmet safety and education. Helmets, purchased through a grant from Kohl's Cares for Kids, are properly fitted and provided free of charge to children who need them. Volunteers offer helmet safety education to helmet recipients and all 2nd-grade students in Rapid City-area schools.

**Who is it for?** Rapid City-area children.

**Why do they do it?** Of all bicycle-related deaths, 75 percent are the result of head injuries. When worn properly, helmets can offer an 88 percent reduction in head injuries.

**Impact:** From October 2010 through November 2011, more than 2,800 bike helmets and 150 ski helmets were distributed to children at area elementary schools and 24 community events, including bike rodeos, safety fairs and bike rides.

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### ◆ St. Joseph's Hospital and Health Center – Dickinson, North Dakota

**Program:** The Silver Prestige Club

**What is it?** This free wellness club provides healthy avenues for individuals to remain active and productive. Membership benefits include access to hospital and community resources, hospital fitness center discounts, health screenings, monthly health education seminars, social events and travel opportunities, a newsletter, walking program and community discounts.

**Who is it for?** Area residents age 55 and up.

**Why do they do it?** The goal is to provide the opportunity for this growing segment of the community to remain active and productive. It also helps to recognize the significant role this group of individuals plays in our society through contributions of wisdom, strength and spirituality.

**Impact:** The program has grown since its inception in 2005 and now boasts more than 400 members.

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### ◆ St. Luke's Health System – Boise, Idaho

**Program:** Asthma Day Camp

**What is it?** St. Luke's Children's Hospital and the American Lung Association host Asthma Day Camp, which is a day-long event that encourages kids to have fun while learning how to manage their asthma. Camp counselors are volunteer respiratory therapists and nurses from St. Luke's who can administer medication if necessary and who frequently assess the children and their need for intervention. Parents can ask questions of the hospital's pediatric pulmonologist.

**Who is it for?** Children with asthma and their siblings ages 5 to 12.

**Why do they do it?** These children need to recognize the warning signs that their asthma is worsening and seek help. Camp provides this vital education in a friend-filled environment.

**Impact:** Annually, an average of 75 to 100 children – including 40 campers and their siblings – participate in the camp.

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### ◆ St. Rose Dominican Hospitals – Henderson and Las Vegas, Nevada

**Program:** St. Rose Dominican Hospitals/Caesars Foundation Hispanic Communication and Outreach Initiative

**What is it?** This initiative includes providing health information and education services to the Hispanic community via programs and outreach at community health fairs. Efforts also include the Spanish-language *WomensCare* magazine, which provides articles on topics of particular concern to the Hispanic population, such as diabetes, cardiovascular disease and hypertension.

**Who is it for?** Area Hispanic residents.

**Why do they do it?** Hispanic residents comprise more than 29 percent of the Clark County population; due to language barriers and lack of medical insurance, they experience difficulty accessing medical information and health care.

**Impact:** In 2011, *WomensCare* was distributed to 45,000 residents. More than 1,400 individuals received services at 10 health fairs. Resource information and referrals were provided via telephone to 703 Hispanic residents. The 46 Hispanic Health Education classes were attended by 576 individuals.

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# Health Promotion

## ◆ Valley County Health System – Ord, Nebraska

**Program:** Celebrate Being a Woman

**What is it?** This annual event promotes living a healthy lifestyle and features health-related presentations by medical personnel, a complimentary meal, more than 40 health-related vendors, door prizes provided by each participating vendor and raffles donated by hospital employees. There is no charge for those businesses and organizations who display at the event.

**Who is it for?** Area women of all ages.

**Why do they do it?** Celebrate Being a Woman provides an opportunity to highlight what's new in women's health to area women at no cost. In addition, topics that have long affected women are covered. The event enables women to talk to professionals and to one another about the real-life issues they face.

**Impact:** More than 300 women attend the event each year.

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## ◆ Yuma Regional Medical Center (YRMC) – Yuma, Arizona

**Program:** Healthy Yuma 2011 (HY 2011)

**What is it?** This county-wide program was co-founded by YRMC and the *Yuma Sun* (newspaper) to provide tools and support to help residents establish healthier habits for life. HY 2011 focuses on safe exercise, improved nutrition, weight loss and management and freedom from addiction.

**Who is it for?** Residents of Yuma County and surrounding areas.

**Why do they do it?** Obesity rates in the United States have reached epidemic proportions, and health care costs are rising at an unsustainable rate. HY 2011 has coordinated resources throughout the community to help residents make positive changes to reverse these trends.

**Impact:** In January 2011, 1,300 people attended the Healthy Yuma kick-off event. Participants track their progress through the HY 2011 website, official weigh-in events and “pocket trackers” to record date, weight, body fat and blood pressure.

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## Access and Coverage

Nearly 50 million Americans are uninsured. Every day, the caregivers in America's hospitals see that the absence of coverage is a significant barrier to getting people the right care, at the right time, in the right setting. Knocking down those barriers to care is a big part of the work hospitals do. The programs that follow demonstrate the strong commitment hospitals have to ensuring that everyone gets the care they need regardless of their ability to pay.

## Access and Coverage

### ◆ Aurora Health Care, Children's Hospital & Health System, Inc., Columbia St. Mary's, Froedtert Health and Wheaton Franciscan Healthcare – Milwaukee, Wisconsin

**Program:** Milwaukee Health Care Partnership

**What is it?** This public/private partnership – including Milwaukee's five health care systems, four federally qualified health centers, Medical College of Wisconsin and the state and local health departments – is dedicated to improving care for the underserved.

**Who is it for?** Low-income and uninsured county residents, representing 42 percent of the population.

**Why do they do it?** The goal is to reduce fragmentation and create a community-wide health improvement plan focused on adequate and affordable health insurance coverage for all, improved access to quality health care and enhanced care coordination across the delivery network.

**Impact:** The partnership supported enrollment into Medicaid for more than 20,000 individuals, and improved access to primary care, specialty care and affordable medications. The Emergency Department (ED) to Medical Home project utilizes a web-based tool to help ED physicians communicate with each other and safety net clinics, generating more than 600 primary care referrals per month.

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### ◆ Baptist Memorial Health Care – Memphis, Tennessee

**Program:** Mammography for the Underserved

**What is it?** Since 1994, the program has used a mobile mammography unit to provide free digital screening mammograms and additional diagnostics as needed, to area underserved women.

**Who is it for?** Women from lower socioeconomic neighborhoods – from inner-city Memphis to rural communities in the MidSouth – who have no other means to receive screenings or breast health care and education.

**Why do they do it?** The program addresses barriers to care such as limited public transportation and a lack of funds and/or health insurance.

**Impact:** Since its inception, the program has provided grant-funded mammograms and diagnostic services to more than 7,000 underserved women. During 2010, the mobile unit screened 2,312 women, both insured and uninsured. Seventeen percent had not had a mammogram during the previous two years.

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### ◆ Bay Area Hospital – Coos Bay, Oregon

**Program:** MOMS (Management of Maternity Services) Program

**What is it?** MOMS partners an experienced obstetrical nurse with pregnant women and their families to provide free personalized guidance throughout the maternity experience. The nurse acts as a support and liaison between the family, community agencies and medical providers throughout the pregnancy and postpartum period. MOMS also offers an after-baby follow-up home visit, support for postpartum depression, connection to parenting programs and free lactation support.

**Who is it for?** All women who plan to deliver at Bay Area Hospital.

**Why do they do it?** Research shows that women who are comfortable with their place of birth have improved birth experiences.

**Impact:** MOMS provides 86 percent of all maternity patients free services; 1,200 class participants in 48 class options per year; and 1,800 nurse visits per year.

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### ◆ Cheshire Medical Center/Dartmouth-Hitchcock Keene – Keene, New Hampshire

**Program:** 100% Schools Project

**What is it?** A "100%" school is one in which all students are given the opportunity to have health insurance. Introduced in 2006, the program connects children with low-cost or free health care coverage through the state Children's Health Insurance Programs. The medical center's family resource counselor provides technical guidance to aid families in accessing coverage and other services. They also participate in school functions, such as parent open houses and PTA meetings, and provide community workshops.

**Who is it for?** All eligible children.

**Why do they do it?** Lack of health insurance is a major barrier to accessing health care.

**Impact:** In the past five years, every school district in the hospital's service area has become a "100%" school. An average of 412 children per year received new health and/or dental insurance coverage.

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### ◆ Children's National Medical Center – Washington, District of Columbia

**Program:** Healthy Generations Program

**What is it?** Since 1995, the Healthy Generations Program has provided a medical home, using the “teen-tot” model of care. Adolescent parents and their children are seen by the same provider in the same office visit, while also meeting with social work and counseling staff. In addition, parenting support groups are held in local high schools and area clinics.

**Who is it for?** Area adolescent parents and their children.

**Why do they do it?** The District of Columbia has one of the highest rates of teen pregnancy in the country.

**Impact:** The program served 487 families in the past year. The annual repeat pregnancy rate was 8 percent, compared with the D.C. repeat teen birth rate of 20 percent. More than 80 percent of adolescent mothers in the program are enrolled in school or have graduated.

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### ◆ Crozer-Keystone Health System – Springfield, Pennsylvania

**Program:** New Pathways

**What is it?** This program provides intensive behavioral health treatment in the public school setting. Blending education with constant specialized mental health support, the 12-month program focuses on instilling confidence, self-worth and positive coping skills. Students are required to attend school 12 months a year; the program does not suspend or expel. Children are expected to transition back to their home classrooms.

**Who is it for?** Children in kindergarten through eighth grade who exhibit severe and high-risk social and emotional disturbances in the school district; students for whom there are no other special education options other than out-of-district school placement.

**Why do they do it?** The community is impoverished, with high rates of violence, crime, addictions and illness.

**Impact:** Since 2008, more than 100 students have passed through the program, gaining control over obstacles to success, garnering self-confidence and experiencing academic achievement.

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### ◆ Decatur Health Systems, Inc. – Oberlin, Kansas

**Program:** Family Practice Clinic

**What is it?** Decatur Health Systems (DHS) established a rural Family Practice Clinic attached to the hospital. In addition to being open during regular daytime hours, the Clinic is open early mornings, evenings and on Saturdays to accommodate community residents who work regular day shifts, those who attend school and those who run small businesses essential to the area's rural economy.

**Who is it for?** All community residents.

**Why do they do it?** The Clinic was established in response to a need for more medical care choices in the community.

**Impact:** The Family Practice Clinic provides charity care in the community that was not previously available.

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### ◆ Dixie Regional Medical Center – St. George, Utah

**Program:** Mammogram 500

**What is it?** The program provides 500 free mammograms to screen women in need, funded by philanthropy at a hospital benefit event.

**Who is it for?** Washington County women age 40 and older, who are uninsured or unable to bear the cost of a mammogram and are not currently enrolled in a federal- or state-funded program.

**Why do they do it?** The goal is to save lives through early detection and routine screening for breast cancer – the leading cause of cancer death in Utah women. Southern Utah ranks among the lowest in the nation for eligible women receiving mammograms.

**Impact:** Since March, the hospital has provided more than 225 free mammograms. Of those, four patients needed biopsies (they were negative), and eight will return for short-term follow-up.

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## Access and Coverage

### ◆ Ephraim McDowell Regional Medical Center – Danville, Kentucky

**Program:** Hope Clinic and Pharmacy

**What is it?** The Hope Clinic and Pharmacy is a collaborative that provides free medical services to eligible individuals with a pre-determined chronic condition. The medical center provides administrative oversight, outpatient pharmaceutical support, and volunteers. Collaborative partners include the Salvation Army, United Way and the Presbyterian Church Missions Program.

**Who is it for?** Uninsured, medically underserved residents of a six-county area in rural Kentucky who have a chronic condition.

**Why do they do it?** The rural communities served have a significant population whose income falls below 150 percent of the federal poverty level.

**Impact:** Hope Clinic is open two evenings a week and has 186 active patients with 653 visits in 2010. The hospital dispenses more than 3,800 prescriptions each year, and has recruited 66 clinical and non-clinical volunteers that staff the clinic.

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### ◆ Fairview Health Services – Minneapolis, Minnesota

**Program:** Fairview Pond Center Clinic

**What is it?** Winner of the 2011 Minnesota Hospital Association Community Benefit Award among large hospitals, the Fairview Pond Center Clinic is a partnership between the health system and the Bloomington Public Schools. Low-cost medical services are provided to area children by Fairview physicians and staff; Washburn Center for Children offers mental health care, and Children's Dental Services provides dental care.

**Who is it for?** Bloomington and Richfield students and families.

**Why do they do it?** The goal is to improve community health for low-income families.

**Impact:** The walk-in facility served 391 children in 2010 and serves as a model of community-wide effort.

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### ◆ Jewish Hospital & St. Mary's Health Care – Louisville, Kentucky

**Program:** Jewish Diabetes Care Education and Screenings

**What is it?** Jewish Diabetes Care provides free nutrition and diabetes care weekly to patients at the Mercy Medical Clinic, a rural clinic that serves the uninsured – including a growing number of Hispanic migrant workers and their families. With the help of an interpreter, clinicians are able to connect with families in a non-threatening environment through health providers they can trust.

**Who is it for?** English- and Spanish-speaking patients at Mercy Medical Clinic.

**Why do they do it?** The language barrier and lack of insurance leave many migrant workers and their families in need of basic medical care.

**Impact:** Demand for screenings and education has been overwhelming since the program's implementation nearly a year ago. Through the clinic, relationships have been established with more than 100 patients.

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### ◆ Kings County Hospital Center – Brooklyn, New York

**Program:** Intensive Crisis Stabilization and Treatment (ICST) Program

**What is it?** The ICST Program provides up to 12 weeks of intensive outpatient services via a senior child psychologist, three LMSW-level clinical social workers and a consulting psychiatrist. Additional services include diagnostic clarification, teaching of more effective parenting and/or coping skills, medication evaluation/management, advocacy, case management and referral.

**Who is it for?** Children and adolescents, ages 5 to 17, who are at imminent risk of psychiatric hospitalization and/or are in the midst of an acute crisis.

**Why do they do it?** The goal is to bring services to children and families where they need them most and prevent psychiatric hospitalizations.

**Impact:** Since September 2007, 204 children and adolescents were discharged from the program. All were children referred from emergency settings; only 21 (10 percent) required hospitalization during their treatment.

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◆ **Las Palmas Del Sol Healthcare and University Medical Center of El Paso – El Paso, Texas**

**Program:** El Paso Healthcare Heroes (EPHH)

**What is it?** This coordinated community care delivery system for the uninsured ensures primary and specialty care, regardless of ability to pay.

**Who is it for?** Uninsured in the community.

**Why do they do it?** Local health care entities shared concerns about patients presenting at the emergency department (ED) because they had no insurance or money, waiting too long to address their health issues, and then – after being stabilized and discharged – not taking their meds or following up with a doctor and again waiting until they are very ill to come back into the ED.

**Impact:** EPHH has received more than 500 cases and has moved to new offices to accommodate increased patient volume.

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◆ **Medical University of South Carolina (MUSC) Children’s Hospital – Charleston, South Carolina**

**Program:** The MUSC Sickle Cell Program

**What is it?** This comprehensive program provides specialty clinical care for sickle cell patients. The clinic is open daily and is staffed by a physician, nurse practitioner and registered nurses who provide health maintenance, laboratory testing, screening tests, blood transfusions, vaccinations, prescriptions, education and counseling. Newborns and infants are evaluated every three months; older children are seen every six months.

**Who is it for?** Sickle cell patients living in the eastern and coastal region of South Carolina.

**Why do they do it?** The program was established in 1990 after a statewide screening of newborns in 1987.

**Impact:** More than 500 African-American and Hispanic children/young adults currently are in the program. The utilization of day clinics reduces emergency department visits, readmissions and expenses, and contributes to the emotional well-being of patients and their families.

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◆ **Mercy, ProMedica, and University of Toledo Medical Center – Toledo, Ohio**

**Program:** Lucas County Initiative to Improve Birth Outcomes

**What is it?** This partnership was formed in 2006 to integrate local service providers and create systemic changes in how services are organized, delivered and financed for those most vulnerable to poor birth outcomes. The Hospital Council of Northwest Ohio serves as the project’s hub, working with care coordinators to track clients’ progress and outcomes, as well as prevent duplication of services.

**Who is it for?** Pregnant women with multiple documented risk factors, who would not otherwise receive appropriate prenatal care and support.

**Why do they do it?** Poor birth outcomes were reported in the most socially and economically challenged communities in Lucas County.

**Impact:** Nearly 700 women have been served, and the low birth-weight rate of the target population has improved dramatically to less than 7 percent.

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◆ **MidState Medical Center – Meriden, Connecticut**

**Program:** Geriatric Outreach Program

**What is it?** This program, held in collaboration with four area senior centers, provides accessible health monitoring services to seniors via regularly scheduled clinics and other initiatives. The senior centers provide the critical physical space necessary to see patients, as well as a communications outlet to let seniors know that these services are available to them in an accessible and targeted location. Seniors are able to get basic health screenings and appropriate consultation on health issues.

**Who is it for?** Area senior citizens.

**Why do they do it?** Local seniors have inadequate resources available for health needs and are often challenged accessing needed services.

**Impact:** While the number of visits at each site varies from month to month, combined site visits per year average more than 2,800.

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# Access and Coverage

## ◆ The Mount Sinai Medical Center – New York, New York

**Program:** The Diabetes and Cardiovascular Alliance (The Alliance)

**What is it?** The Alliance offers patients living with diabetes access to a team of Mount Sinai diabetes specialists including an endocrinologist, cardiologist and certified diabetes educator (CDE) whenever possible, in their primary care practice. The Alliance builds bridges between Mount Sinai physicians, CDEs and community physicians serving at-risk patients. Patients are empowered with knowledge to improve their health outcomes.

**Who is it for?** Individuals with pre-diabetes or diabetes residing in New York City's metropolitan area.

**Why do they do it?** With New York's obesity rate over 60 percent, diabetes is the state's most rapidly expanding chronic health condition.

**Impact:** After participating in The Alliance, the percentage of patients achieving clinical-care goals outlined by the American Diabetes Association significantly improved.

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## ◆ Providence Alaska Medical Center – Anchorage, Alaska

**Program:** Providence Senior Care Center (PSCC)

**What is it?** Providence Alaska Medical Center recently opened a senior clinic on its hospital campus to serve as a patient-centered medical home for Medicare patients. The PSCC has seen 1,200-plus patients so far; initial appointments are one hour to give physicians time to get to know each patient.

**Who is it for?** Anchorage residents 55 years of age and older who are on Medicare.

**Why do they do it?** A state report shows that the Alaska senior population is increasing by about 7 percent annually. Outside of federally qualified health centers, few primary care physicians in Anchorage will accept Medicare patients due to low reimbursement rates.

**Impact:** Providence leaders hope its PSCC will eventually serve 5,000 to 6,000 of the estimated 13,000 Anchorage seniors on Medicare who do not have primary care health providers.

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## ◆ Renown Health – Reno, Nevada

**Program:** Partnership with Access to Healthcare Network

**What is it?** In 2006, Access to Healthcare Network (AHN), a non-profit discounted health care program, was established with the help and support of Renown Health. AHN's mission is to increase access to primary and specialty health care services for the uninsured working poor. Renown made the commitment to AHN to offer its services to AHN members at vastly reduced rates, thus increasing access to care for those who could not otherwise afford it.

**Who is it for?** Nevada's uninsured residents.

**Why do they do it?** Renown Health is committed to ensuring that everyone who needs health care has access to health care.

**Impact:** From September 2010 to September 2011, AHN provided access to care for 6,885 members who would have otherwise sought care in an emergency department or not at all.

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## ◆ Scotland County Hospital – Memphis, Missouri

**Program:** Childbirth and Beyond

**What is it?** This program started with construction of a new birthing center. Childbirth and Beyond activates appropriate referrals to the birthing center for pre-natal classes, and to County Health Departments and other county services for available resources and WIC programs. Pre-natal education and risk assessments are included, as well as delivery in the facility, post-natal home visits, breastfeeding instruction and parent-skills assistance in the home post-delivery.

**Who is it for?** Underserved women in four rural counties.

**Why do they do it?** The program was launched to address an identified health care issue in northeast Missouri.

**Impact:** Since 2005, 519 women have been enrolled in the program; nearly 98 percent of the women kept their scheduled doctor appointments. Of the deliveries occurring at Scotland County, more than 99 percent occurred without complications.

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### ◆ Sentara Obici Hospital – Suffolk, Virginia

**Program:** Community Health Outreach Program

**What is it?** This program helps participants navigate the complex health care system and provides an interdisciplinary approach that helps them follow their medical plans of care.

**Who is it for?** Low-income patients with diabetes or heart failure who don't meet criteria for home health care.

**Why do they do it?** Patients with diabetes and heart failure – particularly indigent patients – were frequently in the emergency department (ED) or admitted as inpatients due to uncontrolled diabetes and/or heart failure.

**Impact:** Results include a 48 percent decrease in ED visits among participants, a 68 percent decrease in inpatient visits, a 60 percent decrease in length of stay and a 55 percent decrease in hospital charges. More than 1,500 individuals have been served over the past 13 years; not a single patient has needed an amputation.

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### ◆ Spectrum Health – Grand Rapids, Michigan

**Program:** Core Health

**What is it?** This program removes barriers to care for the target population and teaches them self-management skills through free one-on-one home visits for 12 months by a registered nurse/community health worker team.

**Who is it for?** Underserved adults with diabetes or heart failure in Kent County.

**Why do they do it?** Michigan has been ranked the 13<sup>th</sup> worst state for cardiovascular disease mortality; an estimated 927,000 residents of the state have been diagnosed with diabetes and an additional 2 million have pre- or borderline diabetes.

**Impact:** After 12 months in the program, diabetic participants experienced a 57.4 percent emergency department (ED) utilization rate reduction and a 17.2 percent inpatient utilization rate reduction; heart failure participants experienced an 85.9 percent ED utilization rate reduction and an 88.5 percent inpatient utilization rate reduction.

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### ◆ St. Edward Mercy Medical Center – Fort Smith, Arkansas

**Program:** Mobile Mammography Unit/“To Save a Life” Program

**What is it?** Mercy’s mobile mammography unit travels through seven Arkansas counties, providing quick, convenient mammograms for patients who might otherwise have to travel quite a distance for the screening. In addition, the mammography unit’s “To Save a Life” program offers free or reduced-cost mammograms to women who qualify.

**Who is it for?** Area women who do not live close to the hospital; free or reduced mammograms are provided to women who are uninsured and meet certain income criteria.

**Why do they do it?** The initiative was started to make it as easy and affordable as possible for women to get their yearly mammograms and catch breast cancer in its earliest stages.

**Impact:** Each year, approximately 1,600 women are screened in the mobile unit.

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### ◆ St. Francis Hospital – Wilmington, Delaware

**Program:** St. Clare Medical Outreach Van

**What is it?** A full-service doctor’s office on wheels, the St. Clare Medical Outreach Van visits strategic locations in Wilmington to deliver free medical care to the uninsured. The van stops at scheduled locations Monday through Friday; services include vaccinations for children and adults, routine medical care and school examinations, care for chronic illnesses and care for acute medical problems. Staff also dispense medications that people with prescriptions cannot afford to fill.

**Who is it for?** People who are homeless, poor and uninsured.

**Why do they do it?** The goal is to provide medical care to individuals without insurance and with limited resources who do not have a medical home.

**Impact:** More than 80,000 patient visits have been conducted from the St. Clare Van.

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# Access and Coverage

## ◆ St. Helena Hospital Napa Valley – St. Helena, California

**Program:** Farmworker Health Screenings

**What is it?** This series of medical screenings – for conditions including hypertension, diabetes and high cholesterol – is coordinated with a local community health clinic and provided at local wineries to their employees at no cost. Physicians and providers at the clinic donate their time for two to four farmworker health screenings a year. The hospital screens 35 to 40 individuals each time, utilizing grants from local funders and community benefit funding from the hospital.

**Who is it for?** Winery employees.

**Why do they do it?** The farmworker population is at risk for many illnesses but few visit a doctor, so conditions can go untreated for years. Early detection can generate referrals to providers who can begin treatment with lifestyle enhancements and medication where appropriate.

**Impact:** In the past four years, the program has screened 375 farmworkers.

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## ◆ Saint Michael's Medical Center – Newark, New Jersey

**Program:** Operation Walk – Newark

**What is it?** This not-for-profit, charitable initiative provides free, state-of-the-art joint-replacement surgery to uninsured and underserved patients in the Newark area. The program is modeled on the global and national Operation Walk programs founded by orthopedic surgeon Lawrence Dorr, MD, of Los Angeles.

**Who is it for?** Underserved greater Newark residents needing orthopedic surgery.

**Why do they do it?** The program seeks to bring freedom from pain and disability to the city's poorest and most vulnerable residents, who otherwise might not have access to state-of-the-art care.

**Impact:** Since fall 2010, free hip and knee replacements have been provided to 14 patients directly involved with the program. Thanks to Operation Walk, individuals with crippling arthritis, avascular necrosis and other debilitating conditions are receiving restored freedom of movement and the ability to walk again.

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## ◆ Union Hospital – Terre Haute, Indiana

**Program:** Wabash Valley Rural Telehealth Network

**What is it?** This telemedicine network of rural hospitals, jails, medical groups and a behavioral health system is facilitated by Union Hospital's Richard G. Lugar Center for Rural Health.

**Who is it for?** Patients in the region.

**Why do they do it?** The goal is to improve symptoms and patient compliance, and reduce costs.

**Impact:** More than 3,000 patients have been seen by telemedicine so far. Critical access hospitals (CAHs) now have 24/7 behavioral health coverage for crisis and routine consultation. Emergency department length of stay (LOS) has plummeted from 600 minutes to 240 minutes, with an inpatient LOS of just under 12 hours for patients who participated in the program. The nationally recognized telecardiology program has yielded revenue, saved mileage and reduced costs for CAHs throughout the region and will be implemented at two additional CAHs in Illinois this year.

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## ◆ University of New Mexico Hospitals – Albuquerque, New Mexico

**Program:** Project ECHO (Extension for Community Healthcare Outcomes)

**What is it?** This care model, developed by the UNM Health Sciences Center, connects urban medical center disease experts with rural general practitioners and community health representatives over a telehealth network.

**Who is it for?** Patients with chronic, common and complex diseases who do not have direct access to specialty health care providers.

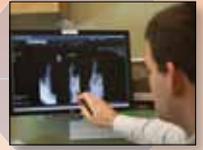
**Why do they do it?** The program was initially conceived as a means to treat HCV-infected patients in New Mexico's rural communities and prison system.

**Impact:** Project ECHO is being field-tested in weekly, regularly-scheduled telemedicine clinics hosted by UNM HSC specialists in the areas of hepatitis C. Project ECHO will incorporate community health extension agents to assist primary care physicians in the care of patients.

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### ◆ WellSpan Health – York, Pennsylvania

**Program:** Healthy Community Pharmacy (HCP)

**What is it?** A local coalition of health care providers has partnered with the Healthy York Network to offer the underserved better access to health care. HCP seeks to complete the system of care and make medications more affordable and accessible for these patients.

**Who is it for?** Low-income, uninsured/underinsured residents of the York community.

**Why do they do it?** By developing more efficient procedures for caring for a population with unique and complex needs, the pharmacy could fill a niche in the community.

**Impact:** From 2005 to 2010, the number of patients using the pharmacy increased by an average of 19 percent each year. Currently, 8,100 patients are enrolled in Healthy York Network, and more than 6,000 patients are using HCP for pharmaceuticals. Patients are better able to manage chronic conditions, as well as avoid emergency department visits and hospitalizations

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### ◆ Winona Health – Winona, Minnesota

**Program:** Winona Community Health Clinic

**What is it?** Set up through a partnership with Winona Health, Winona State University and Winona County Community Health, the walk-in clinic provides free preventative care for the uninsured one day every three months.

**Who is it for?** Uninsured individuals age two and up who do not have the financial means to pay for health care services.

**Why do they do it?** Preventative health care was an unmet need for the uninsured before the clinic opened in late 2010. Its goal is to provide early prevention screenings and education to help individuals avoid more significant health risks and problems.

**Impact:** More than 50 patients have received preventative medical care through this program, about half of them from diverse populations. Each clinic sees a larger number of patients as word spreads to the most vulnerable populations in the region.

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## Quality of Life

Recognizing that the role of a hospital is not simply to treat illness but to strengthen communities, the programs in this section illustrate how hospitals provide peace of mind and better tomorrows for the communities they serve by building strong families, fostering safety and creating opportunities for people to improve their lives.

# Quality of Life

## ◆ The Acadia Hospital – Bangor, Maine

**Program:** Penobscot County Jail Diversion Collaborative

**What is it?** This collaborative program with the Penobscot Sheriff's office, National Alliance of Mental Illness Maine and The Acadia Hospital identifies inmates at risk for suicide, and trains law enforcement to intercept people with mental illness and send them to partner agencies and emergency departments, as appropriate. Partnerships also include the judicial branch, probation officers, state mental health leaders and peers in recovery.

**Who is it for?** County jail inmates.

**Why do they do it?** Suicide rates among inmates had become a concern.

**Impact:** The effort has resulted in a 38 percent reduction in suicide attempts, and 90 percent of police and corrections staff have received crisis intervention training.

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## ◆ Avera St. Luke's Hospital – Aberdeen, South Dakota

**Program:** Nurturing New Families

**What is it?** Nurturing New Families is a no-cost service that ensures timely visits with new mothers and their babies for early identification of jaundice, as well as support for breastfeeding and parenting challenges. Soon after discharge, members of the BirthPlace staff call each new mother to strongly encourage a visit to the Nurturing New Families clinic, which provides a weight check of the newborn and assessments of both mother and child.

**Who is it for?** New mothers and their babies.

**Why do they do it?** The Nurturing New Families clinic meets a community need and reduces health care costs because these interventions result in decreased hospital readmissions for jaundice, dehydration and excessive weight loss in the first week following birth.

**Impact:** The BirthPlace averages 700 births annually, and more than 235 new mothers access the Nurturing New Families clinic each year.

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## ◆ Bear Lake Memorial Hospital – Montpelier, Idaho

**Program:** Annual Community Health Fair

**What is it?** This annual health fair provides free and low-cost screenings, including skin lesion checks, prostate exams, foot checks and bone density screenings. Area physicians provide health services and information, and various other community organizations offer activities ranging from free massages to bike safety clinics. Youth are able to participate in building their own first aid kits, glucose and blood pressure testing, navigating an obstacle course and more.

**Who is it for?** The whole community.

**Why do they do it?** The mission of the hospital is to perpetuate and foster access to optimum quality health care.

**Impact:** More than 300 Bear Lake County residents, including 70 children, participated. Depending on the screenings selected, participants saved an estimated \$762 each and the overall benefit to the community was approximately \$119,000.

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## ◆ Borgess Health – Kalamazoo, Michigan

**Program:** Borgess Visiting Nurse and Hospice Program

**What is it?** The visiting nurse and hospice program incorporates a multidisciplinary team of health professionals able to evaluate and treat patients' medical, social, emotional, end-of-life and health care needs. Services include skilled in-home nursing care, physical therapy, occupational therapy, speech language pathology, home health assistance and medical social services.

**Who is it for?** Patients in eight counties.

**Why do they do it?** The goal is to better meet the needs of patients, often outside the hospital. Referrals to community-based organizations to provide food, social and economic support, combined with medical care, can better help patients avoid unnecessary re-hospitalization and inappropriate use of the emergency department.

**Impact:** During FY 2010, 2,311 patients were served – among the outcomes, 97 percent were appropriately treated for pain, 68 percent were treated for breathing difficulties and 100 percent were evaluated for depression and risk of falling.

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### ◆ Carrington Health Center – Carrington, North Dakota

**Program:** Faith in Action

**What is it?** Launched in 2009, Faith in Action is a volunteer-based program that provides services to enable individuals to maintain a healthier and more independent lifestyle. The program's focus is broad and can be age or disability specific or can focus on informal care including help with everyday activities such as transportation, shopping and other errands. Faith in Action volunteers also provide friendly visiting, respite for caregivers, light housework and telephone reassurances.

**Who is it for?** Area residents of any age with a long-term illness and/or disability.

**Why do they do it?** A need for additional support services was identified for area residents who would gain a higher level of independence.

**Impact:** Currently, 18 volunteers provide services for 28 care receivers. The program was supported by the hospital and health system for its first three years and will be self-sustaining starting in 2012.

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### ◆ Clara Maass Medical Center – Belleville, New Jersey

**Program:** Clara Cares – Residence-Based Healthcare for Homebound Seniors

**What is it?** Using a prevention-driven approach, the program expands access to quality medical care and delivers services such as assistance with insurance, medication, transportation and other social services. Chronic disease management is offered to homebound seniors through weekly visits with a nurse practitioner, medical assistant and pharmacist who come to their residences.

**Who is it for?** Medically underserved, homebound seniors in the medical center's service area.

**Why do they do it?** Preventative care improves seniors' quality of life and ability to live independently; in addition, it can reduce the number of unnecessary emergency department visits and hospitalizations.

**Impact:** By 2010, more than 500 seniors in nine urban housing communities received preventative care services including health care assessments, screenings, medication reviews, laboratory testing, imaging, cardiac care and rehabilitation.

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### ◆ Genesis Health System – Davenport, Iowa Trinity Regional Health System – Rock Island, Illinois

**Program:** Quad City Health Initiative (QCHI) – Health Facts Cards

**What is it?** QCHI's Health Facts Cards have been distributed to community members in both English and Spanish. Individuals are encouraged to record information about their medications, vitamins, herbal and nutritional supplements, allergies, health history and emergency contact information.

**Who is it for?** Residents of the Quad Cities.

**Why do they do it?** Every individual can be the center of his or her health care team by understanding their medications and medical treatment, and sharing that information with all of their care providers.

**Impact:** Since 2008, the program has distributed some 250,000 Health Facts Cards to community members. The free cards are available at all Genesis and Trinity sites, as well as at physician offices and pharmacies throughout the community.

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### ◆ Gila Regional Medical Center – Silver City, New Mexico

**Program:** Grant County Community Health Council (GCCHC)

**What is it?** Gila Regional Medical Center serves as part of a diverse group of county leaders appointed by the Grant County Commission to serve as a health and wellness planning authority. GCCHC helps coordinate the efforts of the community to fill health and wellness gaps/needs.

**Who is it for?** Grant County residents.

**Why do they do it?** The mission of GCCHC is to enhance the quality of life in Grant County through assessment of needs, planning and prioritizing and coordinating of efforts to meet those needs.

**Impact:** Programs such as the Medication Assistance Program; First Born Program; *Una Mano Amiga* Cancer Patient Navigators; and Grant County Healthy Kids, Healthy Communities, were formed by the Health Council and its community partners. GCCHC also advocated for bringing in a federally qualified health clinic.

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# Quality of Life

## ◆ Gundersen Lutheran Health System – La Crosse, Wisconsin

**Program:** Mouthguard Clinic

**What is it?** Gundersen Lutheran's Department of Dental Specialists, in conjunction with the La Crosse area YMCA, offers sports participants custom-made mouthguards for just \$20 (they typically cost \$100-\$150). At a half-day clinic, participants have impressions made and choose from a variety of colors, including favorite team colors.

**Who is it for?** Athletes of any age.

**Why do they do it?** A properly fitted custom mouthguard delivers a better fit than stock mouthguards, helping to cushion blows that could fracture or knock out a tooth, or cause injuries to the lips, tongue or jaw. It may also lessen the severity of a concussion.

**Impact:** In 2010, the program custom-crafted 345 mouthguards, more than doubling the total from five years ago. In eight years, the program has provided more than 1,800 mouthguards to area athletes.

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## ◆ Illini Community Hospital – Pittsfield, Illinois

**Program:** The Pike County Community Health Partnership (PCCHP)

**What is it?** The PCCHP was created by the hospital and other health agencies to assess community health and wellness needs; to leverage the collective strength of multiple organizations addressing health, wellness and quality of life in the county; and to coordinate resources to deal with scarcities and eliminate duplication of efforts.

**Who is it for?** Pike County residents.

**Why do they do it?** Pike County is a rural county comprising 830 square miles. The PCCHP agencies found that they could accomplish much more together than individually.

**Impact:** During a community health needs assessment, dental health for children and public transportation were identified as priorities. The PCCHP sought and obtained funds to address those issues. The first Pike County public transportation system was implemented in January 2011, and two grants for a dental clinic were acquired.

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## ◆ INTEGRIS Bass Baptist Health Center – Enid, Oklahoma

**Program:** Project Search

**What is it?** This on-the-job training program helps participants develop marketable skills and confidence. Students cycle through three 10-week work rotations in several hospital departments, working closely with staff to develop positive work habits and skills. After graduation, participants receive job placement assistance. Project Search is a cooperative effort of Bass Baptist Health Center, Enid Public Schools, 4RKids and the Oklahoma Department of Rehabilitation Services.

**Who is it for?** Oklahoma high school seniors with disabilities.

**Why do they do it?** This program fits Bass' mission of improving the health of the people and the communities it serves. Students are not only provided with workforce training but with social interaction. Some Project Search graduates now work at the hospital.

**Impact:** Project Search can enroll as many as 10 students per year. To date, 16 students have participated in the program.

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## ◆ Kent Hospital – Warwick, Rhode Island

**Program:** Advance Directives Promotion

**What is it?** Kent Hospital has integrated a variety of monthly advance directives initiatives. For example, in January, informative brochures and durable power of attorney forms were placed on each level of the hospital. A one-week cafeteria multimedia presentation was displayed in February, along with a presentation by an educational speaker.

**Who is it for?** Community residents, hospital staff and patients.

**Why do they do it?** It is imperative that a patient articulate medical requests so the desired treatment can be given. In addition, these instructions alleviate emotional burdens on family members and friends.

**Impact:** The greatest impact is seen in the number of *RI Durable Power of Attorney for Health Care* forms distributed; from January 2011 to June 2011, 828 forms were distributed to hospital staff, patients and families.

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### ◆ Kona Community Hospital – Kealahou, Hawaii

**Program:** MASH (Medical Academy of Science and Health) Camp

**What is it?** This career-related program includes a two-day camp, lunch and a set of scrubs. Ten different health care careers are covered, including diagnostic imaging, laboratory, medical records, nursing, orthopedic surgery, pharmacy, radiation therapy and rehabilitation services. Students are also given beneficial information about occupations in these fields, such as education requirements, salary ranges and the pros and cons of each job.

**Who is it for?** Area 8th- to 10th-grade students.

**Why do they do it?** MASH Camp provides an opportunity for area students to explore a career in health care, enabling them to learn directly from the hospital's professional staff.

**Impact:** Since its inception in 2006, the program has had more than 75 participants and has expanded to other health care facilities on every island.

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### ◆ Memorial Hospital of Rhode Island – Pawtucket, Rhode Island

**Program:** First Steps

**What is it?** First Steps enables new mothers to learn about how to have a healthy family and make new friends in a supportive and open environment. The program was started by several of Memorial Hospital's family medicine residents and a fourth-year medical student. At each meeting, a maternal child health topic is discussed, healthy snacks are provided and a gift relating to the topic is given to each family.

**Who is it for?** New mothers in the Pawtucket area. Dads are also welcomed.

**Why do they do it?** Mothers without a strong support system at home are at higher risk for postpartum depression and could use a support group.

**Impact:** After participating, mothers gain a sense of support, knowledge and improved confidence in parenting. Residents and students involved with the group gain teaching experience and patient-counseling skills.

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### ◆ Michael E. DeBakey VA Medical Center – Houston, Texas

**Program:** Harris County Veterans' Court Program

**What is it?** The program is a highly structured, court-monitored treatment program for veterans. With successful completion of the court-monitored program, the veteran may be eligible to have charges expunged, thereby avoiding the negative repercussions of a conviction on record.

**Who is it for?** Veterans who have committed felony offenses.

**Why do they do it?** The medical center is committed to improving access to needed mental health and addictions treatment for justice-involved veterans, reducing jail time and associated costs of incarceration, improving long-term mental health recovery and community reintegration, and reducing criminal recidivism.

**Impact:** Since the first docket on December 9, 2009, the program has rapidly expanded and has numerous successful graduates to date.

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### ◆ Providence St. Peter Hospital – Olympia, Washington

**Program:** Emergency Department (ED) Consistent Care Program

**What is it?** The program offers proactive intervention that guides treatment decisions for patients with complex health needs and helps participants access appropriate community health care.

**Who is it for?** Individuals with chronic conditions, many of whom have severe mental health or drug addiction issues and often depend on the ED for care.

**Why do they do it?** The program's three primary goals are to reduce the inappropriate use of the ED, improve the health status of enrolled clients and improve the capacity and integration of the safety net.

**Impact:** To date, Consistent Care has assisted more than 630 patients. ED visits of enrolled participants have fallen by more than 50 percent, saving an average of \$9,000 per patient per year. Other barriers to care have been addressed, including financial instability, homelessness, literacy and transportation.

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# Quality of Life

## ◆ Southeastern Regional Medical Center – Lumberton, North Carolina

**Program:** Camp Care

**What is it?** Since 1995, Southeastern Regional Medical Center’s hospice program has held Camp Care on the third weekend in May as a way for children experiencing bereavement to find support from a specially trained and caring adult volunteer staff, as well as others their own age who have experienced loss by death. The camp’s small-group recreational programming includes crafts and games, as well as grief-related activities and rituals of memorial.

**Who is it for?** Children, ages 8 to 16, who are experiencing bereavement.

**Why do they do it?** Children, due to their age, limited experience and lack of coping skills may find the grief process very difficult.

**Impact:** To date, 436 children have been served by a total roster of 170 volunteers trained in “Grief 101” and “Children’s Grief.”

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## ◆ St. John Medical Center – Tulsa, Oklahoma

**Program:** Green Fest

**What is it?** Held each April, Green Fest includes information on St. John’s Green Team, a plant exchange, an art display and free tree saplings from Up with Trees. Bedding plants from other local nurseries are available. In addition, Green Fest has giveaways, free popcorn, door prizes and more than a dozen local exhibitors.

**Who is it for?** Area residents.

**Why do they do it?** The St. John Green Team is committed to environmental stewardship, a sustainable future and to improving the social, economic and environmental well-being of the community. Through its actions, the team hopes to inspire others to adopt practices that reduce energy usage and waste.

**Impact:** Green Fest, held since 2009, annually draws 400 or more people from the St. John campus and the community, and introduces them to area conservation and recycling programs.

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## ◆ St. John’s Medical Center – Jackson, Wyoming

**Program:** Free Cognitive Assessments for Veterans

**What is it?** St. John’s Institute for Cognitive Health and the University of Utah Center for Alzheimer’s Care, Imaging and Research are collaborating to offer an innovative clinical program that provides diagnostic and proactive memory care to U.S. veterans. The program includes assessments of cognitive impairment or memory loss, neurological testing, supplemental diagnostic testing, medical referrals as needed and proactive support services.

**Who is it for?** U.S. veterans who are experiencing memory loss or seeking a baseline evaluation.

**Why do they do it?** Traumatic brain injury, post-traumatic stress disorder and neurodegenerative disorders cause memory problems that are prevalent among U.S. veterans.

**Impact:** Between May 2010 and October 2011, the program assessed 71 veterans. The VA’s Office of Rural Health grant that helps fund the program has been renewed until May 2013.

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## ◆ St. Patrick Hospital – Missoula, Montana

**Program:** First Step Resource Center

**What is it?** The First Step Resource Center at St. Patrick Hospital incorporates a children’s advocacy center and an adult sexual assault response team. The hospital coordinates with medical and mental health providers, social service professionals, patient advocates and law enforcement and prosecution officials to pursue the truth in child abuse and adult sexual assault investigations. The team investigates and prosecutes, as well as provides assessment, treatment, education and prevention.

**Who is it for?** Children, families and adults in Missoula and surrounding counties.

**Why do they do it?** First Step ensures an effective, efficient, coordinated and consistent delivery of services—putting the victim at the center of the response.

**Impact:** Since 2000, First Step has served more than 2,650 clients, approximately 80 percent of which are children. The collaborative approach results in stronger investigations and convictions, as well as better support for families.

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### ◆ The University of Kansas Hospital – Kansas City, Kansas

**Program:** Trauma and Burn Services Smoke Detection Initiative

**What is it?** The hospital's Burnett Burn Center distributes and installs smoke and carbon monoxide detectors in area homes, as well as provides fire safety educational materials in both English and Spanish. In partnership with neighborhood groups, this initiative targets homes with children, older adults and people with disabilities. The program encourages burn prevention through education and increased awareness.

**Who is it for?** Area residents.

**Why do they do it?** The Burn Center is focused not only on providing care for patients after burn injuries but also on providing education and resources to prevent fire-related injuries from occurring.

**Impact:** Since the program's inception in 2007, personnel have installed more than 900 smoke and carbon monoxide detectors and have provided more than \$10,000 worth of educational materials.

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### ◆ Washington Hospital Center's Washington Cancer Institute (WCI) – Washington, District of Columbia

**Program:** Cancer Support Services (CSS)

**What is it?** CSS was established to provide support services to meet the emotional, spiritual and physical needs of patients and their families during and after cancer treatment. It provides resources and programs for cancer survivors to learn about their diagnosis and understand the choices they have for living well after cancer. Programs include an overview of specific cancers and ways for participants to reduce their risk through symptom recognition, early detection and lifestyle modifications.

**Who is it for?** Residents of the hospital's service area.

**Why do they do it?** The WCI is committed to patient and public education, clinical research and medical education programs that provide the most comprehensive cancer care possible.

**Impact:** Each year, CSS offers programs to address a variety of cancers. WCI also supports a Spanish-language radio program on cancer prevention dedicated to the Latino community.

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### ◆ Wrangell Medical Center – Wrangell, Alaska

**Program:** Rural Health Careers Initiative

**What is it?** To grow its own workforce and help Wrangell residents attain job skills, Wrangell Medical Center (WMC) provides onsite clinical training, health career mentoring and financial assistance for education.

**Who is it for?** Wrangell area residents.

**Why do they do it?** Wrangell is an isolated, economically depressed community with a population of 2,500 people. The only other way residents in this remote area would be able to obtain such training would be to move off the island for the training's duration, an option that most residents cannot afford.

**Impact:** Over the past 19 years, WMC has trained and mentored more than 200 students, a vast majority of whom have been hired by the medical center. The cost savings to local students over the years amounts to more than \$285,000.

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### ◆ Yampa Valley Medical Center – Steamboat Springs, Colorado

**Program:** SportsMed Concussion Management Program (SCMP)

**What is it?** SCMP is a community-based approach to concussion management, partnering with physicians, physical therapists, athletic trainers, coaches, school counselors, nurses, teachers and families. It includes pre-season cognitive testing to measure brain processing, speed, memory and visual motor skills. The coordinated effort allows for the best possible outcome for the athlete or individual and promotes a safe return to play or work.

**Who is it for?** The computerized sports concussion evaluation system is available at area schools for student athletes and at SportsMed clinics for individuals.

**Why do they do it?** There is no such thing as a minor concussion. There may be no symptoms of concussion during normal activities, but upon exertion symptoms may reappear.

**Impact:** SCMP can help answer difficult questions about athletes' readiness to return to play, protecting them from the serious consequences of returning too soon.

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If you have a program you are proud of  
and want others to know about,  
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to submit a case example.

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