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HOSPITALS HONORED FOR IMPROVING COMMUNITY HEALTH

Five Collaborative Programs Win AHA NOVA Award

WASHINGTON (June 25, 2013) **–** The American Hospital Association (AHA) announced today that it will honor five programs for their hospital-led collaborative efforts that improve community health, awarding them the AHA NOVA Award. The awards will be given July 27 at a ceremony during the Health Forum/AHA Leadership Summit in San Diego. The winning programs are **Bangor Beacon Community** in Bangor, Maine; **Hope Clinic and Pharmacy** in Danville, Ky.; **Free Preventive Screenings Program** in Vincennes, Ind.; **Chippewa Health Improvement Partnership** in Chippewa Falls, Wis.; and **Core Health Program of Healthier Communities** in Grand Rapids, Mich.

"We are pleased to honor this year's AHA NOVA winners for their collaborative efforts to improve health and wellness," said AHA President and CEO Rich Umbdenstock. "Working together, hospitals and like-minded community organizations are providing valued and compassionate programs and addressing vital health care needs."

Established in 1993, the AHA NOVA Award recognizes hospitals and health systems for their collaborative efforts toward improving community health. The 2013 winning programs and hospital partners are:

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Bangor Beacon Community
EMHS – Brewer, Maine
St. Joseph Healthcare – Bangor, Maine

The 12 partners of the Bangor Beacon Community worked to improve the health of chronically ill people in the Bangor region by using health information technology to ensure better patient care coordination. The goal of the collaboration was to reduce variation in care delivery, improve care quality and alleviate high use of emergency departments and hospitals by chronically-ill patients with symptoms and conditions that could be addressed more appropriately in primary care settings. The program led six clinical interventions focused on patients with diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and asthma and a community initiative on immunization, including sharing immunization data among providers. Nurse care managers in each primary care practice worked with high-risk patients. The program's goals, successes and collaborations continue through a newly created accountable care organization.

Hope Clinic and Pharmacy
Ephraim McDowell Health – Danville, Ky.

Established in 2006, the Hope Clinic and Pharmacy serves low-income, uninsured and chronically ill patients by providing access to care for the people of Boyle, Casey, Garrard, Lincoln, Mercer and Washington counties. Advanced practice registered nurses (APRNs) lead the clinic's efforts to provide preventive care and care management, as well as access to prescriptions and medications with the goals of reducing reliance on emergency department care and improving health status across the region. In addition to part-time paid APRNs, volunteers and physicians donate services including health education and counseling, specialist referrals and securing medical procedures at no charge to patients. In 2011, the clinic had 223 active patients and the hospital provided 618 free procedures. Collaborative partners include Ephraim McDowell Health, Ephraim McDowell Health Care Foundation, the Presbyterian Church of Danville, The Salvation Army, United Way and the Boyle County Health Department.

Free Preventive Screenings Program
Good Samaritan Hospital – Vincennes, Ind.

Community Health Services is a preventive health outreach program of Good Samaritan Hospital that offers individuals free screenings in a 10 county area. Nurses work within the community to provide health-related education and screenings ranging from blood pressure checks to lipid profiles. Collaborative partners provide the space necessary to see patients and include senior and community centers, Goodwill and Salvation Army facilities, housing authorities, churches, farmers markets, parks departments, YMCA and other not-for-profit sites. Screening results are shared with the individual and their physicians and appropriate follow-up and treatment referrals are arranged. The program has provided more than 220,000 free screening over 10 years.

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In addition, nurses go to all the local schools in Knox County to teach a childhood obesity classes to third, fifth, seventh and ninth grade students. The "Fit Kids," childhood obesity program is an interactive program teaching children about fats and sugar in food and healthy lifestyle choices. Community Health Services also offers vaccinations and helps to run two migrant clinics.

Chippewa Health Improvement Partnership (CHIP)
St. Joseph's Hospital – Chippewa Falls, Wis.

The Chippewa Health Improvement Partnership (CHIP) is an area-wide initiative responding to the health, environmental, social and economic needs of people of all ages. With a goal of improving overall health and quality of life, CHIP has successfully established a federally qualified dental and oral health care center, provided automated external defibrillators in public venues and established an open door clinic that offers free medical and mental health care. CHIP has successfully improved food security in the area and increased community awareness of sweetened beverages as part of its goal to lower childhood obesity. CHIP directed a community-wide falls prevention program for the elderly in addition to advance directive education and end of life planning to name a few. CHIP has also been involved with local and international mission activities. St. Joseph's Hospital is the primary funding source for CHIP although local, state and federal grant monies are actively sought and successfully secured.

Core Health Program of Healthier Communities
Spectrum Health – Grand Rapids, Mich.

The Core Health Program of Healthier Communities seeks to improve the health of underserved adults with chronic disease, remove barriers to care, teach self-management skills and work collaboratively within a continuum of care to improve adherence to medication regimens and dietary requirements and to ensure patients receive follow-up care such flu shots, eye exams and foot care. The services are provided using a cost-efficient approach to chronic disease management by reducing health care costs when compared to conventional approaches for managing chronic diseases. A registered nurse and community health worker team up to provide home visitation services to work with the patient to improve clinical and behavioral outcomes through motivational interviewing, disease management and cultural sensitivity. Caregivers assist in having a patient assigned to a primary care provider should the patient not have one. The voluntary program extends for 12 months. Collaborative partners include federally qualified health centers, insurers, community centers, food pantries, primary care providers, including the Visiting Nurses Association and other hospitals.

About the AHA

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 individual members come together to form the AHA. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends. For more information, visit the AHA Web site at www.aha.org.

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