Ideas & Innovations for Hospital Leaders
Case Examples 5
In 2006, hospital leaders across the country received their first Community Connections resource—a collection of programs that demonstrate the various ways hospitals provide for and benefit their communities. This case example book is the fifth in a series and highlights many more innovative programs. For more examples or to share your own story, visit www.caringforcommunities.org.

Photos in this publication are courtesy of Doug Haight, photographer, and illustrate programs from recent Foster G. McGaw Prize-winning organizations. Since 1986, the Foster G. McGaw Prize has honored health delivery organizations that have demonstrated exceptional commitment to community service. The 2010 Prize is sponsored by The Baxter International Foundation, the American Hospital Association, and the Health Research & Educational Trust.
Today, more than 5,000 hospitals of all kinds — urban and rural, large and small — are making their communities healthier in ways that are as diverse as the needs of each community. The men and women who work in hospitals are not just mending bodies. Their work extends far beyond the literal and figurative four walls of the hospital to where free clinics, job training efforts, smoking cessation classes, back-to-school immunizations, literacy programs, and so many others are brought directly to the people of the community... often with very little fanfare.

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

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

Every day in America's hospitals, there is tremendous good being done. The instantly recognizable blue and white "H" sign signifies more than a place that patients and families can depend on for care. It signifies the heart of a community.
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Non-medical needs are often intricately tied to personal health and well-being. Hospitals are working to address basic, social, and personal needs as a way to improve their communities’ health. The programs described on the following pages illustrate approaches hospitals are taking to meet the basic needs of everyday life, from food and shelter to education and self-reliance, ultimately improving the long-term health of communities.
Adventist Behavioral Health – Rockville, Maryland

Program: Operation Runaway

What is it? On average, five children in Montgomery County run away every day. Operation Runaway is a community-based, family-focused, and crisis-oriented program that assists runaway adolescents and their families. The program provides free, therapeutic support services, education, and advocacy in an effort to prevent and reduce runaway behavior. The program also maintains a 24-hour telephone hotline staffed by a professional counselor who provides information, resources, and crisis intervention.

Who is it for? Adolescents and their parents.

Why do they do it? This program was initiated to help adolescents and their parents improve communications and relationships.

Impact: Operation Runaway holds free, weekly meetings, conducted by a licensed therapist, for parents and runaways. Families that participate in the program for at least six months have far fewer episodes of runaway behavior. The hotline receives about 10 calls per week.

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American Fork Hospital – American Fork, Utah

Program: Clean Out the Cabinet Campaign

What is it? This campaign educates the public about prescription drug abuse and warns people to keep medications from being abused by others. Four medication disposal sites were set up so individuals could safely dispose of unwanted medications.

Who is it for? Utah County residents.

Why do they do it? Utah leads the nation in the abuse of prescription pain medication. The hospital sought to reduce prescription drug abuse in the community. In 2007, 519 people suffered drug-related deaths in the state; of those deaths, 317 were prescription pain medication overdoses. Seventy percent of the individuals that abused pain medications indicated that they got them from friends or relatives, typically without their knowledge.

Impact: According to a state report on prescription drug-related deaths for 2008, for the first time in many years, there was a decline in the number of prescription drug-related deaths.

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Brigham and Women’s Hospital – Boston, Massachusetts

Program: Student Success Jobs Program (SSJP)

What is it? The SSJP is an after-school and summer work program that provides paid internships to under-served students selected from seven of Boston’s public high schools. The program combines real work experience, mentoring by hospital professionals, academic support, and peer support.

Who is it for? High school students in grades 10–12 from Boston’s lowest-income communities.

Why do they do it? Area youth said they had too few opportunities to get ahead.

Impact: Between 2004 and 2008, 98 percent of SSJP seniors went on to college, and 94 percent of them majored in a science, medical, or health care-related field of study. More than $80,000 in scholarships has been awarded to these students over the past three years. A number of graduates are now working in area hospitals as registered nurses or research assistants.

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Cherokee Regional Medical Center – Cherokee, Iowa

Program: Giving Back to the Community

What is it? Through an employee-based Community Service Committee, the medical center contributes to local organizations quarterly.

Who is it for? Clients of select social service agencies in Cherokee County.

Why do they do it? As the fourth-largest employer in a small rural county, the medical center and its employees wanted to do something for their community.

Impact: In 2008, Cherokee Regional Medical Center provided 550 household and personal items as well as $1,200 to a local women's shelter; raised $1,500 for Relay for Life, a cancer fundraiser; delivered grocery carts full of food to the food bank; and raised more than $6,000 for the Toys for Tots program. Following the flooding in Iowa last year, employees and the medical center donated $13,000 to flood relief efforts.

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Columbus Regional Hospital (CRH) – Columbus, Indiana

Program: Caring Parents' Shaken Baby Syndrome Education

What is it? Caring Parents, CRH's volunteer-based, home-visitation program, provides parent education and support the first 12 months after the baby's birth. Caring Parents shares methods to help parents cope with inconsolable crying and incorporates crying education into its program. Staff also prepared a book titled, *ABC: All Babies Cry,* that is given to parents following the brief educational intervention.

Who is it for? All parents whose babies are delivered at CRH.

Why do they do it? The goal is to educate the community and reduce the incidence of shaken baby syndrome. Staff became concerned when several instances of shaken baby syndrome occurred in the community.

Impact: The program reaches 95 percent of parents who deliver at CRH; efforts are made to reach the other 5 percent through mailings and phone calls. Crying education also has been shared with more than 4,000 community groups and individuals. More than 6,000 copies of *ABC: All Babies Cry* have been distributed throughout the community.

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Elmore Medical Center – Mountain Home, Idaho

Program: Center for Community Health (CCH)

What is it? The CCH involves community stakeholders in assessing unmet health care needs and exploring alternative approaches to health improvement. The Center focuses on health education and connecting local residents with resources.

Who is it for? Residents of rural Elmore County and surrounding areas.

Why do they do it? The key areas of need have been identified as alcohol and drug abuse, mental illness, nutrition, and obesity. This collaborative approach builds upon existing community resources and assets, reduces duplication of effort, and increases the ability of residents to participate in finding solutions to their problems.

Impact: Local residents benefit from a CCH-compiled database of local health and wellness service providers that includes information on child/adolescent services, mental health counseling, substance abuse treatment, low-income assistance, Medicaid providers, and more.

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Fairview Range Regional Medical Center – Hibbing, Minnesota

Program: Mesabi Safe Communities Coalition (MSCC)

What is it? The MSCC addresses the issue of injuries and fatalities related to motor vehicle crashes in the area. MSCC members participate in the local county fair, parades, and youth events, and plan monthly media campaigns to get their message out.

Who is it for? All residents of the “Iron Range,” with a focus on teenage drivers, their parents, and those that drive while impaired.

Why do they do it? This program aims to motivate community members, leaders, business owners, and others to educate the public on preventable deaths and injuries from traffic crashes.

Impact: MSCC teaches the “Teen Behind the Wheel” curriculum in three local school districts’ health classes, presents DUI awareness education classes at the local detoxification center and the county’s youth probation classes, hosts “Parent/Teen Night” at parent driver’s education classes, and conducts an annual controlled drinking experiment.

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Kalkaska Memorial Health Center – Kalkaska, Michigan

Program: Teen Health Corner

What is it? The Teen Health Corner is a collaborative, school-linked program that provides health care services to adolescents at a clinic just for them. It primarily serves middle and high school students located in a rural, medically underserved community. Two outreach workers serve as liaisons between the schools and the health clinic.

Who is it for? Young people ages 10 to 21.

Why do they do it? A number of students have not seen a doctor in years and are in need of immunizations. The program’s primary goal is to help students enroll in the state’s Medicaid program and connect with other social services.
Impact: During the past school year, there were 500 plus visits to the schools’ outreach offices. More than 700 inoculations were administered in 2007 and 2008. The clinic also provides mental health counseling.

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Kent Hospital – Warwick, Rhode Island
Program: Food Four Paws
What is it? In April 2009, this pet-food collection and delivery program was launched as an employee outreach program with staff members donating the pet food. Rhode Island Meals on Wheels delivers pet food, along with people food, to needy elderly residents.
Who is it for? Low-income elderly residents with pets in Rhode Island.
Why do they do it? Elderly residents were feeding pets their own food because they could not afford to buy pet food. Some residents had to give up their animal companions to shelters.
Impact: Nearly 5,500 pounds of pet food have been delivered to approximately 200 Rhode Islanders this year, enabling individuals to keep and provide for their pets. Food Four Paws also is rewarding for hospital employees, who have embraced the program.
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Lawrence and Memorial Hospital – New London, Connecticut
The William Backus Hospital – Norwich, Connecticut
Program: The New London County Health Collaborative (NLCHC)
What is it? The NLCHC unites the medical, social service, and public health communities to jointly examine health status concerns in New London County. The Collaborative has conducted a county-wide health needs assessment identifying the lack of physical exercise by adults, obesity in children and adults, and smoking as some issues to be addressed.
Who is it for? Residents of New London County.
Why do they do it? NLCHC aims to improve the health status of the community through collaborative efforts aimed at influencing public health policy and improving health and wellness.
Impact: As a voice for public health issues and health care concerns, NLCHC is working to create specialty medical care clinics for local individuals that are uninsured or underinsured. Efforts are also underway to make public recreation facilities smoke free.
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Lourdes Health Network – Pasco, Washington
Program: Projects for Assistance in Transition from Homelessness (PATH)
What is it? The Lourdes PATH program provides outreach to homeless men and women and connects them with community services such as crisis mental health units and food banks.
Who is it for? Homeless adults in the Tri-City area.
Why do they do it? On any given day of the year, 1,000-2,000 people are homeless in Benton and Franklin counties. Underpinning the program is the belief that developing safe relationships through respect and compassion leads to helping a person accept and find safety, food, clothing, shelter, benefits, medical care, stability, and potentially a connection to mental health services.
Impact: One full-time case manager has made contact with approximately 425 homeless individuals and has enrolled 200 people in the program since 2006.
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Mercy Health Partners – Knoxville, Tennessee
Program: Stay at Home
What is it? Mercy Health Partners subsidizes housing for low-income, elderly adults living independently at three apartment communities in Knoxville. The program partners with a community agency to provide supportive services, such as housekeeping and laundry. Mercy Health Partners provides social work services, and the Mercy Care Van offers grocery trips.
Who is it for? Low-income elderly residents.
Why do they do it? Poverty, transportation difficulties, and an inability to locate and access supportive services often can result in a loss of independence. The program helps residents remain independent.
Impact: To date, the Stay at Home program has provided 40 clients with housing and support services.
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Mercy Hospital of Portland – Portland, Maine
Program: McAuley Residence
What is it? McAuley Residence provides a safe environment and comprehensive transitional housing program for women in need. Services include access to health and dental care, life skills counseling, education about resources available from other community-based agencies; and connections to partner organizations with expertise in career exploration, parenting, and childcare issues.
Who is it for? A diverse group of women who have experienced homelessness, substance abuse, domestic violence, broken relationships, mental health issues, or incarceration. Residents must be sober and drug-free, willing to commit up to 35 hours of productive activity each week, and willing to pay 30 percent of any monthly income for rent.
Why do they do it? McAuley provides transitional housing (up to 24 months) and support for homeless, at-risk women and children.
Impact: Since 1988, more than 200 women and children have made McAuley their home while learning how to create a more productive and self-reliant future.
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Northeast Alabama Regional Medical Center – Anniston, Alabama
Program: Cancer Resource Center (CRC)
What is it? The CRC provides cancer patients, their family members, and the community with easy access to confidential, high-quality health and cancer information, thereby enabling individuals to participate proactively in their own health care. Services include professional counseling, books, Internet connections for searches, support groups, and lectures on relevant topics. Available for use are games, puzzles, and activities to help relieve stress for children; a Business Center so that people can stay in touch with their offices; and a boutique where patients may obtain wigs, clothing, and other accessories compliments of the American Cancer Society.
Who is it for? Patients, families, staff, and members of the community.
Why do they do it? Cancer is a devastating diagnosis and one that affects more than the patient.
Impact: In the past year, several hundred families have utilized the Center’s resources.
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Mercy Medical Center – Roseburg, Oregon
Program: The Learning Child
What is it? Since 1998, this program has provided backpacks, school supplies, shoes, hygiene products, and head-lice shampoo to low-income children.
Who is it for? Low-income families in Douglas County.
Why do they do it? Douglas County has an unemployment rate of 18 percent. The Learning Child eases the back-to-school transition for hundreds of local families under financial strain.
Impact: In 2008, more than 8,000 children received back-to-school products. Attendance rates at some schools have increased by 30 percent because head-lice treatment can be sent home with affected children.
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Northwest Texas Healthcare System – Amarillo, Texas
Program: Mom Mobile
What is it? A transportation program for mothers and their children.
Who is it for? Area families.
Why do they do it? Transportation has been one of the leading reasons that families have put off health care until an emergent need arises.
Impact: In the first five years of operation, the Mom Mobile transported clients to more than 2,500 visits per year. With expanded transportation stops including dental offices, Medicaid offices, optometrists, and more, the Mom Mobile transported 4,080 patients last year.
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The Queen’s Medical Center – Honolulu, Hawaii

Program: Foster Family Community Care Program

What is it? The program uses private residences to house two or three individuals at a nursing home-level of care. Individuals are cared for by hospital staff-trained caregivers, nurse case managers, social workers, and staff from other state-approved agencies.

Who is it for? Frail elderly and disabled individuals who can no longer live independently.

Why do they do it? The hospital sought a more patient-friendly, community-based, and less expensive alternative to nursing home care.

Impact: A program study demonstrated that clients in homes were maintained at 40 percent less cost than clients in nursing homes.

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Sharp Coronado Hospital – Coronado, California

Program: Community Action to Reach the Elderly (CARE)

What is it? Project CARE was initiated in 2001 to provide daily, non-obtrusive phone calls to enrolled elderly and disabled adults to check on their well-being. If a call goes unanswered, the hospital is alerted and efforts are made to reach the individual’s emergency contact. If the contact has not been in touch with the enrollee, Coronado police patrol volunteers check on the individual at their residence.

Who is it for? Senior citizens and disabled individuals. There is no charge to participate, but clients must register for the program.

Why do they do it? The program offers assistance to elderly and disabled adults who live alone.

Impact: More than 75,000 calls have been placed to enrollees since the project was initiated. Hospital staff also has played a role in securing special telephone equipment for participants who have difficulty with hearing, vision, mobility, or other conditions that may make it difficult to communicate by regular phone service.

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St. Joseph’s Mercy Health System – Hot Springs, Arkansas

Program: Cooper-Anthony Mercy Child Advocacy Center

What is it? The Cooper-Anthony Mercy Child Advocacy Center is designed to promote a sense of safety and consistency for children that may have been abused (physically or sexuall) or neglected. Children are referred to the Center by various law enforcement agencies for services including medical evaluations, therapeutic intervention, victim support and advocacy, forensic interviews, and case review and tracking. Services are provided by a culturally competent, multidisciplinary team.

Who is it for? Victims of alleged child abuse and their family members.

Why do they do it? Garland County was one of the state’s top three counties in terms of filings of child maltreatment reports.

Impact: During 2008, the Center saw 525 new clients and provided 493 forensic interviews and 174 forensic medical examinations.

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St. Mary Medical Center – Langhorne, Pennsylvania

Program: Emergency Shelter Apartments Program

What is it? This program places homeless families in an apartment for at least six months and provides them with intensive case management, furniture and household items, utilities, and health care services through Mother Bachmann Maternity Center, St. Mary Children’s Health Center, and the Adult Clinic.

Who is it for? Homeless families in Bucks County.

Why do they do it? Temporary housing is greatly needed; options for transitional or permanent housing in the area continue to decline.

Impact: More than 100 families have benefited from the program. Families achieve their goal of transitional housing, Section 8 housing, or independent apartment living at an 88 percent success rate.

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St. Mary’s Hospital – Madison, Wisconsin

Program: Arboretum Cohousing (Arbco)

What is it? Arbco is a 40-unit community that has become a mix of affordable market-rate and low-income units consisting of townhouses, handicapped-accessible flats, and rehabilitated single-family homes.

Who is it for? Residents of St. Mary’s neighborhood.

Why do they do it? St. Mary’s wanted to enhance home ownership in the neighborhood and replace housing that was displaced by its recent facilities expansion.

Impact: All units are fully occupied, including four units of subsidized housing, two units built by Habitat for Humanity, and two units for residents with special needs requiring full-time care. There currently are 92 residents ranging in age from 18 months to 87 years.

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Tucson Medical Center (TMC) – Tucson, Arizona

Program: Desert Safety Kids

What is it? The Desert Safety Kids program helps prevent injuries and save lives by educating Arizonans about child safety. TMC’s annual “Be Safe Saturday” safety fair held on the hospital campus draws 8,000 people. The event offers activities for children and families throughout the day, in addition to car seat inspections. Staff also provide safety information, bicycle helmets, water safety tips, booster seats, child fingerprinting, and a host of safety and health information sessions at some 125 community and school events each year.

Who is it for? Children and families in Southern Arizona.

Why do they do it? As a community hospital, TMC wants to give families the tools and information they need to stay safe.

Impact: Arizona does not require people to use booster seats; therefore, they are underutilized in the state. This past year, with help from the Kohl’s Cares for Kids® program, Desert Safety Kids donated, distributed, and fit more than 4,200 booster seats; it also provided 6,300 bike helmets to children.

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Yale-New Haven Hospital – New Haven, Connecticut

Program: Nursing Education Partnership

What is it? In 2002, Yale-New Haven Hospital was an original partner in helping launch and fund a new Associate’s Degree in Nursing (ADN) program at New Haven’s Gateway Community College. The new ADN program has helped the community expand educational opportunities and helped the hospital address some of its workforce shortage issues. Through July 2009, the hospital had hired 52 of Gateway’s ADN graduates.

Who is it for? Residents of the New Haven community who want to pursue a career in nursing.

Why do they do it? The goal is to implement evidence-based policies, projects, and infrastructure that develop prevention initiatives over time.

Impact: As of 2008, nearly 200 new nurses graduated from the program, and the majority of the graduates are employed in the New Haven region. These new nurses are making a positive impact on the diversity of the region’s nursing force.

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Yukon-Kuskokwim Health Corporation – Bethel, Alaska

Program: Family Spirit Project

What is it? Emphasizing the Yup’ik Eskimo traditional values, the Family Spirit Project collaboration uses culturally relevant strategies to promote health and wellness to deal with domestic violence and substance abuse. These issues previously led to child placements outside the home. By inviting tribal elders into the planning process and the entire community into the success of the three-day gathering, the program effectively disseminates information and generates support around issues of substance abuse, parenting, conflict resolution, and child protection.

Who is it for? Families who reside in one of the region’s 50+ villages on the Yukon-Kuskokwim Delta.

Why do they do it? The goal is to implement evidence-based policies, projects, and infrastructure that develop prevention initiatives over time.

Impact: Every year since 1999, three villages have the opportunity—if they choose—to experience a Family Spirit Gathering. Since the first gathering in Kongiganak, Alaska, the villages have experienced decreased rates of child abuse/neglect and increased rates of reporting of child abuse/neglect due to a higher awareness of the problem.

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Health Promotion

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

Program: Rapid HIV Testing Project

What is it? People waiting to be seen in the emergency department at the hospital are offered a free HIV test. Health educators approach patients awaiting treatment and provide information on how the virus is spread, who is at risk, and what they need to know about the test. Testing is performed in a private area, and results are back in about 20 minutes.

Who is it for? People waiting to be seen in the ED. Friends and family members, ages 13 to 64, who have accompanied patients to the ED also are offered the test.

Why do they do it? This project aims to reduce the spread of HIV and to increase awareness of HIV and how to prevent it. The Centers for Disease Control and Prevention estimates that one in four people infected with HIV does not know he or she has it.

Impact: Since 2007, more than 9,000 individuals have been tested each year. If the oral swab test shows that a patient has a possible exposure to the virus, a second test is performed. Individuals with confirmed positive results are referred to various city facilities and private agencies.

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Ashland Health Center – Ashland, Kansas

Comanche County Hospital – Coldwater, Kansas

Program: WEPAC Hoops for Hope

What is it? Two small hospitals serving five southwest Kansas communities formed an alliance, WEPAC, dedicated to providing education and resources to help local women become more proactive about their health care. In October 2009, the hospitals and WEPAC sponsored “Hoops for Hope,” a basketball game featuring teams composed of some of the biggest names in women’s basketball as well as local, high school athletes.

Who is it for? Area residents.

Why do they do it? The program’s goal is to raise funds for research, education, awareness, and treatment of cancer in women. The sponsors took advantage of their areas’ strong interest in women’s basketball to plan an event that would gain the support of the entire community.

Impact: The event raised $100,000, 10 percent of which was donated to the Kay Yow/WBCA Cancer Fund. The remaining 90 percent went to the WEPAC Alliance to pay for cancer education, screening, and treatment for women in the five communities.

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Baptist Health Care Corporation – Pensacola, Florida

Program: Baptist Health Care’s Got Heart

What is it? Educational seminars and screening events throughout the month of February—Heart Awareness Month—are designed to increase awareness of heart disease and improve the quality of life for residents.

Who is it for? Residents of Escambia County.

Why do they do it? Heart disease is the number one killer of both men and women in the United States; Escambia County has a higher rate of heart disease deaths than peer counties.

Impact: More than 590 free heart-risk assessments were conducted for community residents, and another 290 individuals attended heart health education seminars.

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Bon Secours Richmond Health System – Richmond, Virginia

Program: Controlling Asthma in the Richmond Metropolitan Area (CARMA)

What is it? This community-based project offers educational programs for children, parents, school nurses, and principals, as well as Head Start and licensed daycare providers. It also consists of an Asthma Care for Children program for physicians; a pediatric practice quality improvement initiative; case management services; an in-home asthma trigger remediation program; the Asthma Educator Institute; and the Asthma FIT Program.

Who is it for? Children with asthma in the community.

Why do they do it? CARMA provides a safety net for children living with asthma in a metropolitan area that has the highest rates of asthma-related hospitalizations and emergency department discharges in the state.

Impact: More than 150 children with asthma received intense home-based case management services; for those in the program for longer than 12 months,
there was a 70 percent decrease in ED visits and an 86 percent decrease in hospitalizations for asthma or other respiratory conditions.

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◆ The Children’s Hospital of Philadelphia – Philadelphia, Pennsylvania

Program: Community Asthma Prevention Program (CAPP)

What is it? This program provides community-based services to eliminate barriers and promote an optimal learning environment for asthma education. CAPP’s goals are to: (1) increase asthma knowledge and improve self-management behavior; (2) improve quality of life for children with asthma; and (3) train members of the community to teach their peers about asthma.

Who is it for? Children who have asthma and their families.

Why do they do it? Asthma is the number one diagnosis for admission at Children’s; approximately one out of five children in urban Philadelphia has asthma.

Impact: More than 3,000 caregivers and children have participated in CAPP community asthma classes. In addition, 564 children have participated in the school program. These multifaceted efforts have reduced hospitalizations, emergency department visits, and asthma symptoms.

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◆ Comanche County Memorial Hospital – Lawton, Oklahoma

Program: WALK (Wellness and Lawton’s Kids) Program

What is it? This program features a six-week walk challenge that gives every Lawton Public Schools fourth-grade student a pedometer, log book, and the goal of walking a minimum of 10,000 steps per day for six weeks. Each child is given a pre- and post-program body mass index assessment to measure activity effectiveness.

Who is it for? Fourth-grade students at Lawton Public Schools.

Why do they do it? Since 2004, more than 40 percent of Lawton’s nearly 1,200 fourth graders have been assessed to be “at risk,” compared with a national norm of 31 percent.

Impact: In 2004, there were 41 participants; in 2009, 1,119 students participated, with 368 reaching the goal of 10,000 steps per day.

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◆ Davis Memorial Hospital – Elkins, West Virginia

Program: Annual Women’s Health Day

What is it? The Annual Women’s Health Day is a collaborative effort of the hospital, local businesses, health agencies, and others in the community. Davis Memorial Hospital offers numerous health screenings, most at no cost and some at a much reduced rate. The event also includes mini-massages, information about health promotion and fitness, refreshments, goody bags, and door prizes.

Who is it for? Women in a four-county area.

Why do they do it? The event provides an opportunity for women to learn to live healthier lives, as well as network with physicians, health care professionals, and other like-minded women.

Impact: Approximately 184 women attended the ninth annual fair in 2009, many of whom have no health insurance or have insurance that does not cover preventive screenings. Several participants have been referred for follow-up.

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◆ Florida Hospital Waterman – Tavares, Florida

Program: Leg Alert

What is it? People who suffer from sore legs when they walk or climb stairs may be at risk for PAD, a serious circulatory problem and a common cause of leg discomfort that becomes increasingly common with age. PAD reduces blood flow to the lower body, causing muscles to cramp during exercise or activity. People with PAD are at greater risk for heart attack and stroke, but many people have no symptoms.

Florida Hospital Waterman offers free screenings to help individuals determine if they have PAD.

Who is it for? Individuals seeking testing who receive a score of 50 or above on a brief quiz about their family medical history and their current health status.

Why do they do it? PAD is a very treatable condition, especially if it is diagnosed early.
Impact: The hospital advertises the availability of free PAD testing in its local newspapers. Each year, approximately 125 community members take advantage of this service.

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Forrest General Hospital – Hattiesburg, Mississippi

Program: Day of Dance for Health

What is it? Day of Dance for Health is an annual, national event sponsored by the Spirit of Women Health Network. The purpose of Day of Dance is to educate the community on the warning signs of heart disease and stroke and to provide information on how to live healthy lifestyles, including fun ways to exercise through dance. The event is free to the public and features interactive dance instruction and demonstrations from local studios, health information, and important health screenings.

Who is it for? The entire Pine Belt community.

Why do they do it? In addition to providing education on heart disease, Day of Dance is the setting for Forrest General’s largest free health screening event of the year, offering a wide range of tests.

Impact: Attendance has neared 500 annually for the past five years.

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Girard Medical Center – Girard, Kansas

Program: Dine-O-Might

What is it? This program is an annual health screening and exercise program for elementary school students. It includes an exercise curriculum, blood sugar screening, body mass index (BMI) calculation, and nutritional education by the hospital’s dietician. The blood screening and BMI calculation are performed pre- and post-course. Youngsters are encouraged to keep a journal of their eating and exercise even post-program.

Who is it for? Fourth-grade students at two local elementary schools.

Why do they do it? The program was initiated to help combat childhood obesity. Its goal is to help school-aged children make lifelong healthy choices regarding exercise and diet.

Impact: Seventeen percent of participants in the post-meal blood sugar screenings had high normal results; BMI testing revealed that between 20 percent and 32 percent were at risk for obesity. Screening results and educational materials are sent home with the children for parental review, with suggestions on how to proceed.

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Harlem Hospital Center – New York, New York

Program: Hip Hop Stroke

What is it? The Hip Hop Stroke Program is conducted in collaboration with the National Stroke Association and uses music videos to teach young participants to recognize the warning signs of a stroke. Hip hop music provides an easy, yet entertaining method to teach stroke awareness to youth as well as promote lifelong healthy habits.

Who is it for? Children in third through sixth grades.

Why do they do it? African Americans between the ages of 34 and 55 have the highest stroke death rates and are three to four times more likely to suffer a stroke than white Americans.

Impact: More than 15,000 children have completed the program; the percentage of children tested who knew two or more ways to prevent a stroke jumped from 37 percent to 76 percent. Additionally, the number of children who could identify two or more warning signs of a stroke rose from 28 percent to 60 percent.

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Harrison Medical Center – Silverdale, Washington

Program: Mom and Me, Cavity Free

What is it? Through this two-year pilot program, a dental hygienist provides preventive oral health services to low-income parents and parents-to-be, and screens, refers, and treats pregnant women for dental problems before they give birth. The program follows up with routine exams and cleanings for up to two years after the babies are born.

Who is it for? Low-income pregnant women and mothers (and new fathers) with infants and young children.

Why do they do it? In Washington, 45 percent of low-income preschoolers have cavities, compared with 28 percent nationally. New science shows that
cavities are nearly 100 percent preventable when the decay process is interrupted and oral health education begins during pregnancy.

**Impact:** Of the 340 pregnant women served by the program since its inception in 2008, 312 have remained disease-free into their eighth month. The program has also served 26 fathers-to-be and 145 infants.

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◆ Helena Regional Medical Center (HRMC) – Helena-West Helena, Arkansas

**Program:** Healthy Woman

**What is it?** Women are responsible for nearly all the health care decisions for their families. Many now face having to make decisions about the health and well-being of aging parents, as well as that of their children. HRMC provides a free monthly series of presentations on important health, wellness, and related topics to help women become more knowledgeable about the issues they may face.

**Who is it for?** Women of all ages in Helena-West Helena and surrounding communities.

**Why do they do it?** The program is designed to help women make informed health care and well-being decisions for themselves and their loved ones. In addition to monthly seminars, members receive regular communications that help prepare them to take charge of their health and the health of their families.

**Impact:** Approximately 460 women are enrolled in the Healthy Woman program.

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◆ Iowa Health - Des Moines (IHDM) – Des Moines, Iowa

**Program:** The Center for Healthy Communities

**What is it?** The Center links IHDM to the community at-large, developing relationships with partners in the corporate, education, health, human services, and public sectors. The Center’s community partnership goals include leveraging opportunities for systemic changes, improving health care access, and promoting a healthier community.

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

**Why do they do it?** The Center continually assesses the community’s needs and partners with other organizations to address them. This allows IHDM to contribute to the community in comprehensive and intentional ways, while being able to adjust and meet the changing health issues that face the community it serves.

**Impact:** The Center has been instrumental in leveraging approximately $5 million in resources toward impacting the health of the community. The Center also has functioned as the project lead and committed partner for many community initiatives.

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◆ Jamestown Hospital – Jamestown, North Dakota

**Program:** New Year, New You Fitness Challenge

**What is it?** Launched in January 2008, the eight-week program encourages area residents to make positive lifestyle changes and reduce the risk of heart disease, diabetes, obesity, and tobacco use. Teams
are composed of participants from area businesses who can earn daily points based on exercise and servings of fruits and vegetables.

Who is it for? Adults at their places of business in 2009; in 2010, a “Friends and Families” division will give all area citizens the chance to participate.

Why do they do it? Program leaders want to make Jamestown the healthiest city in North Dakota.

Impact: In 2009, 700 employees at 45 worksites participated. A post-program survey showed that 64 percent of females ages 26-55 had sustained increased exercise levels. Approximately 60 percent of females or total participants were continuing to eat more fruits and vegetables, and 34 percent were continuing with a weight-loss program.

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♦ Joint Township District Memorial Hospital, Grand Lake Health System – St. Marys, Ohio

Program: Grand Health Challenge

What is it? The Grand Health Challenge encourages community residents to lose weight by establishing healthier behavior. Community residents were urged to put together teams of four and compete to see which team could lose the greatest percentage of weight over a six-month period. Ongoing progress reports were provided along with monthly information sessions supporting healthy lifestyle choices.

Who is it for? All residents of the community.

Why do they do it? The Grand Health Challenge is intended to increase awareness of the benefits of living a healthier lifestyle. Program leaders hope that adults then influence their children and grandchildren to improve their lifestyles by eating healthier foods and engaging in physical activity.

Impact: During the 2009 Health Challenge, the top team lost almost 12 percent of its starting weight or a total of 123 pounds among the four participants over six months. The “Biggest Loser” among women lost 15.75 percent of her weight, and the “Biggest Loser” among males lost 26.88 percent of his weight.

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♦ Lovelace Women’s Hospital – Albuquerque, New Mexico

Program: Spirit of Women National Day of Dance

What is it? For the past four years, Lovelace Women’s Hospital has joined the Spirit of Women Health Network by celebrating an annual National Day of Dance for heart health. Events include education on heart disease, free health screenings, heart-healthy snacks, and dancing. Lovelace’s event is unique in that it incorporates a Duke City Dance Off, pitting local celebrities and officials against each other in a dance competition, akin to “Dancing with the Stars.”

Who is it for? Women in the Albuquerque area.

Why do they do it? The event is a vehicle for promoting wellness and sharing women-specific information about heart health.

Impact: Event attendance has doubled from 250 the first couple of years to 500 in the last couple of years. Information provided educates attendees about the array of services the hospital offers.

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♦ Maui Memorial Medical Center (MMMC) – Wailuku, Hawaii

Program: Wireless EKG Helps Save Lives

What is it? This alert system helps heart attack patients get needed care quickly. In Maui County, an ambulance trip to MMMC can take an hour or more. New technology, available in all ambulances, enables paramedics to send life-saving, diagnostic information to the hospital prior to a patient’s arrival.

By receiving a patient’s data before he or she arrives at the hospital, MMMC’s medical team can interpret the condition sooner and provide “clot-buster” medication more rapidly.

Who is it for? Available to the entire community of Maui County.

Why do they do it? Every year, hundreds of thousands of Americans experience STEMI (ST-elevation myocardial infarction), a dangerous form of heart attack that impedes or blocks blood flow to the heart. It is important to identify STEMI and provide treatment as soon as possible.

Impact: The wireless EKG system is used on any patient with signs of acute coronary symptoms.

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**McLeod Medical Center Dillon – Dillon, South Carolina**

**Program:** Latina Perinatal Outreach Project

**What is it?** A collaborative initiative between McLeod Medical Center Dillon and the Coastal Plain Rural Health Network, this project aims to improve birth outcomes of Latina women. Prenatal education classes in Spanish are provided, as well as cultural competency training for staff.

**Who is it for?** Pregnant Latina patients of the McLeod OB/GYN Dillon practice.

**Why do they do it?** In South Carolina, Hispanic mothers have had the highest rates of late or no prenatal care compared with other maternal race and ethnicity categories.

**Impact:** Since fall 2007, 359 pregnant Latina women and their spouses have participated in prenatal classes. Based on class participation and feedback to the instructor, these women have increased their knowledge of the signs and symptoms of preterm labor and how to navigate the American health care system, which has resulted in the birth of healthy babies.

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**Medcenter One – Bismarck, North Dakota**

**Program:** Well Baby Clinic

**What is it?** Parents are welcome to stop by with their babies (birth to one year) during the clinic’s weekly hours. A registered nurse weighs and measures the babies and answers any questions parents may have. A lactation counselor is available, and a physical therapist comes in once a month to provide free screenings. When developmental issues are noted, clinic staff refers parents to the appropriate department. Clinic staff also provides pediatric-related pamphlets, flyers, and articles.

**Who is it for?** New parents in the community.

**Why do they do it?** New parents have numerous questions during the baby’s first year.

**Impact:** Crawford County is one of the most economically challenged counties in the state of Kansas. Nearly 24 percent of the children live in poverty. Teachers report a much higher awareness of the importance of diet and a greater amount of physical activity in children who have gone through this program.

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**Mt. Carmel Regional Medical Center – Pittsburg, Kansas**

**Program:** Healthy Habits for Life

**What is it?** The Healthy Habits for Life program was designed to educate pre-kindergarten aged children about the importance and benefits of a healthy diet and physical activity. The program features familiar characters from Sesame Street and is taught by the medical center’s outreach manager.

**Who is it for?** Pre-K aged children (three to four) enrolled at the local Family Resource Center. The Center is a joint effort between Mt. Carmel Medical Center, Pittsburg State University, and Pittsburg community schools.

**Why do they do it?** During pre-K health screenings, children as young as four years of age were showing signs of high blood pressure. In most cases, this was due to a poor diet and lack of exercise.

**Impact:** Crawford County is one of the most economically challenged counties in the state of Kansas. Nearly 24 percent of the children live in poverty. Teachers report a much higher awareness of the importance of diet and a greater amount of physical activity in children who have gone through this program.

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**North Mississippi Medical Center (NMMC) – Tupelo, Mississippi**

**Program:** Annual Live Well Health Fair

**What is it?** Held each fall, the Fair offers a wide array of health screenings, including anxiety, blood pressure, glaucoma, vision, depression, sleep apnea, osteoporosis, peripheral vascular disease, body mass index, cholesterol, and glucose. Flu shots are provided at no charge, and pneumonia immunizations are available for a small fee. Health professionals are on hand to provide educational information, discuss health concerns, and answer participants’ questions one on one.

**Who is it for?** Residents of NMMC’s service area.

**Why do they do it?** The goal is to help people live longer, happier, more productive lives.

**Impact:** This valuable preventive health service has become a respected and highly anticipated event each year. More than 50,000 area residents have taken advantage of the services and health care offerings.
information provided at the Fair since 1997. More than 39,000 free flu shots have been administered, and 3,500 participants have taken advantage of the cholesterol and glucose screenings.

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◆ Saint Francis Medical Center – Grand Island, Nebraska

Program: Staying Well at Home
What is it? The Staying Well at Home program helps elderly residents live independently and maintain a high quality of life via education and Telehealth monitoring. The Telehealth monitors record vital signs and transmit them to a nurse coordinator at the medical center. Individuals are trained to monitor their vital signs and are taught what those signs mean.
Who is it for? Elderly residents of rural communities in Saint Francis Medical Center’s service area.
Why do they do it? By knowing their vital signs, individuals become more proactive in taking care of themselves. If vital signs change or something looks concerning, individuals are encouraged to contact their primary care physician for follow-up before their symptoms become critical.
Impact: Nearly 190 individuals currently are enrolled in the program that began in 2006. Since then, there has been a slight decrease in the 30-day readmission rate for Medicare patients with the same diagnosis within the community.
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◆ Saint Thomas Health Services – Nashville, Tennessee

Program: Sanford Health and KELO-TV Health & Fitness Fair
What is it? This annual health and fitness fair is held at a large shopping mall and runs for two days. It features a wide variety of free and low-cost screenings, events that highlight exercise, and features for children such as story time and a petting zoo.
Who is it for? Sioux Falls metro and rural communities.
Why do they do it? Given the number of people who lack health care coverage and the current economic downturn, Sanford Health continues to provide free and low-cost screenings to consumers who may otherwise not be able to afford them.
Impact: Each year, the fair administers approximately 1,500 screenings during the two-day event. Estimated foot traffic for the weekend at the Empire Mall has been about 55,000 people.
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◆ Selby General Hospital – Marietta, Ohio

Program: Washington County Tobacco Cessation Program
What is it? This tobacco cessation program consists of activities and events that include evidence-based stop-smoking curriculums, nicotine replacement therapy, inpatient assessment, Quit Spit Kits, Smoke-Free Home Pledges, cigarette pack exchanges, Throw With Chew Week, and referrals to the Ohio Quit Line.
Who is it for? Washington County residents.
Why do they do it? Adult tobacco usage in Appalachian southeast Ohio is 31.2 percent, compared with the Ohio average of 25.9 percent. The county's lung cancer death rate exceeds the state average.

Impact: Since 2003, more than 1,000 people have enrolled in tobacco cessation programming, with an average quit rate of 61 percent. Over the last three years, 242 inpatients were asked to complete the readiness-to-quit questionnaire, followed by counseling, class enrollment, or referral to the Ohio Quit Line.

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Southern New Hampshire Medical Center, St. Joseph Hospital, Dartmouth-Hitchcock – Nashua, New Hampshire

Program: Stay’NHealthy

What is it? Stay’NHealthy is a collaborative effort of the Nashua provider community, including Nashua Area Health Center and Nashua Medical Group. Its goals are to make sustainable, systemic improvements to primary care services and to make improvements when working with at-risk and obese patients and their families. Primary care practices take part in a year-long intensive learning collaborative.

Who is it for? Primary care physicians and obese patients and their families.

Why do they do it? A 2006 review of Advantage Network PHO practices showed that 16.8 percent of patients ages 3-12 in these practices are obese.

Impact: Results demonstrated improvements in clinical office systems, providers’ confidence in working with obese patients, awareness of community resources, and engagement of families in setting goals related to healthy eating and exercise.

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St. Vincent Healthcare – Billings, Montana

Program: Go Play!

What is it? Working in partnership with community and governmental groups, as well as with Montana State University-Billings, St. Vincent Healthcare sponsored the “Go Play!” initiative in 2007. The campaign’s goal was to promote motivation for outdoor activity and awareness of local trails and greenways. Campaign components included billboards, a kid-friendly trail map, TV spots, and a live community event.

Who is it for? Children/youth in Yellowstone County.

Why do they do it? A community health assessment revealed low levels of physical activity by residents and high rates of child obesity and diabetes.

Impact: Research showed high levels of program awareness among parents and schoolchildren, as well as increased perceptions of the importance of outdoor activity. In addition, data has shown increased usage of bicycles by both college and elementary school students.

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South Jersey Healthcare – Vineland, New Jersey

Program: Success through Exercise, Physical Fitness, and Sharing Information (S.T.E.P.S.) for Kids

What is it? S.T.E.P.S. for Kids is a community collaboration of South Jersey Healthcare, Cumberland Cape Atlantic YMCA, and the Vineland Public Schools.

This 12-week health intervention program consists of interactive classes on nutrition, exercise, and behavior modification to help families learn how to implement and sustain necessary lifestyle changes. S.T.E.P.S. staff includes an exercise specialist, a registered dietitian, and a social worker.

Who is it for? Students, ages 8-12, with a body mass index (BMI) over the 85th percentile of their recommended BMI and their parents.

Why do they do it? Area pediatricians had reported that more than 35 percent of their patients were overweight or obese.

Impact: In year one and year two, 249 people (122 children) participated in S.T.E.P.S. In 2008, 64.47 percent completed the program. Of the participants, 68.89 percent (52 out of 76) experienced a reduction in BMI. More than 82 percent increased their level of physical endurance.

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Community Connections
**Touro Infirmary – New Orleans, Louisiana**

**Program:** Colorectal Cancer Screening Kits

**What is it?** Touro Infirmary provides free, confidential colorectal cancer screening kits upon request year-round. Once the patient completes in-home testing and returns the kit to the hospital, Touro’s lab tests the specimen at no charge and mails results to the individual within 7-10 business days.

**Who is it for?** Individuals over the age of 50, individuals over the age of 40 with a history of colorectal cancer, and those who have existing conditions that make them more susceptible to colorectal cancer.

**Why do they do it?** Colorectal cancer is the second-leading cause of cancer death in the United States but is preventable and, if detected early, curable. Touro’s goal is to reduce the number of colorectal cancer-related deaths by educating the public about early detection of the disease.

**Impact:** In 2009, 1,900 kits were provided; the hospital expects to distribute about 2,000 kits this year. Approximately 450 kits have been returned to the hospital for lab testing, with about 30 tests found to be positive.

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**Wyoming Medical Center – Casper, Wyoming**

**Program:** P.A.R.T.Y. (Prevent Alcohol and Risk related Trauma in Youth)

**What is it?** Wyoming Medical Center and the Casper Police Department have combined forces to help teenagers make better choices. The dynamic, interactive educational program shows youth the consequences of poor choices related to risky behavior. It addresses issues of alcohol, drinking and driving, getting into cars with individuals who are driving drunk, distracted driving, binge drinking, not wearing seatbelts, and more. Participants are taken through a mock car crash and shown first-hand what a person goes through from the ambulance to the emergency department and then life post-rehabilitation. Participants also learn what it’s like to live with a disability, being “given” a disability and having to eat their meal within 30 minutes with that particular challenge. The program includes lectures from doctors, emergency medical technicians, Wyoming Life Flight personnel, nurses, law enforcement officers, insurance agents, the coroner, and victims themselves.

**Who is it for?** Area teenagers, ages 13-17.

**Why do they do it?** Wyoming Medical Center is seeing an increase in injuries, accidental deaths, and suicides with the combination of alcohol and drugs.

**Impact:** Already over 100 youth have participated in the program and six classes are already scheduled for 2010.

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Nearly 47 million Americans are uninsured. Every day, the caregivers in America’s hospitals see that the absence of coverage is a significant barrier to getting people the right care, at the right time, in the right setting. Knocking down those barriers to care is a big part of the work hospitals do. The programs that follow demonstrate the strong commitment hospitals have to ensuring that everyone gets the care they need regardless of their ability to pay.
Banner Health Sterling Regional MedCenter – Sterling, Colorado

Program: Free Mammograms

What is it? Breast cancer is the most common cancer in women in the U.S. and a leading cause of cancer deaths in women. Getting screened regularly for breast cancer is the best way for women to lower their risk of dying from breast cancer. But for many women with limited or no health insurance, regular mammograms are out of reach. Sterling Regional MedCenter has addressed that issue in Logan County by providing free digital mammograms for eligible women.

Who is it for? Uninsured and underinsured women who reside in the Logan County service area who are at or below 250 percent of the federal poverty level.

Why do they do it? Screening tests are provided at no cost so that cancer can be detected early when it is most treatable.

Impact: Since the free mammogram program began in 2007, 35 women have received free digital mammograms, and cancer was detected in one patient that otherwise may have gone undiagnosed. If cancer is detected, funds for additional diagnostic exams are available in the hospital’s Tough Enough to Wear Pink fund.

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Bloomington Hospital – Bloomington, Indiana

Program: Positive Link

What is it? Bloomington Hospital’s Positive Link is one of 12 care coordination sites in Indiana for those living with HIV/AIDS and serves seven counties. The program provides testing and extensive care coordination, including support for clients, families, partners, and friends; transportation assistance; legal advocacy and referrals; medical referrals (including dental and ophthalmologic); substance abuse prevention and support; vocational rehabilitation referrals; and rental housing assistance.

Who is it for? Residents of Bartholomew, Brown, Greene, Johnson, Lawrence, Monroe, and Owen counties in Indiana living with HIV/AIDS, and their loved ones.

Why do they do it? The program provides a single point of access for the medical, financial, psychosocial, nutritional, and education programs that address the needs of people living with HIV/AIDS, and their loved ones.

Impact: In 2008, Positive Link served 172 individuals and made 4,483 client contacts, including 227 home visits, over the course of nearly 3,600 hours. In addition, 8,214 people were reached with HIV/AIDS education and awareness through community programs, and more than 1,900 people were tested for HIV.

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Carroll Hospital Center – Westminster, Maryland

Program: Access Carroll – Pathways to Health

What is it? Access Carroll is a collaborative effort between Carroll Hospital Center, the Carroll County Health Department, the Partnership for a Healthier County, and other community organizations. The program provides a medical home for 2,818 medically indigent clients in Carroll County. In addition to providing primary care, it provides an access coordinator who advocates for patients’ needs including medical specialty, surgical, mental health, dental and oral health, and optometric care.

Who is it for? Uninsured, low-income residents of Carroll County.

Why do they do it? The program aims to help at-risk and in-need clients maintain good health and learn to manage acute and chronic illnesses.

Impact: During the past fiscal year, Access Carroll provided 2,818 individual clients with some 6,300 office visits. More than 170 volunteers contributed more than 6,400 hours of service.

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Catawba Valley Medical Center (CVMC) – Hickory, North Carolina

Program: Delivering Care to Mothers in Need

What is it? Catawba County Public Health and CVMC established a prenatal care program to improve access to care for low-income women. Nurse midwives from CVMC provide prenatal care at the health department and assist with deliveries at the medical center. Physicians at Catawba Women’s Center provide additional consultation and medical support, particularly with high-risk cases.

Who is it for? Low-income women in Catawba County, especially minority women.

impact: In 2008, Positive Link served 172 individuals and made 4,483 client contacts, including 227 home visits, over the course of nearly 3,600 hours. In addition, 8,214 people were reached with HIV/AIDS education and awareness through community programs, and more than 1,900 people were tested for HIV.

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Why do they do it? Low-birth weight, which is often the result of inadequate prenatal care, is the leading cause of infant mortality. In Catawba County, minority populations deliver a higher proportion of low-birth weight babies.

Impact: Of the 648 infants that midwives delivered at CVMC in the past fiscal year, only 10 mothers had not received prenatal care. North Carolina’s infant mortality rate, as well as that of Catawba County, dropped in 2008, and the minority infant mortality rate is the lowest in the state’s history.

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Central Baptist Hospital – Lexington, Kentucky
Program: Healthy Kids Centers
What is it? Central Baptist Hospital collaborates with the Fayette County Public Schools and the Lexington-Fayette County Health Department to support clinics in three local elementary schools. Each clinic is staffed with a nurse and a nurse practitioner during school hours. A pediatrician visits each site for a half-day every week to run a clinic for students with chronic conditions such as asthma and attention deficit hyperactivity disorder. The health care providers are able to build relationships with the students and their parents, address urgent medical needs, and educate them about health concerns. Mental health support and dental care are provided through relationships within the community.

Who is it for? Students who are uninsured or underinsured.

Why do they do it? Providing health care to children who may not otherwise get it is something that fits with the hospital’s mission. Keeping children well decreases absenteeism and increases learning.

Impact: Healthy Kids Centers served more than 1,300 students in 2008, representing 6,675 episodes of care.

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Citizens Memorial Hospital – Bolivar, Missouri
Program: Miles for Smiles Mobile Dental Unit
What is it? This mobile dental unit is staffed by a dentist, two full-time dental assistants with expanded certification, and a part-time assistant. Services provided include oral exams, X-rays, sealants, cleanings, and fillings. The mobile unit sets up at different locations such as schools, county health department facilities, Amish communities, and physician clinics.

Who is it for? Uninsured and Medicaid-covered children ages 3-17 in nine southwestern Missouri counties.

Why do they do it? The Mobile Dental Unit is filling a tremendous need in the community, where 70 percent of dentists in the service area do not participate in the state’s Medicaid Managed Care plan.

Impact: Since 1999, approximately 25,000 treatments and procedures (in addition to screenings) have been provided to children in a nine-county area. The availability of the program is promoted through schools, health departments, and local newspapers.

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Foundation, Children’s Hospital initiated an effort aimed at providing outpatient health care insurance coverage and ensuring that every child in the city school system has a medical home with a primary care doctor where he or she receives annual physical exams.

Who is it for? Uninsured children enrolled in the city’s school system.

Why do they do it? One in three students in the city’s school system lives below the poverty level. Studies have shown a direct correlation between a child’s educational experience and quality of health.

Impact: A survey of city school students and their families revealed that about 1,900 children were uninsured. Only about 400 are now enrolled in the health insurance partnership. Efforts are underway to reach the other families who appear to be qualified but have not applied for coverage.

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Access and Coverage

◆ Fairmont General Hospital – Fairmont, West Virginia

Program: Community Multiphasic Blood Testing
What is it? Fairmont General Hospital’s bimonthly Saturday program includes 22 tests that monitor all major body organs plus blood sugar, cholesterol, and a complex blood count, for the cost of $25. Members of FGH’s 55+ Connection receive the battery of tests for only $15. These tests in a doctor’s office or hospital outpatient lab would cost well over $200. When requested, a laboratory team goes to work sites, schools, and other locations; 25 percent of the proceeds are shared with sponsoring nonprofit organizations that provide volunteer clerical help for each event.

Who is it for? Low-income elderly, as well as the uninsured and underinsured.

Why do they do it? When Medicare began denying payment for routine blood testing in a physician’s office, it became a local dilemma. Many elderly patients needed routine monitoring of blood for medication control or preventive health.

Impact: The program serves 4,500 participants annually. The screenings have allowed the hospital to detect early stages of leukemia, colon cancer, renal cancer, prostate cancer, and more.

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◆ Harris County Hospital District (HCHD) – Houston, Texas

Program: Community Behavioral Health Program (CBHP)
What is it? CBHP has integrated behavioral health services into all community primary care centers in Harris County, two school-based clinics, and its Homeless Program. Services include patient evaluation/treatment and “curbside” consultations with primary care physicians.

Who is it for? Patients with behavioral health issues, especially the uninsured and underinsured.

Why do they do it? The goal is to serve more patients, drastically shorten waiting times for appointments, and reduce transfers for expensive and limited hospital-based behavioral health services.

Impact: CBHP successfully expanded capacity to address severe psychiatric shortages. Waiting periods for new appointments decreased from seven months to no more than four weeks, with urgent patients being seen within the week. Admissions to the hospital-based psychiatric emergency center declined by 18 percent, and the appointment no-show rate decreased from 40 percent to about 25 percent.

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◆ Intermountain Healthcare – Salt Lake City, Utah

Program: Intermountain Healthcare Community Prenatal Program
What is it? The program provides prenatal, delivery, and postpartum care by certified nurse midwives. Together with perinatology consultation and co-management from maternal-fetal medicine physicians, seamless care for both low-risk and high-risk obstetric patients is provided.

Who is it for? Refugee, immigrant, low-income, and uninsured women.

Why do they do it? The program aims to expand access to pre- and post-natal care, and improve birth outcomes and breastfeeding rates for underserved women.

Impact: In all areas measured, birth outcomes were better than comparison data. The primary C-section rate for these women was 6.2 percent compared with 13.5 percent in Utah and the U.S. norm of 20.3 percent. Women in the test group also dropped their preterm and low-birth weight infant rates by 43 percent and 35 percent, respectively.

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◆ Jacobi Medical Center, North Central Bronx Hospital – Bronx, New York

Program: Project BRIEF (Behavior intervention, Rapid HIV test, Innovative video, Efficient cost and health care savings, and Facilitated seamless linkage to outpatient HIV care)
What is it? This innovative HIV rapid-testing and treatment program is provided in the emergency department to identify people at risk and provide counseling and clinical care faster. Customized technology allows people to privately answer sensitive questions using an onscreen process.
Who is it for? Individuals seeking care in the ED and urgent care area.

Why do they do it? Up to 2 percent of the Bronx population is living with AIDS; the Bronx AIDS death rate is nearly 10 times the national average.

Impact: From October 2005 to April 2009, 29,094 people presenting in the urgent care area and ED were tested for HIV; 134 were diagnosed or confirmed as positive for HIV. More than 70 percent of those were deemed eligible to start HIV treatment.

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Livingston HealthCare – Livingston, Montana
Program: Park County Pediatric Community Care Team

What is it? Livingston HealthCare is a member of the Park County Pediatric Community Care Team (PCPCCT), a collaborative of 14 organizations that provide medical, social, and educational services. The Team’s aim is to improve access to pediatric services, provide resources and information to children and their families, and expand or develop programs to meet the needs of Park County’s youth.

Who is it for? Park County children and their families.

Why do they do it? PCPCCT was started in 2007 with the goal of improving delivery of services for children and families, as well as streamlining services to reduce or eliminate redundancy.

Impact: PCPCCT is enhancing the effectiveness of each member organization. When families enter the system from any point, they have quicker, easier access to the services they need.

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Northeast Georgia Medical Center (NGMC) – Gainesville, Georgia
Program: Hall County Medical Society’s Health Access Initiative (HAI)

What is it? HAI is a network of public and private health care and human services providers that have partnered to improve access to health care and to improve health outcomes for low-income, uninsured adults in Hall County. Under the leadership of physicians and involvement of NGMC, Hall County has the only comprehensive safety-net system in the region with clear portals of entry, a medication assistance program, chronic disease management, and care management services.

Who is it for? Low-income, uninsured adults 18 to 64 years of age who reside in Hall County who are not eligible for other public programs and are at or below 150 percent of the federal poverty level.

Why do they do it? HAI’s goal is to increase access to quality primary, specialty, and ancillary health care including prevention and early intervention services.

Impact: HAI made 2,219 patient referrals in FY 2008. The number of new patient visits to HAI increased by 175 percent over the previous year to 927 visits. HAI has developed and maintains a network of more than 180 physicians who provide care for HAI enrollees at no charge.

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Northeast Regional Medical Center – Kirksville, Missouri
Program: Northeast Missouri Rural Health Network

What is it? Northeast Regional Medical joined other organizations to develop the Northeast Missouri Rural Health Network, which provides patient services through a CareLink Program that assists consumers in locating needed health services; a Prescription Drug Assistance Program that helps patients enroll in pharmaceutical assistance programs; and a CareLink Regional Services for Better Self-Management of Diabetes Program.

Who is it for? All northeast Missouri residents, with special emphasis on the medically underserved, uninsured, and underinsured.

Why do they do it? The purpose is to achieve regional health improvements through collaboration, coordination, and sharing of services and resources.

Impact: Since 2005, more than 7,975 referrals and 3,885 roundtrip transportation encounters have been provided. Network staff have ordered 11,624 medications for 828 patients with an estimated value of more than $3.5 million. Since November 2007, the diabetes program has provided services to 317 patients.

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Poudre Valley Hospital – Fort Collins, Colorado
Program: Community Case Management

What is it? This program is totally supported by Poudre Valley Hospital and focuses on case management and providing assistance for senior citizens.
Access and Coverage

and geriatric clients. Clients are primarily elderly, vulnerable individuals that benefit from assistance in managing their medical conditions and other issues.

Who is it for? At-risk individuals who have limited resources, are chronically or terminally ill, and are not eligible for other in-home services.

Why do they do it? The program aims to help patients reach their own goals, which is often to stay in their own homes; and to reduce the number of visits to the emergency department and the number of inpatient stays.

Impact: Case managers made more than 6,300 visits to nearly 400 clients during 2008. For these patients, ED visits decreased by 48 percent, and inpatient visits were down by 52 percent compared with the six months prior to their program enrollment. Case managers also helped eligible clients obtain financial aid for medical bills, prescription medications, medical supplies, and equipment valued at more than $72,000 this past year.

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ProHealth Care (PHC) – Waukesha, Wisconsin

Program: Hispanic Health Initiative

What is it? In 2001, PHC launched the Hispanic Health Initiative, which included the development of a centralized health care resource for Hispanic individuals. PHC has established a collaborative network of local resources specifically to improve Hispanic health.

Who is it for? The growing Hispanic community in Waukesha County.

Why do they do it? The initiative aims to address the issue of access for Hispanic individuals.

Impact: In the program’s first year of operation, staff provided 1,172 service contacts. In 2008, that number grew to 6,616. Medical outcomes have been documented for the diabetes and cardiology programs—the latest diabetic program attendees’ pre/post-testing average scores increased from 42 percent to 84 percent. Among the adults who participated in the eight-week, family-focused cardiac program, 67 percent decreased waist circumference, 60 percent lost weight, 53 percent lowered triglycerides, 67 percent lowered total cholesterol, 40 percent raised HDL, and 40 percent lowered LDL.

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Providence Hospital – Washington, DC

Program: Centering Pregnancy®

What is it? Established in 2007, the Centering Pregnancy program is a group care model that emphasizes assessment, education, and support. Groups are facilitated by a nurse-midwife and are composed of 10 to 12 women with similar due dates. There are also teen-only groups, as well as groups held in Spanish for Latina patients.

Who is it for? Pregnant women who cannot afford or do not have access to medical insurance.

Why do they do it? The program helps patients overcome barriers that might prevent optimum health care for women and their babies. Women get involved in their own self-care and discuss preventive health measures.

Impact: To date, Centering Pregnancy has initiated and/or completed 38 groups and served more than 350 women. The program has only a 4 percent no-show rate. Program participants have a low premature birth rate of 4 percent compared with the DC rate of 15.9 percent. Breastfeeding rates and durations are higher among program mothers.

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**Saint Francis Hospital – Wilmington, Delaware**

**Program:** Tiny Steps

**What is it?** Tiny Steps is a comprehensive prenatal and maternity care program that provides medical services to pregnant women, including pre-pregnancy planning, pregnancy testing, complete prenatal care, 24-hour emergency care, delivery at Saint Francis Hospital, post-delivery hospital care, and laboratory services.

**Who is it for?** Pregnant women regardless of citizenship or economic status. Approximately half of the people served through the program are uninsured or underinsured and the remainder are Medicaid clients. Patients pay only what they can afford based on a sliding scale.

**Why do they do it?** Tiny Steps’ purpose is to address Delaware’s infant mortality rate, one of the highest rates in the country.

**Impact:** Approximately 1,500 patient visits are conducted each year. Tiny Steps expects to serve 600 mothers and 300 babies this year. Of the 264 babies delivered in the program in 2007, only 4.2 percent were low-birth weight babies, and there were no infant deaths.

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**Saint Joseph’s Hospital – Atlanta, Georgia**

**Program:** Saint Joseph’s Mercy Care Services

**What is it?** Saint Joseph’s Mercy Care Services provides health care and health-related services to Atlanta’s homeless and others in need by “taking health care where it is needed most.” Services are provided through four permanent clinics and strategically placed mobile health coaches. In 2009, an electronic medical record system was implemented that is accessible by providers at each of its medical/dental sites including wireless applications in the mobile clinics.

**Who is it for?** The city’s most needy citizens—new immigrants, homeless persons, the uninsured and underinsured, and the medically disenfranchised.

**Why do they do it?** Saint Joseph’s Mercy Care is committed to providing compassionate care to those who can least afford it.

**Impact:** Saint Joseph’s Mercy Care Services has become a medical home and safety net for thousands of Atlanta’s citizens. In 2008, the organization served more than 9,900 patients in its medical and dental programs and experienced more than 30,200 visits.

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**Salem Hospital – Salem, Oregon**

**Program:** Prenatal Program for Diabetic Hispanic Women

**What is it?** This prenatal program was developed as an inclusive part of the hospital’s high-risk pregnancy clinic. Program staff provide Hispanic women with one-on-one assistance in managing diabetes throughout pregnancy. The team includes a bicultural, bilingual diabetes educator, registered dietitians, an RN-CDE, and the clinic’s medical staff.

**Who is it for?** Low-income, pregnant Hispanic women with diabetes.

**Why do they do it?** Uncontrolled diabetes can lead to complications for mother and child; clinic leaders realized they needed a program customized for Hispanic women.

**Impact:** The number of high-birth weight babies decreased among women who were able to manage their diabetes. In addition, 97 percent of women in the program instituted family planning measures after giving birth, to ensure they have their diabetes under control before becoming pregnant again.

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**Scottsdale Healthcare – Scottsdale, Arizona**

**Program:** Scottsdale Healthcare Children’s Immunization Clinic

**What is it?** This immunization clinic provides free vaccinations to children in the greater Scottsdale area. The clinic is staffed by Scottsdale Healthcare community health nurses and medical personnel. Appointments are not necessary, and bilingual services are available. Vaccinations also have been administered at selected schools.

**Who is it for?** Children up to 19 years of age in the greater Scottsdale area.

**Why do they do it?** The program is intended to increase access to preventive care for those who may not be able to afford services, to prevent the spread of disease, and to comply with the standards for pediatric immunizations recommended by the National Vaccine Advisory Council.
Impact: In FY 2008, the Children’s Immunization Clinic administered 1,875 immunizations to 899 children, thus increasing the number of children in the community vaccinated against preventable diseases.

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St. Luke’s Magic Valley Medical Center – Twin Falls, Idaho
Gooding Memorial Hospital – Gooding, Idaho
St. Benedict’s Family Medical Center – Jerome, Idaho

Program: 900 Women

What is it? This collaborative effort on the part of the hospitals, public health, physicians, and local businesses aims to increase the number of women screened annually for breast cancer. Early detection reduces the chance of dying from breast cancer by 30 percent.

Who is it for? Women ages 40–49 in need of financial assistance who do not qualify for other public health programs. Women under age 40 with a physician’s recommendation for a mammogram are considered on a case-by-case basis.

Why do they do it? Idaho has the nation’s lowest rate of women getting regular screenings for breast cancer. At the time the program was initiated, only 56 percent of women in the county were screened. The goal of this program is to increase local screenings by 10 percent or about 900 women.

Impact: Since 2005, 847 exams have been provided.

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St. Rose Dominican Hospitals – Henderson, Nevada

Program: R.E.D. Rose (Responsible, Early Detection of Breast Cancer)

What is it? Offered in partnership with Susan G. Komen Race for the Cure, this program provides free clinical breast exams, mammograms, ultrasounds, surgical consultations, and biopsies. Assistance with support services such as utilities, rent, groceries, and transportation is also available to individuals undergoing breast cancer treatments.

Who is it for? Women and men 49 and younger who lack adequate health care coverage or the financial means to obtain breast cancer screenings and treatment.

Why do they do it? Southern Nevada ranks among the highest in the nation for underinsured and uninsured individuals.

Impact: From July 2008 to June 2009, the program provided 256 screening and diagnostic mammograms, 225 ultrasounds, 63 biopsies, and 45 surgical consultations, resulting in six breast cancer diagnoses and surgeries. In addition, 43 women received temporary assistance to maintain their homes.

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Sutter Medical Center Sacramento (SMCS) – Sacramento, California

Program: T3 – Triage, Transport, and Treatment

What is it? SMCS is a founding partner of T3, a pioneering program for patients who frequently visit the emergency department for needs that could be addressed more appropriately through preventive means. When a patient visits the ED for non-emergency medical care but appears to need help, a case manager is called in to help stabilize the patient and link them with social services, substance abuse treatment, mental health services, and primary health care.

Who is it for? Medically indigent individuals that habitually use the ED for non-emergency care.

Why do they do it? Addressing patients’ immediate needs and shifting their care from the ED to more appropriate providers has been shown to improve patients’ health. It also reduces the wait time for patients seeking care for medical emergencies.

Impact: Prior to enrollment in T3, this patient population averaged 14 visits to the ED and 12 inpatient days each, during a six-month time frame. Since the program’s inception in 2007, T3 clients’ ED visits have decreased by 65 percent, and their inpatient bed days have decreased by 37 percent. Supportive housing has been arranged for approximately 60 percent of T3’s clients, and 80 percent of the clients stopped or significantly reduced their substance use.

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Willis-Knighton Health System – Shreveport, Louisiana

Program: NeighborHealth

What is it? The NeighborHealth project is a multi-faceted program of Willis-Knighton Health System that is composed of four health care clinics in medically underserved neighborhoods. In addition to providing health care services, project staff provide seminars on health and other issues that contribute to quality of life.

Who is it for? Individuals and families that reside in medically underserved neighborhoods within Willis-Knighton’s service area.

What do they do it? The program is an opportunity for Willis-Knighton Health System to give back to the community by providing services to the underserved members of its community.

Impact: More than 11,000 individuals receive care and services each year from NeighborHealth programs. During the past year, more than 4,300 immunizations were administered from the mobile unit, increasing the immunization rates for the community’s school children by more than 40 percent.

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

**The Acadia Hospital – Bangor, Maine**

*Program: Support of Project AWARE*

*What is it?* Acadia, a non-profit psychiatric and chemical dependency magnet hospital, has partnered with Project AWARE to support and produce films. Project AWARE provides workshops, educational films, and awareness-raising activities to empower young people to take the lead on issues of concern to them. Films have focused on prescription drug abuse, bullying and harassment, impact of adult role models, and adolescents and mental illness. They are distributed statewide to all middle and high schools with financial support from Acadia Hospital, and are made available to community groups and health care organizations.

*Who is it for?* Young people ages 11-19, parents, educators, and health care providers.

*Why do they do it?* Acadia Hospital is committed to the creation and support of youth-related wellness programs. Both the subject matter and methods employed by Project AWARE align with Acadia’s goals.

*Impact:* More than 100 young people were immersed in all aspects of producing the films—writing, acting, set design, filming, and other tasks. Thus youths are not only examining important social issues, they are gaining competence, leadership skills, and self-confidence.

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**Alegent Health Immanuel Rehabilitation Center – Omaha, Nebraska**

*Program: Sports and Leisure Program*

*What is it?* This program helps individuals enhance their lifestyles through participation in a variety of sports and leisure activities while helping them gain new leisure skills, explore community resources, and understand how special adaptive equipment or approaches can lead to learning or re-learning a recreational interest.

*Who is it for?* Adults and children living with a physical disability.

*Why do they do it?* This program challenges participants to reach new levels of independence and improve their self-confidence.

*Impact:* Approximately 600 people receive information on upcoming monthly activities. Activity participation varies.

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**Alfred I. duPont Hospital for Children – Wilmington, Delaware**

*Program: Safety Store*

*What is it?* This hospital-based retail center provides parents and other caregivers safety products at-cost, as well as education on their proper use. Items include child car seats, window alarms, bike helmets, outlet covers, and more.

*Who is it for?* The store is open to everyone, with special outreach to individuals in lower-income communities.

*Why do they do it?* Staffed by the hospital’s Injury Prevention employees, the Safety Store aims to improve awareness and prevent injuries by providing an array of safety-conscious products at an affordable price.

*Impact:* The store, open 16 hours a week, serves 150 to 170 customers per month and provides important information on injury prevention as well as safety products.

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**Children's National Medical Center, Georgetown University Hospital, George Washington University Hospital, Howard University Hospital, HSC, Providence Hospital, Sibley Memorial Hospital, United Medical Center, Washington Hospital Center – Washington, DC**

*Program: DC Hears Program*

*What is it?* The mission of DC Hears is to ensure that infants with hearing loss have access to services that allow maximum communication skill development. The program provides a range of services including early intervention and loaner amplification.

*Who is it for?* Young DC children (birth to 3 years old) with hearing loss.

*Why do they do it?* If hearing loss is not discovered early, a child may experience delays in speech, language, emotional, and educational development.

*Impact:* From June through September 2009, nine hospitals provided 3,267 initial newborn and 130 follow-up screenings, referred 25 children for diagnostic testing, and identified 11 cases of hearing loss.

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◆ **Fletcher Allen Health Care – Burlington, Vermont**

**Program:** Footnoters

**What is it?** Footnoters is a free foot care clinic. Non-health professionals prepare the clients’ feet with a footbath, and nurses clip nails and identify problems.

**Who is it for?** Seniors and the disabled across Chittenden County.

**Why do they do it?** Many seniors live on a fixed income, and Medicare does not cover the cost of podiatrist visits. Often arthritis, limited hand strength, and decreased vision do not allow many seniors to cut their own toenails. With only two podiatrists in Chittenden County, routine toenail cutting is not available at their offices.

**Impact:** Currently, the Footnoters program serves more than 900 seniors at nine sites across Chittenden County. Last year, volunteers, both nurses and non-health volunteers, donated 600 hours of service.

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◆ **Holy Cross Hospital – Taos, New Mexico**

**Program:** Taos First Steps

**What is it?** This home-visit program provides new parents with information, support, and resources that promote healthy early-childhood development and strong family foundations. Staffed by a multi-disciplinary team of home visitors, this collaborative program works closely with other community health, social service, and educational providers.

**Who is it for?** First-time expecting mothers and new parents of children up to 3 years old.

**Why do they do it?** Holy Cross leaders are striving to help new families improve lifelong medical and psychosocial status.

**Impact:** The program now reaches 94 families. All participating expecting mothers receive consistent prenatal care and 100 percent of babies in the program receive well-baby checkups.

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◆ **Humboldt General Hospital – Winnemucca, Nevada**

**Program:** Rescue Bike Patrol

**What is it?** The Rescue Bike Patrol was launched to accommodate the large number of visitors this small desert town experienced during a local event. Rescue bikes were equipped with first-aid and trauma supplies including oxygen tanks, some frontline medications, masks, and a defibrillator. The team was equipped to stabilize patients while waiting for a traditional ambulance.

**Who is it for?** Residents and tourists that visit Winnemucca for special events.

**Why do they do it?** Winnemucca’s location and climate have made it a popular place for several large annual events and celebrations through the year. The Rescue Bike Patrol became a regular feature at events throughout the summer.

**Impact:** In its inaugural weekend, the paramedic bike team responded to three 911-activated calls and several small incidents. Individuals in need of medical care were attended to promptly; on-the-spot treatment of minor ailments and injuries may have reduced unnecessary visits to the emergency department.

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◆ **Kingfisher Regional Hospital – Kingfisher, Oklahoma**

**Program:** Student Governing Board

**What is it?** Implemented in 2002, the Student Governing Board meets once a month during the school year to learn about different health care careers. Board members also plan and present a community health care project at the end of the school year.

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

**Why do they do it?** The program was created to recruit health care workers and raise awareness of the health care worker shortage.

**Impact:** Local high school students are showing increased interest in health care as a career. And as a result of the community project, an area elementary school now has a walking program and is pushing a broader initiative of keeping youth active.

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◆ **Lexington Medical Center – West Columbia, South Carolina**

**Program:** Becky’s Place

**What is it?** This boutique, located inside the medical center, offers products for women who are recovering from breast cancer, including wigs, mastectomy bras, and prosthetics. Staff members are certified in mastectomy fittings and prosthetics and some are breast cancer survivors.
Who is it for? Women recovering from cancer or undergoing cancer treatment.

Why do they do it? These patients are dealing with appearance-related side effects of breast cancer surgery and chemotherapy. They value privacy and staff who are sensitive to their needs.

Impact: Becky’s Place served nearly 800 patients in 2008. The boutique also has a fund to assist uninsured Lexington County residents with their purchases.

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Martha Jefferson Hospital – Charlottesville, Virginia

Program: Going Green – Unwanted Medication Take Back Day

What is it? A drive-through drop-off allowed individuals to dispose of unwanted prescription and over-the-counter medications, including pet medications and medical sharps (syringes). All medications were handled in a confidential manner by pharmacists and then sent to a hazardous waste facility for secure incineration.

Who is it for? All community residents.

Why do they do it? This project was undertaken to remove dangerous substances from the community’s medicine cabinets and thereby prevent accidental poisonings. It also provided an environmentally sound means of disposal, thus protecting local and regional water supplies.

Impact: Nearly 275 pounds of materials were collected, including flammable and hazardous drug waste, DEA-controlled substances, and non-hazardous drug waste.

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Massachusetts General Hospital – Boston, Massachusetts

Program: Home Base Program

What is it? The Home Base Program is a partnership between the Red Sox Foundation and Massachusetts General Hospital. It aims to improve the lives of those suffering from deployment-related emotional and psychological difficulties as they re-enter civilian life and provides support services to family members.

Who is it for? Veterans of the wars in Afghanistan and Iraq who are affected by post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

Why do they do it? The program enhances existing medical care provided by the VA and expands vital support services to the families of veterans. Through public service announcements, the Red Sox implore veterans to get treatment.

Impact: The program provides diagnosis and multi-disciplinary clinical care for veterans with PTSD and TBI; offers outreach and support services to families of affected veterans; conducts innovative research to deepen the understanding of the disorders and develop better treatments for them; and educates veterans, families, and health care providers about diagnosis and treatment of these disorders.

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Northeastern Vermont Regional Hospital – St. Johnsbury, Vermont

Program: Take Charge of Your Health

What is it? This six-week program empowers individuals as self-managers through education, support and skill building, and goal setting and problem solving. The program is based on the evidence-based “Living Healthy with Chronic Conditions.”

Who is it for? Individuals with chronic health conditions.

Why do they do it? More than half of all adults in the state have some sort of chronic condition, the most prevalent in the region being heart disease and cancer.

Impact: After a year, participants reported that visits to doctors and emergency departments decreased significantly. The number of people affected by pain dropped by half and the number who reported being fearful about their future health dropped by about 40 percent.

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Oakwood Healthcare – Taylor, Michigan

Program: Taylor Youth Prevention Initiative

What is it? The Taylor Youth Prevention Initiative emphasizes education, resistance skill, pro-social opportunity, self-esteem, and family involvement to prevent youth violence and drug use. The program has two components—a Summer Arts & Prevention Academy and the Taylor Teen Opportunity through Prevention Services (TTOPS).

Who is it for? Young people disproportionately affected by poverty, crime, violence, and substance abuse. The Arts Academy serves grades 5–8 and
the TTOPS program serves first-time offenders, ages 11-17, who committed crimes such as vandalism, assault, and larceny.

**Why do they do it?** The Taylor Youth Prevention Initiative addresses the critical gap in prevention services for young people at risk.

**Impact:** Of the more than 1,300 youths TTOPS has served, 83 percent reported that the program helped them avoid breaking the law “very much.” Approximately 1,100 youngsters have participated in the Arts Academy; among them there is a decrease in attitudes favoring substance abuse and violent behaviors.

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◆ **Owensboro Medical Health System – Owensboro, Kentucky**

**Program:** School Health Partnership

**What is it?** The School Health Partnership seeks to improve the health of children by teaching healthy habits that will remain with students throughout their lives. This is done by conducting health assessments of children, analyzing the data, and putting appropriate programs in place to make improvements.

**Who is it for?** All children from grades K-12.

**Why do they do it?** The partnership’s goal is to improve the health status of children in Daviess County by addressing identified health risk factors: obesity, exposure to second-hand smoke, personal safety (not wearing bicycle helmets and seat belts), and poor nutrition (skipping breakfast, eating unhealthy meals and snacks).

**Impact:** Health interventions have helped reduce absenteeism, thereby improving academic performance. Soda has been removed from school vending machines, school lunches have been improved, and schools now provide a free healthy breakfast. Seat belt usage has increased for children in grades K-8 and the use of helmets has increased. Additionally, smoking and alcohol use is down among students.

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◆ **Rhode Island Hospital – Providence, Rhode Island**

**Program:** Injury Prevention Center

**What is it?** The Injury Prevention Center integrates community outreach programming, research, and education. Programs address alcohol and injury, motor vehicle safety, bicycle safety, fire safety, home safety, and medical student and resident education.

**Who is it for?** Rhode Island and southeastern Massachusetts residents.

**Why do they do it?** After years of seeing firsthand the devastating impact of injuries, the hospital decided to create a center dedicated to preventing injuries from occurring.

**Impact:** In summer and fall 2009, the Center held more than 33 events including car seat checks, trainings, workshops, and presentations. Staff checked over 552 car seats and distributed more than 172 car seats to needy families.

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◆ **Silver Cross Hospital – Joliet, Illinois**

**Program:** Silver Cross Healthy Community Commission (SCHCC)

**What is it?** The hospital partnered with SCHCC, which looks to improve campus redevelopment, workforce initiatives, and health care access. Thus, Silver Cross includes community leaders in its charitable decisions.

**Who is it for?** Residents of Joliet’s eastside and Will County communities.

**Why do they do it?** The Commission seeks to create a stronger, healthier future for Joliet.

**Impact:** In the past year, the Commission has awarded more than $165,000 in educational, health care-related scholarships and workforce development grants.

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◆ **South Peninsula Hospital – Homer, Alaska**

**Program:** Living Well Alaska

**What is it?** The Living Well Alaska program is a series of six workshops that help people with chronic illnesses—diabetes, asthma, HIV/AIDS, and others—learn ways to self-manage their conditions. Participants learn to manage their symptoms; eat healthy and exercise; communicate effectively with their doctor and health care team; manage medications; and deal with their fear, anger, and frustration.

**Who is it for?** Anyone living with a chronic disease.

**Why do they do it?** The program helps individuals with chronic diseases lead happier, less confining lives by managing their diseases and establishing healthful behaviors.

**Impact:** People who have taken the workshop feel better, are less limited by their illness, and may spend less time at the doctor or in the hospital.
Sturgis Regional Hospital – Sturgis, South Dakota

Program: Lighten Up!

What is it? This program educates children, parents, teachers, and communities about the serious health problems that can result from wearing backpacks that are too heavy or worn improperly. Sturgis Regional Hospital’s Rehabilitation Department partnered with three elementary schools and the American Occupational Therapy Association to host school rallies and educational sessions encouraging young people to “lighten up” their backpacks.

Who is it for? Elementary school students in the community.

Why do they do it? In 2007, more than 23,000 people landed in emergency departments with injuries from backpacks and book bags, including neck, shoulder, and back pain as well as compromised breathing and fatigue.

Impact: Sturgis Regional Hospital’s Rehabilitation Team has educated approximately 800 students in grades K-6.

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St. Cloud Hospital – St. Cloud, Minnesota

Program: Clara’s House

What is it? Clara’s House is for children and adolescents suffering from mental health issues or chemical dependency. The facility allows them to heal in a caring, warm environment designed especially to meet their needs. Participants in Clara’s House programs work on academics with a teacher from the St. Cloud school district. Families are involved every step of the way.

Who is it for? Children and adolescents suffering from mental health issues or chemical dependency in the St. Cloud area.

Why do they do it? Before Clara’s House, children were transferred to the Twin Cities, Fargo, and Duluth for care and treatment. Clara’s House allows kids to receive care close to home rather than having their difficulties escalate to the point where they require hospitalization and treatment away from home.

Impact: Nearly 800 children have benefited from Clara’s House services. The number of readmissions has remained low.

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Underwood-Memorial Hospital – Woodbury, New Jersey

Program: Bring-Along-Baby/Tag-Along-Toddler

What is it? Bring-Along-Baby, a support group for parents and their babies up to age two, and Tag-Along-Toddler, a similar parent support group, provide participants an opportunity to ask questions and have discussions about issues such as breastfeeding, infant care, discipline, and potty training. Two registered nurses from the Maternal-Child Health Unit facilitate each group.

Who is it for? Area parents and their babies/toddlers.

Why do they do it? Pre-natal care program staff learned from parents that they still had questions after taking their babies home.

Impact: The program serves approximately 30 to 40 families per year and consistently receives positive feedback.

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