community connections

Making Communities Healthier
Case Examples
Today, more than 5,000 hospitals, 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 a big brick building – with free clinics, job training, smoking cessation classes, back-to-school immunizations, literacy programs to name a few. Regularly, resources are brought, with little fanfare, directly to the people of the community. 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 & Basic Needs**
- **Health Promotion**
- **Access & Coverage**
- **Quality of Life**

Every day in America there is tremendous good being done. The instantly recognizable blue and white “H” sign points patients and families to the one place they can rely on to meet their needs – the local hospital.
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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 community health. The programs described in the following pages illustrate various 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 the communities they serve.
Palmetto Health Alliance – Columbia, South Carolina

Program: Palmetto Health’s Vision Health Initiative

What is it? Working with area school districts and business partners willing to provide free or discounted services, the Vision Health Initiative provides free comprehensive eye exams and glasses so that kids can learn and perform their best in school.

Who is it for? Uninsured and low-income children.

Why do they do it? In assessing the needs of its community, Palmetto Health found that many children had poor vision but were forced to go without glasses because their families could not afford them. The health care provider also found a strong link between vision problems and lower academic performance.

Recognizing that eye care is an often overlooked but important part of health, Palmetto Health created the Healthy Vision Initiative as part of its commitment to its community’s overall wellness. Since 1999, the effort has provided more than 2,000 pairs of glasses to children in need.

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Mt. Ascutney Hospital and Health Center – Windsor, Vermont

Program: Windsor Elder Care Project/Historic Homes of Runnemede

What is it? This historic renovation program provides 44 elderly residents with a place to live while preserving and improving the historic downtown area. Both independent living and traditional nursing home care are available through the program, which includes three properties:

♦ Stoughton House – The project allowed for renovation and upgrading of this existing assisted living facility to better accommodate residents;
♦ Evarts House – Briefly known as the Summer White House, this historic home had been abandoned. It now provides 12 units for assisted living; and
♦ Cox House – Also an abandoned historic mansion, this facility now houses seven apartments for independent-living seniors.

Who is it for? Elderly residents of Windsor.

Why do they do it? The Windsor area has a large elderly population. Anticipating insufficient space in the existing nursing homes as the community ages, Mount Ascutney Hospital and Health Center partnered with its community to provide additional options for the elderly by upgrading and expanding existing residential services. The finished product not only increased options but improved the downtown area while preserving three historic buildings and setting up a revolving loan fund for future community development.

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New Hanover Health Network – Wilmington, North Carolina

Program: Kangaroo Kapers

What is it? Kangaroo Kapers is a free educational program for expectant mothers and their young children – ages three to eight years old – that teaches soon-to-be big siblings baby safety and eases their anxiety about the changes in their family. The program stresses:

♦ Safety – The most important “ask first” rule is followed by basic baby safety lessons. Weighted baby dolls are used to teach the proper way to hold, feed and diaper baby;
♦ Assurance – The class emphasizes that hospitals are places where people come to be taken care of and made better, and where moms, who are not sick, come to give birth. Soon-to-be siblings play a game in which they help mom pack for the hospital, as their involvement in packing lessens anxiety and conveys a message that they’re helping, not being left behind; and
♦ Excitement – Children get to view an empty room complete with bassinet waiting for baby and then see a bathed and diapered newborn through the nursery window. At the end of class, each child receives a “Graduation Certificate,” a gift bag containing a coloring book and crayons, and a round of applause.

Who is it for? Expecting families in the Wilmington area.

Why do they do it? Kangaroo Kapers was designed to lessen children’s anxiety over a new baby and teach them infant safety – all in the context of an event in which the entire family participates. The program has been well
received, with more than 1,100 children having attended in the past five years.

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Kittitas Valley Community Hospital – Ellensburg, Washington

Program: Patient Assistance Program

What is it? This volunteer-run program helps low-income citizens without prescription coverage obtain the drugs they need free of charge. Acting as a liaison between patients, doctors, and pharmaceutical companies, volunteers ensure that all paperwork is completed as required. Volunteers also maintain ongoing and frequent contact with the patients so that refill requirements are met and their medications are available without interruption. Currently, five volunteers serve 175 patients.

Who is it for? Low-income citizens who need regular medications.

Why do they do it? The extensive application procedures and forms overwhelm many patients and can interrupt the continuity of care. To ensure their community stays healthy, KVCH volunteers step in to help. On average, each patient receives three prescriptions at $70 per prescription. In 2004, the program procured $36,750 in free medications.

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Memorial Healthcare System – Hollywood, Florida

Program: Healthy Communities

What is it? As part of its commitment to improving the health of the community it serves, Memorial Healthcare System partners with community organizations to identify troubled neighborhoods and rejuvenate them. The process includes:

◆ Two surveys that identify leaders in the neighborhood, both formal and informal, and the area’s four most-pressing needs (e.g. job training, family counseling, etc.);

◆ Follow up with the county and other levels of government to see that all that can be done is being done for the neighborhood; and

◆ Training for community leaders to help them achieve change.

Who is it for? Neighborhoods in the community with the highest rates of uninsured residents.

Why do they do it? After conducting regular community health studies, the hospital decided it could make the most material impact on its community’s health by focusing on improving the neighborhoods with the most at-risk populations. The effort is part of Memorial’s mission to improve the health status of the community it serves.

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St. Vincent Hospital – Green Bay, Wisconsin

Program: SANE – Sexual Assault Nurse Examiner

What is it? A program about care, compassion, and comfort, the Sexual Assault Nurse Examiner (SANE) program helps prosecute sexual abuse crimes and begin the healing process for survivors. The program, which St. Vincent provides in collaboration with the police department and a rape crisis center, is made up of specially trained registered nurses who collect medical evidence and perform the necessary examination in a sensitive manner and in complete confidence. Program nurses:

◆ Help survivors understand all of their options, from disease treatment to pregnancy;

◆ Help survivors develop a medical follow-up plan;

◆ Testify on behalf of the survivor if a case goes to court;

◆ Maintain an ongoing, working relationship with other organizations that can help, including human service and law enforcement agencies, the area’s Sexual Assault Center, and the district attorney’s office; and

◆ Ensure a sexual assault advocate is available for all survivors.

Who is it for? Anyone who has been sexually assaulted. Nurses help people of either sex, of all ages.

Why do they do it? Recognizing that victims of sexual assault need special care and sensitivity, St. Vincent developed the SANE program as part of its
125-year commitment to compassion and concern for human welfare. The program provides assistance to anyone who has been sexually assaulted and is available through the emergency department any time of the day, any day of the week.

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Provena St. Mary’s Hospital – Kankakee, Illinois

Program: The Caring Tree

What is it? Dedicated to helping meet the needs of low-income families throughout the year, instead of just during the Christmas season, the Caring Tree is a year-round program to help families with the items they need but can’t afford.

◆ The program provides less fortunate families with vouchers that can be redeemed to purchase beds, mattresses, blankets, and other household items;

◆ Individuals and families are authorized through any one of 16 community agencies — from churches and schools to mental health programs and social agencies — to choose clothing or other items they may need; and

◆ Since its inception, the Caring Tree program has assisted more than 3,000 individuals.

Who is it for? Members of the community who are experiencing a need for clothing or household articles that they cannot afford.

Why do they do it? A kindergarten teacher from a low-income school district in the community commented on how generous people are to needy children at Christmas and suggested it would be great if these children were remembered throughout the year. The hospital’s director of volunteer services brought this idea back to the hospital auxiliary, which committed to the project. The project compliments the health provider’s mission to bring “healing and hope” to its community.

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Spectrum Health – Grand Rapids, Michigan

Program: Nutritional Options for Wellness (NOW)

What is it? Spectrum Health created the Nutritional Options for Wellness (NOW) program in 2003 to help the food-insecure population of surrounding Kent County obtain the food they need to live healthy, active lives. Families with limited or uncertain access to food often suffer from chronic health conditions that could be improved with proper nutrition.

◆ Partnering with local food pantries, community health centers, and multiple local health and human service agencies, NOW gives residents “food prescriptions” and referrals to local food banks for healthy food items; and

◆ This collaborative program also provides chronically ill and food-insecure families with disease self-management education, healthy lifestyle education and referrals for other identified needs.

Who is it for? Low-income Kent County residents, ages 18 to 65, who receive care through participating community clinics. Eligible patients are identified through direct referrals from these clinics.

Why do they do it? Recognizing that more than 75 percent of families who are “food insecure” also have a family member in poor health, Spectrum Health felt nutrition could play a strong role in chronic disease management, healing, and long-term wellness. To help the food insecure in other communities, Spectrum Health has created a program development guide and made detailed information available on its Web site for communities interested in starting a similar program.

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The Mercy Hospital of Pittsburgh – Pittsburgh, Pennsylvania

Program: Operation Safety Net®

What is it? Operation Safety Net® (OSN) is an innovative outreach program to help Pittsburgh’s homeless population. The program’s 30 volunteers and health professionals – including primary care physicians, registered nurses, a paramedic, and a dentist – walk the city’s streets, alleys, and riverbanks, visiting those who have fallen through society’s “health safety net.”
They deliver medical care, support, and referral services directly on the streets of Pittsburgh, 24 hours a day. Among program activities:

- Medical services are provided in response to patient needs and include wound and infection care, respiratory services, foot care, mental health counseling, and referral to drug and alcohol rehabilitation centers;
- Prevention measures include prenatal care, TB and HIV testing, health counseling, and protection from severe weather conditions through an organized shelter; and
- The program trains approximately 100 residents, medical and nursing students annually in street medicine.

**Who is it for?** Homeless individuals living on the streets of Pittsburgh.

**Why do they do it?** OSN began in 1992 as part of Mercy’s 150-year commitment to providing compassionate, individualized health care. Mercy attributes the success of the program to the trusting relationship developed between the outreach teams and the unsheltered homeless they serve. Mercy also believes the program is effective because it responds to homeless patients, many of whom have physical and mental barriers that prevent them from seeking care in traditional health settings, in their own environment.

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**Jamaica Hospital Medical Center – Jamaica, New York**

**Program:** Reading Remedy Program & Community Family Literacy Program

**What is it?** Reading Remedy Program: Designed to promote literacy through Jamaica Hospital’s ambulatory care units, this program has “prescribed” 20,000 free books to children under the age of six since it began in 1998. Through the program, children who come to Jamaica Hospital’s ambulatory care center for care are given a “prescription” from their doctor for a book, and that prescription is filled at the center.

Community Family Literacy Program: Building on its commitment to literacy, Jamaica Hospital in 1999 initiated the Community Family Literacy Program, for children up to the third grade and their parents. The program uses interactive programs at local elementary schools to foster healthy living and reading habits, and encourage parental involvement in the education process.

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

**Why do they do it?** Jamaica Hospital views health care as a process that begins outside the hospital doors with education, access to care, and community service. The hospital implemented the Reading Remedy Program in keeping with this philosophy, and in recognition that literacy is part of greater health.

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**Cleveland Clinic Foundation – Cleveland, Ohio**

**Program:** Creating Possibilities (Creando Posibilidades)

**What is it?** Developed in partnership with the local community organization El Barrio, this program seeks to bring bilingual workers into the health care field, build education and employment opportunities for the Hispanic community, and eliminate economic and cultural barriers that compromise the quality of care. The program includes:

- An intensive, five-week bilingual training program consisting of both classroom and clinical training and leading to a position as a nursing assistant at the Cleveland Clinic;
- A nursing academy, in partnership with the local public school system, that enrolls high school juniors in advanced classes in math, science, medical terminology, time management, and counseling, and offers them part-time work and training at the Cleveland Clinic, as well as assistance in enrolling in professional nursing programs and schools; and
- Bilingual community outreach efforts to educate the Hispanic community on important health issues and health care careers.

**Who is it for?** Members of the Hispanic community.

**Why do they do it?** The Hispanic community is the fastest growing population in Cleveland; yet, many area Latinos face substantial barriers to
care, including language barriers and a lack of health insurance. The Cleveland Clinic Foundation teamed up with El Barrio to establish Creating Opportunities in an effort to reduce these barriers by increasing employment opportunities for the local Hispanic population, expanding the number of bilingual health care workers and increasing the share of people with health care benefits.

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**INTEGRIS Health – Oklahoma City, Oklahoma**

**Program:** Western Village Academy

**What is it?** For more than seven years, INTEGRIS Health has run Western Village Academy, a charter school in Oklahoma City. The health system’s involvement began with after-school and summer programs and health services and graduated to full sponsorship of the school through Oklahoma’s elementary school charter program. The program enables INTEGRIS to provide site-based management, financial oversight, and decision making. Since it assumed sponsorship of the school, INTEGRIS has:

- Developed a new curriculum that engages students by using art, music, and drama to teach subjects such as math and language;
- Set up after-school, summer, and Saturday-school programs, as well as sports/health/wellness and parent outreach initiatives;
- Recruited 300 mentors (one for every student) from the business community; and
- Made significant facility improvements, which have enabled the school to become a community center that serves the health care needs of the students and their families and provides adult education opportunities.

**Who is it for?** A predominately low-income student population that is 90 percent African-American, 5 percent Hispanic, 4 percent Caucasian and 1 percent Asian. Eighty-nine percent of students qualify for free or reduced lunches.

**Why do they do it?** With the lowest test scores and highest truancy rates in the city, Western Village Academy was in danger of closing before INTEGRIS Health’s involvement. In keeping with its commitment to improving the health status of the people and the community it serves, INTEGRIS stepped in and transformed the school. Today, the school no longer is on the state’s “low-performing/high-challenge” list, and test scores have improved in reading, writing, and math in all grades.

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**St. Joseph’s/Candler – Savannah, Georgia**

**Program:** St. Mary’s Community Center

**What is it?** An outreach program in the historic African-American neighborhood of Cuyler-Brownsville in Savannah. St. Joseph’s/Candler lead and involved local businesses to provide services that helped revitalize and build neighborhood pride. Services offered include:

- The Center provides free daily blood pressure checks and sugar screenings, a weekly cardiovascular clinic for high blood pressure, quarterly mammography screenings and cervical cancer screenings, annual prostate screenings and flu vaccinations;
- The Center partners with Savannah Technical College to offer free workforce development certificates of credit for Professional Baking and Hospital Patient Transporter, as well as basic nursing courses to help students enter the nursing field;
- The Center is committed to raising the community’s literacy rate by offering language development classes for moms and toddlers, adult literacy, and GED training classes;
- The Center offers an after school program (K – 8) and a Summer Camp (K-8) to neighborhood children;
- Recognizing that housing is a greater part of health and wellness, and working with Rebuilding Together, the Center has repaired more than 30 neighborhood homes at no cost to the residents; and
- Through its free tax preparation program, more than 329 tax returns have been filed with over $634,150 in refunds.

**Who is it for?** Urban residents of Cuyler-Brownsville neighborhood.

**Why do they do it?** St. Joseph’s/Candler has a strong commitment to promoting wellness, not just treating illness. Recognizing that unemployment and illiteracy directly affect health care, they designed a series of programs and found ways through community collaboration to provide as-
sistance anchored around education, job training, basic needs and health services.

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North Shore-LIJ Health System – Great Neck, New York

**Project:** Aging In Place Initiative

**What is it?** To keep older residents safe, healthy, and in the homes they love as long as possible, North Shore-LIJ Health System adopted an Aging in Place Initiative. What began in 2000 as one housing complex with 500 clients has evolved into several more locations with increased services, which include:

- Organized activities that promote healthy aging, such as screening and education, exercise, and volunteer opportunities;
- Linkages between the social service agency and clients’ personal physicians; and
- Case management of frail elders.

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

**Why do they do it?** To help seniors keep their independence while meeting their health and social needs. The initiative has resulted in improved blood pressure, diet, exercise, and medication compliance for those involved as well as community support and trust. North Shore-LIJ Health System collaborates with local government and non-profit organizations to coordinate social and health service resources. The Aging in Place program allows more than 1,000 seniors to age in place.

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Bon Secours Health System – Baltimore, Maryland

**Program:** The Bon Secours Women's Resource Center

**What is it?** A drop-in center where women and their children can receive emergency and long-term assistance. The Center provides everything from a hot shower, clothing, and a meal to job training – all at no charge.

- The Center provides hospitality services; free laundry facilities, showers, telephones, and a permanent mailing address, and breakfast four days per week;
- Works with the House of Ruth, Maryland to provide domestic violence counseling for women and their children. The Center also works with Mercy Supportive Housing by providing rental assistance grants and counseling on eviction prevention.
In partnership with Goodwill Industries, the Center helps women prepare for employment and connect them with jobs. Maryland Education Opportunity Center provides the women with access to educational and financial aid resources;

♦ Provides crisis intervention and case management services; and

♦ The Center also offers parenting classes that help women address issues of communication, discipline, conflict resolution, and anger management.

Who is it for? Baltimore-area women.

Why do they do it? The Sisters of Bon Secours have always realized that physical well-being is not the only component of good health. Emotional and spiritual wholeness contribute to personal overall health. This applies to communities as well. It’s about meeting the women where they are and building on the strengths that they possess. The Bon Secours Women’s Resource Center accompanies them on their journey to wholeness and self-sufficiency.

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Mercy Health System – Janesville, Wisconsin

Program: House of Mercy Homeless Center

What it is? A 25-bed homeless center that provides homeless families with short-term emergency shelter, clothing, and food, as well as access to housing, jobs, and child care resources. The House of Mercy assesses the needs of each individual and family, obtains appropriate referrals and services, and designs an action plan aimed at achieving more stable housing. Each resident is case managed to help assess, address, and ultimately solve the underlying causes of the resident’s current homelessness.

Who is it for? Homeless families and single women of Southern Wisconsin and Northern Illinois.

Why do they do it? The House of Mercy was created after Mercy Health System Emergency Department physicians reported seeing more and more patients listing the family car as their primary residence. In addition, a survey published in June 1996 by the City of Janesville and City of Beloit Community Development Departments found that, at any one time during a two-week period, 103 individuals were homeless. The goal of the House of Mercy is to serve both its clients’ immediate and long-term needs.

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Crozer-Keystone Health System (CKHS) - Chester, Pennsylvania

Program: Community Connections

What is it? An assortment of health, economic, and social programs and services developed in partnership with 20 other organizations and governmental agencies.

Community Connections includes a partnership with the Chester–Upland School District and the PA Department of Health to implement an immunization program for its students. The Department of Health supplied vaccines and one nurse, while CKHS provided five physicians and five nurses. Chester-Upland School District bused elementary students to the middle and high schools where immunizations were administered to all under-immunized elementary, middle, and high school students.

Wellness Center Youth Leadership program was developed as a result of the immunization program’s success, training 40 high school students per year in adolescent health topics. The students work as peer leaders to teach risk-reduction lessons to sixth-grade students in the Chester-Upland School District. The peer leaders also have the opportunity to participate in personal, academic and career enrichment activities throughout the year.

Who is it for? The Chester PA community and its surrounding areas.

Why do they do it? Chester PA had been facing an economic downturn for many years, and in 1995 the town was declared by the state as a distressed municipality. Crozer-Keystone Health System’s efforts have had a major stabilizing impact on Chester, and improved health outcomes for residents. Immunization rates are now a near-perfect 99.85 percent and the teen pregnancy rate for those enrolled in the Wellness Center Youth Leadership program is dramatically lower than those not involved in the program.

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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.
Brockton Hospital – Brockton, Massachusetts

Program: Better Beginnings

What is it? A program that uses culturally diverse “advocates” to educate women in Brockton and surrounding communities about the importance of early and adequate prenatal care by working with community agencies to identify high-risk women.

All advocates speak English and have additional fluency in Spanish, Cape Verdean (Portuguese Creole), Portuguese, Haitian (French Creole), French, Cantonese, or Vietnamese. Among its services, the Better Beginnings program provides:
- Free pregnancy testing;
- Explanation of health insurance options;
- Help scheduling doctor’s appointments;
- Pediatric care for one year after delivery; and
- Childbirth and parenting classes in several languages.

Who is it for? Brockton area women and infants.

Why do they do it? A 1996 report showed that Brockton had the second highest infant morbidity and mortality rate in the state. After investigating the problem, Brockton Hospital found that ethnic and cultural barriers were keeping women away from the hospital. To overcome these barriers, Brockton took its prenatal services outside the hospital, directly to the women who needed the services most.

Since its inception, the program has enrolled about 5,000 women and delivered 3,200 babies. Today, the average weight of Better Beginnings babies is higher than the statewide average for newborns.

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Morristown Memorial Hospital/Atlantic Health System – Morristown, New Jersey

Program: TeenHealthfx.com

What is it? A free, interactive Web site that serves as a reliable, confidential, anonymous source for answers to difficult-to-ask health questions facing today’s teenagers. Users can submit questions about their health concerns and responses are prepared by health educators, mental health professionals, and physicians. The site also provides access to local and regional health support services, including mental health services.

Who is it for? Young adults ages 12-21. Since its debut in September 1999, TeenHealthfx.com has had more than 6 million visitors.

Why do they do it? The site was created to break down barriers that prevent teens from confronting important health issues and to give teens a safe place to find accurate, confidential answers to health questions they might be uncomfortable asking face-to-face.

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Griffin Hospital – Derby, Connecticut

Program: Health Resource Center

What is it? A lending library that offers a collection of easy-to-read materials related to health and lifestyle, as well as access to the medical library used by physicians and health professionals. Anyone from the community can use the Health Resource Center to educate themselves on ways to enhance their well-being, prevent illness, and play an active role in decisions about courses of treatment should they become ill.

The innovative community resource offers:
- Easy access to medical information that may not be available in other community libraries, in a language people outside the medical community can understand;
- Approximately 5,000 books, including consumer journals, medical journals and pre-selected journal articles arranged in files for easy retrieval; and
- Children’s books, audiotapes, and videotapes related to health, illness and bereavement.

Who is it for? Griffin Hospital patients, their families, and community members.

Why do they do it? Griffin Hospital uses the Planetree model of patient-centered care, which maintains that, if patients have access to information regarding their illness and hospitalization, they will become more active participants in their care. The Health Resource Center extends that principle to the community at large.

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Bladen County Hospital – Elizabethtown, North Carolina

Program: Bladen HealthWatch

What is it? An outreach program designed to address the poor health and lifestyle habits of county residents, about a third of whom are uninsured or underinsured. Modeled after the successful neighborhood crime watch program, HealthWatch consists of a network of “neighbors helping neighbors” become healthier.

- Nearly 1,000 HealthWatch volunteers – in a community of 30,000 – organize health workshops and support groups, make referrals to the HealthWatch office and keep an eye on their neighbors;
- Programs include worksite wellness activities and Sneaker Net, a walking club and exercise program; and
- In addition, the Bladen HealthWatch Resource Center offers health-related information from wellness and fitness programs to how to access health care.

Who is it for? The residents of Bladen County.

Why do they do it? HealthWatch aims to address the county’s high infant mortality rate, as well as high death rates for diabetes, heart attack, and stroke, combined with generally poor lifestyle habits and the large number of county residents with little or no medical insurance.

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Baptist Memorial Health Care – Memphis, Tennessee

Program: Camp Good Grief

What is it? Three programs to help members of the Memphis community recover from the death of a loved one: a day camp for children, an overnight camp for teens and a weekend retreat for adults.

- The children’s bereavement camp, provides an accepting and supportive environment in which children can fully express their feelings through art, music, recreation and support groups; and
- The teen and adult camps build on the success of the children’s camp, focusing on the special needs of adolescent and adult mourners.

Camps encourage participants to express and explore the grief they feel in the company of others who have lost significant people in their lives.

Who is it for? Camp Good Grief is for children ages 7 to 12. Teen Camp Good Grief is for adolescents 13 to 16. The adult camp is for people who have lost a spouse or child. All camps are offered free to residents of the Memphis community.

Why do they do it? Young mourners often grieve very differently from their elders and their needs can be overlooked as a result. Adult mourners also have special needs, especially when the loss is of a spouse or child. Camps help young people develop healthy coping skills that will benefit them throughout their lives.

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St. Marys Hospital Medical Center – Madison, Wisconsin

Program: Dean/St. Marys Neighborhood Asthma Clinic

What is it? The asthma clinic provides free screening, education, and treatment, including medication, for residents with asthma. The clinic is staffed by a clinic coordinator, volunteer physicians, physician assistants, nurse practitioners, respiratory therapists and other clinical professionals.

Services and medications are offered weekly, at no cost to patients, from a strip mall storefront near a very low-income area in Madison.

Patient surveys indicate improved outcomes and reduced use of the emergency department for asthma treatment.

Who is it for? Low-income children and adults with asthma. Fourteen percent do not speak English, and 98 percent have no insurance.

Why do they do it? In Dane County 19 percent of the population suffers from asthma, an increase of 3 percent from just three years ago. Asthma is a highly manageable disease yet many individuals can’t afford routine, preventive care or the high cost of medications.

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Health Promotion

St. Peter’s Hospital – Helena, Montana

Program: Heart of the Matter

What is it? A free community event, Heart of the Matter focuses on the prevention of heart disease. Those attending have the opportunity to:

- Visit with a cardiologist, dietitians, and fitness experts;
- Take an echocardiogram test;
- Monitor their blood pressure and body fat;
- Watch demonstrations for CPR, stress test and automated external defibrillators; and
- Enjoy the results of heart-healthy cooking demonstrations, chair massages, skin consultations, and a red dress fashion show.

The event is a collaborative effort of St. Peter’s, the Montana Chapter of the American Heart Association (AHA), and the AHA’s national Go Red for Women sponsors – Macy’s and Pfizer.

Who is it for? Women in St. Peter’s service area, especially those 30 and older.

Why do they do it? The program seeks to address the area’s high incidence of heart disease in women, as well as high death rates for heart attack and stroke, by empowering women to make small lifestyle changes that may save their lives.

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Avera Holy Family Health – Estherville, Iowa

Program: Lifestyle Challenge

What is it? Avera’s Lifestyle Challenge provides a framework and encouragement for community members to learn how to maintain a healthy body weight – and then stick with new habits. The program includes:

- Educational sessions and support materials provided monthly;
- Positive reinforcement from Challenge staff; and
- Dietitians, nurses, and physical therapy staff, who partner to ensure program activities meet the health and education needs of the community.

Who is it for? The Lifestyle Challenge began with hospital staff and has grown to a community-wide program. The Challenge also has spread to communities in Colorado, Indiana, and Iowa.

Why do they do it? Maintaining a healthy weight can help prevent many chronic health conditions that lead to unnecessary hospital visits and compromise sufferers’ quality of life. Since the program began, residents of Emmet County alone have lost more than 9,000 pounds.

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Memorial Hospital of South Bend – South Bend, Indiana

Program: HEALTHWORKS! Kids Museum

What is it? HEALTHWORKS! is a 12,000-square-foot kids museum that teaches children how to grow up healthy in a high-tech, hands-on, entertaining way. The museum includes:

- A learning center where kids climb, touch, see, and hear how their bodies work and how to stay healthy;
- An outreach program with the Healthworks! Hummer;
- Curriculum designed to complement the elementary school health curriculum; and
- Hands-on sessions to children through field trips, weekend visits, summer camps, and specialized health topic events.

Who is it for? Children, teachers, and parents.

Why do they do it? The museum provides parents and children with engaging opportunities to learn about the importance of healthy choices, since the choices they make today will have an impact on the quality of their lives tomorrow. The museum, which also introduces children to health care careers, is part of Memorial’s commitment to community health.

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Parkview Adventist Medical Center – Brunswick, Maine

Program: Lifestyle Choices

What is it? A two-week lifestyle program that aims to reduce the severity of – or reverse entirely – lifestyle-related health problems such as diabetes, heart disease, high cholesterol, high blood pressure, and obesity.
The program focuses heavily on nutrition and physical activity, while also addressing other lifestyle factors such as stress management; The program provides extensive pre- and post-testing, physician lectures, fitness instruction, and life skills training such as food purchasing and preparation; and At the end of the two-week program, the average participant will experience a 50-point reduction in total cholesterol and reductions in weight and blood pressure, as well as increased energy and more restful sleep.

Who is it for? Lifestyle Choices was designed for adults who have or are at risk of developing a chronic lifestyle-related illness, and is appropriate for anyone who wants to adopt a healthier lifestyle to prevent chronic health problems.

Why do they do it? Parkview Adventist Medical Center operates the Lifestyle Choices program out of a mission-driven belief that it is far better to prevent disease whenever possible than to treat what could have been prevented or postponed.

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Kahi Mohala Behavioral Health – Ewa Beach, Hawaii

Program: Kohua Ho’okele (Foundation for Navigation)

What is it? A program for children receiving long-term treatment based on the Hawaiian values of self-worth, self-care, self-awareness, respect, and responsibility, helps teach adapting and coping skills.

Each child and his or her family are assigned two Alakai, or coaches, to help them through the healing process of treatment;

The program incorporates cultural activities into group therapy and clinical assessments; and

Children participate in weekly Ohana Nights (family nights), a bi-monthly luau, and an annual aloha day that includes a variety of cultural activities and performances by the children.

Who is it for? Youth being treated for mental illness.

Why do they do it? The program strives to teach children to begin taking responsibility in management of their behaviors and life decisions, and to understand what is good and harmful to themselves and other people.

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Cambridge Health Alliance – Cambridge, Massachusetts

Program: Volunteer Health Advisor Program

What is it? An effort to improve community health by providing liaisons for those unfamiliar with the U.S. health care system. In partnership with faith-based and community-based organizations that have strong ties to immigrant and minority populations, the program recruits, trains, and supports a network of more than 260 volunteer health advisors representing Haitian, Brazilian, Latino, South Asian, and African American populations.

Volunteers help connect residents with health care professionals and explain symptoms and treatments in a familiar language and manner as well as provide health education in accessible community settings;

The program screened more than 8,100 people for high blood pressure, cholesterol and diabetes; and

The program has spread to four adjacent cities, which now have an additional 160 Volunteer Health Advisors.

Who is it for? Underserved, hard to reach, often minority populations.

Why do they do it? Recognizing that many immigrant populations were underserved, Cambridge Health Alliance saw the need for culturally and linguistically appropriate outreach and health education.

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Good Samaritan Hospital – Kearney, Nebraska

**Program:** Healthy Lifestyles “T’ai Chi” workshops

**What is it?** A program to help area seniors with balance and fall prevention. Good Samaritan provided an “Introduction to T’ai Chi” workshop for the community, which was enthusiastically received. Now, through Good Samaritan’s Healthy Lifestyles department, five trained instructors provide weekly “Movement Improvement with T’ai Chi” classes that focus on fall prevention for the elderly.

**Who is it for?** Classes are open to the community.

**Why do they do it?** Falls have been the number one cause of trauma admission at Good Samaritan since 1997. The classes were instituted to curb trauma admissions and help area seniors prevent fall injuries.

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Genesis Health System and Trinity Regional Health System – Davenport, Iowa & Rock Island, Illinois

**Program:** Quad City Health Initiative

**What is it?** A community partnership that exists to actively pursue a healthier community. QCHI is a volunteer coalition of more than 500 individuals, representing community groups, insurers, social service agencies, businesses, and local health departments.

In the last several years, QCHI has:

- Partnered with local dentists, the United Way, and Community Health Care to establish a Volunteer Care Network that provides free dental care to individuals of all ages;
- Designed and launched a community wellness media campaign to prevent cardiovascular disease;
- Provided outreach to families seeking enrollment in children’s health insurance programs; and
- Distributed 65 air conditioners and 790 fans and established seven cooling centers during heat emergencies.

**Who is it for?** All residents of the Quad City area.

**Why do they do it?** Genesis and Trinity created the QCHI as a catalyst for improving the health and overall quality of life within the Quad City community.

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Cedars-Sinai Health System – Los Angeles, California

**Program:** Community Outreach Assistance for Children’s Health (COACH)

**What is it?** A program that helps overcome barriers to care from limited English proficiency, lack of insurance, and lack of transportation to increase access to care. With two mobile vans, COACH for Kids goes into underserved communities and provides primary care and mental health services on-site.

- Vans make regularly scheduled stops at schools, churches, homeless shelters, and other sites. Each van has five staff members – all bilingual;
- COACH also provides on-call, after hours support to direct families to appropriate treatment;
- Prescriptions are filled at the time of service, and specialty referrals are made either to Cedars-Sinai or a network of affiliated physicians who donate their care; and
- Families receive referrals for job training and placement, housing, and other community resources.

**Who is it for?** COACH targets impoverished families in Los Angeles who face barriers to care.

**Why do they do it?** A host of factors force many to put off seeking treatment until there is an emergency.

Since the program began in 1994, COACH for Kids has made over 90,000 visits for over 37,000 children and their families; immunization rates are above 90 percent.

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Scripps Health - San Diego, California

Program: Project Dulce

What is it? Project Dulce addresses the myths and beliefs among various cultural groups that can interfere with diabetes management, empowering patients to manage their condition. The program recognizes that in some cultures people may respond better to peer counseling from individuals who have learned how to manage their diabetes and have dealt with the same barriers and issues.

♦ Project Dulce’s peer educators, or promotoras, undergo an extensive, four-month training program that reflects and responds to these cultural differences;
♦ Nurse case managers monitor patients four times a year, reviewing lab results and adjusting medications when necessary; and
♦ Dieticians counsel patients every six months.

Who is it for? Uninsured and underinsured people with diabetes from diverse cultural and ethnic groups. Program is located in San Diego but is available to other localities through the Whittier Institute’s training programs.

Why do they do it? Project Dulce was created in response to uncontrolled diabetes among San Diego’s uninsured and underinsured populations, particularly among Hispanics, with the goal of creating an effective, culturally sensitive chronic care model that can be sustained using traditional reimbursement methods common in community health centers.

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Bradley Hospital – East Providence, Rhode Island

Program: Speaking of Kids

What is it? A free series of eight workshops that cover a broad range of parenting topics from reading aloud to kids and discipline to asthma and DHD.

Recent workshops have addressed managing difficult behavior; communicating with children; autism and Asperger’s syndrome, as well as other pervasive developmental disorders; and dealing with bullying behaviors.

Who is it for? Families, teachers, and other caregivers from Rhode Island and Southern Massachusetts.

Why do they do it? In response to the overwhelming number of requests for practical information about raising children. Bradley Hospital and Hasbro Children’s Hospital now collaborate to provide this resource.

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Rockingham Memorial Hospital - Harrisonburg, Virginia

Program: Farm Safety Day Camp

What is it? A one-day event held each year to teach kids/adults hands-on techniques for avoiding and identifying farm hazards. Volunteers provide sessions on a wide range of farm and home safety topics.

RMH teams up with Progressive Farmer magazine to host the safety camp.

Local agri-businesses, fire departments and rescue squads, civic and service groups, hospital staff, and farming experts volunteer their time and energy to provide sessions on a wide range of farm and home safety topics.

Who is it for? Area families.

Why do they do it? RMH is working to improve the health of its community by designing programs that affect peoples’ everyday lives. Farm Safety Day Camp was created to increase awareness of farm safety and reduce the number of farm injuries.

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St. Elizabeth Medical Center – Covington, Kentucky

Program: Every Child Succeeds

What is it? An evidence-based prevention program through which specially trained nurses visit low-income women in their homes during their first pregnancy and throughout the first two years of their children’s lives. St. Elizabeth has served as a lead agency for the program since 1999.
Health Promotion

Who is it for? At-risk, first-time mothers and their children in Southwest Ohio and Northern Kentucky. St. Elizabeth serves about 200 families in the Northern Kentucky community.

Why do they do it? The program seeks to accomplish three goals:

- To improve pregnancy outcomes by helping women reduce their use of cigarettes, alcohol, and illegal drugs;
- To improve child health and development by helping parents provide more responsible and competent care for their children; and
- To improve families’ economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

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Fairbanks Memorial Hospital – Fairbanks, Alaska

Program: Golden Heart Project

What is it? The Golden Heart Project works to bring long-term sobriety to alcoholics through treatment, follow-up care, and counseling. Partnering with law enforcement and local government agencies, community service groups, businesses, health care organizations, and the University of Alaska, the hospital supports two case managers who work with the Fairbanks Native Association Treatment Center to track chronic abusers, working to ensure this population is receiving appropriate treatment instead of ending up in jail or the emergency department.

Who is it for? Chronic alcohol abusers.

Why do they do it? Alaska has one of the highest rates of alcoholism in the nation. The alcoholism mortality rate and the number of emergency department admissions for people suffering from alcoholism have dropped dramatically since the program’s inception.

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Moses Cone~ Wesley Long Community Health Foundation – Greensboro, North Carolina

Program: Wise Guys & Project Fit America

What is it? School based programs that address everything from increased exercise to pregnancy prevention.

- Wise Guys – a pregnancy prevention program for middle school boys, this program covers self esteem, sexually transmitted diseases, decision making, dating violence, parenthood, and related topics.
- Project Fit America – A national program that works to improve the fitness testing levels of children and to teach lifelong fitness skills, the Foundation sponsors this program in 59 elementary schools. The support allows the schools to have equipment, game challenges, and curriculum designed to address all the deficit areas where children fail fitness tests.

Who is it for? Area youth.

Why do they do it? Moses Cone ~ Wesley Long Community Health Foundation has a strong belief in building self-sustaining communities through improving health status. Working to instill self-esteem and habits of good health at a young age is one way the Foundation works to achieve their belief.

Wise Guys
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Project Fit America
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Nearly 44 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. Taking away 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 everyone gets the care they need regardless of their ability to pay.
**Broadlawns Medical Center – Des Moines, Iowa**

**Program:** Broadlawns Community Care Program  
**What is it?** The Broadlawns Community Care Program reduces unnecessary emergency department visits and increases the use of preventive and primary care services by allowing program members to access health care—including inpatient services, women’s health care, outpatient clinic services, mental health care, dental services, and prescriptions—within any of Broadlawns Medical Center’s facilities at a free or discounted rate.  

The program begins with financial screening to determine if patients are eligible for public assistance programs and/or membership in the Community Care Program. Patients who are eligible for public assistance programs, from Medicaid to food stamps, receive assistance in completing the application process. Financial counselors also assist patients in applying for membership in the Community Care Program. Program members receive a membership card that is presented when services are received at the hospital or clinics.  

**Who is it for?** The Community Care Program is designed to meet the health care needs of uninsured residents of Polk County.  

**Why do they do it?** Broadlawns Medical Center has seen a high percentage of free care patients; more than 60 percent of all patients who come to the medical center have no source of funding for the care they are seeking. While the medical center had always had a charity care program in place, the streamlined Community Care Program allows patients easy access to care and offers a structured application and renewal process. Since the program’s inception, the total number of patient visits has remained about the same but has shifted to a smaller proportion of emergency department visits and a greater number of walk-in clinic visits.  

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**St. Mary Medical Center – Langhorne, Pennsylvania**

**Program:** Community Health Ministries  
**What is it?** An initiative to raise the level of health and improve the lives of the neediest citizens in the county. Now an umbrella for several programs, St. Mary Community Health Ministries includes:  

- Mother Bachmann Maternity Center, a facility that accepts women regardless of their ability to pay;  
- Recognizing the need to improve access for low-income children, the Community Health Ministries developed the Children’s Health Center in 1993;  
- Family Resource Center, a collection of programs and services designed to empower families to make sustainable changes in their lives. Services include counselors for families and children, and a range of programs and services designed to empower families to make sustainable changes in their lives.  

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**St. Vincent Health System – Jacksonville, Florida**

**Program:** Mobile Health Outreach Ministry  
**What is it?** The MHOM is a physician’s office on wheels, fully equipped and staffed by a physician or Advanced Registered Nurse Practitioner, a nurse, a medical assistant, and a driver and/or emergency medical technician (EMT). This program, with three state-of-the-art vehicles, provides access to a medical home at no cost. Each of the three vehicles targets a different population:  

- The Migrant Program takes medical care to over 9,000 migrant farm workers and their families in the fields and ferneries of St. John’s and Putnam counties;  
- The Urban program gives thousands of the city’s working poor access to health care; and  
- The Care Mobile Program targets more than 30,000 of Jacksonville’s uninsured children.  

**Who is it for?** The MHOM is for the homeless, the working poor and uninsured children, as well as migrant and seasonal farm workers in areas surrounding Jacksonville.  

**Why do they do it?** The working poor often labor in entry level jobs that do not provide health care benefits, and many lack the resources to pay for their health care and that of their children often going without health care, seeking medical attention only in extreme instances, usually through hospital emergency departments. St. Vincent’s unique outreach ministry is making hope and health possible for thousands of people.  

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include job readiness, parenting classes, counseling and case management, life skills classes, literacy and English as a Second Language courses, and drug and alcohol counseling. St. Mary supports the initiative by hiring job-ready participants and providing ongoing mentoring to ensure their success;

- Places a special emphasis on preparing clients for careers in health care. St. Mary supports the initiative by hiring job-ready participants and providing ongoing mentoring to ensure their success;
- To ensure a continuum of care for at-risk families, St. Mary also rents three emergency apartments where homeless families can be housed for four to six months, during which time they receive intensive case management, parenting classes, and other comprehensive services; and

- An adult primary care center opened in 2002, providing necessary primary health care services to adults in the region, in partnership with other organizations in the community.

Who is it for? St. Mary Community Health Ministries targets Bristol-Bensalem residents who are underserved and face challenges in breaking the cycle of poverty.

Why do they do it? St. Mary Community Health Ministries helps the underserved in its community receive needed health services, and helps break the cycle of poverty through comprehensive programs to empower families to become self-sufficient.

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Franklin Community Health Network – Farmington, Maine

Program: Contract for Care, FCHN Cares and Franklin Health Access

What is it? Contract for Care allows patients, family members, or friends to volunteer their services to pay off their hospital bill. FCHN Cares provides free and discounted hospital care to low-income individuals. Franklin Health Access provides comprehensive health access for low-income individuals in need of services throughout the community.

The program is a partnership between the health network and physicians throughout the community, allowing patients to seek care from a variety of primary, specialty, home health, mental health, and dental providers in the area as well as the hospital itself.

Who is it for? Hospital patients are eligible for the Contract for Care program and FCHN Cares if their income is at or below 250 percent of the Federal Poverty Line (FPL). Uninsured patients who live in Greater Franklin County and have an income at or below 250 percent of the FPL are also eligible for Franklin Health Access.

Why do they do it? Franklin Community Health Network is located in an area with a high proportion of uninsured patients, a struggling economy, and the third highest unemployment rate in the state of Maine. Stemming from its core mission to serve everyone in need of health care services, the organization developed its unique Contract for Care program to allow patients to volunteer services to pay off their hospital bill. Although utilization of the program is modest, participants report high levels of satisfaction and self-esteem from participating in the program. Volunteers have provided a variety of services to the hospital, such as data entry, growing flowers for patient rooms, reading in the pediatric unit, and making quilts for display around the hospital.

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North Adams Regional Hospital – Berkshire County, Massachusetts

Program: Ecu-Health Care

What is it? A partnership with community organization Ecu-Health Care, to help patients receive affordable health care. Through the partnership, Community Health workers meet with patients to discuss barriers that may prevent them from receiving health care services, and assist patients in enrolling in public assistance programs.

Individuals who do not qualify for public health assistance programs may be enrolled in Ecu-Health Care’s voluntary physician program, a partnership in which all physicians in the North
Access and Coverage

Berkshire area of the county agree to treat low-income residents at a significantly reduced fee.

Once enrolled in the program, patients may visit their primary care physician for a fee ranging between $2 - $25 per visit, and visit a specialist with fees reduced by as much as 95 percent.

Who is it for? The Voluntary Physician Program is available to uninsured patients with an income at or below 250 percent of the Federal Poverty Level (FPL). North Adams Regional Hospital provides charity care to uninsured patients who do not qualify for other public assistance programs.

The hospital’s financial counselors also assist patients who do not meet the income requirements but may need an extended payment plan to pay their bills.

Why do they do it? The partnership between North Adams Regional Hospital and Ecu-Health Care was created due to a high percentage of uninsured individuals in North Berkshire County. Today, Ecu-Health Care enrolls approximately six out of every 10 individuals in MassHealth. The program has increased patient access to care and enabled North Adams Regional Hospital, its physicians, and other providers to better meet the health care needs of the community.

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Link Healthcare – Tioga County, Pennsylvania

Program: Link Choice

What is it? A program that offers a significant discount to self-pay patients with the goal of making high-quality health care services available to those who lack health insurance. The program is not an insurance plan; rather, it is an agreement by local health care providers to provide services to program participants at highly discounted rates. A wide variety of services are available to members, including hospital services, physician visits, lab work, and certain tests and procedures, such as x-rays, CAT scans, and MRIs. In addition, prescription drugs are available at discounted prices through Express Scripts, a major pharmaceutical benefit management company.

To cover the program’s operating costs, members pay an access fee to participate in the program, currently $10 per member per month, with a maximum of $30 per family.

Who is it for? Individuals who are not enrolled in any other health benefit plan are eligible to participate in Link Choice.

The program is also open to employers, and spouses and family members of individuals who receive health insurance through their employer but do not have access to insurance for their dependents.

Why do they do it? Beginning in the 1990s, Tioga County faced a multitude of health care-related issues, including a spike in unemployment, significant growth in the county’s uninsured population, and low reimbursement rates for the local medical community. To address this combination of challenges, Laurel Health System (LHS), Tyoga CareNet, and local employers in Tioga County collaboratively developed Link Health care, which offers “Link Choice.”

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Cooley Dickinson Hospital – Northampton, Massachusetts

Program: Hampshire HealthConnect

What is it? The Hampshire HealthConnect program helps low-income, uninsured patients and community members access health coverage and care. The program has two major components.

♦ A voluntary physician network of 83 primary care providers and specialists; and

♦ Case managers to help patients negotiate available health care options. Counselors help patients to enroll in Medicaid or other coverage programs, and those not eligible for public assistance are assigned to a provider in the voluntary physician network who will provide services on a sliding-scale fee, depending on the patient’s income.

Who is it for? Any patient or community member may qualify to receive free care if their income is at or below 200 percent of the Federal Poverty Level (FPL), and partial assistance if their income is between 200 percent and 400 percent of the FPL.
Why do they do it? An increase in the uninsured population in Massachusetts has resulted in a growing number of patients presenting in the Cooley Dickinson Hospital emergency department with conditions that could have been identified and prevented much earlier if the patients had had access to primary care. Hampshire HealthConnect now works with up to 200 people a month to help them access the health care they need.

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Saint Francis Medical Center – Grand Island, Nebraska

Program: Student Wellness Center

What is it? The Student Wellness Center provides high school students with access to medical services, regardless of their ability to pay. The in-school center offers:

- Treatment for common illnesses such as ear infections and sore throats, in addition to routine physicals and vaccinations;
- Access to mental health professionals and substance abuse counselors;
- Smoking prevention and cessation programs;
- School violence seminars; and
- Assistance with paperwork in both English and Spanish.

The program also includes a licensed clinical social worker and dietician, who work with students who have obesity or eating disorder concerns.

Who is it for? An underserved population of high school students, many from Latin America.

Why do they do it? The program ensures students have access to regular medical care and educates them on disease prevention and healthy lifestyle choices. As a result, students miss less class time and are more likely to receive early treatment and address critical health issues.

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Grinnell Regional Medical Center – Grinnell, Iowa

Program: Charity Care and Financial Assistance Program

What is it? Financial counselors who assess each individual’s situation to determine which public assistance programs the patient may be eligible for and assists the patient in using the medical center’s charity care and financial assistance program. The counselor also serves as an advocate for patients who need assistance with a physician or their insurance company. In addition, since 2001, Grinnell Regional Medical Center and its medical staff have partnered to offer prenatal care and delivery services, with the
goal of assisting expectant mothers with prenatal care and healthy delivery. The success of the “OB Consortium” also has led to the development of the Community Care Clinic, which seeks to meet the primary care needs of the area’s uninsured and underinsured individuals.

**Who is it for?** Patients with incomes of up to 350 percent of the Federal Poverty Level (FPL) are eligible for free or discounted services at Grinnell Regional Medical Center. The medical center also works closely with uninsured patients who are concerned about their ability to pay their hospital bill but do not qualify for financial assistance, creating a manageable payment plan or providing a situational discount if appropriate. Any patient may use the OB Consortium or the Community Care Clinic, regardless of their insurance status.

**Why do they do it?** Grinnell Regional Medical Center is located in a rural area in which many individuals use its emergency department to access primary health services. The medical center also found that many expectant mothers in the community were going without prenatal care, raising concerns about the health of the mothers and their newborns. To address these concerns, the medical center began aggressively promoting its charity care and financial counseling services and providing free services to patients through community partnerships, including its OB Consortium and Community Care Clinic. Through its charity care and financial assistance programs, the medical center has improved access to care in its community. In addition, Grinnell is providing comfort and confidence to uninsured patients, who know that the medical center will help them address their bills in a manner that is sensitive to their ability to pay.

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**Mercy Health Partners/ProMedica HealthSystem–Toledo, Ohio**

**Program:** Toledo/Lucas County CareNet  
**What is it?** The goal of CareNet is to create a uniform approach to charity care by identifying and serving the uninsured and addressing awareness, coordination, cost, and transportation. Participating hospitals provide care at no cost to CareNet members, who are issued membership cards to instill a sense of pride and inclusion. Through the Academy of Medicine, a sliding-scale fee is in place for hospital-based physician services. Other partners provide an array of services, including transportation to medical appointments, specialty care, dental care, psychiatric counseling, and vision screenings. The architects of the plan, Mercy Health Partners and ProMedica Health System, are competing health systems, but they joined forces to create a strategy that maximizes their individual strengths, as well as the strengths of other hospitals and health organizations, to help the underserved in their community.

**Who is it for?** CareNet is available to all uninsured individuals in Lucas County with incomes up to 200 percent of the Federal Poverty Level.

**Why do they do it?** In 2002, Toledo Mayor Jack Ford challenged the community to address the needs of the uninsured. In response, area organizations banded together to create Toledo/Lucas County CareNet. As of November 2005, the program’s more than 7,900 members had received 24,000 primary care visits, 2,400 specialty care appointments, 20,000 hospital services, and 8,900 trips to appointments via city bus service.

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Program: Children’s Health Connection

What is it? Children’s Health Connection is a two-day health fair event for children offering:

- Health screenings, including medical, dental, hearing, vision, and developmental screenings, with follow-up medical visits if necessary;
- Medical supplies;
- Immunizations;
- Haircuts and school materials; and
- Education for parents on accessing insurance, proper use of health care services, and ways to access needed health care.

All participants with medical priorities discovered at the event are assigned a nurse case manager who arranges follow up care at no cost, and also coordinates transportation and a translator if needed.

Who is it for? Children from low-income families participate. In large part, the children are from the area’s growing Hispanic immigrant population.

Why do they do it? Realizing that the growing immigrant population in its community was underserved, McKay Dee hosted a health fair in the local schools targeted at Hispanic families and their children. Now in its eighth year, Children’s Health Connection has helped almost 8,000 Ogden families access important medical screenings, supplies, and information.

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Sarasota Memorial Health Care System – Sarasota, Florida

Program: Circles of Care Network

What is it? What began as a one-night “Holiday Clinic” aimed at the poor, uninsured, and underserved has grown into a network of hospital and community providers working together to break down barriers to care and ensure all residents have equal access to primary, specialty, and surgical care services. The Circles of Care Network revolves around three initiatives:

- A private, not-for-profit primary care center, located in a medically underserved area, that provides primary, pediatric, dental, and podiatry care for low-income residents on a sliding fee scale;
- A hospital-based community medical clinic for low-income and uninsured residents that provides specialty and surgical care; and
- A hospital-subsidized health insurance plan, Varsity Health Charter Plan, for low-income workers, allowing more people more access to the preventive care they need.

The primary care center serves more than 7,000 people a year, providing care for co-pays as little as $5. No one is turned away because of inability to pay. The Varsity Health Charter Plan has enrolled more than 205 members, mostly through word-of-mouth and referrals, and the Community Medical Clinic coordinates specialty and surgical care for about 1,500 people in need each year.

Who is it for? Low income, uninsured and underserved residents.

Why do they do it? The Circles of Care network was established to ensure all residents of Sarasota have access to the care they need, when they need it.

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Foundation for Healthy Communities/New Hampshire health care providers – New Hampshire

Program: New Hampshire Health Access Network

What is it? A voluntary effort of the state’s 26 hospitals, many physician practices, and community health centers to assist people who are uninsured or underinsured in receiving free and discounted care. The statewide network simplifies access for low-income, uninsured and underinsured individuals by requiring completion of only one common application form. Patients first meet with a hospital financial counselor to determine whether they are eligible for public assistance programs. Those who are not eligible for public programs may apply for the New Hampshire Health Access Network. Once enrolled, patients and qualifying family members receive a network card that is valid for six months. Although the network is not an insurance program, participating providers agree to offer levels of free and discounted care that meet or exceed the network guidelines.
Access and Coverage

Who is it for? Patients – whether uninsured or underinsured – are eligible for the New Hampshire Health Access Network if they earn up to 200 percent of the Federal Poverty Level (FPL). Eligible patients also may have up to $100,000 in equity in their primary residence and up to $10,000 in the bank. Those earning up to 125 percent of the FPL receive free care, while those earning between 125 percent and 200 percent of the FPL receive discounts on a graduated scale.

Why do they do it? To address the health care needs of the growing number of uninsured and underinsured residents in New Hampshire. Because of the network’s financial screening process, many of the applicants are now enrolled in state public assistance programs, and patients enrolled in the network are more likely to seek medical care than they would be if they thought they had no way to pay for it. In addition, greater collaboration among health care providers is helping patients whose medical needs cannot be met by one health care provider alone. Currently 190 provider organizations participate in the Network.

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Saint Joseph Mercy Health System – Ann Arbor, Michigan

Program: The Washtenaw Health Plan

What Is It? The Washtenaw Health Plan (WHP) is a collaborative partnership between Saint Joseph Mercy Health System, the Washtenaw Health Department, and the University of Michigan (U-M) Hospitals and Health Centers that was developed as a health insurance program for uninsured low-income county residents. Uninsured patients seeking coverage through the program may apply for enrollment at the health plan office, or through a financial counselor or social workers at either health system. Individuals who are eligible for the plan choose or are assigned a primary care physician (PCP), and are then issued an identification card stating their membership eligibility period and PCP. Patients also may see specialists within the network for a significantly discounted fee, and receive medications based on a formulary, with generic drugs requiring just a $1 or $3 co-pay. For services that are not a benefit of the WHP, patients may be eligible for charity care programs at the health systems.

Who is it for? Individuals with incomes at or below 200 percent of the Federal Poverty Level (FPL) are eligible for the WHP. The hospital’s charity care program provides 100 percent charity care to those with an income up to 200 percent of the FPL. Discounts and financial assistance are available to individuals with incomes above 200 percent of the FPL.

Why do they do it? The Washtenaw Health Plan was created to ensure that members of the community have access to appropriate care in the most appropriate setting. Initial results show that the WHP has succeeded in changing how enrollees use health care services. Enrollees now seek primary care services rather than postponing care and seeking treatment in the emergency department (ED) when their condition worsens. In addition, individuals with chronic conditions have access to the medications they need to keep their conditions under control and prevent unnecessary ED visits.

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ProHealth Care – Waukesha, Wisconsin

Program: Consumer Inquiry Line

What is it? ProHealth Care’s Consumer Inquiry Line is a 24-hour telephone hotline that provides consumers with charges for approximately 140 common hospital procedures at the system’s two hospitals. If the charge information does not include physician fees, the hotline offers contact information for the applicable physician group. In addition to receiving the relevant pricing information, callers who indicate that they have no insurance or ask about the health system’s community care policy are connected with the business office to learn about financial assistance options. Self-pay patients who do not qualify for community care are eligible for the system’s Prompt Payment Discount Policy, a multi-year payment plan for self-pay patients who cannot pay their bill immediately. Patients who use the payment plan also are eligible to receive a discount.
**Community Connections**

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**Who is it for?** The Consumer Inquiry Line is available to everyone. ProHealth Care’s community care policy provides services on a graduated payment scale for individuals with incomes at or below 300 percent of the Federal Poverty Level (FPL). Applicants may apply for community care whether they are insured or not. For insured applicants, the community care discount applies to the balance of any payment due after the insurance payment.

**Why do they do it?** ProHealth Care recognized an increasing interest in its service area in the cost of health care services, as more consumers turn to consumer-driven health plans and insurers require larger out-of-pocket costs. To meet this demand, ProHealth Care went public in September 2004 with its Consumer Inquiry Line to enable consumers to have 24-hour access to information about charges for common health care procedures. The Consumer Inquiry Line currently receives approximately 120 calls per month. The hotline also gives ProHealth Care a new avenue to communicate with its consumers, allowing the system to answer consumers’ questions and learn more about their needs and concerns.

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**Little Company of Mary- Torrance, California**

**Program:** Mary Potter Program for Human Dignity of the Little Company of Mary.

**What is it?** A program that provides charity care and financial assistance to uninsured and underinsured patients in need. The program assists patients in applying for public assistance programs, as well as for the organization’s charity care program, providing thousands of uninsured and underinsured patients with access to care each year.

Program representatives also refer patients who are eligible for either public assistance programs or the Mary Potter Program to local resources, such as the community clinic and county health center. The program covers inpatient, ambulatory care, etc.

**Who is it for?** Patients who demonstrate a need for financial assistance.

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**Advocate Health Care- Oak Brook, Illinois**

**Program:** Financial and Charity Assistance Program

**What is it?** A program that provides free or discounted care to uninsured and underinsured patients who are eligible for assistance. Patients are informed of the program through multi-lingual signage posted in various locations throughout Advocate hospitals, hand-out cards distributed in primary patient access points, consent forms, patient bills, and a new patient account manager webpage.

Patients in need of financial assistance are helped by trained financial counselors – many bilingual – who determine a patient’s eligibility for public assistance programs, such as Medicaid and KidCare, as well as Advocate’s charity assistance program.

**Who is it for?** Uninsured and underinsured patients. Individual situations are assessed when a patient meets with a financial counselor. Each Advocate hospital has a charity care committee with community representatives to oversee uniform application of Advocate’s charity assistance program. Ninety-nine percent (99%) of completed charity assistance applications are approved.

**Why do they do it?** Advocate Health Care is a not-for-profit provider whose faith-based mission is to serve the health needs of individuals, families, and communities through a holistic approach to health care that provides quality care and service, and treats each patient with respect, integrity, and dignity.

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**Why do they do it?** Little Company of Mary is experiencing a growing proportion of uninsured and underinsured patients, to meet this growing need, the Program for Human Dignity was created.

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community connections
St. Marys Hospital Medical Center – Madison, Wisconsin

Program: ABC for Health

What is it? A program that provides advocacy in financial and legal health care issues. Partnering with ABC for Health, a not for profit public interest law firm, St. Marys Hospital Medical Center provides assistance in accessing public medical assistance programs for Wisconsin families.

An ABC for Health benefits counselor works on-site at St. Marys Hospital Medical Center to assist patients in applying for medical assistance programs such as Medicaid and to provide advocacy support for patients who have medical assistance or private insurance benefits that have been denied or not provided in full in accordance with the beneficiary contract.

Who is it for? Uninsured families with children under the age of 19 and pregnant women. Self-pay patients who are not eligible for ABC for Health are provided with information about the hospital’s financial counseling services, where they can receive assistance in applying for Medicaid and for St. Marys Hospital Medical Center’s charity care program.

Why do they do it? To help families become better informed consumers, reducing their stress about health care coverage and allowing them to give greater attention to the health needs of their children. ABC for Health’s assistance in enrolling families in Medicaid, appealing improper private insurance denials, and assisting families with other sources of health care coverage and support has successfully assisted uninsured families in securing needed health care coverage.

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Recognizing that the role of a hospital is not simply to treat illness but to build 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.
Avera Health – Sioux Falls, South Dakota

Program: Save Our Farm Youth (SOFY) Day Camp

What is it? A camp that teaches children in a fair-like atmosphere about the potential dangers that exist around livestock, firearms, all-terrain vehicles, chemicals, electrical systems, and flowing grain.

Children learn basic first aid, rescue breathing, and how to assist a person who is choking. West Nile Virus, and water and sun safety are also addressed.

Who is it for? Rural children ages 4 through 15.

Why do they do it? It is estimated that each year about 22,600 children under the age of 14 years who live on, work on, or visit farms or ranches are injured. More soberly, approximately 70 injury deaths occur annually to children and adolescents on U.S. farms.

Recent years show a downward trend in the number of injuries and deaths of children and adolescents on U.S. farms. Since the program began in 1995, nearly 315 SOFY (Save Our Farm Youth) day camps, led by approximately 6,000 volunteers, have trained about 30,000 children from 14 counties in farm safety.

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Memorial Hospital – Logansport, Indiana

Program: River Bluff Trail Project

What is it? A collaborative community project to build an accessible exercise trail on an abandoned railway in a picturesque area with abundant wildlife, spectacular views, and close proximity to a river.

The 1.3-mile long, 10-foot-wide paved and landscaped trail is designed for walking, running, biking, and roller-blading, with bridge overlooks, resting places, a picnic area, and parking at both entrances.

The trail features a unique canoe/kayak launch that is designed to accommodate people with physical disabilities.

Who is it for? Everyone. Approximately 6,000 community members use the trail every two weeks.

Why do they do it? Indiana ranks among the highest states in several critical unhealthy behaviors, such as smoking, sedentary lifestyle, and obesity, and residents run a higher risk for cancer and heart disease. The walking trail project grew out of a vision to develop a community project that would have long-lasting, positive impact on the community’s health.

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Hallmark Health System – Melrose, Massachusetts

Program: Community Outreach Teams

What is it? A unique outreach program that uses teams of volunteer employees to tailor Hallmark’s outreach, meeting the specific needs and values of area towns. Activities have included donating cardiac defibrillators to high schools, participating in a Drug Task Force, sponsoring a senior transportation program, creating a partnership with the public schools, and holding a formal recognition event for community groups that contribute to the health and well-being of the community, such as firefighters, police, teachers, and philanthropic civic clubs.

Who is it for? The core communities served by Hallmark Health System and its hospitals.

Why do they do it? To be at the table when communities face health-related challenges or needs.

◆ To individualize outreach based on each community’s values and needs; and

◆ To be a part of the community and respond as such.

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**Spring Harbor Hospital – Westbrook, Maine**

**Program:** Developmental Disorders Treatment Unit

**What is it?** A 12-bed Developmental Disorders Treatment Unit that uses an array of interventions to help children and adolescents who suffer from both severe mental illness and pervasive developmental disorders, and finds ways to successfully move them back with their families or into group homes in the community.

**Who is it for?** Young people, age 4-21, with both psychiatric and developmental issues often considered the most difficult population to treat or to place in a residential facility, especially when behavior is disruptive or aggressive.

**Why do they do it?** Young people can wait months in a psychiatric hospital, usually without receiving appropriate treatment, for a suitable place to be discharged into. Maine had been sending these children out of the state for treatment, which added to the high cost but also separated them from their families, sometimes sending the children as far away as Florida.

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**St. Mary’s Hospital – Passaic, New Jersey**

**Program:** Caritas Connection

**What is it?** Targeted programs that address community residents—most of whom are immigrants—broader needs so that their health needs can also be addressed. Programs include:

- Three downtown parish sites that offer health screenings, nursing assessments, and health presentations in Spanish;
- Trained tutors who teach English, and programs that promote literacy from family reading to teaching Spanish reading and writing skills; and
- A 36-hour citizenship course for individuals interested in becoming U.S. citizens.

**Who is it for?** The largely immigrant population in the Passaic community.

**Why do they do it?** To serve the immigrant populations within the community by implementing disease-specific case management, especially for people with hypertension and diabetes, and providing outreach to the chronically ill.

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**New Hanover Health Network – Wilmington, North Carolina**

**Program:** Wilmington Health Access for Teens (WHAT)

**What is it?** A health center for teenagers that provides physical and mental health services to those in need. Nearly three-quarters of area youth are either uninsured or covered by Medicaid or other state programs. A teen advisory board helped select WHAT’s staff and site, and continues to influence its direction. In addition to medical care, WHAT:

- Provides area youth the opportunity to become peer health educators, making presentations in the community and sharing knowledge; and
- Outreach projects address teen pregnancy, smoking prevention, and a tri-county adolescent health council.

**Who is it for?** Youths ages 11 to 24 located in New Hanover County and other southeastern North Carolina counties.

**Why do they do it?** New Hanover County led the state in foster placements and had the second-highest child abuse and eighth-highest juvenile arrest rates. To address these challenges, New Hanover Health Network developed WHAT.

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**Magee Rehabilitation Hospital – Philadelphia, Pennsylvania**

**Program:** RISE

**What is it?** A program designed to help stroke and brain injury victims with chronic aphasia improve their communication and socialization skills—and learn new skills—through a series of classes in a safe, nonjudgmental environment.
Who is it for? Any community member whose stroke or brain injury has impaired their ability to speak, understand, read, or write.

Why do they do it? Following a stroke or brain injury, some individuals develop aphasia, a disorder that impacts a person's ability to communicate. After completing inpatient rehabilitation therapies, many individuals with aphasia remain unable to return to work and continue to have difficulty communicating in social situations, often becoming isolated and lost.

The RISE program is designed to enhance their quality of life and help them re-engage with their community.

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Wyoming Medical Center Foundation – Casper, Wyoming

Program: Youth Empowerment Council (YEC)

What is it? A program that engages young people in community decision making while strengthening the bond between youth and their communities. YEC members from the junior and senior high schools work at city, state, and national levels to advocate for youth programs and projects that improve the quality of life for their peers and their future. YEC members have:

♦ Taught the signs and symptoms of suicide to all eighth graders in Natrona County and conducted safety forums in each secondary school;

♦ Helped develop and pass legislation allowing 16-year-olds to work in polling places; and

♦ Helped plan drug awareness activities and organize a youth volunteer fair and several concerts.

Who is it for? Casper youth in junior high and high school.

Why do they do it? Research shows that students who bond with schools and community are less likely to be involved with risk behaviors that contribute to chronic and debilitating diseases later in life.

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John C. Lincoln Health Network – Phoenix, Arizona

Program: Wee Care

What is it? A day care facility for sick children that lets parents drop their children off with trained pediatric caregivers when parents are unable to miss work and look after a child who has a cold or sore throat. More than 3,000 children were cared for last year.

Who is it for? All Phoenix families.

Why do they do it? John C. Lincoln feels that families are a strong part of a healthy community. Providing parents peace of mind and options when it comes to child care is one way John C. Lincoln gives back to the community it serves.

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Parkland Health & Hospital System – Dallas, Texas

Program: Parkland Palliative Care Program

What is it? A palliative care program for patients and families who are frequently neglected, unfunded, and indigent. Collaborating with several local universities, hospices, a homeless shelter, and other community programs, the program consists of a clinic and consultation service.

Who is it for? Homeless, terminally ill residents.

Why do they do it? The clinic is designed to keep services as accessible as possible for patients, often eliminating the need for treatment in the hospital’s emergency room. The consult service is available to new and regular patients and ranges from pain management to assistance with complete advance directives. The consult service is also available for the emergency department, thereby allowing physicians to obtain accurate medical histories from the palliative care physician or nurse case manager, which ensures that care is consistent, advance directives are honored, and unnecessary procedures are avoided.

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Harlem Hospital Center – Harlem, New York
Program: Building Bridges to Rehabilitation in Harlem Outreach Program
What is it? This program identifies and resolves challenges for disabled persons in Harlem addressing everything from routine daily chores to physical activity. The program uses self-advocacy and direct service initiatives to increase the community’s awareness of the most common disabling impairments and their causes, provide resources to help disabled individuals overcome impairments to activities of daily living, and improve the level of independence of people with disabilities.
Who is it for? Harlem’s physically disabled.
Why do they do it? Harlem Hospital is committed to providing a continuum of health and support services to New York City’s medically underserved communities. Seeing the gap in transition for rehabilitation patients and Harlem’s 20 percent disability rate, Harlem Hospital created the Building Bridges to Rehabilitation Outreach program.
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Trinity Regional Medical Center – Fort Dodge, Iowa
Program: Community Action Network
What is it? A clearinghouse for new ideas, projects, and initiatives that are focused on improving the health and quality of life of the community. Among its many initiatives, the Community Action Network funds/leads six ongoing initiatives:
- HealthPartners provides health screening, educational and prevention programs;
- Drug Free Alliance is a coalition of stakeholders focused on reducing the abuse of alcohol and the use of illicit drugs in the community;
- Character Counts Coalition provides leadership and advocacy for enhancing youth assets and positive character development in youth;
- The Positive Parenting Network is focused on supporting parents and parenting education;
- Youth in Action is a youth leadership and service learning initiative; and
- Fort Dodge Free Clinic offers primary care to the indigent and uninsured population.
Who is it for? All citizens and youth located in the greater Fort Dodge area.
Why do they do it? The board of Trinity Regional Medical Center felt strongly about investing in the health of the community so committed to leading and supporting a cooperative, collaborative network that builds a healthier, stronger, more vital community.
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Henry Ford Health System – Detroit, Michigan
Program: School-Based Health Initiative
What is it? A program that provides primary and preventive health care, from immunizations to counseling, through area schools, regardless of students’ ability to pay or health insurance status. Clinics are housed in schools where they may be the only care a child receives.
Working with the schools, Henry Ford provides staff, medical oversight, and supplies for the clinics. Parents sign a consent form allowing their children to be treated by the clinic.
In 10 years of operation, the initiative has established 10 public-school-based health centers and partnered with other health systems to launch three additional clinics. Today, the program handles nearly 20,000 visits a year and arranges follow-up care if needed. Schools with clinics boast at or near 100 percent immunization rates, and also have higher standardized test scores – 23 percent higher – than their non-clinic counterparts.
Who is it for? Low income, insured and uninsured students – elementary through high school.
Why do they do it? Henry Ford created the School-Based Health Initiative based on the belief that improving the health and wellbeing of a community happens one child at a time.
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 Washoe Health System – Reno, Nevada

Program: Truckee Meadows Tomorrow (TMT)

What is it? A program that focuses on collaborative approaches to health and wellness, public safety and welfare, land use and infrastructure, the natural environment, and education.

Under the program, individuals and organizations develop “compacts” with TMT to adopt specific Quality of Life indicators. The program stresses the use of benchmarks and measures to gauge progress. The United Way, Sierra Pacific Power Company, the Girl Scouts and the county government are among those that have established compacts with TMT.

♦ The program’s impact on the community has been significant, leading to measurable improvements in smoking rates, seatbelt use, and a dramatic 51.6 percent drop in teen pregnancy rates.

Who is it for? All residents of Washoe County and the surrounding areas.

Why do they do it? Faced with recession, the Truckee Meadows area of northern Nevada, wanted to diversify economically. A study showed that quality of life was a major draw for companies, and in 1992, Truckee Meadows Tomorrow (TMT) was born.

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ProHealthCare – Waukesha, Wisconsin

Program: Community Outreach Initiative

What is it? With the goal of improving health and quality of life for local residents, Waukesha area hospitals brought together various health organizations and created a program to serve the most vulnerable populations – the underinsured, uninsured, working poor, and populations facing language and cultural challenges. The result was Waukesha’s Community Outreach Initiative, which provides:

♦ Community-based nurses in 40 different locations, including shelters, community centers, churches, and schools;
♦ An emergency medication access program;
♦ Free dental and psychiatric services for children;
♦ An annual Hispanic Family Health Fair; and

♦ An Hispanic Community Health Resource Center with bilingual staff and culturally competent services and education.

Community Outreach Initiative helps thousands of families each year. In the past year alone, the Hispanic Community Health Resource Center had 3,373 contacts with individuals in the community. Nearly 20 percent of these represented new contacts for this growing program. In addition, 7,433 students benefited from alcohol/tobacco and other drug prevention classes, 76 health fair participants received free flu shots, and the emergency medication access program distributed 226 free medications, among just a few of the outcomes.

Who is it for? Low-income families, frail elderly, and the Hispanic community – three groups that were largely underserved.

Why do they do it? ProHealth Care has created a culture of health and caring that goes beyond the delivery of essential health care services to improve the overall quality of life and health of local residents. Through the outreach program, the Waukesha community realized that not all of its residents had access to the care they needed.

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