



Ideas & Innovations for Hospital Leaders Case Examples 9



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 ninth in a series and highlights many more innovative programs. For more examples or to share your own story, visit www.ahacommunityconnections.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 2014 Prize is sponsored by The Baxter International Foundation, the American Hospital Association and the Health Research & Educational Trust.

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 social, basic 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

Avera McKennan – Sioux Falls, South Dakota

Program: Ground Works Partnership

What is it? To address obesity, poor diet and lack of exercise, Avera McKennan has formed a new partnership with Ground Works. Through this partnership they financially support the development of teaching gardens at schools in Sioux Falls neighborhoods identified as high-need areas. It is hoped the plots will engage students and adults in healthy activity and encourage improved eating habits and inclusion of fruits and vegetables in families' daily diets.

Who is it for? Children and families in participating Sioux Falls schools.

Why do they do it? Avera McKennan's community health needs assessment identified obesity/poor diet/lack of exercise as a critical community health issue, but one with the most potential for success. Engaging children at a young age to establish healthy eating patterns is a key strategy, as is partnering with community organizations like Ground Works.

Impact: Ground Works' goal is to reach 5,000 students, their families and neighborhoods by 2015. Currently, the program serves 2,410 via the school teaching garden model.

Contact: Lindsey Meyers Director, Communications Telephone: 605-322-7955 E-mail: lindsey.meyers@avera.org

Blanchard Valley Health System – Findlay, Ohio

Program: Grandfriends

What is it? This educational daycare program began in 2003 when the Marilyn and Gordon Macklin Intergenerational Institute developed a partnership with Blanchard Valley Health System to facilitate interaction between retirement home residents and adult day center clients with children ages six weeks to five years. Children learn from their "Grandfriends," while the adults get to re-experience the joy of caring for a child.

Who is it for? The elderly and young children who need daycare.

Why do they do it? Many of the activities allow both children and adults to practice motor skills, such as molding Play-Doh and cognitive skills, such as playing memory games. The games played through this interaction all serve a purpose and are therapeutic by design, allowing the children and adults to learn from one another and build their skills in an intergenerational setting. **Impact:** Each year, more than 700 elderly clients and up to 70 children participate in the program.

Contact: Megan A. James Communications Coordinator Telephone: 419-423-5385 E-mail: mjames@bvhealthsystem.org

linic – Roanoke, Virginia

Program: Adolescent and Student Health Services **What is it?** The Roanoke Adolescent Health Partnership was established in 1992 by Carilion Clinic and its community partners to improve access to health care for children, provide pregnancy-prevention education and confidential services for teens and to reduce the rate of teen pregnancy. In January 2011, Carilion assumed ongoing responsibility for the three teen health centers. The program is now known as the Adolescent and Student Health Services, operated by the Carilion Clinic Children's Hospital.

Who is it for? Teens and pre-teens in Roanoke.

Why do they do it? In 1991, Roanoke City had the highest pregnancy rate in the state among teens ages 15 to 19.

Impact: The program now has two high school-based clinics and a community clinic, where they had more than 2,300 patient visits in 2011. Teen pregnancy rates have dropped from a high in 1995 of 72.8 per 1,000 females to 42.8 per 1,000 females in 2010.

Contact: Nancy Howell Agee President and Chief Executive Officer Telephone: 540-981-8844 E-mail: nhagee@carilionclinic.org

Central Valley Medical Center – Nephi, Utah

Program: Poison Prevention

What is it? During National Poison Prevention Week, the hospital's pharmacy staff visits schools and educates children about the dangers of poisonings and how to prevent them. Students are challenged to do a home survey with their parents to help eliminate unnecessary poison from the home. The class with the highest number of surveys returned wins a pizza party, courtesy of the hospital.

Who is it for? Third-graders in the Juab School District and surrounding communities.

Why do they do it? Poisoning – particularly from overdoses of over-the-counter, prescription and illicit drugs – has surpassed falls to become the nation's second-leading cause of unintentional death, after motor vehicle collisions. The majority of non-fatal poisonings occur in children younger than six years old and more than 90 percent of these poisonings occur in the home.







Impact: Every year, approximately 220 students go through the Poison Prevention event, which has been held for the past 10 years.

Contact: Steve Breckenridge, RPh Pharmacy Director Telephone: 435-623-3108 E-mail: sbreckenridge@cvmed.net

Citizens Memorial Hospital – Bolivar, Missouri

Program: Senior Health Center

What is it? The Citizens Memorial Hospital (CMH) Senior Health Center offers health and fitness-related services designed for individuals 55 and older. Membership is free; services include open pool time and hot tub use, exercise equipment, exercise classes, strength-building classes, blood pressure monitoring, walking trail, lending library, computers and Internet access and health education.

Who is it for? Individuals 55 and older in the CMH service area.

Why do they do it? The initiative was developed in response to community partnerships between CMH, the City of Bolivar, Polk County Health Center and various local businesses and individuals who recognized the need for affordable and accessible health and fitness opportunities for seniors.

Impact: Since the Senior Health Center's opening in 2004, 2,546 people have enrolled with an average of 13 new enrollees per month. Member surveys indicate health benefits such as increased strength, more energy and decreased blood pressure.

Contact: Jody Pool Senior Health Center Coordinator Telephone: 417-777-7171 E-mail: jpool1@citizensmemorial.com

Community Medical Center – Missoula, Montana

Program: Random Act of Community

What is it? The Random Act of Community campaign supports local small businesses and strengthens the sense of community in Missoula. Community Medical Center (CMC) pays for 100 to 150 small items such as an ice cream or coffee for area residents on any given day unannounced. Local businesses are able to tell their customers that the items about to be purchased are free, courtesy of CMC. The initiative's pay-it-forward strategy creates a positive sense of community among residents and helps support the local economy.

Who is it for? Local, independent businesses and residents of Missoula.

Why do they do it? CMC wanted to give back to the local businesses in Missoula and spark a sense of social responsibility by paying it forward.

Impact: Missoula shoppers have indicated that the surprise treat has inspired them to do other Random Acts of Community for other community members.

Contact: Geoff Peddicord Director, Marketing and Public Relations **Telephone:** 406-327-4024 **E-mail:** gpeddicord@communitymed.org

Crestwood Medical Center – Huntsville, Alabama

Program: Babypalooza

What is it? Crestwood Medical Center's Maternity Center was the presenting local sponsor of Huntsville's first Babypalooza on Sept. 28, 2013. From health services to childcare centers to boutique shopping, moms were able to find everything they needed under one roof, in one day. In addition to baby and maternity exhibitors, there were prizes, giveaways, baby activities, unique baby items for purchase, a children's fashion show, a nursery design center, a child ID fingerprinting station, product sampling/ demonstrations and a "Momarazzi" photo booth.

Who is it for? Expecting moms and moms with young children.

Why do they do it? The purpose of Babypalooza is to connect area moms with local resources, services and boutiques.

Impact: The event had 2,500 to 3,000 attendees. Women with questions about the birthing process, prenatal classes, breastfeeding, etc., had the opportunity to seek advice from clinicians and educators from Crestwood Maternity Center. Crestwood also provided educational seminars for dads to learn basic baby-care skills from Crestwood nurses.

Contact: Lori Light Director, Marketing & Public Relations Telephone: 256-429-4561 E-mail: lori.light@crestwoodmedcenter.com

+ Fairfield Medical Center – Lancaster, Ohio

Program: Fairfield County Opiate Task Force **What is it?** Composed of judges, hospital staff, law enforcement, social service agencies, business owners, recovery centers and community members, including recovering addicts and their family members, the task force offers providers professional trainings about the state database that helps identify possible drug-seeking behavior and has implemented proper drug disposal days. The hospital instituted a policy in its emergency department to limit opiate prescriptions. For families struggling with drug abuse, the task force offers support groups and social networking. The hospital also provides an educational program for those caring for opiate-exposed infants.

Social and Basic Needs

Who is it for? The entire community.

Why do they do it? Drug abuse is the leading cause of death in Ohio. The community has seen drug abuse start with prescriptions, but when individuals run out of money or access they advance to heroin, methamphetamine and, more recently, bath salts.

Impact: Since 2000, demand for opioid addiction treatment in Fairfield County has increased 500 percent. According to community surveys, misuse of prescription drugs has decreased.

Contact: Cynthia Pearsall Chief Nursing Officer Telephone: 740-687-8006 E-mail: cynthiap@fmchealth.org

Garden Park Medical Center – Gulfport, Mississippi

Program: Excel By 5

What is it? Initially funded by Chevron, Garden Park Medical Center's Excel by 5 is an innovative community awareness program that asks communities across Mississippi to study how well they support children under five and their families. The program identifies gaps in community resources, encourages community collaboration and volunteerism, promotes economic development and addresses children's needs with regard to education, health care, safety and childcare. The program does not offer direct services but builds the understanding of parents, grandparents and caregivers of young children about the needs of children from birth to age five.

Who is it for? Children and families across Mississippi.

Why do they do it? By having early developmental needs addressed, children in Mississippi's communities are healthier and better prepared to begin their formal education at age five.

Impact: The program has helped hundreds of families with young children through resources provided in its community certification process, health fairs, education and awareness initiatives.

Contact: Angela Juzang Director, Marketing & Business Development Telephone: 228-575-7110 E-mail: angela.juzang@hcahealthcare.com

Indiana University Health – Indianapolis, Indiana

Program: Garden on the Go®

What is it? Garden on the Go is Indiana University (IU) Health's year-round mobile produce delivery program. It is designed to improve access to affordable, fresh produce in under-resourced communities that would not have easy access otherwise. IU Health works with 20 community partners to host weekly stops, setting up the produce inside in a "mini farmers' market style" format. Cash, credit, debit and food stamps are accepted for payment.

Who is it for? Residents in Marion County.

Why do they do it? Indiana ranks eighth in obesity among states. Research shows that increased produce consumption can reduce the risk of obesity, lowering risk for chronic diseases such as diabetes and heart disease. Only two percent of Marion County residents consume the recommended daily servings of produce.

Impact: Since launching in May 2011, Garden on the Go has exceeded 42,000 sales transactions and sold more than 180 tons of fresh, affordable produce. IU Health is exploring expansion of the program elsewhere in Indiana.

Contact: Lisa Cole Manager, Indianapolis Community Outreach Telephone: 317-962-1018 E-mail: Icole3@iuhealth.org

MaineGeneral Health – Augusta, Maine

Program: Waterville Downtown Farmers' Market and the Farmers' Market at Mill Park in Augusta **What is it?** MaineGeneral sponsors farmers' markets

to give their community a chance to meet their neighbors while shopping for fresh, local foods. The Medical Center purchases much of the food it serves from local sources and market chefs have won awards at high-profile events cooking with local foods. A new MaineGeneral hospital, opened in 2013, has a teaching kitchen to give free classes on cooking with local, healthy ingredients.

Who is it for? Residents of the Kennebec Valley. Why do they do it? Buying local helps the local economy, and serving whole, nutrient-dense food is great for your health.

Impact: Area residents meet their neighbors, learn more about how to eat a healthy diet and gain access to fresh local foods.

Contact: Joy Leach Community Health Promotion Supervisor Telephone: 207-621-7266 E-mail: joy.leach@mainegeneral.org

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Program: Back-to-School

What is it? For the first time in the history of the program, Methodist Health System was a presenting sponsor of the KETV 7 Can Help Kids/Salvation Army Back-to-School Backpack Program. Collection barrels were located at all three Methodist Health System hospitals; Methodist Physicians Clinics in the Omaha area and Council Bluffs, IA; Methodist







Health System Corporate offices; and Nebraska Methodist College. A one-day drop-off event was also held at Methodist Women's Hospital. In addition, free back-to-school physicals were offered by Methodist Physicians Clinic, other Methodist Health System providers and med students.

Who is it for? The program provides much-needed school supplies for disadvantaged children in the Omaha and Council Bluffs community.

Why do they do it? Every child deserves to begin the school year the right way and that begins with the necessary school supplies.

Impact: In 2013, a record 13,400 children received supplies, exceeding the previous year's mark of 11,000.

Contact: Claudia Bohn Communications/Public Relations Manager Telephone: 402-354-6818 E-mail: Claudia.Bohn@nmhs.org

Monadnock Community Hospital – Peterborough, New Hampshire

Program: Fresh Chicks Marketplace

What is it? Each May through October, Monadnock Community Hospital (MCH) hosts the Fresh Chicks Marketplace (FCM). The FCM at MCH is a place where people experience a wide variety of local vendors who offer high-quality produce, products, skills and music. The marketplace educates and informs people of the positive economic and sustainable impact that buying locally has on the local community. FCM enjoys highlighting small businesses and non-profits, as well as donating weekly produce and products to area homeless shelters.

Who is it for? The FCM offers one-stop shopping for all ages: fresh-picked local produce, homemade products and baked goods, dairy, eggs, meats and lobster, many beautiful artisan crafts and more.

Why do they do it? A venue for small farms, this program gives back to the community, promotes self-sustainability and provides important local connections.

Impact: The program helps revitalize local food culture and increases the demands of healthy people, a healthy environment and a healthy economy.

Contact: Lee Ann Clark Community Relations Telephone: 603-924-1700 E-mail: LeeAnn.Clark@mchmail.org

North Country Hospital and Health Center – Newport, Vermont

Program: Crisis Response & Bereavement Team (CRBT) What is it? North Country Hospital's CRBT includes volunteers from different departments who provide support to patients' families and friends during times of unexpected loss of a loved one or when a crisis has occurred. Services range from helping with phone calls or getting food to just sitting with family and friends while they wait. The volunteer also follows up by calling the family two weeks after the incident and again three months later.

Who is it for? Family members or friends of victims of accidents or sudden death.

Why do they do it? It is very hard to experience the loss of a loved one, perhaps especially when death is sudden or the victim is very young. It is comforting to know that there are volunteers available when crisis or sudden death occurs.

Impact: More than 200 families have been assisted by this team since its beginning in fall 2003.

Contact: Rhonda Howard, RN Education Department Telephone: 802-334-7331, ext. 359 E-mail: rhoward@nchsi.org

Northern Arizona Healthcare – Flagstaff, Arizona

Program: Safe Child Center

What is it? Founded in 1994, the Safe Child Center at Flagstaff Medical Center assists child victims of abuse or neglect through the provision of post-event physical examinations, forensic interviews, behavioral health counseling, sexually transmitted infection diagnostic tests, pharmaceutical treatment and other critically needed services.

Who is it for? Children, birth to 18 years, who are victims of abuse or neglect.

Why do they do it? This program meets a community need as the only child advocacy center in Northern Arizona.

Impact: In 2012, 688 victims and their families were served, with 485 receiving crisis counseling. Behavioral health therapy services were provided to 119 victims/families. Health status improvements included 97 percent reporting increased knowledge and understanding of violence, abuse and neglect, and its affect on their lives; 100 percent reporting increased well-being and reduced anxiety level; 100 percent reporting an increase in coping skills; and 93 percent of children demonstrating improved emotional and behavioral status from intake to discharge.

Contact: Richard Smith Vice President, Development & Marketing Telephone: 928-773-2017 E-mail: ra.smith@nahealth.com

Social and Basic Needs

Ochsner Health System – New Orleans, Louisiana

Program: Science Education Outreach Initiative **What is it?** Since 2005, the Science Education Outreach Initiative has increased health and science career awareness and provided students with exciting science education experiences. Students are engaged through programs such as Science-Technology-Academic-Research (STAR), a five-week summer program where students participate in clinical rotations and conduct research with PhD scientists in the iLab, a free-of-charge and professionally equipped research and learning laboratory for students.

Who is it for? Elementary, middle and high school students and teachers in Southeast Louisiana.

Why do they do it? Although Louisiana is a 95 percent medically underserved state, many academically advanced, health care career-focused students leave the state to pursue education and careers.

Impact: More than 6,000 students, primarily from low-income communities, have been affected by the initiative. STAR has accepted 82 students who have exhibited a 100 percent college attendance rate. The iLab has provided more than 1,100 students with opportunities to use real laboratory equipment and perform cutting-edge experiments.

Contact: Avery Corenswet Vice President, Community Outreach Telephone: 504-842-7133 E-mail: acorenswet@ochsner.org

Prairie Lakes Healthcare System – Watertown, South Dakota

Program: Window of Hope – A Grief Healing Retreat **What is it?** Facilitated by a Prairie Lakes pastoral care representative and social worker, the one-day Grief Healing Retreat encourages participants to share feelings, questions and concerns as they work through the normal grief process. This nondenominational retreat is offered at no cost and lunch is provided.

Who is it for? People who are grieving a loved one's death.

Why do they do it? The retreat is designed to bring persons who have lost a loved one hope, healing and comfort. It also gives participants an opportunity to meet other people who are coping with the death of a loved one.

Impact: Twenty-one people attended the Grief Healing Retreat. Previously, this event was held as a Bereavement Support Group that met for five consecutive weeks. This new, one-day format proved to be more successful. The pastoral care team is offering a follow-up event called "Beyond Death's Door" for people who attended the retreat.

Contact: Elizabeth Ruen Public Relations Specialist Telephone: 605-882-7000 or 605-882-7714 E-mail: elizabeth.ruen@prairielakes.com

Randall Children's Hospital at Legacy Emanuel – Portland, Oregon

Program: Child Safety Program

What is it? Randall Children's Child Safety Program is a three-pronged effort that is integrated into obstetrical and pediatric services in all five Legacy Health sites in Oregon and Washington. The three separate and collaborative, hospital-based child injury prevention programs are the Child Passenger Safety (CPS) Program, Shaken Baby Prevention Program and the Safety Store and Resource Center, which includes a newer initiative targeting child window falls.

Who is it for? Children in the communities served by Legacy Health.

Why do they do it? The program's goal is to protect children from the number one cause of death, disability and injury – predictable and preventable (both unintended and inflicted) injury.

Impact: The Child Safety Program has been working with hospital staff to check the car seat for each discharge (338 in 2012). Also that year, CPS conducted approximately 590 seat checks and provided 118 low-cost car safety seats to families in need. To date, CPS has recycled 7,000 car safety seats.

Contact: Jaime Hurst Administrative Assistant, Nursing Administration **Telephone:** 503-276-6539 **E-mail:** jhurst@lhs.org

🔶 Renown Health – Reno, Nevada

Program: Healing Arts

What is it? Through the Healing Arts program, Renown Health partners with local art agencies, the University School of Medicine and area school districts to showcase original artwork from local and regional artists, offer two healing garden spaces (one dedicated specifically to children's needs), hold monthly concerts and performances open to the public and offer other programs that integrate art in a healing environment. More than 200 artists locally, regionally and globally have their art showcased at Renown.

Who is it for? Patients, visitors, staff, artists and the Reno community.

Why do they do it? The program builds community and supports the arts by connecting local artists and performance groups with an untraditional venue and a grateful audience.







Impact: Annually, Renown Regional Medical Center sees more than 750,000 visitors and holds 18 community performances.

Contact: Anna Zucker Development Specialist Telephone: 775-982-5545 E-mail: azucker@renown.org

St. Anthony North Hospital – Westminster, Colorado

Program: Growing Home

What is it? Growing Home is a volunteer-driven community organization addressing homelessness, hunger and opportunities for at-risk children. Programs include an Interfaith Family Shelter, Homeless Prevention, an after-school program, a food pantry with hygiene items, health care services, educational classes and a community garden. St. Anthony North serves as the host site for the shelter program and helps the food pantry with food drives. Growing Home brings together diverse community congregations, a hospital, businesses, schools and more than 1,500 volunteers to help children and their families.

Who is it for? Families in need throughout the Denver metro area.

Why do they do it? More than half of the homeless in the Denver metro area are families with children.

Impact: Seventy-five percent of homeless families that complete the shelter program move into stable housing and 90 percent of participants learn new parenting techniques. In-home parent education has been provided to 100 families with kids ages zero to three, and 1,500 three-day food boxes have been distributed.

Contact: Kathleen Drozda Pastoral Nurse Coordinator Telephone: 303-426-2266 E-mail: kathleendrozda@centura.org

St. Mary's Regional Medical Center – Lewiston, Maine

Program: Nutrition Center of Maine

What is it? The Nutrition Center promotes community health through organizing, advocacy and education. Programs include emergency food distribution (St. Mary's Food Pantry); hands-on cooking and nutrition education for all ages; community gardens for low-income families (Lots to Gardens); garden education programs for children; FoodCorps programs in public schools; intensive job training programs for teens; three summer and winter farmers' markets; and collaborative community assessment and planning activities. Who is it for? Families and individuals of all ages and backgrounds at an increased risk for food insecurity and poor health.

Why do they do it? Increasing access to healthy food is a strategy for improving community health.

Impact: More than 600 children, teens and adults participate in hands-on cooking education classes annually and 115 families grow food in community gardens. The food pantry serves approximately 1,500 households a month. Surveys show that participants increase healthy food use after engaging in Nutrition Center programming.

Contact: Kirsten Walter Director Telephone: 207-513-3848 E-mail: kwalter@stmarysmaine.com

St. Vincent Health – Indianapolis, Indiana

Program: Crooked Creek Neighborhood Partnerships **What is it?** St. Vincent Indianapolis Hospital was instrumental in founding the Crooked Creek Community Development Corporation (CDC), whose mission is to improve housing, public infrastructure and commercial areas in this Northwest Indianapolis community. St. Vincent continues to play a key role in supporting CDC initiatives such as the Hub, a place where neighbors gather, learn and work. St. Vincent also supports the Fay Biccard Glick Neighborhood Center at Crooked Creek, which provides numerous health outreach programs.

Who is it for? People who live in, work in and visit the Crooked Creek community.

Why do they do it? Over the past decade, the culturally and economically diverse Crooked Creek neighborhood has experienced significant decline due to home foreclosures and business closures.

Impact: Through the CDC's efforts, 10 homes have been purchased, rehabbed and made available to low-income, first-time buyers; 25 families have avoided eviction through emergency rental loans; 80 low-income seniors and disabled residents have received home repairs that allowed them to stay in their homes; a new congregate-living home for seniors has opened; and three homes have been rehabbed for developmentally disabled residents.

Contact: Jon White System Communications Consultant Telephone: 317-962-3965 E-mail: jjwhite@stvincent.org

Social and Basic Needs

St. Vincent's Medical Center – Bridgeport, Connecticut

Program: St. Vincent's SWIM Across the Sound **What is it?** St. Vincent's SWIM Across the Sound, now in its 26th year, provides cancer education, screening and support services ranging from prevention to survivorship programs. The SWIM also offers a significant safety net by providing financial assistance to cancer patients and their families. It is often a last resort for people who otherwise would have nowhere to turn for help with necessary life expenses not covered by insurance. With a \$2,500 cap per patient, the SWIM provides one of the largest financial assistance programs for cancer patients in the country.

Who is it for? Greater Bridgeport area residents currently undergoing treatment for cancer and their families.

Why do they do it? A diagnosis of cancer can be financially devastating. The SWIM offers the financial and emotional help patients need as they are treated for cancer so they can focus on getting well.

Impact: St. Vincent's provides financial assistance to more than 300 people annually, distributing more than \$600,000 in financial assistance.

Contact: Dianne Auger President, St. Vincent's Foundation Telephone: 203-576-5458 E-mail: Dianne.Auger@stvincents.org

Valley Health System – Ridgewood, New Jersey

Program: Critical Incident Stress Management (CISM) Team

What is it? Valley Health System's CISM Team is a form of peer support and emotional first aid that provides caregivers and other groups a jump-start back to resilience and balance after a critical incident. Debriefings are provided by three trained team members including a mental health representative. If further assistance is needed, the team provides a list of additional resources.

Who is it for? Valley Health System's employee population and community-at-large, such as first responders and school systems facing natural responses (grief or devastation) after an incident (for example, death of a child or natural disaster).

Why do they do it? Health care personnel and first responders confront life and death situations daily and are not immune to the stress, shock, physical pain or post-traumatic stress disorder after a critical incident. In addition, the team helps a community heal after a serious event.

Impact: In 2012, 87 people participated in CISM with 13 activations.

Contact: Pat Perillo CISM Co-Chair Telephone: 201-291-6061 E-mail: pperill@valleyhealth.com

Valley Health System Inc. – Winchester, Virginia

Program: Our Health's Healthy Living and Farmers' Market Events

What is it? Our Health – a nonprofit affiliated with Valley Health System – holds Healthy Living and Farmers' Market Events on the first Wednesday of each month, in season. Local farmers bring fresh produce and baked goods to the Our Health campus, and nonprofit agencies set up booths with information about their services. Using food purchased from the vendors, Valley Health nutritionists prepare healthy dishes for people to sample. Those on public assistance can use their EBT cards (food stamps) to buy food. Valley Health's Mobile Health Coach provides free health screenings.

Who is it for? The general public, with a focus on clients of Our Health Kendall Community Campus, the site of several health and human services agencies in downtown Winchester.

Why do they do it? Downtown Winchester is a "food desert," where residents have very little access to nutritious food.

Impact: In 2012, 669 people visited the event, \$1,145 in coupons were given to eligible recipients and 277 health screenings were conducted.

Contact: Sharen E. Gromling Executive Director Telephone: 540-536-1601 E-mail: sgromlin@valleyhealthlink.com



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

Baxter Regional Medical Center – Mountain Home, Arkansas

Program: Kidz in Motion

What is it? Kidz in Motion is a free health and wellness event for area children. Held annually, this fun interactive event includes activities such as a rock-climbing wall and a visit from area ambulance, police and fire departments. Parents/guardians have the opportunity to ask a panel of experts questions about their children's health during 10-minute interactive presentations. Each child goes through every station and receives approximately \$25 worth of shirts, first-aid kits and many other freebies.

Who is it for? Area children, ages three to 12; all children must be accompanied by a parent or guardian. The event is open to the first 250 registrants.

Why do they do it? Mountain Home is in an area with lakes, rivers and great hiking trails. Event leaders want to encourage all youth to perform at the highest level of fitness that they can attain.

Impact: Children return each year and say that they are applying knowledge from the event, staying active and encouraging their families to do the same.

Contact: Mike Beam Director, Active Lifestyle Institute Telephone: 870-508-1009 E-mail: mbeam@baxterregional.org

Bear Lake Memorial Hospital – Montpelier, Idaho

Program: Community Weight Loss Challenge **What is it?** This three-month weight loss challenge is a free community competition to promote health and wellness. Participants sign up in teams or as individuals. Monthly weigh-ins, incentives and activities are available, along with a Facebook group and other support. Activities include free yoga, Zumba and spin classes, as well as a 10-mile Fun Run/Walk. Team prizes and individual prizes total more than \$5,000, providing a strong impetus for participation.

Who is it for? Residents in the hospital's service area, ages 13 and up.

Why do they do it? When an annual employee challenge was established three years ago, several family members and friends were interested in the contest. To support healthy choices, Bear Lake Memorial Hospital sponsored a community-wide challenge.

Impact: With 225 participants and more than 2,000 pounds lost, the challenge proved to be the motivation needed to improve the health of Bear Lake Valley. Post-challenge weigh-ins and prizes were available to help those interested in maintaining weight loss and staying healthy.

Contact: Craig Thomas Director, Public Relations Telephone: 208-847-4450 E-mail: craig.thomas@blmhospital.com

🔶 Care New England – Providence, Rhode Island

Program: CNE Talks Health

What is it? After four years of showcasing clinicians from around Care New England (CNE) as experts on a variety of health-related topics in 2012, the system launched CNE Talks Health. The program includes an enhanced web presence illustrating services on each system member's website and the main CNE site, as well as the introduction of informational videos featuring system experts discussing the latest research, techniques and treatments. The first campaign focused on cancer; the program included a free, live webisode on breast cancer that featured six CNE experts addressing a live audience and streaming live online. Currently, CNE Talks Health is focusing a two-month campaign on addictions and recovery.

Who is it for? Communities served by CNE member providers.

Why do they do it? By offering its communities healthrelated information and resources in an engaging way, CNE helps participants become empowered advocates for their own health.

Impact: The breast cancer webisode drew 600 online participants.

Contact: May Kernan Senior Vice President, Marketing Communications Telephone: 401-681-2820 E-mail: mkernan@wihri.org

Cedars-Sinai Health System – Los Angeles, California

Program: Healthy Habits

What is it? Cedars-Sinai's Healthy Habits program partners with schools and community organizations year-round to teach good habits early in life and help families adopt healthier lifestyles. Cedars-Sinai health educators present 10-week workshops on nutrition and fitness in second-grade classrooms and refresher courses in third and fourth grades and middle school. Lessons are reinforced through parent workshops and teacher trainings.

Who is it for? Children, parents and teachers in low-income, underserved Los Angeles neighborhoods where most elementary students qualify for free or reduced-price school lunches.

Why do they do it? The goal is to reduce the risks and impacts of obesity in communities of need.







Impact: In FY 2013, the program reached 2,770 children in 101 classrooms. Students have demonstrated higher awareness of food choices and are making healthier choices; parents utilize skills to support healthier lifestyles at home; and teachers incorporate physical activity throughout the day and reduced food rewards.

Contact: Carolyn Buenaflor Associate Director, Healthy Habits Telephone: 323-866-2970 E-mail: Carolyn.Buenaflor@cshs.org

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

Program: Healthiest Community Initiative – Healthy Monadnock 2020 (HM2020)

What is it? In 2006, the hospital-led HM2020 initiative was formed to engage the community in identifying needs, setting ambitious goals and implementing evidence-based, environmental strategies to improve total population health outcomes. For example, in October 2012 the Healthy Eating and Active Living collaborative began assessing wellness activities at work sites and assisting employers to implement programs, projects and policies that foster healthy lifestyle behaviors.

Who is it for? The 102,000 people of the Monadnock region.

Why do they do it? A critical part of the hospitals' total population health strategy is to address the root causes of disease by changing the environments in which we live, learn, work and play, making the healthiest choice the easiest choice for everyone.

Impact: HM2020 indicators being tracked, such as fruit and vegetable consumption, exercise, socializing with friends and volunteerism rates, have all increased from 2010 to 2012.

Contact: Linda Rubin Director Telephone: 603-354-5454, ext. 3930 E-mail: Irubin@cheshire-med.com

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

Program: IMPACT DC (Improving Pediatric Asthma Care in the District of Columbia) Asthma Clinic **What is it?** The IMPACT DC Asthma Clinic provides comprehensive asthma care and education to children who recently have been to the emergency department (ED), were hospitalized for asthma or who have trouble controlling their asthma. The clinic typically sees children for a 90-minute visit within two weeks of an ED visit or hospitalization. Clinic staff partner with families to provide tailored asthma education and develop a unique care plan for each child. Staff also provide short-term case management services to help families transition from episodic asthma care to ongoing asthma care in a medical home.

Who is it for? Children with asthma and their families. Why do they do it? The goal is to dramatically reduce the need for ED visits and hospitalizations for asthma. Impact: The clinic provides care to more than 1,000 new patients each year. It has been correlated with a dramatic 40 percent drop in ED visits for asthma among asthmatic DC children.

Contact: Emily Hartman

Interim Director, Marketing and Public Relations **Telephone:** 202-476-4500 **E-mail:** ehartman@childrensnational.org

Christiana Care Health System – Wilmington, Delaware

Program: Latina Outreach for Cancer Prevention **What is it?** For the past seven years, Christiana Care has hosted "Latinas Fuertes Y Saludables – Latinas: Strong and Healthy." This annual conference, held entirely in Spanish, is conducted by Christiana Care outreach and education staff in partnership with several community agencies. Christiana Care also implemented a promotoras program – lay Hispanic/ Latina community members who receive specialized training to provide basic health education to community members.

Who is it for? Latina women in the Wilmington area. Why do they do it? The conference and promotoras training are strategies to connect the Hispanic community to services provided at Christiana Care.

Impact: In 2012, more than 200 women attended the conference, during which 82 participants had cholesterol and diabetes screenings. Eleven women had mammograms at a mobile testing van, 117 stopped by the HIV booth and eight individuals were tested. In addition, 90 attendees received flu shots and 100 had their blood pressure checked. Three promotoras training sessions were held.

Contact: Nora C. Katurakes, RN, MSN, OCN Manager, Community Health Outreach & Education **Telephone:** 302-623-4661

E-mail: nkaturakes@christianacare.org

Cook Children's Health Care System – Fort Worth, Texas

Program: Safe Kids Tarrant County **What is it?** Formed in 1992, the program is a coalition led by Cook Children's Community Health Outreach department and is a nationally recognized community partnership dedicated to preventing unintentional childhood injury.

Health Promotion

Who is it for? Children in Tarrant County.

Why do they do it? Preventable injuries are the leading cause of death for children 14 and under. Data from Cook Children's community-wide Children's Health Assessment and Planning Survey, Cook Children's Data and Trauma Registry and other sources continue to validate the need for the program's focus on child passenger safety, drowning prevention and poison prevention.

Impact: Since 1997, Safe Kids Tarrant County has distributed more than 1.6 million injury prevention brochures, checked 9,622 car seats for safe fitting and installation, improved safety seat usage for participating families (95 percent misuse rate decreased to zero after hands-on trainings), distributed 17,597 child safety seats in underserved communities and collected 6,627 pounds of medications at prescription take-back events.

Contact: Dana Walraven Safe Kids Tarrant County Coordinator Telephone: 682-885-1619 E-mail: safe.kids@cookchildrens.org

+ Essentia Health-Fargo – Fargo, North Dakota

Program: Telehealth

What is it? The new telehealth program at Essentia Health-Fargo links emergency medicine specialists in Fargo to caregivers and patients at two Essentia Health rural hospitals in Minnesota. The rural emergency departments (EDs) have a rolling cart with a video monitor and camera that can be wheeled to the patient's bedside, a hand-held camera for closeup looks at records or a patient's anatomy and a special stethoscope that enables Fargo doctors to listen to a patient's heartbeat or breathing.

Who is it for? Rural patients having serious health emergencies.

Why do they do it? The program enhances the care available at these smaller, rural hospitals by providing access to an emergency medicine specialist and the resources of a larger ED.

Impact: Essentia Health's similar programs have allowed some patients to remain in their home facility after getting a telehealth consultation from a larger hospital. When a transfer to a higher level of care is needed, the process is more seamless for patients and families.

Contact: Kim Kaiser Essentia Health Media Relations Specialist Telephone: 218-786-4154 E-mail: Kim.Kaiser@EssentiaHealth.org

FirstHealth of the Carolinas – Pinehurst, North Carolina

Program: People Living Active Year-Round **What is it?** People Living Active Year-Round (PLAY) was developed to teach individuals how to PLAY and learn how to stay motivated. PLAY mixes physical activities such as jumping rope, doing the Hula Hoop and playing catch with a Frisbee, along with working out with resistance bands, some simple stretching exercises and cardiovascular activities. In addition, individuals receive activity equipment used during each session to take home.

Who is it for? Low-income populations.

Why do they do it? PLAY was developed to encourage healthy, active behaviors in familiar, fun settings, rather than to view physical activity as work.

Impact: Since 2011, FirstHealth has reached 1,004 individuals, of which 69 percent live at or below 200 percent of the federal poverty level. Forty-eight percent of post-program survey respondents reported increased days of moderate physical activity. Strategic community partnerships and convenient program host sites contribute to the program's success.

Contact: Roxanne Elliott Policy Director, Community Health Services Telephone: 910-715-3487 E-mail: rmelliott@firsthealth.org

Georgetown Hospital System – Georgetown, South Carolina

Program: Supermarket Tours

What is it? On a monthly basis, dietitians from Georgetown Hospital System/Sodexo offer a free, hour-long field trip to a local supermarket to help attendees choose healthier foods. Participants learn how to read labels and ingredients, pick healthy snacks, shop on a budget and how marketing influences food choices. The tours can be structured based on the supermarket and themed in various ways. For example, focused tours include backto-school, holiday, grilling, family and/or disease management and prevention such as diabetes, high blood pressure and weight management.

Who is it for? Anyone can attend, but space is limited and registration is required.

Why do they do it? Studies repeatedly demonstrate that exercise and healthy eating lead to longer, healthier lives. But choosing the best food for one's body at the grocery store may not come easy.

Impact: More than 100 people attended the tours over the last year.

Contact: Margaret M. Lamb Marketing and Communications Telephone: 843-652-1636 E-mail: mlamb@georgetownhospitalsystem.org







Gundersen Health System – La Crosse, Wisconsin

Program: YMCA Community Teen Center **What is it?** The La Crosse YMCA Community Teen Center is a safe drop-in center that is free of tobacco, alcohol and drugs. It offers free skill-building and recreational activities that are attractive to young people and makes use of their talents, energy and creativity. A Gundersen Health System licensed mental health professional provides ongoing education for teens, as well as consultation on how to identify and appropriately refer a teen who demonstrates issues related to mental health, substance use, behavioral and social concerns, or basic needs.

Who is it for? Teens, grades 8 to 12.

Why do they do it? According to the National Institute of Mental Health, half of all lifetime cases of mental illness begin by age 14. Social stigmas and lack of health care access can delay diagnosis and treatment.

Impact: New teen visitors have been steadily increasing. From January to August 2013, 213 new youth visited the Teen Center. During July 2013, 126 teenagers visited 897 times.

Contact: Sarah Johnson Therapist, Gundersen Behavioral Health Telephone: 608-755-1357 E-mail: SJJohns1@gundersenhealth.org

Hackensack University Medical Center – Hackensack, New Jersey

Program: Heart Health Fair

What is it? Continuing its longstanding tradition of community outreach, the Heart & Vascular Hospital at Hackensack University Medical Center hosted its annual Heart Health Fair to increase awareness of heart disease, promote positive lifestyle behaviors and identify risk factors. The daylong event showcased the hospital's world-class cardiologists, fitness demonstrations, health exhibits and screenings, a fashion show and the opportunity to meet New York Giants Super Bowl Champions Jeff Feagles, Stephen Baker and Bart Oates. Attendees had the opportunity to speak with a physician and pick up a copy of the hospital's "Game Plan for a Healthy Heart."

Who is it for? Any individual interested in learning more about heart health issues.

Why do they do it? Heart disease remains a leading cause of death in the United States.

Impact: Hundreds of individuals took advantage of body mass index and blood pressure screenings through this unique, free opportunity.

Contact: Nancy Radwin Director, Public Relations & Communications Telephone: 551-996-3765 E-mail: Nradwin@hackensackumc.org

+ Hillsboro Area Hospital – Hillsboro, Illinois

Program: MOVE!®

What is it? MOVE! is an exercise and weight management curriculum designed by and for military veterans. Each veteran completes a physical fitness assessment and is given a pedometer and a punch card for 25 free visits to the rural area's fitness facility. MOVE! meets twice weekly for eight weeks. Participants learn the importance of regular exercise, good nutrition and eating with moderation. The vets are given homework assignments and urged to keep personal journals of their food consumption and exercise routines. Each meeting includes physical workouts, using the gym, track, pool and cardio equipment.

Who is it for? Area military veterans seeking a healthy lifestyle.

Why do they do it? The program was developed by the Veterans Administration to help veterans come together as peers and support one another in making healthy lifestyle changes.

Impact: Eighteen local vets completed the first MOVE! program sponsored by Hillsboro Area Hospital. They lost 188 pounds total, an average of 11 pounds per veteran.

Contact: Rosanne Heck Community Relations Director Telephone: 217-532-4320 E-mail: rosanneheck@hillsboroareahospital.org

Marcum & Wallace Memorial Hospital – Irvine, Kentucky

Program: Project COPE (Cancer Outreach Prevention Education) Screening

What is it? Project COPE provides a comprehensive approach to breast cancer education, screenings, diagnoses and treatments to underserved women. These women struggle financially; Marcum & Wallace Memorial Hospital (MWMH) provides the ability to obtain mammography and/or breast ultrasound, assistance with surgical consultations and treatment for breast cancer. The program provides a referral system to assist patients with cancer treatment and the establishment of a medical home utilizing the Project HOME and "Kentucky Pink Connection" for assistance in breast care. MWMH collaborates with area health departments to promote awareness, education and mammography screenings to underserved women in Appalachia Kentucky.

Health Promotion

Who is it for? Underserved women in the four counties Marcum & Wallace Memorial Hospital serves (Estill, Lee, Owsley and Powell).

Why do they do it? The hospital's service area has an estimated 2,000 uninsured women.

Impact: The program has screened approximately 24 percent of the 2,000 uninsured women.

Contact: Sharon Whitaker Program Director Telephone: 606-726-2178 E-mail: slwhitaker@marcumandwallace.org

Medical Center of Central Georgia – Macon, Georgia

Program: Code Med Health Fair

What is it? Code Med, an annual health fair, provides a day of healthy learning and fun for the entire family. Breast exams, skin exams and the Georgia Child Identification Program (GACHIP) are highlights of the event. Through GACHIP, a photo, fingerprinting, short video interview and DNA sample (from a mouth swab) of a child are compiled to a CD and given to the child's parents. Free health screenings, health and safety tips and demonstrations, exhibits and education from more than 50 community organizations and agencies, and special giveaways also are featured. Interpreters are on hand to assist the hospital's many Spanish-speaking clients.

Who is it for? Families in the Macon area.

Why do they do it? While many departments offer health fairs/public events targeting specific audiences (such as men, women, children and cancer patients), Code Med is the only major community event targeting families.

Impact: More than 2,500 men, women and children have participated in Code Med over the last eight years.

Contact: Charles Krauss Community Health Educator Telephone: 478-633-6349 E-mail: krauss.charles@mccg.org

North Mississippi Medical Center – Tupelo, Mississippi

Program: Live Well Health Fair

What is it? For the last 16 years, North Mississippi Medical Center (NMMC) has hosted the annual Live Well Health Fair. During this event, NMMC and other community organizations partner to offer free seasonal flu shots and free health screenings for anxiety, blood pressure, glaucoma, depression, sleep apnea, body mass index and bone density. Low-cost screenings for blood tests and prostate cancer also are offered. Health professionals are available to provide educational resources, discuss health concerns and answer participants' questions one-on-one.

Who is it for? Community members in the Tupelo service area.

Why do they do it? This event provides an opportunity to promote wellness through preventive screenings and educational resources.

Impact: Attendance each year averages 5,000 to 6,000. NMMC has provided more than 60,000 free flu shots to residents in its service area via the annual Live Well Health Fair.

Contact: Liz Dawson Director, Community Health Telephone: 662-377-4013 E-mail: Idawson@nmhs.net

Norwalk Hospital – Norwalk, Connecticut

Program: Project LEAN (Learning with Energy from Activity and Nutrition)

What is it? Project LEAN is a city-wide collaborative between Norwalk Hospital, Norwalk Health Department, Jefferson Elementary School and Pepperidge Farm Corporation. The project aims to halt rising obesity among the community's underserved children through an approach that improves attitudes, increases knowledge and keeps BMI gains below Centers for Disease Control-expected gains. A "Breakfast Club Boot Camp" starts the children's day with a free nutritious breakfast served after 30 minutes of vigorous exercise. A registered dietitian brings nutrition education to the classroom with weekly interactive, hands-on lessons and activities. Family Nights involve the entire family in learning.

Who is it for? Jefferson Elementary School students.

Why do they do it? Statistics revealed that 51 percent of first-graders, 36 percent of second-graders and 35 percent of third-graders were overweight or obese.

Impact: Students who have gone through the program have demonstrated a significant increase in their knowledge about good nutrition, leading to positive behavioral changes and lower BMI increases.

Contact: Joyce Bretherton Development Associate Telephone: 203-852-3297 E-mail: joyce.bretherton@norwalkhealth.org

Porter Medical Center – Middlebury, Vermont

Program: Primary Care Expansion/Community Health Team

What is it? The Porter Hospital board approved a plan to relocate and expand the hospital's primary care practice in Bristol into the new "Bristol Works!" redevelopment complex. In August 2012, Porter completed the relocation and began welcoming new







physicians. The new office has more exam rooms and space for the new "Community Health Team," which provides services consistent with the Vermont Blueprint for Health initiative. This initiative aims to provide better coordination of services for patients as well as offer education, support and resources designed to help patients with chronic health conditions better manage their disease and improve their health status.

Who is it for? Addison County residents.

Why do they do it? An Area Health Education Center study showed a shortage of internal medicine and family physicians throughout the state.

Impact: Through this project, Porter Hospital was able to re-open its practice to new patients and help facilitate access to primary care for area residents.

Contact: Susan Lapworth Assistant to the CEO Telephone: 802-388-4701 E-mail: slapworth@portermedical.org

Salem Health – Salem, Oregon Santiam Hospital – Stayton, Oregon Silverton Health – Silverton, Oregon

Program: Community Health Improvement Partnership (CHIP)

What is it? A partnership among three community hospitals, the public health department and numerous social service and governmental agencies, the CHIP project uses the 2011 community needs assessment dashboard as a common platform for identifying health needs and tracking outcomes. CHIP places the hospitals at the center of community collaboration and integrated action.

Who is it for? Marion County residents.

Why do they do it? What started as discussion between a single hospital and county health department leadership to complete a community needs assessment resulted in the development of a webbased countywide assessment tool that is serving as a catalyst for community health transformation.

Impact: Salem, Silverton and Santiam hospitals use the needs assessment dashboard to identify needs, develop strategies and monitor results. Dashboard data are showing improvement in two of the three targeted areas (teen pregnancy rates and mothers who received early prenatal care). The three hospitals are also working collectively to serve vulnerable populations.

Contact: Sharon Heuer Director, Community Benefit Integration, Salem Health Telephone: 503-814-1580 E-mail: Sharon.Heuer@salemhealth.org

Slidell Memorial Hospital – Slidell, Louisiana

Program: Healthy Slidell

What is it? Slidell Memorial Hospital (SMH) partnered with the Slidell Women's Civic Club to launch Healthy Slidell. The program encourages the community to make healthy lifestyle changes to prevent disease and to expand screenings for early detection. Program events target segments of the population to raise awareness, educate and decrease the rates of health issues such as diabetes, cholesterol and heart problems.

Who is it for? Community members of all ages in the Slidell area.

Why do they do it? Through education and preventive screenings, SMH is fulfilling its mission "To improve the quality of life in our community." This is the real purpose of a great hospital.

Impact: With more than 40 events, SMH touched more than 1,800 lives directly through screenings and education programs. Dozens of early warning signs have been detected through screenings. In addition, referrals have been made to appropriate health providers, allowing area citizens to stay engaged in daily life.

Contact: Sam Caruso Business Development Telephone: 985-280-8834 E-mail: Sam.Caruso@SlidellMemorial.org

St. Cloud Hospital/CentraCare Health – St. Cloud, Minnesota

Program: BLEND (Better Living: Exercise & Nutrition Daily)

What is it? BLEND is a community-based coalition committed to improving the health of children by reducing the epidemic of childhood obesity. BLEND's vision is to reduce BMI rates among area children by 10 percent by 2016. BLEND partners with schools, government agencies, local businesses and medical professionals to increase opportunities for daily physical activity and good nutritional choices. The project is funded by the CentraCare Health Foundation.

Who is it for? Children and families in the greater St. Cloud area.

Why do they do it? BLEND's goal is to implement policy, systems and environmental changes to make the healthy choice the easy choice.

Impact: BLEND's initiatives have affected thousands of children and families. The "Walk at School" initiative reached more than 14,400 students. Surveys indicate that NuVal[®], a food-scoring system implemented in local grocery stores and a school district, have changed the way families shop.

Contact: Jodi Gertken BLEND Coordinator Telephone: 320-251-2700, ext. 77526 E-mail: gertkenj@centracare.com

Health Promotion

St. Luke Community Healthcare – Ronan, Montana

Program: Nurse on Call

What is it? St. Luke's Nurse Call Line is a free service that connects callers from the community to an around-the-clock, nurse-staffed call center designed to offer consistent, evidence-based and physicianapproved answers to questions about vexing and sometimes life-threatening situations. The call center fields calls immediately or returns calls within a brief period. Nurses gather information and ask the same triage questions an emergency department (ED) nurse or physician would ask. Then, using a computer program, they offer consistent, evidencebased advice.

Who is it for? All community members.

Why do they do it? St. Luke, a rural critical access hospital, sees an excess of 8,000 ED visits a year in addition to more than 7,000 visits to the Convenient Care Clinic. Nurse on Call not only helps screen calls but helps prepare staff for incoming patients.

Impact: Nurse on Call averages 207 calls per month.

Contact: Leah Emerson Director, Nursing Telephone: 406-528-5224 E-mail: lemerson@stlukehealthnet.org

St. Mary's Medical Center – Huntington, West Virginia

Program: Total Woman

What is it? Total Woman is a free membership program by St. Mary's to help empower women to make good health care decisions and take action that will result in better health for themselves and their families. The program also offers special discounts from local businesses and hosts regular events. Every department in the medical center has elected a "Total Woman" advocate to provide women with the best care. These advocates specialize in women's health and work closely with the Total Woman program.

Who is it for? All women in the community.

Why do they do it? Given the challenges women face today in finding time for regular health check-ups and screenings, St. Mary's Total Woman program was created to help women quickly navigate the health care system and connect them with advanced health services at the medical center.

Impact: The program's membership has grown to more than 4,000 members since its inception in June 2012.

Contact: Lisa Hastings, RN, BSN, MHA Coordinator, Women's Health Services Telephone: 304-526-1271 E-mail: lisa.hastings@st-marys.org

University of Kansas Hospital – Kansas City, Kansas

Program: UKanQuit

What is it? In 2006, the hospital created UKanQuit, a hospital-based smoking cessation service that uses a four-step model. The first step identifies every patient's smoking status during hospital admission. Smokers are asked if they would like to speak with a tobacco treatment specialist. The second step occurs while the patient is in the hospital. A UKanQuit counselor counsels patients at bedside. Each meeting takes about 20 minutes. The third step occurs at the end of counseling to help patients prepare for discharge. The counselor arranges for continuing tobacco cessation treatment. The fourth step involves calling patients at six months to assess their cessation progress.

Who is it for? Hospital inpatients who use tobacco products.

Why do they do it? Hospitalization provides a unique opportunity to initiate tobacco cessation among patients who smoke or use smokeless tobacco.

Impact: Since the program's inception, more than 6,000 patients have received treatment, with a quit rate of 32 percent.

Contact: Dennis McCullough Director, Public Relations and Government Relations **Telephone:** 913-588-1441 **E-mail:** dmccullo@kumc.edu

+ William Newton Hospital – Winfield, Kansas

Program: Healthways

What is it? Healthways is William Newton Hospital's educational outreach program, founded in 1982 to promote a healthy lifestyle and personal awareness of health risks. The program offers the following services to the community at low or no cost: fitness classes, coronary risk profiles, corporate wellness services, fitness assessments, health risk appraisals, risk-reduction programs, stress management, disease prevention screenings and exercise prescriptions.

Who is it for? Area residents.

Why do they do it? William Newton Hospital believes that prevention is key, and the key to prevention is education.

Impact: Since its inception in 1982, the program has reached more than 32,000 community members. This includes participation in wellness classes, preventative health screenings and educational classes and community events such as health fairs.

Contact: Aritha Paris Director, Healthways Telephone: 620-222-6262 E-mail: healthwy@wnmh.org







WVU Healthcare – Morgantown, West Virginia

Program: WVU Healthcare Expo

What is it? In October 2013, the West Virginia University (WVU) Healthcare Expo brought an array of free and inexpensive screenings and 52 health-related exhibitors to the Morgantown Mall. Screenings and assessments included blood pressure, body fat, body mass index, bone density, carotid artery, clinical breast exams, diabetes risk, EKGs, glaucoma, glucose, heartburn, leg varicose vein and circulation, pulmonary function, stroke risk, vision, balance, injury, spine pain, mammograms and gallbladder and abdominal aorta ultrasounds. WVU Healthcare's Clinical Laboratories offered multiphasic blood screenings, PSA, vitamin D, hemoglobin A1c, thyroid stimulating hormone and cholesterol screenings.

Who is it for? Monongalia County residents, as well as those in surrounding counties.

Why do they do it? WVU Healthcare holds this annual event to promote prevention and early detection. It also gives WVU health professionals the opportunity to interact with the community and answer questions. A similar event – one targeted to kids 12 and under – is held each spring.

Impact: Approximately 8,000 people attended, and 4,000 health screenings were provided.

Contact: Stephanie Bock Director, Community Relations Telephone: 304-598-6335 E-mail: bocks@wvuhealthcare.com

Yukon-Kuskokwim Delta Regional Hospital – Bethel, Alaska

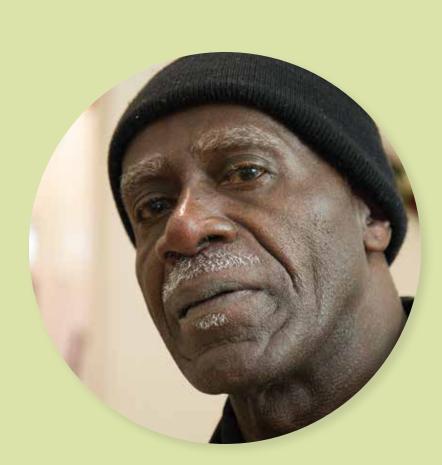
Program: Diabetes Prevention and Control Program **What is it?** This program offers a variety of outreach and clinical services related to diabetes. Staff includes clinical diabetes educators who provide diabetes self-management for clients and their families, identify and educate individuals at high risk for diabetes and provide medical nutrition therapy. Outreach coordinators also provide diabetes education presentations at schools, Head Start programs and community organizations. They also conduct blood glucose screenings at health clinics, health fairs and community events; and work with communities and schools to encourage physical activity.

Who is it for? Residents of 48 villages in southwest Alaska's Yukon-Kuskokwim Delta.

Why do they do it? The percentage of people diagnosed with type 2 diabetes in the Yukon-Kuskokwim Delta has increased 180 percent since 2000.

Impact: In 2012, the diabetes department staff provided 396 blood sugar screenings. They also gave diabetes-prevention presentations to 1,984 people, with a focus on children and young adults.

Contact: Kristi Kvist Diabetes Prevention and Control Coordinator Telephone: 907-543-6168 E-mail: Kristi_kvist@ykhc.org



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

🔶 Alaska Regional Hospital – Anchorage, Alaska

Program: Alaska Regional Immunization Clinic **What is it?** Alaska Regional Hospital offers a free immunization clinic the third Saturday of each month. The vaccinations offered are recommended by the Centers for Disease Control and Prevention. They include: Hepatitis A & B, Rotavirus, Hib, DtaP/ DT/Tdap, polio, MMR and chickenpox. A Saturday clinic offers convenience for parents and guardians who work during the week. All families who deliver at the Alaska Regional Hospital Family Birth Center receive information about the program at discharge.

Who is it for? Eligible patients through 18 years of age.

Why do they do it? Vaccinations protect the community at-large from serious diseases and devastating epidemics. Immunizations also are required for children in the Anchorage School District before beginning a new academic year. Moreover, the clinic sees a number of families new to the area that are without a current pediatrician.

Impact: Since the program's inception in 1993, an average of 25 children per month benefit from the free services.

Contact: Kjerstin Lastufka Director, Public Relations and Marketing Telephone: 907-264-1733 E-mail: kjerstin.lastufka@hcahealthcare.com

Ashley Regional Medical Center – Vernal, Utah

Program: Free Prenatal Classes

What is it? The hospital's free Childbirth Education Classes continue for six weeks, covering topics that include complications with pregnancy, what to expect during labor and delivery, natural deliveries and epidurals, breastfeeding and bottle feeding and caring for your infant and yourself after discharge.

Who is it for? Young, low-income first-time mothers or parents-to-be. Although it was initially created for Ashley Regional's patients, using the hospital's services is not required to attend these classes.

Why do they do it? The classes were originally designed to address a high incidence of teen pregnancy in the community – pregnant teens especially needed basic education about childbirth and caring for an infant. Teen pregnancy is less of an issue now, but young mothers-to-be still need information about what to expect during childbirth and afterward with their new baby.

Impact: About 100 young women go through the class series every year.

Contact: Pennie Johnson Nurse Manager Telephone: 435-781-6833 E-mail: pennie.johnson@lpnt.net

Baptist Health Corbin – Corbin, Kentucky

Program: FOCUS Prescription Program **What is it?** In 2005, Community Health Services (CHS), the Baptist Health Corbin (formerly Baptist Regional Medical Center) outreach department, created the FOCUS Prescription Program to assist with the rising costs of prescribed medication. CHS helps eligible patients obtain their prescribed medication, and through referral services to other community resources, FOCUS helps patients maintain medication compliance.

Who is it for? Eligible patients of any age who cannot afford their prescribed medications.

Why do they do it? Baptist Health Corbin (BHC) noticed the growing need for a medication assistance program as more Corbin and tri-county residents went without medication due to its cost.

Impact: Of the 343 patients helped in 2010 and 2011, 227 were not readmitted to the hospital. BHC's partnerships with other community organizations help to ensure medication compliance for its patients for better care management.

Contact: Lee Richardson Director, Community Health Services Telephone: 606-523-8533 E-mail: Irichar2@bhsi.com

Beaumont Health System – Royal Oak, Michigan

Program: Minority Cancer Outreach Program **What is it?** Beaumont's Minority Cancer Outreach Program is a community-based program that targets and meets the needs of ethnic and minority communities. This proactive approach helps reduce health disparities and increases awareness for the prevention, detection and treatment of cancer.

Who is it for? African American, Arab/Chaldean, Native American, Hispanic/Latino and Southeast Asian communities.

Why do they do it? In these communities language, cultural and financial barriers often hinder residents' access to preventative cancer screening programs.

Impact: Since its inception in 2003, the Minority Cancer Outreach Program has conducted more than 30 educational and screening symposiums for hard-to-reach and vulnerable populations with health and health care disparities. The program has helped more than 8,000 individuals to date.

Contact: Carla Schwartz Director, Community Affairs & Advocacy Telephone: 248-551-9001 E-mail: Carla.schwartz@beaumont.edu







Bingham Memorial Hospital – Blackfoot, Idaho

Program: Shriners Screening Clinic

What is it? Bingham Memorial Hospital holds a free Shriners screening clinic biannually in partnership with Shriners Hospital for Children. The clinic screens for conditions including club foot, scoliosis, hand or back problems, bowed legs, myelodysplasia (spina bifida), dislocated hips, missing limbs and problems associated with burns.

Who is it for? Children in east Idaho with various orthopedic conditions who may be candidates to be treated at Shriners Hospital in Salt Lake City at no cost.

Why do they do it? Many of the children screened at the clinic would not have had access to appropriate care otherwise.

Impact: Four children were selected for free treatment at Shriners during the last clinic held. More than 100 children have recieved care through the partnership to date.

Contact: Paul Kotter Director, Public Relations Telephone: 208-785-3858 E-mail: pkotter@binghammemorial.org

Broward Health – Fort Lauderdale, Florida

Program: Kinship Cares Initiative

What is it? The Kinship Cares Initiative (KCI) began in July 2008 to provide vital health care navigation services. Individualized health assessments and care plans are developed for kinship families and they are provided with assistance for health carerelated services.

Who is it for? Kinship families in which the primary caregivers are relatives, as well as non-relatives with strong family connections.

Why do they do it? Kinship care is the fastest growing form of out-of-home placement for children, with the majority of placements being informal. Many caregivers lack the knowledge and resources to care for themselves and the children.

Impact: Since 2008, 398 kinship families have received services, including 474 adults and 719 children. The KCI has ensured that 100 percent of the family members were established with a medical home, 87 percent of eligible adults and children obtained health insurance and 89 percent of children received up-to-date immunizations. Referred families received 1,032 health services and more than 700 social services.

Contact: Jasmin Shirley Vice President, Community Health Services Telephone: 954-355-5903 E-mail: jshirley@browardhealth.org

Bryan Health and Saint Elizabeth Regional Medical Center – Lincoln, Nebraska

Program: Lincoln E.D. Connections

What is it? For the uninsured, underinsured and those lacking connection to health care, the emergency department (ED) may be used inappropriately for primary care needs. The Lincoln E.D. Connections program assists this population of individuals to gain access to more appropriate care by helping them seek out and connect with community resources. Case managers also may help individuals by providing education, health care support and navigation/coordination assistance.

Who is it for? Lancaster County residents who are uninsured, underinsured or lack connection within their health care and instead utilize the ED for nonemergent needs.

Why do they do it? By helping patients find more appropriate care at the right time and providing ways to improve management of chronic conditions, a more holistic approach to health is used. In addition, EDs are better equipped to handle critical conditions.

Impact: There are approximately 100 new enrollments annually.

Contact: Galen Bernadt, RN-Case Manager Program Coordinator Telephone: 402-481-4165 E-mail: galen.bernadt@bryanhealth.org

Bryn Mawr Hospital – Bryn Mawr, Pennsylvania

Program: Ask-A-Nurse

What is it? Since 2000, the Ask-A-Nurse (AAN) program, provided by Bryn Mawr Hospital's Community Health Services Department has offered health promotion, counseling, education, referral and care management by a registered nurse.

Who is it for? Seniors who attend eight community senior centers within the Bryn Mawr Hospital/Main Line Health region. Recently, the program was expanded to serve underinsured and uninsured adults of any age in two new locations.

Why do they do it? Many patients in the program do not see their physician on a regular basis and AAN visits are easier to access. The recent decision to expand the target population provides health and social support to community members without a medical home.

Impact: The AAN program serves more than 2,500 individuals annually. Of the participants, 64 percent received counseling, 22 percent received a medical review and 18 percent received a diet review. Sixteen percent were diagnosed with abnormal blood

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pressure and four percent were diagnosed with an abnormal heart rate.

Contact: Gail E. Wright, MS Administrative Director Telephone: 484-337-8726 E-mail: wrightg@mlhs.org

Duke University Hospital – Durham, North Carolina

Program: Just for Us

What is it? In collaboration with Lincoln Community Health Center and other community partners, Just for Us offers in-home medical services to older adults and adults with disabilities in Durham's public and subsidized housing facilities and rest homes who cannot access care on their own. The program's medical team includes a supervising physician, advanced practice provider, nutritionist, occupational therapist and community health worker, as well as a social worker who helps patients apply for benefits such as food stamps and Medicaid.

Who is it for? Lower-income Durham seniors living with chronic, debilitating health conditions who are unable to access patient care.

Why do they do it? Through the program, low-income seniors have access to the consistent care they need. **Impact:** Annual enrollment averages 350 participants, with an average participant age of 71. Outcome and utilization data indicate improvement in indicators of hypertension and diabetes and an increase in usage

of supportive services. **Contact:** Michelle Lyn, MBA, MHA Chief, Division of Community Health **Telephone:** 919-681-3192 **E-mail:** michelle.lyn@duke.edu

Hallmark Health System Inc. – Melrose, Massachusetts

Program: The Mobile Food Market – North Suburban Women, Infants and Children (WIC) Program **What is it?** Hallmark Health System collaborates with the Greater Boston Food Bank (GBFB), Malden Zonta Club and the City of Malden to offer a monthly Mobile Food Market. The Market addresses the persistent lack of access to healthy food for lowincome families, serving fresh produce and frozen foods free of charge in a "farmers' market" style. Health education, screenings and other essential community resources also are offered.

Who is it for? WIC-eligible families and other vulnerable individuals, including the elderly.

Why do they do it? GBFB research estimates that more than 16,000 residents in the cities of Everett, Malden and Medford are "food insecure,"

lacking resources to purchase foods essential for a nourishing diet. One-third of these individuals regularly choose between food and necessary medical care.

Impact: Since the program's August 2012 launch, more than 4,000 families (14,000 individuals) have received more than 60 tons of food.

Contact: Eileen Dern Director, Community Services Telephone: 781-338-7552 E-mail: edern@hallmarkhealth.org

Jones Memorial Hospital – Wellsville, New York

Program: HICUP (Health Insurance Coverage for the Uninsured Population)

What is it? Through HICUP, Jones Memorial Hospital (JMH) identifies and reaches out to the uninsured population, encourages them to apply for public health insurance and assists in filling out applications. Staff go out into the community and seek applicants instead of waiting for the uninsured to come to them. To address transportation obstacles in the rural community, HICUP makes home visits and meets with small employers who do not offer insurance coverage to set up "sign-up" sessions.

Who is it for? Uninsured and underinsured members of the community.

Why do they do it? Allegany County is one of the poorest counties in New York state. HICUP helps the uninsured and underinsured obtain coverage for comprehensive needs that may reach beyond JMH's financial assistance.

Impact: In 2012, 336 people applied for public health insurance; 256 people were enrolled and are now covered.

Contact: Sue Kays Patient Financial Services Director Telephone: 585-596-2052 E-mail: kayss@jmhny.org

Kona Community Hospital – Kealakekua, Hawaii

Program: Mobile Medical Van

What is it? Kona Community Hospital (KCH), the Hawaii legislature and Hawaii Medical Services Association launched a mobile medical van in spring 2012, with KCH contributing medical expertise and staff to coordinate services. Van services began at the Pahala Elementary School campus but now also serve the Ocean View community. Services – all of which are free – focus on screening, testing, prevention education, immunizations and school physicals. Children and adults needing special







medical care can be monitored through online telehealth, which provides immediate access to specialists.

Who is it for? Initially, the goal was to improve capacity for medical services to underserved schoolchildren in Kau, but all residents are welcome.

Why do they do it? Health care services are much needed in the southernmost region of Hawaii Island, the island's most remote and underserved area.

Impact: Since January 2013, approximately 500 residents have been seen on the van for a variety of services. Since June, more than 400 Tdap immunizations have been administered.

Contact: Judy Donovan Regional Director, Marketing Telephone: 808-322-6960 E-mail: jdonovan@hhsc.org

McAlester Regional Health Center – McAlester, Oklahoma

Program: Mercy Clinic

What is it? Mercy Clinic – which operates every Wednesday from 4:00 p.m. to 7:30 p.m. in the Pittsburg County Health Department – provides nocost primary care, mental health care, some dental services, eye exams and eyeglasses. Staff also focus on controlling diabetes, blood pressure, cholesterol and monitoring chronic conditions.

Who is it for? Uninsured individuals who need primary care services, many of whom had been using the hospital's emergency department (ED) for their basic medical needs.

Why do they do it? Mercy Clinic's goal in the beginning was to provide primary care for indigent patients as an alternative to patients visiting the ED. Clinic physicians soon discovered a large group of people with chronic health care issues, no insurance and no resources to purchase medications. The clinic now focuses on controlling or monitoring chronic conditions.

Impact: Mercy Clinic has been serving the uninsured in and around McAlester for more than 20 years. They see approximately 70 patients every Wednesday.

Contact: Helen Wheeler Director, Marketing & Business Development Telephone: 918-421-6767 E-mail: hwheeler@mrhcok.com

🔶 Mercy Hospital – Oklahoma City, Oklahoma

Program: Health Alliance for the Uninsured **What is it?** The Health Alliance for the Uninsured (HAU) is a community collaborative that makes quality health care available to the county's most vulnerable population. Partners include the area's safety net clinics, hospitals, Oklahoma County Medical Society and other public and private partners.

Who is it for? Low-income, uninsured individuals in Oklahoma County.

Why do they do it? The goal is to improve access to health care for the uninsured and underserved in the community.

Impact: Since 2007, more than 30,000 patients have received primary care, with approximately 20 percent receiving diagnostic and specialty care. Clinics share a web-based data system; patients receive medications through the Cooperative Central Pharmacy and pharmaceutical company programs; and a coordinated specialty referral program shortens wait times for care and avoids duplication of services.

Contact: Pam Cross Executive Director, HAU Telephone: 405-286-3343 E-mail: pam.cross@hauonline.org

Methodist Health System – Dallas, Texas

Program: Life Shines Bright Pregnancy Program **What is it?** The Life Shines Bright (LSB) Pregnancy Program combines one-on-one prenatal care – including education and treatment – into an approach that uses both individual consultations and group settings as a model to encourage networking and experience sharing. While learning to sew baby blankets together, for example, the group shares common questions and concerns, building peer power connections that often last beyond the course term.

Who is it for? Young expectant mothers and their family members, usually from underserved minority populations in the Methodist service area.

Why do they do it? LSB was created at Methodist Dallas Medical Center Golden Cross Academic Clinic to help reduce premature birth rates and their potentially tragic and lifelong consequences in response to an overwhelming community need.

Impact: Although the rate of preterm birth in the central Methodist service area runs an average of 18 percent to as high as 23 percent, LSB reduced preterm deliveries in program participants to 5.6 percent.

Contact: Joe Brown Public Relations Manager Telephone: 214-947-4603 E-mail: JoeMBrown@mhd.com

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🔶 Palmetto Health – Columbia, South Carolina

Program: Palmetto Health Dental Health Initiatives **What is it?** When the number of dental incidents seen in the state's emergency departments (EDs) increased nearly 20 percent, Palmetto Health created a program to redirect patients to dental homes. Uninsured patients were integrated into private dentist offices and were accepted using the Medicaid rate. Palmetto Health funds this initiative along with other dental services for underserved and uninsured people including children, pregnant women and HIV/ AIDS patients.

Who is it for? The state's most vulnerable populations.

Why do they do it? Poor dental health can lead to serious medical conditions. The ED reported that most dental visit patients were only being treated for pain. Of the 5,734 South Carolina kindergarteners and third-graders screened in 2008, 47 percent had experienced tooth decay, and of those, 22 percent were untreated.

Impact: More than 20,000 patients have benefited from these dental initiatives in the past 15 years. The ED has reported an 11 percent decrease in dental cases.

Contact: Vince Ford Chief Community Health Services Officer Telephone: 803-296-2158 E-mail: Vince.Ford@PalmettoHealth.org

Phoebe Putney Memorial Hospital – Albany, Georgia

Program: Men's Health Initiative

What is it? The Men's Health Initiative is a broad-based collaborative that uses clinical and psychosocial programming to improve the health status of men. Partnerships involve faithbased organizations, civic clubs, city and county governments, local schools and universities, service and health agencies, physicians and media. The initiative is evidence-based and goes beyond traditional screenings. Programs are highly focused on "language" messaging, whereby the audience is approached with concepts that are specific to the group to improve understanding and retention.

Who is it for? Underserved, uninsured and underinsured men in Southwest Georgia.

Why do they do it? The overarching goal is to change the behavior of men in how they access health services and navigate barriers to access.

Impact: Since 1999, the Men's Health Initiative has reached nearly 8,000 men in the Southwest Georgia region. More than 300 men gained access to care through nontraditional points such as work, church, schools and weekend seminars at a free health clinic.

Contact: Jackie Ryan Vice President, Corporate Strategy Telephone: 229-312-7104 E-mail: jryan@ppmh.org

The Queen's Medical Center – Honolulu, Hawaii

Program: Native Hawaiian Health Program **What is it?** The Native Hawaiian Health Program (NHH) targets clinical outcomes, health care training, research, access and outreach. The medical center collaborates with other organizations to provide health care training and education opportunities to Native Hawaiian students and those committed to serving Native Hawaiian communities. The NHH focuses on quality improvement and increased access for Native Hawaiians to The Queen's Health Systems as well as collaborating with the Native Hawaiian community in education, research and community outreach.

Who is it for? Native Hawaiians and their families, and health care professionals committed to serving Native Hawaiians.

Why do they do it? The goal is to enhance the wellbeing of Native Hawaiians to ensure comparability of their health status with that of other ethnic groups in Hawaii.

Impact: Since 2006, the NHH has awarded approximately \$400,000 in scholarship funding and has clinically reduced inpatient Native Hawaiian mortality rates and readmissions in cardiac, medicine and diabetes. The program also has acquired more than \$1.7 million in external grant funding.

Contact: Diane Paloma Director, Native Hawaiian Health Program Telephone: 808-691-7717 E-mail: dpaloma@queens.org

Shawano Medical Center – Shawano, Wisconsin

ThedaCare – Appleton, Wisconsin

Program: Rural Health Initiative

What is it? The Rural Health Initiative (RHI) provides free health care "house calls" to more than 500 farm families in three counties in northeast Wisconsin. A rural health coordinator (RHC) brings basic preventive care and safety education to the kitchen table, offering no-cost health screenings and referral services.

Who is it for? Farm families in Shawano, Outagamie and Waupaca counties.

Why do they do it? This approach bridges a serious gap in access for this rural population: Four out of five farm families have no insurance coverage







for preventive care, 14 percent of Wisconsin farm families have no health insurance and another 17 percent have catastrophic coverage only.

Impact: The RHI Shawano is currently reaching about 40 percent of the county's farmers, farm workers and their children – the RHC makes 1,100 to 1,200 yearly contacts, providing services to approximately 600 individuals overall. In 2012, the program expanded to two nearby counties through partnerships with ThedaCare and public health.

Contact: Rhonda Strebel RHI Executive Director Telephone: 715-524-1488 E-mail: rhonda.strebel@thedacare.org

St. Joseph's Hospital and Medical Center – Phoenix, Arizona

Program: Maternal Outreach Mobile Unit **What is it?** In 1995, St. Joseph's collaborated with the March of Dimes to develop a maternal outreach mobile unit (MOMobile) to provide early and continuous prenatal care to low-income women at little or no cost. The MOMobile has two fully equipped exam rooms, an ultrasound machine, an external fetal monitor and a laboratory. Services available include pregnancy tests, referrals and education. The MOMobile spends five hours a day in various locations and is staffed by nurse practitioners, nurse midwives, nurses and an outreach coordinator. Patients deliver at St. Joseph's.

Who is it for? Underserved/uninsured women in the Phoenix area.

Why do they do it? In Arizona and the United States, disorders related to preterm birth and low birth weight are a leading cause of death.

Impact: Hundreds of women are seen each year by MOMobile staff. The average birth weight of babies born to MOMobile patients is seven pounds, seven ounces – two pounds over the mark for a low-weight baby.

Contact: Carmelle Malkovich Senior Public Relations Specialist Telephone: 602-406-3319 E-mail: carmelle.malkovich@dignityhealth.org

Swedish Health Services – Seattle, Washington

Program: Swedish Community Specialty Clinic **What is it?** The clinic is a broad-based network of more than 300 volunteer physicians, dentists and other clinicians who provide access to the highest quality specialty care services in King County. Using case management, the program diverts patients from using emergency departments for their non-emergent care and connects them to a primary care physician.

Who is it for? The community's most vulnerable individuals and families.

Why do they do it? Until Swedish opened the clinic in 2010, specialty care for most underserved and uninsured individuals and families was virtually inaccessible. Swedish recognized the tremendous need for specialty medical and dental services – and acted.

Impact: In 2012, the clinic provided 1,254 medical visits (88 percent were charity care), 115 surgeries, 150 labs, 74 MRIs, 105 wound care services, 141 physical therapy visits and 810 dental visits. In 2013, the clinic expects medical visits to increase to 1,400 and dental to expand to more than 1,600 patients.

Contact: Tom Gibbon Manager, Swedish Community Specialty Clinic **Telephone:** 206-215-6068 **E-mail:** tom.gibbon@swedish.org

UAMS Winthrop P. Rockefeller Cancer Institute – Little Rock, Arkansas

Program: UAMS MammoVan

What is it? The University of Arkansas for Medical Sciences (UAMS) MammoVan is a three-room, disabled-accessible mobile mammography unit that travels to 26 Arkansas counties. Outfitted with the most advanced digital mammography equipment, it is staffed by a certified mammography technologist and a technical assistant. Patients receive their test results within two weeks and are referred for followup to appropriate services if results show a potential abnormality. Results also are sent to each patient's primary care physician.

Who is it for? Underserved women in Arkansas.

Why do they do it? Several counties in Arkansas lack FDA-approved certified mammography facilities and many women have to travel long distances to receive a screening mammogram.

Impact: Since it first hit the road in early 2010, the MammoVan has provided more than 7,000 screening mammograms.

Contact: Susan Van Dusen Communications Manager **Telephone:** 501-686-8986 **E-mail:** susan@uams.edu

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Union Hospital of Cecil County – Elkton, Maryland

Program: Community Assisted Medications Program (CAMP)

What is it? Union Hospital (UH), in partnership with City Pharmacy, established CAMP to provide free prescription medications to patients who cannot afford them. Patients approved for community assistance are referred to the program. Case Management and Patient Financial Services then facilitate the application and approval process for CAMP. UH approves patient referrals for medications based on a medication formulary provided by City Pharmacy.

Who is it for? Patients who cannot afford their medications and who are eligible for community assistance in Cecil County.

Why do they do it? In Cecil County, an increasing number of patients cannot afford their medications, 1,923 families live below the poverty level, unemployment stands at 8.82 percent and 10 percent of adults cannot afford to see their doctor.

Impact: From FY 2011 to 2013, UH approved 439 patient referrals to fill approximately 1,115 prescriptions. Prescription costs totaled \$65,892, providing an average of \$59 in medication subsidies per prescription.

Contact: Jean-Marie Donahoo Community Benefits Coordinator **Telephone:** 443-674-1290 **E-mail:** jmdonahoo@uhcc.com

University of Maryland St. Joseph Medical Center – Towson, Maryland

Program: One Voice

What is it? One Voice is a culturally sensitive breast health outreach program focused on education, prevention, routine screening and early detection for African-American, Latina, uninsured and underinsured women.

Who is it for? Women who live in Baltimore City and Baltimore County.

Why do they do it? The goal is to reduce barriers (race, ethnicity, cultural beliefs, language, lack of education or insurance) to breast health literacy and to increase access to routine screening among underserved women.

Impact: One Voice educated more than 800 women through 33 community health events. Mammograms and clinical breast exams were provided for 210 women. Fifty-eight percent of women screened were receiving mammograms and clinical breast exams for the first time in their lives.

Contact: Penny Graf, MSW, LCSW-C Oncology Social Worker Telephone: 410-427-2124 E-mail: pennygraf@umm.edu



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

🔶 Allina Health – Minneapolis, Minnesota

Program: Neighborhood Health Connection[™] What is it? Neighborhood Health Connection (NHC) gives people the tools to create informal neighborhood groups and offers those groups fun and creative ways to make themselves and their communities healthier. The goal is to help neighbors make new personal connections and strengthen existing ones through healthy activities – from joining a neighborhood walking group to starting a community garden to volunteering at a local food shelf. Resources such as the NHC Toolkit provide information about forming a neighborhood group, as well as sample flyers, group activities and more.

Who is it for? Groups of neighbors and organizations. Why do they do it? More than 50 years of research shows that people with strong community connections and social support are healthier and happier. People also are far more likely to stick with healthy activities if they do them with other people. Impact: In 2012, more than 33,000 people participated in neighborhood and community health activity groups.

Contact: Ruth Hampton Olkon Manager, Community Programs **Telephone:** 612-262-4430 **E-mail:** ruth.olkon@allina.com

Altru Health System – Grand Forks, North Dakota

Program: Rehab Autism Screening Clinics

What is it? Altru Health System offers free Rehab Autism Screening Clinics focused on early identification and intervention of autism in children. Clinics feature a multidisciplinary team of a pediatrician, physical and occupational therapists, speech language pathologists and social workers working together all in one day, eliminating the need for parents to attend multiple appointments on different days.

Who is it for? Children up to age 18.

Why do they do it? The CDC estimates that one in 88 children has a disorder on the autism spectrum – and that number keeps rising. Early identification and intervention of autism in children contribute to more effective treatment while decreasing the likelihood of developmental problems later in life. This specialty clinic is designed for that purpose.

Impact: As of October 1, 2013, 41 children have been screened for autism through these screening events; 17 have been identified as potentially needing treatment.

Contact: Diane Gunderson Manager, Physical Medicine & Therapy Services and Specialty Clinics Telephone: 701-780-1540 E-mail: dgunderson@altru.org

Beebe Healthcare – Lewes, Delaware

Program: File of Life Packets

What is it? To help people better document their medications in case of a medical emergency, Beebe Healthcare in 1999 began distributing File of Life packets. These free, red plastic, magnetized packets contain a person's personal medical information and are kept on the refrigerator for paramedics to use as a reference when responding to a medical emergency. With access to a person's medical providers, prescriptions and known allergies, emergency responders can save valuable time in their response to the emergency situation. A window sticker is visibly displayed outside the home so paramedics know to look for these packets.

Who is it for? Sussex County residents.

Why do they do it? Beebe Healthcare works closely with emergency responders throughout the county. The hospital provides this service to support emergency responders' work and to ensure that area residents receive optimal emergency care.

Impact: Beebe Healthcare has distributed more than 60,000 packets.

Contact: Kelly Griffin Director, Marketing and Communications Telephone: 302-645-3220 E-mail: kgriffin@bbmc.org

Boston Medical Center – Boston, Massachusetts

Program: Violence Intervention Advocacy Program **What is it?** The Violence Intervention Advocacy Program (VIAP) provides specialized services to victims of violence. Violence intervention advocates (VIAs) visit victims at their bedside within 48 hours of admission to the hospital. Direct services and referrals include crisis intervention and stabilization, counseling, mental health, family support services, safety planning, housing, transportation, legal assistance, education, life skills coaching, and health and wellness. In addition to its presence at Boston Medical Center, VIAP has been disseminated to two other hospitals in Massachusetts.

Who is it for? Victims of violence and their families.

Why do they do it? VIAP's goals are to prevent retaliation from gunshot and stab wound victims, reduce morbidity and mortality, minimize re-injury and entry into the criminal justice system, facilitate access to continuing health care and community resources and promote positive role models and alternatives to violence.

Impact: More than 3,100 patient/clients have received services since 2006.







Contact: Jennifer Fleming Community Benefits Manager Telephone: 617-638-6927 E-mail: jennifer.fleming@bmc.org

Chelsea Community Hospital – Chelsea, Michigan

Program: SRSLY Coalition

What is it? SRSLY (text language for "seriously") is a community-based youth substance abuse prevention coalition led by Chelsea Community Hospital. The initiative implements multiple strategies across numerous sectors to address multiple causes to the problem of substance abuse. What makes SRSLY different from other youth substance abuse prevention efforts is their positive focus, youth leadership and broad community support.

Who is it for? The youth of Chelsea.

Why do they do it? In Chelsea in 2007, substance abuse was increasing among younger teens, and older teens were more likely to abuse alcohol and marijuana than their Michigan peers.

Impact: According to Chelsea School District data, from 2007 to 2012, lifetime alcohol use dropped by 27 percent among high school students and 74 percent among middle school students. Lifetime marijuana use among high school students decreased by 12 percent. More than 900 local volunteers have donated more than 13,000 hours to the effort.

Contact: Mrs. Reiley Curran Director, Community Health Improvement Telephone: 734-593-5279 E-mail: curranr@cch.org

Cheyenne Regional Medical Center – Cheyenne, Wyoming

Program: Wyoming 2-1-1

What is it? In 2007, Cheyenne Regional lent its name, planning/advocacy staff and financial resources to partner with United Way of Laramie County and the Laramie County Community Partnership to develop and launch the 2-1-1 call system in seven southeastern counties of Wyoming. Today, from any phone anywhere in Wyoming, dialing 2-1-1 offers access to a full range of non-emergency community, social, health, human, legal, disaster and government services in communities across Wyoming.

Who is it for? Anyone in the state who needs help; almost all callers are low-income individuals seeking crisis services.

Why do they do it? Thousands of Wyoming families and individuals search every day for emergency financial assistance, food, shelter, support groups or community services. Looking for help can be daunting and discouraging.

Impact: More than 3,000 referrals were made in 2012 by Wyoming 2-1-1. In November 2012, the system expanded its hours for in-person assistance. The Community Resource Database has grown to include 872 services.

Contact: Phyllis Sherard, PhD Director, Wyoming Institute of Population Health **Telephone:** 307-633-2914 **E-mail:** phyllis.sherard@crmcwy.org

Crozer-Keystone Health System – Springfield, Pennsylvania

Program: Crozer Wellness Center

What is it? Crozer Wellness Center serves as an adolescent-focused primary care provider, which operates an array of community-based youth leadership programs, as well as citywide initiatives aimed at increasing opportunities for young people so they can become healthy, productive adults.

Who is it for? Chester youth, ages 12 to 22.

Why do they do it? Research showed a high incidence of risk-taking behaviors among young people in Chester and dismal high school graduation and college completion rates.

Impact: Among the 100+ youth served per year in the youth leadership programs, there was a reduction in risk-taking behavior (substance abuse, violence, risky sexual behavior) and an increase in positive behavior (school attendance, on-time graduation, workforce skills and commitment to education, leadership and service). The training and technical assistance provided by the center to more than 20 youth-serving organizations improved services to over 6,000 youth.

Contact: Gwendolyn Smith Vice President, Community Health Services President, Springfield Hospital Telephone: 610-328-8757 E-mail: gwen.smith@crozer.org

Genesis Health System – Davenport, Iowa

Program: Camp Genesis

What is it? Genesis Health System, the Scott County Family YMCA and Gilda's Club of the Quad Cities formed a partnership to provide a free camp experience called Camp Genesis for children dealing with a family member facing cancer. Children swim, ride horses and challenge themselves physically, while interacting with others who have a shared experience with cancer. Gilda's Club provides information, education and emotional support to campers.

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Who is it for? Children and young adults, ages six to 16 years old, who are not facing cancer themselves but have a parent, grandparent, sibling or other loved one dealing with cancer.

Why do they do it? A family facing cancer can become singly focused on the illness and may not have the financial resources to provide a traditional summer camp experience for children.

Impact: Children have a camp experience and learn more about how to cope with what they experience at home. Camp experiences are provided for 60 children, which is the camp's capacity.

Contact: Craig Cooper Media Relations Coordinator Telephone: 563-421-9263 E-mail: cooperc@genesishealth.com

+ Holy Cross Hospital – Taos, New Mexico

Program: Kids First

What is it? In the Kids First program, a social worker coordinates with medical staff at Holy Cross's Peñasco Health Clinic and Taos Clinic for Children and Youth to connect rural families to services including substance abuse, domestic violence and mental health counseling. The initiative provides parenting classes and in partnership with local schools, hosts community events on themes including anti-bullying, anti-violence, nurturing relationships and coping with depression. Children perform skits on the topic, a keynote speaker emphasizes themes and dinner is provided.

Who is it for? Peñasco Valley families and the community as a whole.

Why do they do it? Kids First aims to reduce parenting stress and the adverse childhood experiences that affect the well-being and safety of children as well as their long-term health.

Impact: Events have been attended by hundreds of people, fostering a tangible sense of community and support for the health and well-being of children.

Contact: Baqi Martin Program Manager Telephone: 575-751-8941 E-mail: bmartin@taoshospital.org

Ivinson Memorial Hospital – Laramie, Wyoming

Program: AHEC Careers in Healthcare Summer Camp **What is it?** The camp, a collaboration with Area Health Education Center (AHEC) and the University of Wyoming College of Health Sciences, provides a hands-on experience of health care careers to participants. They are given the opportunity to use the same tools that physicians, nurses and technologists use in a hospital environment. Campers learn suturing techniques, perform ultrasound-guided biopsies on a beef roast stuffed with green olives to simulate tumors, perform laparoscopy on a simulated abdomen to retrieve gummy bears and more.

Who is it for? College-bound students in Wyoming.

Why do they do it? Many of Wyoming's collegeeducated young people leave the state to find employment, even as the shortage of health care workers continues to grow. The camp provides insight to students about available careers in Wyoming.

Impact: Increased statewide interest in the program has led the hospital to offer two sessions focusing on two separate age groups.

Contact: Emily House Assistant Marketing Director Telephone: 307-742-2141 E-mail: ehouse@ivinsonhospital.org

Loma Linda University Health – Loma Linda, California

Program: Loma Linda University PossAbilities **What is it?** This free program offers individuals with disabilities who were born with or have suffered a permanent physical injury a sense of community, helping them live their lives to the fullest. PossAbilities helps the disabled through advocacy, mentoring, peer support, resources and more than 20 different types of social and physical opportunities.

Who is it for? Persons with physical disabilities such as limb amputation, stroke, spinal cord injury, traumatic brain injury, multiple sclerosis, muscular dystrophy, spina bifida and others.

Why do they do it? This population is often left without resources or support to deal with the many adjustments they must make physically, mentally and emotionally to have fulfilling lives.

Impact: PossAbilities has more than 4,600 members, more than 570 of whom are active members of an exercise facility. Last year, more than 75 peer visits were conducted to hospital rehabilitation patients. Events sponsored or hosted by the hospital reach more than 20,000 individuals annually.

Contact: Pedro R. Payne, PhD Special Programs Manager Telephone: 909-558-6316 E-mail: prpayne@llu.edu

Lourdes Medical Center – Pasco, Washington

Program: Jail Services Program **What is it?** Staff members at Lourdes Counseling Center identify people in jail who need follow-up







mental health services after they are released. Each week the team works within the county jails, which hold more than 1,000 inmates. The Lourdes team overcomes any fears and stigma of working with this poor and vulnerable population, helping to break down barriers and bring together local resources that contribute to better treatment of patients and a safer community.

Who is it for? Jail inmates suffering from mental illness.

Why do they do it? In 2005, Lourdes Counseling Center was asked by Washington state officials to assist inmates who were suffering from mental illness. These men and women were often left to languish in their jail cells without medication or treatment.

Impact: The Jail Services Team averages nearly 140 inmate contacts per month (1,680 annually). Approximately eight to 12 contacts will result in psychiatric hospitalization.

Contact: Melanie Johnston Director, Marketing Telephone: 509-542-3055 E-mail: mjohnston@lourdesonline.org

Lovelace Westside Hospital – Albuquerque, New Mexico

Program: Local Art Showcase

What is it? Since 2003, Lovelace Westside Hospital has showcased almost 40 diverse pieces of art from local artists. The Rio Rancho Art Association has regular shows at the hospital. Selections, which cross a variety of media and styles, are changed every two months. Up to 38 new pieces are displayed along the hospital's walls.

Who is it for? Patients, visitors, hospital staff, artists and art appreciators in the area.

Why do they do it? The Rio Rancho Art Association does not have a gallery. This gives the hospital a chance to showcase artists from the Rio Rancho and Westside areas and gives those passing by a chance to appreciate a bit of artwork.

Impact: Local artists get a chance to display and sell their art.

Contact: Serena Lyons Marketing Telephone: 505-727-5702 E-mail: serena.lyons@lovelace.com

Manning Regional Healthcare Center – Manning, Iowa

Program: Lunch & Learn Program

What is it? Manning Regional Healthcare Center (MRHC) is bringing the latest information in pertinent health and wellness topics to the community through its new Lunch & Learn Program. These free presentations are held at noon on the third Thursday of every month. Each program lasts approximately one hour and includes a light lunch for attendees. Programs cover a variety of topics such as diabetes, cholesterol and advance care directives. Presenters vary from month to month and include MRHC providers and health care specialists, as well as other health and wellness experts from throughout the community.

Who is it for? Area residents.

Why do they do it? With so much information available on so many health-related topics, it is MRHC's responsibility to educate individuals throughout the community.

Impact: Attendees have an opportunity to learn accurate and appropriate information from an area health and wellness provider.

Contact: Sarah Foley Public Relations/Marketing Coordinator Telephone: 712-655-8121 E-mail: sarah.foley@mrhcia.com

Memorial Healthcare System – Hollywood, Florida

Program: Family T.I.E.S.

What is it? Family T.I.E.S. (Therapeutic Intervention to Empower and Strengthen) offers in-home prevention and intervention services to families in need of counseling and support. The program helps adults and caregivers develop effective parenting skills during stressful or at-risk periods through quality time, communication and bonding with their children – creating opportunities to change negative family interactions and poor family-management practices. Parents and children work together to prevent substance or other abuse by learning how to cope with difficulties, set goals and manage their expectations about one another.

Who is it for? Broward County families at high risk for neglect, abuse and substance abuse.

Why do they do it? In 2010, nearly 16,000 cases of child abuse and neglect were recorded in Broward County, an increase of 4 percent from 2009.

Impact: In 2011-2012, 94 percent of families remained in the program to its completion. Over the past nine years the program's retention rate has been 93.6 percent.

Contact: Timothy Curtin Director, Community Youth Services Telephone: 954-985-7004 E-mail: tcurtin@mhs.net

Quality of Life

National Jewish Health – Denver, Colorado

Program: Morgridge Academy

What is it? The Morgridge Academy is a free day school on the National Jewish Health (NJH) Campus. Students learn to manage their diseases and succeed academically, ideally returning to their neighborhood schools within three to four years. Students are placed in small classrooms staffed with teachers who have the training and time to focus on each child. Each day, students receive two nutritious meals and physical education.

Who is it for? Kindergarten through eighth grade Denver-area students with chronic illnesses, including asthma, severe allergies, immune deficiencies such as HIV, diabetes, sickle cell anemia, cystic fibrosis, interstitial lung disease and cardiac disorders.

Why do they do it? The Morgridge Academy evolved out of NJH's educational efforts in the early 20th century, when tuberculosis patients often stayed in the hospital for months.

Impact: More than 2,000 students have attended the school since its inception in 1977. Because students learn to manage their illnesses, they show significant health improvements. On average, students experience a 40 percent drop in emergency department visits over three years.

Contact: Eileen Danahy Director, National Corporate/Foundation Support Telephone: 303-728-6540 E-mail: danahye@njhealth.org

North Shore-Long Island Jewish Health System – Great Neck, New York

Program: The Center for Attention and Learning **What is it?** The Center for Attention and Learning (CAL) provides neuropsychological evaluations for children with attention and learning disorders, with a particular focus on children from low-income families. Referrals are received primarily through city agencies, individuals, pediatricians and schools. Children who meet CAL criteria receive a comprehensive neuropsychological evaluation and a written report with accompanying recommendations for school and home. CAL also provides phone screenings, referral assistance, child advocacy assistance, family support services and professional neuropsychology training.

Who is it for? Children with attention and learning disabilities in the New York City area.

Why do they do it? Children with attention and learning disorders from low-income families experience low rates of graduation, poorer health outcomes, high rates of poverty and unemployment. **Impact:** Since 2009, CAL has evaluated more than 700 children, educated hundreds of parents and professionals and helped approximately 2,000 families through the referral service.

Contact: Jamie Kay, PhD Director, The Center for Attention and Learning Telephone: 212-434-4594 E-mail: jkay@nshs.edu

Providence Hospital – Mobile, Alabama

Program: Camp Bluebird

What is it? Camp Bluebird offers a unique experience for adult cancer patients. Sponsored by Providence Hospital and the Telephone Pioneers, Camp Bluebird offers recreation, relaxation, crafts and activities, nondenominational worship services and the opportunity to openly discuss the experiences and emotions associated with cancer with other survivors. On the last day, as a sign of hope, each camper builds a birdhouse.

Who is it for? Adults 18 or older who have been diagnosed with or treated for cancer.

Why do they do it? The goal is to provide a supportive, safe environment for cancer patients to reflect on their journey and to encourage and support others on their journey.

Impact: Approximately 40 to 50 adult cancer survivors receive emotional, spiritual and physical support twice a year at Camp Bluebird. Campers return year after year, and stay in touch with counselors between camps through various social media. Camp Bluebird is finalizing plans for a Camp Bluebird Family Day for campers and their families to be able to share in the experience.

Contact: Robi Jones RN, CRNP, CBCN Breast Center Care Coordinator Telephone: 251-639-2852 E-mail: rjones@providencehospital.org

Roger Williams Medical Center – Providence, Rhode Island

Program: Rally4Recovery

What is it? Rally4Recovery is an annual festival celebrating recovery from addiction and mental illness. Roger Williams Medical Center hosted the kickoff event and unveiled the 2013 Recovery Quilt. Each square is made by a current or former participant in the hospital's Addiction Medicine and Behavioral Health Programs, plus squares created during the 2012 rally. Participants and their families and friends assembled the quilt. The Rally4Recovery concludes with a memorial walk led by torchbearers and luminary candleholders to WaterFire, an art installation with more than 80 bonfires on the river.







Who is it for? Individuals and families affected by addiction or mental illness.

Why do they do it? Rates of addiction and mental illness are higher in Rhode Island than across the nation. This event raises awareness about available treatment and support services and informs Rhode Islanders that recovery is possible.

Impact: The Rally4Recovery began in 2002 with a gathering of a few hundred people. In 2013, more than 10,000 attended.

Contact: Lori Tetreault, BSW Social Worker Telephone: 401-456-6489 E-mail: Itetreau@chartercare.org

Saint Anthony Hospital – Chicago, Illinois

Program: Developmental Support Project **What is it?** The Developmental Support Project (DSP) promotes improved developmental care and outcomes for children seen by Saint Anthony Hospital-affiliated physicians. DSP provides: (1) free training and technical assistance on best practices to pediatricians and family practice physicians to improve their identification of developmental delays and behavioral concerns; and (2) free direct support to physicians' young patients and their families related to developmental concerns to increase linkages to early intervention (EI) resources and education programs.

Who is it for? Children under the age of eight and their families.

Why do they do it? Multiple and compounding risk factors put area children at high risk for developmental delays, compromising their ability to enter school ready to learn.

Impact: Since 2010, DSP has served nearly 450 children and their families. In 2012-2013, 34 percent of 220 new clients were linked to an evaluation through EI or the Chicago Public Schools because of a developmental concern. More than half of these children qualified for services and are receiving needed therapies.

Contact: Tameeka Christian Director, Community Wellness Program, DSP Telephone: 773-484-4529 E-mail: tchristian@sahchicago.org

Sibley Memorial Hospital – Washington, District of Columbia

Program: Widowed Persons Outreach – Helping and Healing

What is it? Widowed Persons Outreach, founded in 1992, is a free community service sponsored by Sibley Memorial Hospital in partnership with IONA Senior Services, Capital Hospice, William Wendt Center for Loss and Healing and Joseph Gawler's Sons Inc. Program volunteers have been widowed themselves, have completed the hospital's volunteer and specialized bereavement trainings and now help newly widowed people through their own grief. This is done through one-on-one help, support groups, social activities, educational events, a biannual bereavement conference and a bimonthly newsletter. Program leaders recently launched "Next Steps," a social program for persons who have been bereaved more than two years.

Who is it for? Widowed members of the community.

Why do they do it? Research has shown that newly widowed people benefit from interaction with other widowed people.

Impact: Widowed Persons Outreach currently has a membership of 320 widowed persons and 33 volunteers. Every year, approximately 950 personal condolence letters are sent to recently bereaved persons.

Contact: Sheliah Roy Director, Public Relations and Marketing Telephone: 202-243-2347 E-mail: sroy@jhmi.edu

Siskin Hospital for Physical Rehabilitation – Chattanooga, Tennessee

Program: Drive Safe Chattanooga

What is it? This free community event educates seniors and individuals experiencing disability about safe ways to continue meeting their transportation needs. "Drive Safe Chattanooga" also features CarFit, an educational screening that allows older adults to review options for adaptive driving equipment. Exhibits at "Drive Safe Chattanooga" in 2013 included interactive driving-related screenings, adapted vehicle demonstrations, an introduction to the Tennessee Yellow Dot Program and alternative transportation options.

Who is it for? Seniors and other drivers who may be experiencing disabilities and their families.

Why do they do it? The event aims to help drivers who are facing aging or disability-related challenges safely stay on the road as long as possible and review alternative transportation resources.

Impact: The event was very well received in the community, with 11 CarFit screenings and an estimated 50 attendees overall, as well as 10 vendors and a local radio station that did a live broadcast from the event. Siskin Hospital plans to host the event annually.

Contact: Lindsay Wyatt Media Coordinator, Marketing Communications **Telephone:** 423-634-1214 **E-mail:** Lwyatt@SiskinRehab.org

Quality of Life

St. Jude Children's Research Hospital – Memphis, Tennessee

Program: St. Jude-Methodist Sickle Cell Disease Transition Clinic

What is it? The clinic helps teens and young adults with sickle cell disease (SCD) make the leap from St. Jude to adult-care facilities of their choice. Using curriculum developed by the St. Jude Hematology Department, the transition team prepares patients by addressing peer relationships, nutrition, stroke risk and other disease complications, the benefits of exercise and the effects of substance abuse on teens with SCD.

Who is it for? 12 to 25-year-old St. Jude patients with SCD.

Why do they do it? Transitioning can be a dangerous time for adolescents with SCD, who may be away from home for the first time and handling decisions about treatment, insurance and other issues that affect their health. Several studies cite that these young adults are at a high risk for early death.

Impact: St. Jude Children's Research Hospital treats about 850 children each year who have SCD. Of those patients, 40 to 50 are transitioning to adult care every year.

Contact: Sheila Anderson Case Manager Telephone: 901-595-6217 E-mail: sheilam.anderson@stjude.org

Sunrise Hospital and Medical Center – Las Vegas, Nevada

Program: Safe Kids Clark County

What is it? Led by the Trauma Prevention Program at Sunrise Hospital and Sunrise Children's Hospital, Safe Kids Clark County is a non-profit organization dedicated to preventing injuries to children. The coalition is composed of hospitals, health organizations, law enforcement agencies, fire departments and EMS, local businesses, doctors, nurses, parents and, most importantly, kids! Through community action, public awareness and education, technology and public policy initiatives, Safe Kids is closing the injury prevention gap in the community.

Who is it for? Children and families of Clark County. Why do they do it? Unintentional childhood injury is the number one killer of children ages 14 and under.

Impact: In 2012, Safe Kids served their community 1,327 hours and hosted 204 injury/trauma prevention programs reaching more than 18,000 people.

Contact: Jeanne Marsala

Director, Safe Kids Clark County Injury Prevention Coordinator, Trauma Services, Sunrise Hospital and Sunrise Children's Hospital **Telephone:** 702-862-0165 **E-mail:** Jeanne.Marsala@HCAHealthcare.com

Truman Medical Center – Kansas City, Missouri

Program: Healthy Harvest Mobile Market

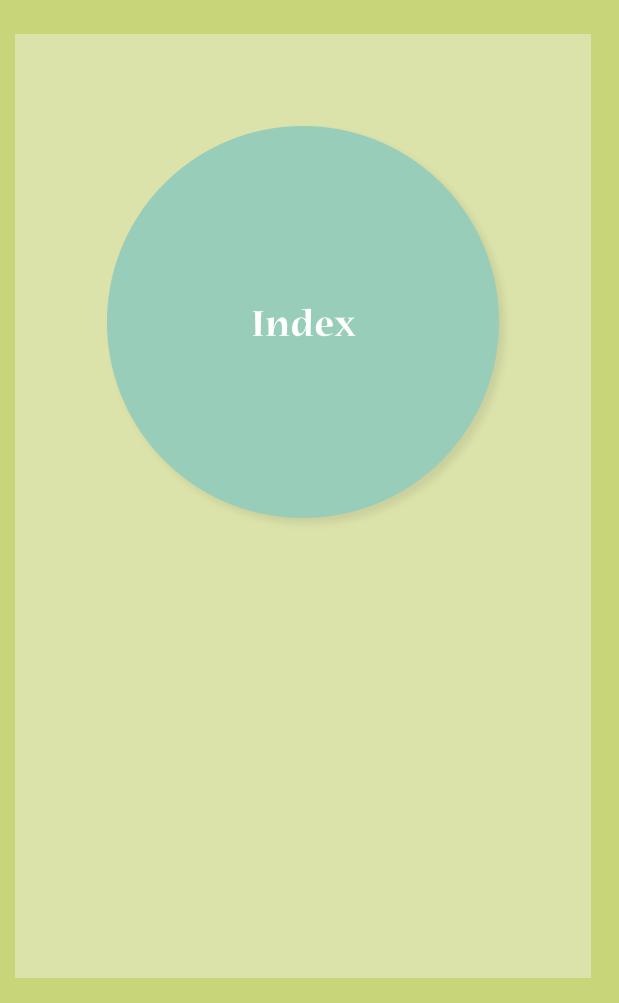
What is it? The Truman Medical Center Healthy Harvest Mobile Market is a mobile grocery store unit that travels throughout the urban core of the city on a weekly basis, bringing residents opportunities to purchase healthy choices such as fresh fruits and vegetables in their community at an affordable cost. In addition, nutritionists teach shoppers how to eat healthier and how to prepare dishes that can be made from Mobile Market foods.

Who is it for? Residents in Kansas City urban areas with little access to grocery stores and supermarkets.

Why do they do it? Sixty-eight percent of the Mobile Market's customers come from USDA-designated food deserts with low access to fruit, vegetables and other whole foods.

Impact: The Mobile Market averages 600 monthly shoppers. Residents are able to access healthy whole foods.

Contact: Shane Kovac Media Relations Manager Telephone: 816-404-3786 E-mail: shane.kovac@tmcmed.org



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If you have a program you are proud of and want others to know about, please visit **www.ahacommunityconnections.org** to submit a case example.

American Hospital Association 155 North Wacker Drive Chicago, IL 60606

Liberty Place 325 Seventh Street, NW Washington, DC 20004-2802

www.aha.org (800) 424-4301

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