



Beyond Hospital Walls:

Highlights of N.J. Hospitals' Community Outreach Programs, 2000-2005

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HEALTH RESEARCH AND
EDUCATIONAL TRUST OF NEW JERSEY

A non-profit affiliate of the
New Jersey Hospital Association



Beyond Hospital Walls:

Highlights of N.J. Hospitals' Community Outreach Programs, 2000-2005

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PREFACE

The Health Research and Educational Trust of New Jersey (HRET), a nonprofit affiliate of the New Jersey Hospital Association, is pleased to offer a new resource, *Beyond Hospital Walls: Highlights of N.J. Hospitals' Community Outreach Programs, 2000-2005*. This resource is a collection of community programs, which were established by hospitals throughout New Jersey between 2000 and 2005 and submitted as entries for HRET's Community Outreach Awards.

The Community Outreach Award was founded on the belief that the partnerships between a hospital and its community are necessary to improve and sustain peoples health. The development of integrated "community care networks" enables hospitals to collaborate with communities to emphasize prevention and minimize illness. Through hospital community outreach programs, the infrastructure is created to bring about changes needed to attain improved health and well-being for the community.

NJHA is committed to proactively guiding hospitals and community leaders to develop partnerships addressing needs of their community members. HRET established the Hospital Award for Community Outreach activities in 1991 to recognize hospital-initiated programs that demonstrate prospective identification, creative response, active collaboration and successful fulfillment of community needs. HRET's Community Outreach Award Program seeks to publicly acknowledge hospital-community collaborative efforts leading to development of a shared vision of health.

This resource is available both in print and online and it is being distributed to all New Jersey hospitals. We hope this collection of successful community programs will help hospitals and legislators learn about efforts being conducted throughout the state and encourage hospitals to consider replicating these programs or expanding their own programs in order to better serve their communities.

If you have any questions, need further information or would like an additional copy, please call the HRET Research Department at (609) 275-4145.



GARY S. CARTER, FACHE

President and CEO

New Jersey Hospital Association

ACKNOWLEDGEMENTS

The Health Research and Educational Trust of New Jersey and the New Jersey Hospital Association would like to extend their deep appreciation to all New Jersey hospitals who have reached beyond the walls of their institutions, focusing their attention on the well-being of the greater community. HRET is especially grateful to those who submitted entries to the Community Outreach Awards Program, and would like to recognize *all* entrants for their efforts to address major healthcare issues in our communities.

HRET would further like to acknowledge the contributions of NJHA's Communications Department, with a special thanks to Kimberly Brook, for standardizing the entries for this resource, as well as the Department of Design and Print for the artwork and production of the guide. Last, but certainly not least, we extend our sincere thanks to HRET Research Department staff, Annette Lombardo, Kimberly Hewitson and our student intern Irina Kantrovich, for their hard work, dedication and high standards in preparing this directory.

INTRODUCTION

*H*RET's Community Outreach Awards are granted on an annual basis in an effort to recognize hospital programs that address major healthcare issues through community partnerships and innovative programs or services. Such partnerships are essential to assess and fulfill community needs, build healthy environments and bring about changes to improve the health of New Jersey residents.

This resource is designed to showcase all Community Outreach Awards entries from 2000 to 2005 in a standardized format. Subsequent editions will be published in five-year intervals. The main body of the resource is organized by three major themes: Improving Access and Quality of Care; Preventing Disease and Injury; Reducing Healthcare Disparities; and one category for Miscellaneous Community Programs. Within each theme, different population categories may be the target of health improvement interventions including children, the aged and those with special needs, such as minorities, women, the uninsured or persons with disabilities, addictions or specific diseases such as cancer, HIV/AIDS or chronic conditions. Entries in each theme are arranged alphabetically by the title of the program. Several indices are provided to facilitate locating programs by hospital, target population, subject, including the disease or issue addressed by the program, year(s) of its submission for a Community Outreach Award and legislative district. Each program's most recent contact information has been included should you desire more information about a specific intervention.

We hope that this directory will help with wide dissemination of information about hospitals' community programs and that it will raise awareness as to what types of innovative interventions are being provided to New Jersey's residents to better their health and well-being. We also hope that this resource will encourage hospitals to develop plans to replicate these programs or instigate ideas for development and implementation of new and innovative community programs and services. Such continued efforts on the part of hospitals will ultimately result in healthier communities throughout the state.

FIROOZEH VALI, PH.D.

*Assistant Vice President of Research
New Jersey Hospital Association/HRET*

IMPROVING ACCESS & QUALITY OF CARE

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AIDS/HIV COMMUNITY OUTREACH PROGRAM

In response to the rising status of drug addiction in AIDS/HIV patients, the hospital developed a program that provided outreach, case finding, counseling and outpatient detoxification for active alcohol and drug addicts. The program had two goals – one was to provide specialty training in addictions intervention at participating HIV and AIDS programs and two was to provide ambulatory detoxification for HIV and AIDS patients. Once the patient accepted treatment, the program offered group and individual counseling sessions that educated them about addiction and recovery; facilitated admission into ambulatory or inpatient detox and then provided assistance and support as the patients went through the process; and helped in placing the client into long-term treatment. Clients were better able to comply with medications and other medical services if they were clean and sober. The program also stressed abuse counseling for HIV and AIDS patients who were active addicts and alcoholics.

SUBMISSION DATE: 2003

CONTACT:

Roseann Tambone, Vice President, Ambulatory Care and Support Services
East Orange General Hospital
300 Central Avenue, East Orange, NJ 07018
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E-MAIL: tamboner@evh.org

Keywords: HIV/AIDS; Substance Abuse

2

THE ARC PRIMARY CARE AND DENTAL CENTER

Kimball Medical Center recognized the need to care for the medical and dental requirements of the developmentally disabled members of our community. It was often difficult to find medical and dental care that was responsive for this special needs population. The hospital approached ARC of Ocean County about offering primary medical and dental care for its disabled clients. The Kimball Manchester Ambulatory Care Center offered medical, educational and rehabilitation services such as physical therapy, occupational therapy and speech therapy. The care center also provided laboratory and radiological services, decreasing the need for multiple site visits. In addition, disabled patients came to the Neighborhood Health Center to receive dental care and information to enhance their dental

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health. The need for education crossed over to the caregivers as well, and ensured that proper dental procedures and care were being followed.

SUBMISSION DATE: 2001

CONTACT:

Caryl Russo, Regional Director, Marketing and Public Relations
Kimball Medical Center
600 River Avenue, Lakewood, NJ 08701

PHONE: 732-886-4624

E-MAIL: crusson@sbhcs.com

Keywords: Dental Care; Disabled Persons

3

ASTHMAGIC

Asthmagic was an asthma education initiative implemented by the Respiratory Care Department at Atlantic Health System's Mountainside Hospital. The goal of Asthmagic was to facilitate a community-based approach to asthma management. The program targeted the caregivers of the pediatric/adolescent population with asthma in the Essex County communities that surrounded the hospital. Mountainside commissioned a needs assessment, which revealed that 34 percent of residents indicated that at least one household member was affected by asthma, 53 percent by allergies and 27 percent suffered frequent respiratory ailments with nearly 20 percent suffering limitations in their daily activities. The survey found that there are an estimated 142,000 residents with asthma. The program's objectives were to: provide parents/guardians of children with asthma the knowledge and basic supplies necessary to self manage the disease; provide hands-on education, training and equipment to school nurses, gym teachers and athletic trainers and provide funding to send children with asthma to Camp Summer Kids.

SUBMISSION DATE: 2002

CONTACT:

Alan Toplitz, MSA, RRT, The Mountainside Hospital, Respiratory Care Services
1 Bay Avenue, Montclair, NJ 07042

PHONE: 973-429-6181 ■ FAX: 973-680-7742

E-MAIL: alan.toplitz@ahsys.org

Keywords: Adolescents/Teenagers; Asthma

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ATLANTIC COUNTY CARDIOPULMONARY REHAB MAINTENANCE PROGRAM

Shore Memorial Hospital offered both cardiac and pulmonary rehabilitation through a comprehensive series of services that included the element of exercise coupled with education, counseling and behavior change interventions. Services were provided to individuals with known cardiac and pulmonary disease and their families. Many seniors were on a fixed income and would not be able to afford rehab on their own. The purpose was to limit and reduce the physiological and psychological effects of both diseases. The program equipped the participants and their significant others with the necessary tools to assist them in making informed healthcare and lifestyle decisions. There were three months of medically supervised exercise and education regarding their illness. In addition, the staff at the hospital-connected fitness centers have had formal training in CPR and automated external defibrillators. The initiative helped to improve the health needs of the community by establishing a program that connects a hospital-based cardiopulmonary rehab program to a fitness center. It also helped to bridge that transfer from the hospital to the community.

SUBMISSION DATE: 2003

CONTACT:

Christina Kozmor, Program Director
Shore Memorial Hospital
1 East New York Avenue, Somers Point, NJ 08244
PHONE: 609-653-4677 ■ **FAX:** 609-653-4672
E-MAIL: ckozmor@shorememorial.org

Keywords: Lung Diseases/Pulmonary; Physical Fitness

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BREAST AND CERVICAL CANCER OUTREACH PROGRAM OF GLOUCESTER COUNTY

The Breast and Cervical Cancer Outreach Program reached out to underserved women throughout Gloucester County. Even though breast cancer in New Jersey is highest among white females, African American females have a higher mortality rate because many do not get annual breast screenings. The main focus was on minority women 40 and over who should have had an annual breast clinical exam, a mammogram and cervical screenings. Women under 40 who were at a higher risk because of family history also were screened. The program was also expanded to include giving out self-breast examination brochures and

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general information about breast and cervical cancer to minority teenagers. The committee reached out through 60 church events, 15 community health fairs, 14 senior citizens events, five high school and college assembly programs and door-to-door solicitations. The committee also placed advertisements for free screenings in local papers, set up tables at Wal Mart and Rite Aid and mailed brochures to county libraries, community centers, municipal buildings, beauty parlors, stores and social service agencies.

SUBMISSION DATE: 2000

CONTACT:

Arlene Meyers, Director, Volunteer Services
Underwood-Memorial Hospital
509 North Broad Street, Woodbury, NJ 08096
PHONE: 856-853-2034 ■ **FAX:** 856-251-0383

Keywords: Cancers/Neoplasms; Low-Income Population; Minority Groups; Screening, Medical

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BUSY BEE PROGRAM FOR CHILDREN WITH AUTISM

The Bayonne Medical Center launched an early intervention program for preschoolers with autism. It was the first of its kind in New Jersey. By reaching out to children as young as 18 months, Busy Bee opened a window of opportunity for building appropriate and stimulating environments that gave children with autism their best chances for long-term success. Another advantage of early intervention was that it reduced the financial burden on the education system. The Busy Bee Program provided up to 20 hours a week of direct, one-on-one education utilizing applied behavioral analysis and sensory integration techniques. It recognized and emphasized the vital role parents play in their child's development. Busy Bee supported parents and families by providing them with ample information and training as well as monthly updates on their child's progress and strategies they could use at home. Children in this program received the full continuum of care. Instruction was provided by state-certified teachers, as well as speech pathologists, occupational therapists, neurological and educational psychologists and consulting pediatricians, who all worked with children with autism.

SUBMISSION DATE: 2003

CONTACT:

Lynne Nouvel, Director, Marketing and Public Relations
Bayonne Medical Center
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PHONE: 201-858-6546 ■ FAX: 201-858-5043

E-MAIL: lnouvel@bayonnemedicalcenter.com

Keywords: Autistic Disorders; Children and Families; Parents

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THE BUTTERFLIES PROGRAM

The Butterflies Program was a pediatric program that provided palliative care and/or hospice care for children with life-threatening or life-limiting illnesses. Home care services that met the need for intermittent skilled nursing care as well as support for the family were provided. The program was based on a team approach that consisted of nurses, social workers, art therapists, chaplains, home health aides and volunteers who worked together to ensure that the child's and family's needs were fully assessed as the child's illness progressed. A consultant with pediatric hospice experience and a pediatric oncologist were hired and hospital staff and members of the adult hospice team who expressed an interest were identified. Staff members also included nurses, social workers, art therapists, chaplains, social workers, nursing supervisory staff and the medical director of the adult hospice. The Butterflies Program provides effective pain and symptom management for our clients that will enhance their quality of life. For families who experienced the death of a child, they were followed for bereavement counseling for up to two years. One of the objectives of the program was to heighten awareness of the need for pediatric palliative/hospice care among both the lay community and healthcare professionals. The staff wanted to help families through a very difficult experience and supported them in caring for their child at home, if that is what they desired.

SUBMISSION DATES: 2000, 2001, 2003

CONTACT:

Audrey Meyers, President and CEO

The Valley Hospital

223 North Van Dien Avenue, Ridgewood, NJ 07450

PHONE: 201-447-8021 ■ FAX: 201-447-8732

E-MAIL: ameyers@valleyhealth.com

Keywords: Children and Families; Pain Management

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CARE COORDINATION

Developed to assist senior residents of Ocean County, Care Coordination helped them to remain independent, healthy, active and living at home. Care Coordination was a free care management program that provided clients with a comprehensive evaluation of their health and wellbeing and made recommendations for services and programs to assist with specific medical and social needs. Through this program, the client remained within the continuum of care provided by the healthcare system; anticipated potential length of stay problems with high risk elderly individuals; supported the practice of primary care physicians; and facilitated the independence of older adults using a human, collaborative model of care. The Care Coordination team was comprised of social workers and a nurse who worked together to develop individualized plans for all clients and their families. Participants received a comprehensive evaluation including home environment, emotional well being and functional assessments. Then a care manager was assigned who developed a plan of care with the participant and family. This program helped patients, families and caregivers make their way through the maze of services and obtain suitable care options as quickly and cost effectively as possible. The goal was to match clients with the proper existing resources that could help them to live independently for as long as possible. Some of the services identified by the Care Coordination team included home care, home delivered meals, adult day care, caregiver support groups or transportation to access these services.

SUBMISSION DATE: 2002

CONTACT:

Sam Crawford, Vice President, Geriatric Services

Community Medical Center

99 Highway 37 West, Toms River, NJ 08755

PHONE: 732-557-8200 ■ FAX: 732-818-3887

E-MAIL: scrawford@sbhcs.com

Keyword: Aged

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CENTER FOR GERIATRIC CARE

Newark Beth Israel's Center for Geriatric Healthcare provided comprehensive medical programs that enabled seniors to "age in place" and live independently and safely for as long as possible. The center's broad range of services were designed to provide continuity

through the different stages of aging and acuity of illness. Programs included an inpatient geriatric acute care unit, a main office on the medical center's campus and satellites within the community, an Adult Medical Day Program and a home visit program. Also provided was a free Senior Membership Program that offered exercise classes, free screenings and educational programs. Many of these seniors had difficulty getting access to the healthcare they needed either due to lack of transportation, frailty or because they were homebound. The Center for Geriatric Healthcare provided these individuals with medical assessment, primary care and specialized medical care, as well as education and social interaction.

SUBMISSION DATE: 2002

CONTACT:

Anne McDarby, Director, Public Relations
Newark Beth Israel Medical Center
201 Lyons Avenue, Newark, NJ 07112
PHONE: 973-926-7575 ■ **FAX:** 973-282-0316
E-MAIL: amcdarby@sbhcs.com

Keywords: Aged; Physical Fitness; Screening, Medical

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CHILD DEVELOPMENT SERVICES

Our Lady of Lourdes Medical Center developed the Child Development Services program in order to provide home and community-based therapy services for special needs children from birth to age three. It partnered with Camden day care centers, homeless shelters and drug and alcohol centers and provided assistance to families in their own communities. The program served 220 families in Camden County, and removed social, language and other perceived barriers for children in Camden City. It provided a bilingual "traveling screening team," which went out into the community with books, toys and gift certificates for food and furniture donated from private businesses to provide direct resources to the families. The community established a bond with the child development services workers, and inner city attendance rates for community-based therapy services increased from 50 to 90 percent. The number of children served has increased from 160 to 200 in only eight months, and the number of Hispanic families has increased from 10 percent to 30 percent. The community agency workers knew each other personally and thus bonded together to help the residents of Camden County.

SUBMISSION DATE: 2005

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CONTACT:

Jane Femia Baider

Our Lady of Lourdes Medical Center

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E-MAIL: femia-baiderja@lourdesnet.org

Keywords: Adolescents/Teenagers; Disabled Persons; Homeless Persons; Low-Income Population; Minority Groups; Uninsured, Medically

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CHILDREN'S DENTAL CENTER

Sponsored by Newton Memorial Hospital, the Children's Dental Center provided access to general preventative and restorative dental care for children in need, ages 5 through 17. These children either had no dentist and no dental insurance to pay for care, or were on Medicaid, Family Care or are eligible for charity care. The hospital met with a local dentist who was contemplating retirement, but agreed to work in the center for a two-year period. The Children's Dental Center is open Monday through Friday with 50 hours of appointment availability; 25 hours for the dentist and 25 hours for the dental hygienist.

SUBMISSION DATE: 2002

CONTACT:

Rosamond Lockwood, Administrator, Community Benefits

Newton Memorial Hospital

175 High Street, Newton, NJ 07860

PHONE: 973-579-8341 ■ FAX: 973-383-4172

E-MAIL: rlockwood@nmhnj.org

Keywords: Adolescents/Teenagers; Dental Care

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CHILDREN'S FUTURES

Children's Futures was a program initiated by St. Francis Medical Center as a result of a demonstrated need to improve healthcare access and quality for infants, children and families. The program addressed this need by improving access to early prenatal and primary care, increasing enrollment in health insurance, improving immunization rates for young children and

reducing child abuse and neglect. The program was comprised of two major components: home visits to high-risk families using the nationally tested Healthy Families model, and a neighborhood Parent/Child Center where workshops, classes and activities took place on an ongoing basis. High-risk participants also were assigned a nurse, social worker and family support worker. Children's Futures was a collaborative program between the Trenton Department of Health and Human Services, Catholic Charities, Mercer Street Friends, Children's Home Society, Union Industrial Homes and Greater Trenton Behavior Health Services. Each month at least 10 special programs and events took place at the St. Francis Parent/Child Center. In the first two years of the program more than 300 pregnant women were screened and more than 80 families were enrolled in the Healthy Families program.

SUBMISSION DATES: 2004, 2005

CONTACT:

Barbara Draper, Vice President, Mission and Ministry
St. Francis Medical Center
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PHONE: 609-599-5785 ■ **FAX:** 609-599-6251
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Keywords: Child Abuse/Neglect; Children and Families; Immunization; Parents; Prenatal Care; Uninsured, Medically

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CHILDREN'S HOSPITAL OF NEW JERSEY PEDIATRIC MOBILE VAN

The primary goal of Children's Hospital Pediatric Mobile Van was to provide access to comprehensive medical care on site in severely underserved, inner-city neighborhoods where healthcare was a low priority. This program also combated the prevalent health issues of the region's children including asthma, upper respiratory disorders, lead poisoning, delayed immunizations, ear infections, tuberculosis and nutritionally-related anemia. Another goal is to educate and familiarize parents with the necessity and benefits of preventive healthcare. During the first two years of the program, more than 2,000 children received primary care services. The 35-foot, "Big Blue Van" was equipped with a nurse's station, two private treatment rooms, a waiting and registration area, a bathroom and two VCRs with television monitors for educational purposes. The full time staff consisted of a board-certified pediatrician, a registered nurse and an operations manager. The van had a specific schedule that was strictly adhered to – thus providing the continuity of care and an establishment of trust that is so necessary with this population.

SUBMISSION DATE: 2000

CONTACT:

IMPROVING ACCESS & QUALITY OF CARE

Patricia Carroll, Executive Director
Children's Hospital of NJ at Newark Beth Israel Medical Center
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E-MAIL: pcarroll@sbhcs.com

Keywords: Adolescents/Teenagers; Asthma; Immunization; Low-Income Population; Minority Groups; Parents; Nutrition; Uninsured, Medically

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COMMUNITY CROSSING

The mission of Community Crossing was to improve significantly the community's health status by empowering people to make informed health and lifestyle choices. Providing a convenient downtown location was the first step in addressing barriers to accessibility. Second, all programs were free or at a minimal cost facilitating access regardless of financial status. Community Crossings' programs were designed to address the health needs of the community from infants to seniors and to inform and educate the community about health and wellness management. The program encompassed early disease detection screenings, prevention, exercise and health education programs, expansive health resources and expert leadership for support group services. This concerted effort to make preventative healthcare and support services convenient and accessible, worked to strengthen and support Bayonne Medical Center's overall mission of significantly improving the community's health status. Through 2004, more than 5,000 people have used its services.

SUBMISSION DATE: 2004

CONTACT:

Lynne A. Nonvel
Bayonne Medical Center
640 Broadway R449, 29th Street at Avenue East, Bayonne, NJ 07002
PHONE: 201-858-5000, Ext. 6546

Keywords: Aged; Children and Families; Low-Income Population; Physical Fitness; Screening, Medical

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COMMUNITY EDUCATION AND OUTREACH

The Princeton HealthCare System's (PHCS) Community Education and Outreach program provided coordinated, multi-dimensional community outreach activities – health education

classes, wellness and prevention programs and diagnostic and preventative screenings all throughout central New Jersey and the surrounding communities. Program initiatives targeted men, women, children, minorities, seniors and the community's indigent population to meet individual healthcare concerns, assess risk factors and wellness goals. The program worked to improve access to high quality medical and healthcare services, and provided free and low-cost health screenings and educational programs at the University Medical Center at Princeton Fitness & Wellness Center, as well as within community churches, libraries, community and senior centers and schools. It was collaboration between the Witherspoon Street Presbyterian Church, Monroe Senior Center Office on Aging and the Hopewell Valley Regional School District. Specifically, PHCS provided pre- and postnatal education, CPR and first aid training, support groups, free and low-cost screening programs, fitness classes and timely health and informational programs that enhanced each participant's quality of life. The program reached 39,000 people with 1,264 programs in just over two years.

SUBMISSION DATES: 2004, 2005

CONTACT:

Carol Norris, Vice President, Marketing & Public Affairs

Princeton Healthcare System

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E-MAIL: carol.norris@princetonhcs.org

Keywords: Aged; Children and Families; Low-Income Population; Minority Groups; Physical Fitness; Prenatal Care; Uninsured, Medically; Women

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COMMUNITY HEALTH ADVANCEMENT THROUGH TECHNOLOGY (CHATT)

CHATT was an Internet-based diabetes management project. It worked to improve the health status of people with diabetes by increasing their knowledge, motivation and capacity for self-care and by facilitating more immediate and efficient clinical care when needed. Specific self models were developed for medication, glucose monitoring, exercise, diet and protocols such as what to do when sick, what to do when traveling and how to manage hypo and hyperglycemia. CHATT allowed patients to communicate through e-mail to their physician, certified diabetes educator (CDE) and other health providers 24 hours a day. Participants also used the program to track blood sugar levels, medication use, diet and activity and shared that information with the CDEs and their physicians, who are Virtua-affiliated. A project team met weekly; a steering committee made up of physicians and community members met monthly.

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Virtua-affiliated physicians were recruited and two more CDEs were hired.

SUBMISSION DATE: 2000

CONTACT:

Ruth Poh, Vice President, Community Health Services

Virtua Health System

1000 Atlantic Avenue, Camden, NJ 08104

PHONE: 856-246-3367 ■ **FAX:** 856-246-3373

Keywords: Diabetes; Nutrition; Physical Fitness

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COMMUNITY HEALTH PROGRAM

A needs assessment survey found that many Camden residents live in economic and social hardship. More than half are uninsured and are unable to identify a potential source of care because they cannot afford it. The Community Health Improvement Department was approached by a number of doctors and nurses who wanted to volunteer their services to the poor in Camden City. The Community Health Practice is a free healthcare clinic staffed by 45 volunteer doctors, nurses, interpreters, hostesses and receptionists working on a rotating monthly schedule. The numerous health needs of patients are met through a variety of medical services, social and financial counseling all without regard to race, religion, ability to pay or citizenship. Medical specialties are primary care, nephrology, cardiology, pediatrics, gynecology, rheumatology, emergency medicine and endocrinology. The Community Health Practice provides a safety net for the population being served. Efforts are ongoing to remove barriers to healthcare access, assure patients receive appropriate referrals, address pharmaceutical issues and provide guidance to patients eligible for charity care.

SUBMISSION DATES: 2000, 2001, 2003

CONTACT:

Betty Burke, Coordinator, Community Health Practice

Our Lady of Lourdes Medical Center

1600 Haddon Avenue, Camden, NJ 08103

PHONE: 856-757-3865

E-MAIL: burke@lourdesnet.org

Keywords: Low-Income Population; Uninsured, Medically

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COMMUNITY VAN SERVICE

Many of Bergen County's elderly were surviving on social security, living alone, had no transportation available to them during the day, or all three. Though there were bus services offered specifically for senior transport, these services frequently were booked for the times needed by patients attempting to access healthcare appointments at the hospital and doctors' offices. The Pascack Valley Hospital free van service attempted to meet the needs of the individuals who would have otherwise struggled with even the most basic care. Three years after it was introduced, the van was relocated to a low-income senior citizen complex. This produced a sharp increase in van service use and expanded it from just injury and illness to busing seniors to prevention and early detection services as well as health education programs and volunteering at the hospital.

SUBMISSION DATE: 2000

CONTACT:

Elaine Peneno, Supervisor, Outreach Services
Pascack Valley Hospital
250 Old Hook Road, Westwood, NJ 07675
PHONE: 201-358-3248 ■ **FAX:** 201-358-3168

Keywords: Aged; Low-Income Population

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COMPREHENSIVE CARE CENTER FOR HIV SERVICES

The Comprehensive Care Center (CCC) was the largest and most comprehensive provider of HIV services in the northern region of New Jersey. The program was best described as a combination service delivery model comprised of a Community Health Center that provided "one-stop shopping." The center provided a continuum of care through an internal and external network of services. HIV Counseling and Testing Services were located in the center and CCC had outreach capacity that included obstetrical clinics, a drug treatment site and inpatient units. Primary care for the HIV infected adults and children were supported by nutritional counseling and case management services. Barriers to reaching the clients and trying to motivate them to use services were formidable and were often exacerbated by language difficulties.

SUBMISSION DATE: 2000

IMPROVING ACCESS & QUALITY OF CARE

CONTACT:

Claire Patterson, Vice President, Ambulatory Care and Support Services
St. Joseph's Hospital and Medical Center
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E-MAIL: pattersc@jhmc.org

Keywords: Children and Families; HIV/AIDS; Nutrition

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CONECTIV SENIOR ACTIVITIES CENTER

The Shore Memorial/Conectiv Senior Activities Center was located inside an area shopping mall. The center included a reception/resource area, a 560-square-foot multi-purpose room, a computer lab with 17 computers, a conference room, and a health screening room, a tobacco dependence counseling room, two offices and rest rooms. Sixty to 70 seniors gathered daily at the center to begin their morning exercise with a walk around the mall. There were also monthly lectures on various topics specific to seniors, along with daily and weekly health screenings and annual flu shots. Seniors could look forward to specials events such as the Annual Heart Senior Day, which included physician lectures, heart healthy cooking and the appropriate screenings. National Senior Health and Fitness Day offered lectures, exercise, nutrition and health screenings. Both provided the possibility for early detection and treatment of diseases. More than 3,350 seniors participated in educational sessions at the center, 3,293 received clinical screenings and 572 received flu shots.

SUBMISSION DATE: 2002

CONTACT:

Nancy Fontana, Director, Senior Center
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E-MAIL: nfontana@shorememorial.org

Keywords: Aged; Immunization; Nutrition; Physical Fitness; Screening, Medical; Tobacco Use

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DENTISTRY FOR THE DISABLED

Dentistry for the Disabled was developed to address an extreme need for comprehensive dental services by the developmentally disabled of the community. Their needs were complex due to behavioral issues that often made routine dental treatment impossible in the normal dental setting. Some had experienced a long standing lack of care resulting in extensive dental restorative and surgical procedures, and others had complex medical histories and medication protocols. Staffing was provided by three general dentists, and an oral and maxillofacial surgeon and a dental hygienist. General practice dental residents also were involved with the care of patients as part of their training. A nurse coordinated the scheduling and activities of the program. Grants and funds were obtained to build an additional exam and treatment room, to cover the salary of the nurse coordinator and receive surplus equipment.

SUBMISSION DATE: 2000

CONTACT:

Dr. Mary Voytus, Director, Dental Residency Program
The Mountainside Hospital
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PHONE: 973-429-6889 ■ **FAX:** 973-680-7809

Keywords: Dental Care; Disabled Persons

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DHC: COMPREHENSIVE DIABETES EDUCATION AND SUPPORT PROGRAM

This program sought to treat the body, mind and spirit of people with diabetes so that they might lead more satisfying, productive and healthy lives. Targeting the diabetes-stricken population of Hunterdon County, it addressed both primary and social healthcare needs. The program offered: diabetes education with follow-up support and program management, prevention information, improved access to care for individuals with diabetes, monetary assistance funds for poor families and a bilingual nutritionist for families who did not speak English. To ensure the program's success, collaborations were formed with the Hunterdon County Public Health Department, Hunterdon County's Senior Services division and Rutgers Cooperative Extension Service. The program has more than doubled the amount of clients to 15,000 within 2004.

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SUBMISSION DATE: 2005

CONTACT:

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Hunterdon Medical Center

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Keywords: Diabetes; Low-Income Population; Minority Groups; Nutrition

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DIABETES HEALTH CENTER, PROJECT 7 PERCENT

The DHC was the only diabetes education facility in Hunterdon County and diabetes was one of the three chronic conditions with the highest admission rate in the state. The center identified several needs within the diabetic community: identifying undiagnosed patients and implementing appropriate care; providing a consistent standard of care based on national ADA Clinical Practice Recommendations; reducing morbidity/mortality rates; and increasing the number of patients with improved self management skills. DHC's services included: individual instruction for inpatients and outpatients, gestational and pediatric patients, monthly 10-hour outpatient group classes, monthly community education programs, support for adults and families, educational in-service programs for school personnel and a safe syringe program. Each participating primary care provider had a nurse champion who was paired with a DHC diabetes educator. The nurse champion served as an advocate, educator and DHC liaison.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Diabetes; Screening, Medical

24

DID YOU KNOW?

The Did You Know? program provided education and support for kidney transplantation and end stage renal disease (ESRD) patients so that they were empowered to select the best treatment option for their disease. Although there were more than 8,000 ESRD patients in New Jersey, the state had one of the lowest rates of transplant in the country. The program's objective was to reach ESRD patients directly while in the dialysis treatment setting and through the media. Did You Know? had four components: posters and brochures in English and Spanish; a slide lectures for the dialysis nurses; and trained post-transplant volunteers who could meet with patients individually, in groups, or over the phone. The last piece of the puzzle involved site visits to dialysis centers with a team of transplant professionals from the transplant center. The educational materials and volunteer outreach program addressed the concerns of the older and minority populations who were less apt to be informed about this treatment alternative. In addition, the program provided dialysis nurses with the up-to-date information they needed to support and educate patients who could have been appropriate transplant candidates.

SUBMISSION DATE: 2002

CONTACT:

Margaret Miele, Project Leader, Lichtman Foundation Grant
Renal Transplant Centers, Saint Barnabas Medical Center
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E-MAIL: mlmiele@comcast.net

Keywords: Kidney Diseases/Renal

25

FREE COMPREHENSIVE BREAST HEALTH AND AWARENESS PROGRAM

This program was offered to underserved/underinsured women, 40 years of age and older in the medical center's service area. There were three educational components: breast self examination instruction; clinical breast examination by an OB/GYN and a mammography. An ultrasound of the breast would also be done if recommended by the radiologist due to an abnormal mammography. By offering this program, Palisades Medical Center was able to provide 300 women with free cancer detection, reaching a population that otherwise would go without access to diagnostic care. The program was offered at times and days convenient to the clients. Working with other partners, Palisades was able to facilitate follow up for any client who needed a consultation with a breast surgeon and offer charity care screening for those who did not have insur-

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ance. Almost 60 percent of the women screened required some type of follow-up other than a yearly mammogram. All written information was available in both English and Spanish.

SUBMISSION DATE: 2002

CONTACT:

Mary Conte, Director, Community Health

Palisades Medical Center

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Keywords: Cancers/Neoplasms; Minority Groups; Screening, Medical; Uninsured, Medically; Women

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THE FRONT PORCH

Affiliated with Saint Barnabas Health Care System, The Front Porch was a state-certified, dementia special care unit at Llanfair Nursing and Rehabilitation Center. The 60-bed unit, located in separate quarters at the 180-bed long- and short-term care facility, served individuals and families of Passaic, Morris and Bergen counties and surrounding areas. The Front Porch was dedicated to residents who required care for cognitive disorders such as advanced Alzheimer's disease and other forms of degenerative dementia. The unit's primary goal was to provide a safe and structured dementia-friendly environment and maximize independence for each individual's needs, while maintaining dignity and comfort. Supporting this goal was a staff specially-trained to care for residents with cognitive disorders; recreation programs specific to the Alzheimer's/dementia resident; an outdoor patio with a therapeutic garden; and family education programs. The Front Porch has experienced great success. In fact, an admissions waiting list was established just three months after certification, proving the tremendous need for such a service in the community.

SUBMISSION DATES: 2003, 2004

CONTACT:

Susan Lanza, LNHA, Administrator

Llanfair House Nursing and Rehabilitation Center

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Keywords: Aged; Alzheimer's/Dementia

27

THE GOOD HEALTH BUS

Somerset Medical Center identified a need for transportation services for disabled and older adults since they had no way to get to physician appointments, therapy and other health services. The Good Health Bus provided free transportation to those ages 60 and above and the disabled to and from the hospital. The bus operated Monday through Friday from 8 am to 4:30 pm, and on special occasions as arranged by the medical center. To coordinate transportation, community members called Somerset County Transportation, which also handled the scheduling, dispatching, maintenance and insurance. The medical center educated the community about the bus service through articles in newsletters and other media, and partnerships with community agencies. Monthly usage was monitored to ensure that the needs of the passengers were being adequately addressed. Member demographics and utilization of services also were tracked.

SUBMISSION DATE: 2001

CONTACT:

Serena Collado, Program Coordinator

Somerset Medical Center

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E-MAIL: scollado@somerset-healthcare.com

Keyword: Aged

28

HEALTH AWARENESS CENTER

The Health Awareness Center of CentraState Healthcare System targeted minorities, seniors and others who would otherwise be omitted from crucial services such as blood pressure and cancer screenings. The center partnered with numerous agencies and organizations to help reduce the morbidity and mortality rate of high-risk populations. As part of this objective, the center purchased a new Mobile Wellness Van to maximize the scope of its services. The van provided wellness information and screenings to four different counties and participated in 200 community events reaching more than 5,500 people. The van was equipped with a soundproof booth for hearing testing, an exam table, wheelchair lift and screening areas. The Health Awareness Center Van became a non-threatening place where less fortunate individuals could receive free health screenings and information. Bilingual materials on heart disease, stroke, diabetes and other life threatening diseases were available. The van

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eased the three major barriers to healthcare: lack of transportation, language difficulties and the high cost of services.

SUBMISSION DATE: 2004

CONTACT:

Maryann Roper, RN, MA, Director, Health Awareness Center

CentraState Healthcare System

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Keywords: Aged; Cancers/Neoplasms; Heart Diseases/Cardiac; Hypertension; Low-Income Population; Minority Groups; Screening, Medical; Strokes/Cerebrovascular Accidents

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HEALTH INCENTIVE PROGRAM FOR WOMEN (HIP4W)

No county in New Jersey was hit harder by the HIV/AIDS epidemic than Essex County. In response to this crisis, the medical center developed a program that addressed the needs of women who were most at risk for contracting HIV/AIDS. The goals of the program were to link the women with essential health and social services while providing education and support systems. These tools would reduce their risk of contracting HIV/AIDS and allow them to lead healthy and productive lives. The program targeted disenfranchised women who were receiving little or no primary medical care and who were unable to gain access to the social service benefits to which they were entitled. The program lasted six months and provided participants with 13 Group Risk Reduction Education Sessions. Each woman was assigned a case manager who assisted her in developing an individual improvement plan. Through every step of the program, the case manager monitored each participant's progress to ensure that she was following her plan. Women were offered incentives, which they received after successfully completing each stage of the program.

SUBMISSION DATE: 2003

CONTACT:

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Newark Beth Israel Medical Center Family Treatment Center

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Keywords: HIV/AIDS; Low-Income Population; Minority Groups; Uninsured, Medically; Women

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HEALTH ON WHEELS

The Health Awareness Center has provided more than 200 quality health education and screening services to thousands of individuals for over two decades. To maximize its scope of services, the center added a Mobile Wellness Van. In 2001, the van brought wellness services to three different counties and participated in over 60 community events reaching more than 5,000 people. The van provided services to minorities, seniors and others who otherwise would have had little or no access to basic healthcare. The van served as a non-threatening place where less fortunate individuals could have their blood pressure, vision, glucose and hearing checked. The van was usually driven and staffed by the same nurse to promote familiarity and dispel any fears. Bilingual materials on heart disease, cholesterol and other life threatening diseases also were made available.

SUBMISSION DATE: 2002

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Maryann Roper, Director, Health Awareness Center

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Keywords: Aged; Diabetes; Heart Diseases/Cardiac; Low-Income Population; Minority Groups; Screening, Medical

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HEALTHY FAMILIES OF NEW JERSEY PROGRAM

This free program provided an array of services to first-time mothers in Jersey City. Once someone was accepted into the Healthy Families Program, an individualized plan of care was developed or referred out for more appropriate and intensive services. The age range for this program was 14 to 35 years. The main social and healthcare needs were parenting classes, monthly parent support groups, encouragement of literacy, assistance in obtaining a high school diploma or equivalent GED, follow-up pre and postnatal – OB/GYN care, learning and understanding child development and milestones, the importance of up-to-date child immunizations and child development evaluations. Using a strength-based perspective, this program focused on the positive skills the first time mother had mastered with hopes of empowering her to recognize those skills that needed improvement. Once a mother gave birth to her child, a family support worker visited both of them once a week for about six

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months. Depending on the child's and families' growth, visits were decreased by incremental steps from weekly to biweekly and then quarterly.

SUBMISSION DATE: 2003

CONTACT:

Guadalupe Gonzalez, Director, Healthy Families Program

Christ Hospital

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E-MAIL: ggonzalez@christhospital.org

Keywords: Adolescents/Teenagers; Parents; Pregnancy in Adolescence/Teenagers; Prenatal Care; Women

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HEALTHY PATERSON PROJECT

The Healthy Paterson Project (HPP) provided participants with medical and social screenings, counseling and referrals in order to enhance health status. The patients typically were homeless, unemployed, not linked to services and suspicious of those they perceived as an authority. To treat these people, relationship building, increasing knowledge, positive attitudes and behaviors was paramount. Comprehensive assessments, referrals and assistance with completing required forms supported our participants in getting medical, behavioral health, safety net and entitlement programs. HPP visits seven food and sheltering programs and each site had a champion, someone the participants trusted such as a social worker or pastoral counselor. The champion's support of the HPP allowed an easier assimilation into the environment, fostered relationships with this hard to reach population and opened an avenue for discussion on issues surrounding personal health status. The staff consisted of an on-site physician and/or medical resident, clinical supervisor, medical assistant and case manager.

SUBMISSION DATE: 2001

CONTACT:

Tricia Sanchelli, Director, Aging Services and Healthy Paterson Project

St. Joseph's Hospital and Medical Center

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E-MAIL: sanchelt@sjhmc.org

Keywords: Homeless Persons; Low-Income Population; Screening, Medical

33

HIV SUBSTANCE ABUSE PROGRAM

Trinitas Hospital's substance abuse treatment and counseling targeted substance abusers with HIV who were not engaged or marginally engaged in medical and support care systems. They were African Americans, Latinos and Caucasians with ages ranging from their twenties to 50 years old. The program provided a community-based, highly skilled Substance Abuse Outreach Team that identified and began to treat and support substance abuse clients who entered and completed addiction treatment. A peer support person then met with specified clients to educate and direct them into a recovery support network. The team consisted of representatives from medical, substance abuse treatment and support services that developed a comprehensive plan of care for specific customers. All 60 clients that participated in the program were assisted with accessing healthcare. Substance abuse referrals were seen immediately at the referral site or within 48 hours at their home or another agreed upon location. The team also worked closely with other partners that provided shelter, money, education and other support.

SUBMISSION DATE: 2000

CONTACT:

Lucy Mayers, Program Coordinator

Trinitas Hospital

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Keywords: HIV/AIDS; Minority Groups; Substance Abuse

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HOMELESS OUTREACH PROGRAM

This program is a collaborative effort to improve the quality of life for the homeless, impoverished and immigrant population. Dover has the greatest Hispanic population in Morris County. Research identified a variety of programs for the homeless population ranging from basic short-term shelter and meal programs to more in-depth rehab programs designed to offer job/skill training, drug/alcohol counseling and literacy and education programs. There is no formal approach to providing and integrating basic healthcare services. As a result, primary care is often sought on an emergent basis through hospital emergency departments for conditions that should have been treated much sooner, and are in turn, more acute in nature. A mobile van, staffed with an advance practice nurse, a Spanish translator and a

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driver bring healthcare directly to the vulnerable population. The van provides protection from the elements and is equipped with an examining room and the necessary supplies. Some of the services offered include: diagnosis and treatment of acute illness/injury, evaluation for referral to appropriate resources throughout the community, enhancing awareness of preventive health screenings, follow up care post emergency department or inpatient hospitalization and distribution of essential supplies such as winter clothing, toiletries, etc.

SUBMISSION DATES: 2001, 2002, 2003

CONTACT:

Sister Catherine Marie Belongia, Executive Vice President of Sponsorship

Saint Clare's Hospital

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E-MAIL: cbelongia@saintclares.org

Keywords: Homeless Persons; Literacy Programs; Low-Income Population; Minority Groups; Screening, Medical; Substance Abuse; Uninsured, Medically

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HUNTERDON COUNTY HEART ATTACK AND STROKE PREVENTION PROGRAM FOR THE UNDERSERVED

The Hunterdon County Heart Attack and Stroke Prevention Program for the Underserved was a community-based initiative by Hunterdon Medical Center to improve heart disease outcomes for the uninsured, low-income residents of Hunterdon, NJ. The primary objective of the project was to demonstrate that integrating primary and secondary heart disease and prevention guidelines with a streamlined medication access system and patient education and compliance interventions would decrease the cost and improve the quality of care for those at risk for heart disease and stroke. The major features of the project were the addition of a patient educator/program coordinator who screened patients for pharmaceutical company patient assistance program eligibility, coordinated drug access, educated patients and performed compliance interventions. Collaborators on the project were various departments in the Hunterdon healthcare system and the Institute for Medicine Access and Compliance. Approximately 200-600 people were expected to benefit from the program by educating themselves about their respective disease.

SUBMISSION DATE: 2005

CONTACT:

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Keywords: Heart Diseases/Cardiac; Low-Income Population; Strokes/Cerebrovascular Accidents; Uninsured, Medically

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IN THE PINK (EARLY DETECTION AND BREAST CANCER EDUCATION PROGRAM)

In the Pink was created to increase early detection of breast cancer in the minority female population from poor, low income and moderate-income households by combining aggressive outreach and education while facilitating access to clinical breast care. Some of the services included regular educational events and major screening events that were held in the community using a mobile mammography screening vehicle. The program encouraged African American, Hispanic and other minority women by helping them to take a more proactive role in their health. An ancillary benefit to this outreach is that general health screenings and other health information was made available to women who may not have access to a regular physician for preventive check ups and treatment of acute or other chronic health problems. The outreach and community education strategy was to combine targeted and culturally sensitive marketing with visual and interactive education presentations, taking into account that literacy levels for the targeted group may be low due to poor or inefficient educational backgrounds.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Cancers/Neoplasms; Low-Income Population; Minority Groups; Screening, Medical; Women

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INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING (IMPACT)

IMPACT was created to address certain critical issues in Cumberland County, where residents have the lowest per capita income in the state. They are: unplanned pregnancies among teenagers; literacy; teen parenting education courses; child care and early childhood education; healthcare for all children and specialized care for children with physical, emotional and/or developmental challenges. IMPACT conducted health workshops in the community and offered CPR and first aid courses. The program benefited parents, especially pregnant and parenting teens who could obtain all of the necessary services in one place. Teens could continue their education and access high quality childcare and medical services provided by nurse practitioners or registered nurses, with timely referrals to specialized care. One-stop shopping helped to provide access to these services since mass transit was almost non-existent in this county. The South Jersey Health System coordinated IMPACT's services across the healthcare continuum, as much of the area was rural, sparsely populated and poor.

SUBMISSION DATE: 2003

CONTACT:

Chester Kaletkowski, President and CEO
South Jersey Health System
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E-MAIL: kaletkowski@sjhs.com

Keywords: Adolescents/Teenagers; Literacy Programs; Low-Income Population; Parents; Pregnancy in Adolescence/Teenagers; Prenatal Care

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KIDS CONNECTION

The Kinship Connection program expanded its services and brought together a consortium of local service providers and community organizations to form Kids Connection (KC). The agency provided a continuum of coordinated services to Union County HIV positive birth parents, their children and second families/guardians. It served as an infrastructure for case management and ancillary support services for the target population. KC helped both families and children to adjust and cope; solidified interagency linkages required to provide these families with continuity of services and the resources they needed to achieve a better quality of life. Some of the services offered included: case management/coordination and referrals, permanency planning, mental health ther-

apy and bereavement counseling, medical/respite care, homemaker services, legal services, substance abuse, crisis intervention, transportation, furniture, clothing and recreational activities.

SUBMISSION DATE: 2000

CONTACT:

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Keywords: Children and Families; HIV/AIDS; Mental Health; Parents; Substance Abuse

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LEGACY OF RUTH

Capital Health System recognized the need to reach out to Polish-speaking women regarding breast health. A Polish-speaking outreach worker was hired and began the task of trying to recruit these women for screenings and mammograms. The clients preferred one-to-one contact rather than group educational sessions, which embarrassed them. Several contacts were made before the outreach worker tried to schedule a screening. This allowed the women to ask questions, express concerns and build trust. The outreach worker described exactly what would occur, arranged transportation and accompanied the women as they navigated the health system for their screening. After the screening, she met with the nurse manager and then contacted the women with their results and recommendations. A letter in Polish or their first language was sent to confirm the results. If follow-up studies were needed, she helped them to make appointments and was with the women during the procedures. The outreach worker met with the program coordinator biweekly to discuss goals, ideas for recruitment and to review individual client records as necessary.

SUBMISSION DATE: 2002

CONTACT:

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Capital Health System
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E-MAIL: pmichael@chsnj.org

Keywords: Cancers/Neoplasms; Minority Groups; Screening, Medical; Women

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LIVING WELL WITH DIABETES

Living Well With Diabetes was a three- to four-session, seven- to eight-hour comprehensive program held in a location adjacent to retirement communities. Attendance was limited to five to 12 participants so a small group atmosphere with group discussion was encouraged. Some of the topics covered by the Certified Diabetes Educators were: diabetes overview (type 1, type 2, introduction to treatment modalities), exercise, nutrition, medication (orals, insulin based on individual participant's assessed needs), blood glucose monitoring and complications (how to recognize, prevent and treat). The program was offered 10 times a year.

SUBMISSION DATES: 2000, 2001

CONTACT:

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Saint Peter's University Hospital

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Keywords: Aged; Diabetes; Nutrition; Physical Fitness

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MAKING PLANS FOR SENIORS (MaPS)

The Making Plans for Seniors (MaPS) program, implemented by the Robert Wood Johnson University Hospital in Rahway, was established in response to senior citizen healthcare needs in Golden Age Towers, a 200-unit apartment complex in the Rahway community. The objectives for MaPS were to provide free healthcare consultations to accurately identify and/or diagnose participants, to develop individualized plans of care that would improve functional status, coordinated community resources and provided free health education and support for all seniors. The seniors voluntarily enrolled and worked with a Geriatric Clinical Nurse Specialist employed by the hospital. The program also provided monthly "Coffee Hour" health discussion and education sessions, during which medical topics such as hypertension or diabetes were presented or questions were addressed. Although no formal evaluation measures were implemented, 410 seniors were enrolled in MaPS in 2004, and received a total of 60 hours of care over a 10-month period. Five educational programs were conducted with a total of 150 participants, and 260 residents had their blood pressure screened. Fourteen seniors were referred for further medical attention.

SUBMISSION DATE: 2005

CONTACT:

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Keywords: Aged; Diabetes; Hypertension; Screening, Medical

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THE MATHENY CENTER OF MEDICINE AND DENTISTRY

The Matheny Medical and Educational Center began the Medicine and Dentistry program in May of 2003, and provided outpatient dental services in the community. The range of medical services offered at the center varied from routine medical, dental and therapy care to specialty evaluations such as developmental pediatrics, evaluation of swallowing dysfunction, urology, women's health, dysphasia/speech therapy, seating and mobility evaluations. The primary services were delivered by UMDNJ Medical and Dental school residents and doctors trained especially to serve patients with disabilities. Collaborators on the project included the Delta Dental Plan of NJ, the Merck Corporation and New Jersey Health Initiatives. In its first year of operation, the center treated 270 new patients of all ages from 12 New Jersey counties.

SUBMISSION DATE: 2005

CONTACT:

Sanford Josephson

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Keywords: Dental Care; Disabled Persons

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MISSION HEALTHCARE

Mission Healthcare, a part of AtlantiCare Health Services, provided primary healthcare and drug treatments services to the homeless of Atlantic County. The need became apparent when data showed that 7 percent of all residents in Atlantic County were homeless at one time and more than 60 percent had no form of health insurance. Ancillary case management services were available onsite to connect patients to referral care including sub-specialty care for cardiology, orthopedics, ophthalmology, etc. With the help of community partnerships such as the Atlantic City Rescue Mission and Jewish Family Services, the center provided a medical home to the population, reduced unnecessary hospitalizations and hospital bed days and decreased over-utilization of the emergency room. The health center resided in two homeless shelters of the southern region, and provided primary health care and episodic and chronic care to 1,605 patients who had 8,277 total visits in 2004. The top three medical diagnoses were hypertension, diabetes and respiratory conditions. The program was monitored continuously for improvement and expansion possibilities.

SUBMISSION DATE: 2005

CONTACT:

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Keywords: Diabetes; Homeless Persons; Hypertension; Lung Diseases/Pulmonary; Substance Abuse; Uninsured, Medically

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MOBILE HEALTH SERVICES SCHOOL-BASED HEP B VACCINATION PROGRAM

Saint Peter's had a customized, 35-foot long Winnebago that was licensed by the state as an ambulatory care facility. This mobile health unit served as a healthcare resource to medically underserved populations throughout the central New Jersey region. The unit had treatment and teaching rooms, a waiting area with bench seating, refrigerators, bathroom facilities and was handicapped accessible. The staff consisted of a medical director, a family nurse practitioner who had collaborative agreements with pediatric and internal medicine physicians, registered nurses and a driver/technician. The hospital was able to initiate and provide the services needed to fully immunize hundreds of at-risk adolescents against Hepatitis B in both school districts while educating their parents about the disease and the importance

of immunizations. Informational materials for this program were donated and Burger King also supplied free meal coupons to those students who returned the parental consent forms needed for all three shots. Staff members contacted health directors/coordinators of public school systems in the catchment area that were considered high risk for Hepatitis B due to location and a high ethnic minority population.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: Adolescents/Teenagers; Children and Families; Immunization; Minority Groups; Uninsured, Medically

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MODEL OUTPATIENT TREATMENT PROGRAM FOR PERSONS WITH PHYSICAL DISABILITIES AND SUBSTANCE ABUSE DISORDERS

The Substance Abuse Prevention and Treatment, a program was created for persons with spinal cord injury. From that program, the Center for Personal Recovery developed an addiction treatment program for patients with disabilities and trained the staff in disability issues. This helped to remove the architectural and attitudinal barriers that could impede treatment for people with disabilities who had a substance abuse disorder. The center motivated its patients to examine their substance use while simultaneously being aware of the unique needs related to the experience of being disabled. The center's program has resulted in increased knowledge in the addiction treatment community about disability-specific experiences. The disability community has become educated about treatable substance use disorders and this education has empowered persons with disabilities to live a full and more effective life unhindered by addictive behavior.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Disabled Persons; Substance Abuse

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MULTIPLE SCLEROSIS CENTER

The center strived to improve the quality of life for people with MS and their families. It served a population from the newly diagnosed, to those who had been suffering for many years. The ages of the patients ranged from 20 to 70 years old. The MS Center used a multidisciplinary team approach to deliver effective and quality care to the community population. Patients were evaluated by a team that consisted of a nurse coordinator, neurologist, speech, physical and occupational therapists. The center also offered nutritional counseling, patient/family education and complementary medicinal alternatives such as Reiki, an energy-based gentle touch therapy. The team also developed a self-help group and an exercise program for patients to support their social needs, as well meeting their unique healthcare requirements. The result was a service that was accessible and MS clients had access to all the comprehensive care they needed in one location.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Multiple Sclerosis

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NEIGHBORHOOD HEALTH CONNECTIONS

The objectives of the Neighborhood Health Connections program were to train and assign Neighborhood Health Advisors (NHAs) to work with clients who had diabetes, asthma or hypertension. The NHAs tried to improve the health status of this targeted population by heightening their awareness of health risks and increasing their ability to manage their own health.

Neighborhood Health Connections also increased access and appropriate utilization of existing healthcare services and reduced the costs of healthcare by improving health status and preventing unnecessary use of the of the highest cost components of the healthcare system. Finally, the program added to the state of knowledge regarding effectiveness of such low tech components for measurable impact on the health of the target population. NHA candidates went through a rigorous 20-week training program. The training included classroom instruction and field experiences. Upon graduation, NHAs were paired with patients that were assessed by an RN.

SUBMISSION DATE: 2002

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Keywords: Asthma; Diabetes; Hypertension

48

NEWARK HOMELESS COMMUNITY SUPPORT SERVICES PROJECT

The Newark Homeless Community Support Services (NHCSS) project was an HIV secondary prevention project undertaken collaboratively by the Broadway House and St. Bridget's Residence/Catholic Charities. The goal was to improve healthcare access and quality of care for people who were HIV positive and at risk or were homeless, and increased the percentage of people living with HIV/AIDS that had access to primary medical care. Project clients were poorly educated, had low incomes, 85 percent were addicted to drugs and 80 percent had one or more mental health diagnoses. The community health staff, nurse liaison and counselors in the hospital served a minimum of 50 adults annually who had all been discharged previously from one of the above mentioned facilities. Daily activities for clients included: social service, entitlement/referral assistance, life skills training, housing assistance, medical and medications counseling, HIV support groups and mental health and substance abuse counseling. The target population used the support of the community to maintain strong links with the primary medical care system.

SUBMISSION DATE: 2005

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Keywords: HIV/AIDS; Homeless Persons; Low-Income Population; Mental Health; Substance Abuse

49

THE NEW JERSEY INSTITUTE FOR THE ADVANCEMENT OF BLOODLESS MEDICINE AND SURGERY

Jehovah's Witnesses is a faith whose members request non-blood alternatives to transfusions that might be used in their medical and/or surgical care. The institute was formed to address the needs of patients who, for religious or personal reasons, refused the transfusion of all generic blood. Most of these patients were Jehovah's Witnesses and because of this refusal of blood, many members of this community were medically underserved for decades as many healthcare providers were unwilling or unable to provide care without this tool that some feel is indispensable. The primary need for this community was to receive ethical standards of care, both medical and surgical, with respect for and expertise in non-blood management. Implementation of the program was complex and required the education and training of physicians, nurses and ancillary staff throughout the medical center. A comprehensive patient education system was developed so patients could be aware of all available non-blood alternatives and document their specific wishes for caregivers.

SUBMISSION DATE: 2001

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Keywords: Bloodless Medicine

50

NEW VITALITY

An assessment of the hospital's service area showed that while Chilton Memorial has always provided high quality care for seniors, services for the geriatric population were either fragmented, lacking or difficult to access. As a result, Chilton developed a comprehensive health and wellness program for older adults called New Vitality. The program was designed to have several components that enabled the staff to evaluate the person as a whole and address the physical, emotional, mental, social and educational needs of its members. Those components consisted of health screenings, exercise programs, support groups, educational classes, information and referral services and access to prescription discounts and home emergency response systems. The classes were taught by Chilton staff, physicians, community representatives and staff from area long-term care facilities.

SUBMISSION DATE: 2003

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Keywords: Aged; Physical Fitness; Screening, Medical

51

NURSING OFFICES IN RETIREMENT VILLAGES

The population served by this program lived in the five retirement villages of Monroe Township. Seniors residing in these communities made up more than half the township's population. Because this rural, but developing area lacked the healthcare services seniors were used to, many continued to drive to their doctors in New York and Pennsylvania. As a result, Saint Peter's opened five nursing offices, one in each retirement community. Providing healthcare services within their new communities introduced residents to the high quality services offered by Saint Peter's. It also developed a base of patients for both the Senior Health Center and the main hospital. The Nursing Offices were open 24/7, 365 days a year. Each community paid a contracted fee for the nursing service. Some of the services included: response to home and community emergencies; maintaining confidential health records in the center, which could be shared only with the first aid squad; basic first aid; screenings; lab work; flu vaccinations; and referrals to agencies for home care assistance.

SUBMISSION DATE: 2001

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Keywords: Aged, Immunizations; Screening, Medical

52

THE PARKINSON'S EXERCISE PROGRAM AT COMMUNITY MEDICAL CENTER

The Parkinson's Exercise Program was a partnership between the Community Medical Center's Rehabilitation Services and the Center for Health Promotion. This program channeled the expertise of these two distinct specialties into one program that served the health and wellness of this special population. The collaboration enhanced the functional independence and physical health of its participants through consistent exercise and activity. It has also opened the doors to complex and lasting friendships – improving the emotional and mental health of its patients. A series of strength training, walking and balance exercises improved muscle function and mobility and hand-eye coordination. It also offered a vehicle for patients to vent their frustrations and success with other Parkinson's patients. This 70-minute program was held four times a week for a total of more than 120 participants who came from as far away as New York City and Philadelphia to take part.

SUBMISSION DATE: 2002

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Keywords: Parkinson's Disease; Physical Fitness

53

PEDIATRIC MEDICAL DAY CARE

The Children's Specialized Hospital Pediatric Medical Day Care project provided services to the children 3 months to 3 years of age in Union and Essex counties. These children were medically involved and/or had a physical disability that required skilled nursing care. The goals of the project were to help children reach appropriate socialization and developmental levels, and improve in overall function so they were able to transition into an appropriate daycare program and no longer needed skilled nursing care. Services at the center were offered to 35 children and included nursing, education, physical, occupational and speech therapies, nutritional counseling, parent education, social work services, pharmacy consultation and transportation as needed for each individual family. In addition to helping children with their medical needs, the center also provided children with programs to promote cognitive, emotional, physical and social growth. The center provided services to the most vulnerable and created an environment where they could develop and grow.

SUBMISSION DATE: 2005

CONTACT:

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Keywords: Adolescents/Teenagers; Disables Persons; Nutrition; Parents

54

THE PEDIATRIC PRACTICE

The Pediatric Practice provided quality pediatric healthcare for children and adolescents from birth through 21 years of age with single or multiple diseases. The practice provided access to a coordinated continuum of specialized healthcare services for children with special needs in a school-based setting and offered 24-hour, seven-day access including hospital coverage by the same team. It also sought to reduce disruption of family life by minimizing unnecessary emergency department visits and hospitalizations, school absences and healthcare encounter days, and improve communication between all participating families and their healthcare providers, school personnel and other service agencies. Finally, the practice managed all healthcare encounters with a small designated group of providers to aggregate and identify cost data on resources consumed in the service delivery system. Since the practice's inception, the hospitalization rate has decreased and immunization compliance has improved from an average of 60 percent upon entry into the practice to 100 percent after being active in the practice.

SUBMISSION DATES: 2001, 2005

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Keywords: Adolescents/Teenagers; Disabled Persons; Immunizations

55

THE PINK RIBBON PROGRAM

The Pink Ribbon Program was developed to help diminish the incidence of breast cancer in the city of Orange by providing educational programs on breast health. Also supported by the program were clinical breast exams, free mammograms and other related services for women who could not afford medical care. By partnering with community-based organizations, religious groups and local officials, the Pink Ribbon Program achieved its goal of being inclusive and culturally sensitive in this diverse city. These relationships ensured that the program had current, reliable information about issues ranging from poverty, literacy and language, to perceptions of healthcare and cancer and how barriers and access to services could impact treatment. As a result, the program provided materials written at a sixth grade level in Spanish and English, trained bilingual presenters for educational programs, presented culturally appropriate breast models, offered the opportunity for groups of friends to have mammograms together and provided transportation to mammogram appointments.

SUBMISSION DATE: 2000

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Keywords: Cancers/Neoplasms; Minority Groups; Screening, Medical; Women

56

PRIMARY CARE ON WHEELS

To help the indigent and working poor receive primary care, St. Francis started the Primary Care on Wheels project. It offered primary care appointments and services just like a private physician's office. The medical center received a mobile primary care van that had two examining rooms, a small office space and a handicapped accessible bathroom. The van was equipped with a lift to provide the handicapped with access to the van services. The van was staffed with a physician, bilingual nurse practitioner, nursing support, a registrar and a driver. About 150 primary care appointments were completed on the van each month, enabling the uninsured and underinsured to receive high quality primary care, prevention, education and follow up. This reduced the use of the emergency department for non-urgent care and improved the health and wellness of the most marginalized residents.

SUBMISSION DATE: 2003

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Keywords: Disabled Persons; Low-Income Population; Minority Groups; Uninsured, Medically

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PROJECT HOPE – HOMELESS OUTREACH PROGRAM ENRICHMENT

Project Hope's supportive services fulfilled the medical and social needs of Camden City's homeless. This program went into the community and "found" the homeless. Between the mobile outreach van and the outreach workers on the street, the homeless were linked to the services they need. It enabled the homeless to receive the medical care they needed while also addressing social service and housing needs. This program was imperative to the continuum of care since it was often the first step in linking homeless clients into services. Outreach workers were always equipped with pagers and cell phones to contact other team members and make appointments. They had the freedom to escort clients to appointments and spend all day if necessary to make sure a client received care. Project Hope also has a van that can take the homeless to shelters and medical or social service appointments.

SUBMISSION DATE: 2000

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Keywords: Homeless Persons

58

REAP (REACH, EMPOWER, ASSESSMENT, PREVENTION)

CentraState established an advisory council that identified and addressed the health concerns of minorities, seniors and low-income residents. The center utilized its Mobile Wellness Van to reach out to those with transportation barriers. The program has provided free glucose and vision screenings and health information at public libraries, houses of worship, supermarkets and health fairs. The van also offered services at outdoor concerts, antique car shows and a town food festival. The van usually was driven by the same registered nurse to promote familiarity and dispel any fears. Train the trainer sessions were offered to some members of the community and organizations so they too could sustain some of the health education needed. The sessions included information on family planning, substance abuse prevention and nutrition.

SUBMISSION DATE: 2003

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Keywords: Aged; Diabetes; Low-Income Population; Minority Groups; Screening, Medical

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RNS MOBILE MAMMOGRAPHY PROGRAM

The RNS Mobile Mammography Project was the only provider in Atlantic and Cape May Counties, reaching out to women regardless of their ability to pay for services. The van made it possible to go where the patients were to encourage participation and to remove getting there as a barrier to care. In addition to providing free screenings, the project tracks women who were screened and provided follow-up from reminders of next screening dates to referrals for additional testing as needed. The target audience was women 35 and older, who did not have access to healthcare and who have never had a mammogram. The van traveled to sites throughout the target area including churches, shopping malls, local schools, businesses and other nontraditional sites. Breast cancer and breast examination information are provided in English and Spanish and two staff members were bilingual in Spanish. All patients received reminder cards one month before their next exam was due. After they

made an appointment, forms were sent to them to complete and bring to their next appointment. The system generated both a physician report and a patient letter and if necessary, a result letter if the patient needed additional treatment. The van could: target hours most conducive to patients such as early evening and weekends; services were provided by a sensitive all female staff including the program director who was a breast cancer survivor. As a result, lack of transportation as a barrier to care was eliminated. The RNS team sends posters and fliers to the organizations that will be visited by the RNS Mobile team. The host organization or site publicizes the event and ensures that employees, customers and parishioners are notified of the pending visit.

SUBMISSION DATE: 2001

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Keywords: Minority Groups; Screening, Medical; Uninsured, Medically; Women

60

THE SCHOOL-BASED HEALTH SERVICES PROGRAM

The health services program provided school-based health clinics in three elementary schools and one high school in Newark's south ward. The primary healthcare needs of students included primary medical and dental care and care for asthma and vision needs. In addition, the program provided nutritional counseling, group and family counseling, substance abuse prevention and crisis intervention services to those in need. At each of the participating schools, students could see a dentist, social worker, nurse practitioner or doctor all in one place all in one day. Twenty staff members from the medical center saw children on a continual basis and built relationships that contributed to the continuum of care. Clinic services were available to any student (with a signed parental consent form) free of charge regardless of the child's insurance status, thus removing one of the most significant barriers to accessing medical care for Newark's families. Notifications of the services offered went home with students with parental consent forms needed to obtain care. Schools with these clinics reported reduced absenteeism and dropout rates, fewer physical fights, improved asthma management, increased self-esteem, fewer pregnancies and healthy lifestyle changes as well as a decrease in hospital emergency room admissions.

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SUBMISSION DATE: 2001

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Keywords: Adolescents/Teenagers; Asthma; Dental Care; Low-Income Population; Nutrition; Substance Abuse; Uninsured, Medically

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SCHOOL-BASED YOUTH SERVICES PROGRAM

The School-based Youth Services Program provided a comprehensive set of services to students in five regional high schools and 12 elementary/middle schools. The goal of the program was to pair schools with the community. Hunterdon Medical Center chose to link with Hunterdon Regional High School. The program emphasized early intervention, family involvement and services for adolescents that would be near or in a public school. The core services included mental health counseling, family counseling, employment services, health services, substance abuse and alcohol counseling, information, referral services and recreation. By offering the program at schools, it was a one-stop shopping approach providing an array of services to students. Because of the collaborative effort between the school and the medical center, the program has kept abreast of the ever-changing needs of the students.

SUBMISSION DATE: 2002

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Keywords: Adolescents/Teenagers; Substance Abuse

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SCHOOL DAZE – THE ABCs OF DIABETES

The Joslin Center for Diabetes Education was established at the Community Medical Center more than 14 years ago. The center offered services to people with diabetes and those who cared for them and about them. Participants had access to diabetes programs tailored specifically for adults, teens, children and infants, as well as their families. Joslin's diabetes care program included extensive outpatient facilities that offered treatment, community education and support groups. A comprehensive inpatient unit was also available in the medical center. A team of Joslin educators emphasized diabetes management and the education of those with diabetes – integrating a program of care with each person's lifestyle. The center reached out to school nurses in an attempt to educate them about diabetes since they were responsible for the children's care while they were in school. Joslin presented an all-day educational session to 35 school nurses. The one-day seminar became the Diabetes Education Series with over 75 professionals attending each series. Topics included: insulin pumps; tracking blood sugars and blood glucose monitors; insulin actions and high and low blood sugar; as well as diabetes ketoacidosis and hyperosmolar non-ketotic acidosis.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Adolescents/Teenagers; Children and Families; Diabetes

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SENIOR ACTION WELLNESS TEAM (SWAT)

Newark Beth Israel Medical Center's Senior Action Wellness Team (SWAT) helped to improve the quality of life for low-income senior citizens in the community. It empowered them to prevent disease, manage chronic illness via health education, treat acute illness and improve their access to health-care. The SWAT program recruited, trained and supervised a team of "peer leaders" from the community to reach out and advocate positive health behaviors and effective use of available medical resources. The SWAT outreach workers made daily referrals to the hospital's Center for Geriatric Health Care, signed up new members for the senior membership program, registered seniors at health fairs and staffed tables at various outreach events. SWAT was collaboration between

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Newark Beth Israel Medical Center and the Healthcare Foundation of New Jersey. During the first year of the grant period, SWAT held 182 outreach educational events reaching a total of 2,417 seniors, and screened over 500 seniors for preventable diseases. The program also decreased the number of emergency room visits by senior citizens, all of which directly caused an increase in the number of visits to the Center for Geriatric Health Care.

SUBMISSION DATE: 2004

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Keywords: Aged; Low-Income Population; Screening, Medical

64

SENIOR CARE HEALTH AND WELLNESS PROGRAM

The Senior Care Health and Wellness Program at St. Mary's Hospital helped seniors in the community to live independent and active lives. Seniors were provided with nursing, social services and other support services by hospital staff, registered nurses, social workers and activity aides. Hospital employees also helped with blood pressure and medication monitoring, referrals to home health agencies and health education presentations, and they helped seniors fill out necessary forms. The program also included the Willing and Able Group of Seniors (WAGS), which gave seniors the opportunity to volunteer in the hospital community. In addition, St. Mary's Hospital provided a holiday liturgy and dinner for community residents who would otherwise have been alone during the holidays. In 2004, the program reached a total of 1,075 residents, held 22 outreach events and hosted 450 people at the holiday dinners.

SUBMISSION DATE: 2005

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Keywords: Aged; Hypertension; Screening, Medical

65

SENIOR MENTAL HEALTH OUTREACH

Trinitas Hospital was awarded a grant to provide outreach services to senior citizens of Union County who were unable to access hospital-based mental health services. This program was geared toward seniors who were mildly depressed, and/or mildly cognitively impaired, especially the frail and homebound. A geriatric clinical nurse specialist would assess, diagnose, conduct therapy and prescribe and monitor medication in a home-based setting. The nurse also provided psycho educational workshops to residents, housing managers and family members regarding behavioral health disturbances in the elderly and available treatment sources. By providing these services, elderly residents were able to be maintained in community residences, improve and/or sustain a higher degree of functional autonomy, receive a behavioral health intervention carefully coordinated with primary care physicians and obtain better quality of support from residential care takers who were assisted by the clinical nurse specialist in managing the behavioral health needs of seniors in the respective facilities.

SUBMISSION DATE: 2000

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Keywords: Aged; Mental Health

66

SHARE AND SUPPORT PROGRAM

The Share and Support Project at CentraState Healthcare System improved awareness and care for people with chronic health conditions and promoted healthy communities and lifestyles. The project was a web-based disease management model for Monmouth County residents (age 60 and older) who were discharged from the hospital with concurrent diagnoses of congestive heart failure, diabetes, obesity and other chronic conditions. The project fostered the clients' capacity for self care and increased the client's ownership of personalized health goals and preventive outcomes. Each client's personalized action plan utilized multi-media video visits, the expertise of multi-disciplinary health teams and remote assessment of client acceptance and/or compliance with established protocols. The project was a collaboration between the CentraState Healthcare System, the Visiting Nurse Association of Central Jersey and the Monmouth County Office on

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Aging. The program served as a model for other New Jersey counties.

SUBMISSION DATE: 2005

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Keywords: *Diabetes; Heart Diseases/Cardiac; Weight Management/Obesity*

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SISTER HYACINTHA (PHYSICIAN HOME VISITING) PROGRAM

The Sister Hyacintha Program was an innovative primary care service that provided physician house calls, care management and 24-hour on call services for homebound elderly and disabled individuals. Eligibility was determined by a multidisciplinary assessment that considered a variety of factors such as having a supportive care giver; living in an environment that contributed to positive health status and having signed advance directives and/or a designated durable of attorney. In addition to physician home visits, clients worked with nurse case managers to help coordinate their care. The nurses handled communication with home health agencies, pharmacies and medical suppliers while answering questions, providing reassurance and assuring access to medications and/or medical supplies. The program was staffed by two physicians, one was a part time employee of the hospital and the other was a contract provider. Two RNs were employed as case managers and a community support coordinator provided input regarding social, financial and community resources.

SUBMISSION DATE: 2000

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Keywords: *Aged, Disabled Persons*

68

SOMERSET ADVANTAGE IN LIFE – THE SAIL PROGRAM

SAIL was a free program that promoted health and wellness to members of the community age 50 or older through free or discounted services. SAIL educated its members through quarterly newsletters, monthly brunches, an annual health fair and regularly scheduled educational programs throughout the year. It also provided community outreach through speaking engagements, jointly sponsored social events and collaborative partnerships. Some of the services offered by SAIL included: discount fitness program, discount hearing aid program, discounts on breast cancer risk evaluations and discounts on health risk assessments. SAIL also had two trained Senior Health Insurance Program counselors to educate and assist older adults with medical claims. The program served Somerset, Hunterdon, Middlesex, Union and Morris counties and had more than 9,700 members. The SAIL program surveyed its members annually for benefit needs and program satisfaction. Members also completed evaluations after scheduled events and bi-annual focus groups are held. All of this feedback was combined and the information was used to develop new services.

SUBMISSION DATE: 2000

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Keywords: Aged, Cancers/Neoplasms; Low-Income Population; Physical Fitness

69

SOUTHGATE AT RAMAPO RIDGE

Southgate at Ramapo Ridge offered intensive medical, nursing and psychosocial management to seriously ill individuals who had the potential for measurable and consistent rehabilitation. Patients might also have had a technologically and/or therapeutically complex condition that required coordinated healthcare services on a 24 hour basis. Southgate was a model program, one of three in the state and the only unit of its kind in Northern New Jersey. Southgate staff was trained through an extensive and required behavior management curriculum that gave them the title of Certified Behavior Technician upon completion. The training focused on understanding the resident's need for an individualized and structured

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treatment program that allowed them to live in a safe environment while they learned ways of coping and adjusting problem behaviors to foster a higher quality of life. Psychiatric and psychology services were available daily and psychiatric medications were used minimally. Southgate also offered innovative therapeutic activities such as music therapy, aromatherapy and hydrotherapy.

SUBMISSION DATE: 2000

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Keywords: Mental Health

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ST. CLARE MEDICAL OUTREACH VAN

Working in collaboration with community agencies that served seniors, disabled, mentally ill people, and those recovering from substance abuse, the St. Clare Medical Outreach Van provided primary medical care for these clients. Because of lack of access to care, this underserved population was sicker and their diseases were usually in a more progressive state by the time they sought healthcare – often in the city's Emergency Rooms. In addition to weekday visits, the van added two Saturdays each month to its rounds. A Spanish-speaking nurse assisted clients with communication and registration at different locations. The staff included a family practice physician or nurse practitioner, a nurse and a driver. In addition, each location serviced by the van had a contact person on site who notified potential clients of the day and time of the van's arrival. The provider was responsible for screening individual clients who were at risk for diabetes, colon cancer, tuberculosis, heart disease and other illnesses for which screening tests were available. In addition, the provider offered immunizations to clients based on their age and/or health status. Referrals were made for mammograms and pap tests for women, and PSAs and prostate exams for men. The program offered health classes to teach clients about diabetes and its risk factors. As the program built bridges in the community, the percentage of those clients using the Emergency Department appropriately decreased.

SUBMISSION DATE: 2001

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Keywords: Aged; Cancers/Neoplasms; Diabetes; Disabled Persons; Heart Diseases/Cardiac; Immunizations; Mental Health; Minority Groups; Screening, Medical; Substance Abuse

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SURFING SENIORS

Surfing Seniors used a state-of-the-art, high-tech computer lab that offered seniors the opportunity to learn about and use the Internet. The ultimate goal was to provide members with the opportunity to participate in programs that focused on staying healthy, active and independent. This skill allowed them to access the diverse and vast healthcare information on the World Wide Web. Weekly classes of five seniors at a time used the computers and learned how to use equipment such as a mouse and keyboard. There was a dedicated, on staff computer trainer, training packets and teaching aides. The lab was established in the Community Medical Center's freestanding senior center called the Senior Membership Program at the Lighthouse.

SUBMISSION DATES: 2000, 2002

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Keyword: Aged

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SURFING SENIORS

Surfing Seniors was a comprehensive computer literacy program created to empower senior members of the community with the skills necessary to meet the constantly changing computer

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environment and increase community awareness of Kimball's Web site. The program's mission was to instill confidence in the senior population to utilize the electronic tools necessary to expand or maintain personal independence. In addition, these skills helped seniors get access to local senior health programs, healthcare information and resources and physician referral through the hospital's Web site. Surfing Seniors was designed for the senior who had limited or no prior computer knowledge. There were eight people in each class and the program was offered at no charge. Program instruction was given on site in the hospital's Educational Services lab. The two-hour class was scheduled bimonthly during daylight hours. The first time the program was advertised, it generated a waiting list of more than 180 seniors.

SUBMISSION DATE: 2000

CONTACT:

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Keyword: Aged

73

TALKS (TREATMENT, ACCESS, LEGAL KNOWLEDGE AND SUPPORT)

To build awareness and identification for the community resources available for the mentally ill and their families, Bergen County Medical Center organized two educational conferences. One valuable byproduct of the conferences was the Family Handbook, which was reviewed on a quarterly basis incorporating ongoing family needs. These conferences were a means for family members to reduce the stigma of mental illness by learning about and participating in the treatment process. Some of the topics addressed at the conferences included: Community Services Working Together, How to Get a Better Return on Treatment and Research Update.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: *Mental Health*

74

TEA FOR TOMORROW – BREAST HEALTH AWARENESS EVENT

After completing a community health needs assessment, the medical center realized that there needed to be a heightened awareness and education about breast cancer and breast health management. Following several months of planning and organizing, publicity for the program was handled by the medical center, local newspapers, the mayor's office and local parish. Bayonne Medical Center offered free community outreach programs such as free clinical breast exams, reduced-cost mammograms and Tea for Tomorrow, an informational breast health luncheon. The complimentary event, which featured a nationally renowned keynote speaker, increased access to information and education. Additionally, Bayonne Medical Center's new digital mammography system was promoted and vouchers for mammograms were given away.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: *Cancers/Neoplasms; Screening, Medical; Women*

75

THE WOMEN'S HEALTH CENTER: MEETING THE UNIQUE HEALTH NEEDS OF WOMEN

The Women's Health Center, located at Saint Clare's Hospital/Dover General, was an outpatient facility that focused on the primary health concerns of today's women regarding breast cancer, heart disease and osteoporosis. The center eliminated barriers to healthcare by employing a bilingual staff, and accepted women as patients regardless of ability to pay. The heightened awareness of the staff helped to eliminate many disparities and insured cultural sensitivity for every woman who entered the hospital. The center provided an array of

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services to all women, including screenings, diagnostic testing, complementary therapies, support and counseling. The bilingual staff counseled and encouraged women to place their health first by also assessing them for other diseases while they were at the center for screenings. The center represented barrier-free, specialized healthcare for women of northwestern New Jersey.

SUBMISSION DATE: 2005

CONTACT:

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Saint Clare's Health System
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Keywords: Heart Diseases/Cardiac; Low-Income Population; Minority Groups; Osteoporosis; Screening, Medical; Women

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A MORE GENTLE AGE, HELPING OUR CHILDREN PREVENT AND RESIST VIOLENCE

This series of programs was designed by educators, doctors and social workers to help not only children, but parents and teachers, address the serious social problem of youth violence. The medical center established a task force that included representatives from the police, the prosecutor's office, the judiciary, the schools and legislature. It was this group that targeted the areas of education that they felt should be provided to the community, both parents and children. Speakers were recruited from the schools and universities, from private business and from healthcare facilities that were nationally recognized experts in the area of youth violence. In order to promote the series to the community, a press conference was held that generated significant exposure. Fliers were developed and distributed to parents during Back to School Night activities, and mailings were sent to local teachers and social workers.

SUBMISSION DATE: 2004

CONTACT:

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Keywords: Children and Families; Parents; Violence

77

ADOLESCENCE: GETTING THROUGH IT SAFELY

This was a new community outreach program for high school students that covered topics such as motor vehicle accidents, head trauma, spinal cord injury, violence and teen suicide. The instructor took the participants to the scene of a severe auto accident, the emergency room, the intensive care unit, the rehab hospital and to outpatient neurorehabilitation. Coma levels were discussed, as were the implications of each level. Medical equipment was demonstrated including endotracheal tubes, Foley catheters and tracheotomy tubes. Teenagers were asked to visualize themselves totally dependent on others, unable to get from one place to another without a wheelchair, unable to access the computer or TV without special devices or unable even to comb their hair. Articles explaining and promoting the program were placed in local newspapers, *Beanstalk*, *Nursing Spectrum* and *Advance* for

PREVENTING DISEASE AND INJURY

Nurses. Teenagers were left with this thought – My actions will affect my family and me today...and every day for the rest of our lives.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Accident Prevention; Adolescents/Teenagers; Violence

78

ANGER MANAGEMENT

To help parents and children manage the enormous pressures being placed on them, the Community Medical Center launched its Anger Management Program, geared specifically for children and their parents/caregivers. Children as young as seven through teenagers were the targeted population for this program, as well as the adults who cared for them. The series was comprised of several segments including: The Violence Cycle, Stop Being So Mean, From Rage to Reason, Why Follow the Crowd, Expressing Anger: Unhealthy vs. Healthy and Tolerance. A Violence Program for Adolescents was also part of the series as was EPIC parenting, a six-week session that focused on parenting skills. Court-ordered and other children attended the weekly sessions, which were free. The objectives were to create awareness and education regarding anger and anger management, thus helping to create healthier children and families. This program was publicized to children and their parents through fliers sent to school counselors, nurses and teachers.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Children and Families; Parents; Risk-Taking Behavior; Violence

79

BAYSHORE FITNESS AND WELLNESS CENTER

This three-year initiative culminated in the opening of a premiere 30,000-square-foot healthcare facility. The center's mission was to improve the overall health and well being of the community it served by promoting prevention and minimizing illness and injury. The center served more than 4,500 members from ages 14 to 98. Over 70 percent of its membership, including individuals with chronic illness, had never formally exercised. Special needs populations were introduced to specialized programs that included clinical, physical, and educational initiatives for diabetes, arthritis, osteoporosis, incontinence, bio feedback, pulmonary and cardiac rehabilitation, occupational and physical therapy and complementary medicine such as massage therapy, yoga and Tai Chi. The initial concept of the center was derived from the idea of maintaining and improving the overall quality of life for special needs populations and well members of the community. This goal was achieved by intermixing highly personalized, medically-based, physical fitness, wellness services and programs all under one roof. Monthly fitness evaluations enabled members to quantify their progress and improvement in health status. In addition, 120 fitness classes are offered per week including aquatic therapy along with free health lectures.

SUBMISSION DATE: 2001

CONTACT:

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Bayshore Community Hospital

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Keywords: Arthritis; Diabetes; Heart Diseases/Cardiac; Lung Diseases/Pulmonary; Osteoporosis; Physical Fitness

80

BELLEVILLE TOWNSHIP AND YOU...HEALTHY TOGETHER

Reaching out to its seniors, Clara Maas implemented a community program that offered screenings and preventive risk assessments in addition to educational programs and lectures. By supplementing the town's health department staff with staff from the hospital's Community Health Department, programs and screenings were held on a regular basis. Information about the program was shared via fliers, direct mailings to senior organizations/clubs and press releases to two local papers. Blood pressure, cholesterol and glucose screenings were held once a month. The staff evaluated the screening results and provided follow up information and referrals/resources to

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residents. On the fourth Friday of every month, residents heard lectures that were age and illness specific. Some of the topics discussed were: medication updates, fall prevention, home safety, how to respond to an emergency, healthy holiday eating and knee and hip pain.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Accident Prevention; Aged; Diabetes; Heart Diseases/Cardiac; Hypertension; Nutrition; Screening, Medical

81

BRIGHT FUTURE FOR KIDS

Bright Future For Kids at the Carrier Clinic was a free educational and counseling program provided specifically for children ages 4 through 12 in families with addiction problems in Middlesex, Mercer and Somerset counties. The program helped to prevent the development of addictions and minimized illness among children of addicts and alcoholics, who are four times more likely to become alcoholics themselves. To help break the cycle of addiction, social workers taught children positive coping skills through videos, art, storytelling and puppet shows. The program also coincided with a community support program for adults.

SUBMISSION DATE: 2004

CONTACT:

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Carrier Clinic

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Keywords: Children and Families; Substance Abuse

82

CADDY (COMMUNITY ALTERNATIVE DISPOSITION FOR DIVERTING YOUTH)

The CADDY program was available to children and teenagers between the ages of 10 and 17. It was offered after school three days a week from 3:30 to 6:30, and two Saturdays each month. Saturday sessions alternated between community service and recreational activities. Most entered the program with charges of criminal mischief or terroristic threats. The primary program component was comprised of structured, supervised and individualized after-school services. The continuum of care included vocational training, academic assistance, crisis counseling, life skills education, self-esteem counseling, anger management and conflict resolution workshops, substance abuse prevention and education, recreation, community service and volunteer activities. Upon admission, the participants identified the goals they would work on while in the program. A multidisciplinary team approach was emphasized and the program stressed ongoing collaboration with referral sources and community agencies involved with the juvenile's case. CADDY expanded during the summer months to provide additional supervision and structure to youth while school was not in session.

SUBMISSION DATE: 2000

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Keywords: Adolescents/Teenagers; Children and Families; Risk-Taking Behavior; Substance Abuse; Violence

83

CANCER SCREENING/NJCEED PROGRAM

The social issues surrounding outcomes for cancer made it very clear that a concerted effort was needed to increase and encourage early and routine screenings. For the populations at greatest risk for the most common forms of cancer, communication via culturally and linguistically sensitive community-based outreach was utilized to increase knowledge, understanding, motivation and the ability of these men and women to seek appropriate care. The program was publicized through articles in newsletters produced by the Community Medical Center; news releases and public service announcements sent to local media, and in some cases, paid advertising. The

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goal of the program was to increase the knowledge, motivation and ability of men and women at risk for cervical, breast, colorectal and prostate cancer to seek routine follow-up and treatment as necessary and in accordance with the guidelines set forth by the National Cancer Institute.

SUBMISSION DATE: 2004

CONTACT:

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Keywords: Cancers/Neoplasms; Screening, Medical

84

CAR SAFETY SEAT PROGRAM

By delivering more than 7,000 babies each year, Virtua Health has touched the lives of all its parents and made car seat safety a priority. As a result, two staff members completed the National Highway Traffic Safety Administration's Child Passenger Safety Training Program. Virtua Health technicians not only correctly installed the car seats; they made sure the parents knew how to install the seats as well. A comprehensive checklist was created that parents could read after visiting the car seat inspection station. Virtua also held a booster seat clinic for its employees. This was done to help employees comply with the law that children who are 80 pounds or less or less than eight years old must have a booster seat. Word of this service spread from parent to parent, and the health system hoped to expand the hours to include the Mother Baby units.

SUBMISSION DATES: 2001, 2003

CONTACT:

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Keywords: Accident Prevention; Children and Families; Parents

85

CHILD PASSENGER SAFETY SEAT INITIATIVE

Children under the age of 18 represented 25.6 percent of Salem County's population. The hospital was looking for ways to improve auto safety for infants and children. Basic, cost-effective safety education and affordable child passenger safety seats, properly installed, were determined to be the best response to assist Salem County families. Memorial Hospital hosted six community events during the year that engaged families in child safety. Families were invited to visit checkpoints to have child passenger safety seats inspected for proper fit, not only for the child, but also to the family vehicle. Four nurses and members of local law enforcement were trained in child passenger seat safety inspection. More than 174 safety seats, of various designs, were distributed free of charge as a result of the community events and other activities.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Accident Prevention; Children and Families; Parents

86

CHILD SAFETY SEAT PROGRAM

Eighty-five percent of all car seats were found to be installed improperly in vehicles and the Hunterdon Medical Center saw a need to educate parents and its staff about how to properly install a car seat. The Child Safety Seat Program offered parents the opportunity to have a certified technician install their car seat. This included serving any interested family with children under age 12. Additionally, for parents who could not afford a car seat, the medical center offered gift certificates to purchase booster seats or car seats. The program was publicized in several ways. Fliers were distributed to prenatal mothers registering for care, signs were posted in each patient room, seminars on car seat safety were offered to increase awareness and a how-to video was offered also. Several staff members were trained as technicians through a course offered by AAA and the National Highway Traffic Safety Administration.

SUBMISSION DATE: 2003

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CONTACT:

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Keywords: Accident Prevention; Children and Families; Low-Income Population; Parents

87

COOPER HOUSE WOMEN'S RECOVERY PROGRAM

The Cooper House Recovery Program for Women focused on treating women substance abusers with or without children. The intent was to help women become drug free, prevent premature births as well as anomalies so Camden children would be raised in a nurturing, non-abusive environment. The program also aimed to reduce the number of deaths of both addicts and their children. The program strived to improve the women's physical and emotional health, provide some basic vocational training and life skills, which would enable them to become self sufficient and care for their families. On site childcare was provided for women in the program and there were three levels of care: five days a week, three days a week and a half day a week to provide the multiple services the women required. Cooper House also provided on site AIDS counseling and testing and a 10-week course in nutrition. A small vocational program was added to train clients to use computers to increase their job readiness. Once the client was ready, the program worked with other agencies to obtain suitable housing, income, education and job services.

SUBMISSION DATE: 2003

CONTACT:

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The Cooper Health System
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Keywords: Child Abuse/Neglect; Children and Families; HIV/AIDS; Mental Health; Nutrition; Parents; Prenatal Care; Substance Abuse; Women

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CPR EDUCATION, PRENATAL/PEDIATRIC SAFETY AND ASTHMA AWARENESS

Underwood Memorial Hospital has developed three community outreach initiatives targeted at parents and/or children. The first initiative was the development of a CPR training program for a local school district. The second program targeted child safety in and around the house and the identification of critical and non-critical pediatric emergencies. This program expanded to include helmet and bicycle safety programs. The last initiative was a Pediatric Asthma Awareness Program developed for school districts to teach elementary age school children how to quickly recognize and respond to the symptoms of asthma. School nurses received portable nebulizers that could be used to administer medications to those children suffering from an asthma attack at school or for those who could not get access to their own treatment equipment.

SUBMISSION DATE: 2001

CONTACT:

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Underwood Memorial Hospital

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Keywords: Accident Prevention; Asthma; Children and Families; Parents

89

DARE TO CARE

The Dare to Care Program consists of two separate, yet similar programs for fourth graders through college age young adults. The goal of the program was to educate and visualize the effects of drinking and driving. Dare to Care also dealt with the myths of alcohol consumption, the control of absorption and the factors that enhance the effect of alcohol. The program also covered other issues affecting the health of teenagers such as pregnancy, sexually transmitted diseases, AIDS and depression. Another important part of the program was getting the children's attention while they're young since the average 12 and a half year old has already had an alcoholic beverage and as a high school senior is drinking once a week to get intoxicated. The material included a video, and slide and oral presentations. They are updated, improved and refreshed to keep up with the changing times and teens. Poems, posters and pins were available also to enhance the program. The hospital approached elementary schools, high schools, youth groups and the PTA to let them know that this free program was available.

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SUBMISSION DATE: 2001

CONTACT:

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Our Lady of Lourdes Medical Center
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Keywords: Adolescents/Teenagers; Children and Families; HIV/AIDS; Mental Health; Pregnancy in Adolescence/Teenagers; STDs/Sexually Transmitted Diseases; Substance Abuse

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DIABETES EDUCATIONAL SERVICE

The goal of this initiative was to increase knowledge and disseminate information related to diabetes that would enable the diabetic individual to understand the disease process, recognize the components of the treatment regimen, understand the purpose and process involved with medications and learn to assess the blood glucose and the diabetes status. The program also helped patients recognize aberrations or deterioration in diabetes control and attended to the practices that maintain good health. Since both body and treatment needs change over time, a second goal was to provide a resource for information updates. Follow up contact with clients and their healthcare providers indicated that the program was successful. The program offered both private outpatient classes and community classes and added in-service education with classes for hospital employees, home health nurses and aids, the staffs of long-term care facilities and nursing students from area sending schools.

SUBMISSION DATE: 2003

CONTACT:

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E-MAIL: fjerome@shorememorial.org

Keyword: Diabetes

91

DRIVE-THROUGH FLU VACCINATION PROGRAM

The goals of the Burdette Tomlin Memorial Hospital Drive-Through Flu Vaccination Program were to improve immunization rates and expand disease prevention in the community. Volunteers from various community organizations, including the town fire department and emergency medical services, provided free vaccinations to seniors 65 and over and to low-income uninsured residents in the hospital's service area. The recipients drove up in their cars and nurses administered the vaccine. An ambulance was available in case of an emergency. In partnership with the hospital's Department of Employee Health/Infection Control and the Department of Education, the program has been running for at least 11 years. In fall 2003 alone, the vaccination program delivered 7,716 vaccinations over a two-day period.

SUBMISSION DATES: 2003, 2004

CONTACT:

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Keywords: Aged; Immunization; Low-Income Population; Uninsured, Medically

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ESSEX COUNTY PASSENGER SAFETY COALITION'S CAR SEAT INSPECTION STATION

Initiated by Mountainside Hospital, the Essex County Passenger Safety Coalition's Car Seat Inspection Station worked to reduce the incidence rate of pediatric motor vehicle injuries and fatalities through proper installation of car seats. The program also provided car and booster seats for disadvantaged individuals and guidance on child injury prevention for new and expectant families. Car Seat Check-Up events were held at sights such as the Garden State Parkway, car dealerships and the Essex County Police Chief Expo. The program worked in coalition with Patricia DiFilippo, the Essex County Executive's Office, local chiefs of police, the NJ Chapter of Safe Kids, the AAA and the Essex County Sheriff's Department. The program was funded by a variety of grants, and was featured in various media outlets.

SUBMISSION DATES: 2003, 2004

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CONTACT:

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Keywords: Accident Prevention; Children and Families; Low-Income Population; Parents

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FAMILY AND COMMUNITY EDUCATION OUTREACH PROGRAM

In times when the delivery of healthcare services is rapidly changing, this program developed and coordinated education programs and materials that benefited children, family and community needs. It also addressed injury prevention and health issues of children with or without special needs. The program committee met once a month to review current programs, assess educational needs and develop new workshops/programs. Some of the programs included a health and safety fair, child passenger seat safety checks, children with special abilities awareness programs, and workshops and community health fairs. The program also provided educational programs and materials to parents/guardians, teachers and healthcare providers.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Accident Prevention; Children and Families; Disabled Persons; Parents

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FAMILY HEALTH AND SAFETY

Family Health and Safety was comprised of many fun and informational events and classes. Kids Day was an annual event designed to acquaint children and their parents with information about fire safety, emergency first aid, self-defense, bicycle safety and car seat safety. The hospital partnered with the local police, fire, EMS, businesses and schools to offer this event. The Pascack Valley Hospital also

offered a car safety program that trained parents and grandparents to properly install a car seat. The Babysitters' Training Course was open to children age 11 and over. Students were taught CPR and what to do in case of a fire and were lectured by healthcare professionals as well as local police. For the Explorers Post, hospital staff and physicians volunteered their time to explain careers in medicine as well as professional opportunities in nursing. The Bernice Alexander Pre-nursing Program was designed to acquaint aspiring nurses with the day-to-day operation of an acute care hospital as well as to explore other health-related careers such as community outreach, school nursing and occupational nursing. Finally, the hospital offered a full range of prenatal services to patients and their families who did not have access to a primary care physician. Services included LaMaze, LaMaze Refresher, parenting, baby care, breastfeeding and sibling preparation.

SUBMISSION DATE: 2003

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Keywords: Accident Prevention; Children and Families; Parents; Prenatal Care

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FIREFIGHTERS CARDIAC SCREENING PROGRAM

The purpose of the Firefighters Cardiac Screening Program at Monmouth Medical Center was to increase awareness of cardiac diseases among firefighters. Firefighter deaths due to heart attacks represented 44 percent of all firefighter deaths from 1990 to 2000. In response to this growing concern, the Monmouth Medical Center partnered in 2004 with the Long Branch Fire Department and established the cardiac screening program. The program offered both volunteer and paid firefighters annual cardiac health evaluations, appropriate preventative testing, and assistance with leading a more hearthealthy lifestyle – both in the line of duty and in their everyday lives. Assessments were both free and confidential and they included the completion of a full medical history that focused on coronary disease risk factors, an electrocardiogram, blood pressure screening and laboratory blood testing. The firemen were recruited by the program's coordinating physician who attended all monthly firehouse meetings. During the first phase of the program, 24 screenings were performed, representing one-third of the Long Branch Fire Department. As a result, several firefighters were referred for follow-up testing.

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SUBMISSION DATE: 2005

CONTACT:

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Keywords: Heart Diseases/Cardiac; Hypertension; Screening, Medical

96

FIRENET

FireNET was a hospital-based assessment and treatment program for children ages 3 through 17 who were attracted to "fire play." The program was broad-based, targeting youngsters that represented all socioeconomic backgrounds who used a "weapon" that gave them the potential to wreak havoc in their community and cause devastation and even death. The objective of FireNET was to identify, assess and treat children who were at risk of setting fires. By providing direct services to these children and their families, FireNET hoped to reduce or prevent fire deaths, fire injuries and property damage which could result from children and fire. The FireNET team consisted of a child psychiatrist, child therapists and a community burn educator. Plan of care was established to include a four- to 12-week course of individual and family counseling, psychiatric evaluation, if necessary, medication monitoring and always, fire and burn safety.

SUBMISSION DATES: 2000, 2004

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Keywords: Accident Prevention; Adolescents/Teenagers; Mental Health; Risk-Taking Behavior

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GRANDPARENTING

Offered by Union Hospital's Center for Kids and Family, GRANDparenting was an innovative course for grandparents who wanted to sharpen their childcare skills. The goal of the program was to provide grandparent caregivers with a refresher course in childcare as well as updated information on health and safety issues, thereby enhancing quality of life for the children in the community. The program focused on reviewing childcare, providing information on child safety, first aid and managing emergency situations. There were demonstrations in choking and rescue breathing and pediatric cardio-pulmonary resuscitation. The program concentrated on the childcare associated with each of the major child development groups; infants, toddlers, preschool and school age children. In a seminar format, the program was presented several times during the year at different times of day in order to accommodate the lifestyles of the participants.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Accident Prevention; Aged; Children and Families; Parents

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HEALTHY HEARTS

Healthy Hearts was designed to dramatically lower the community's risk factors for diabetes, heart disease, cancer, and introduce a healthier way of life. The program was conducted over a 10-week period in both Spanish and English, and was broken down into three main components: nutrition, exercise and stress management. It offered sample menus, support groups, blood pressure checks and stress relief classes with a yoga instructor. Kimball Medical Center brought the program to community residents free of charge through its community education division, The Center for Healthy Living, and also by partnering with various faith-based organizations and schools in the Lakewood area. As a result of Healthy Hearts, over 150 participants were able to lose weight, lower their blood pressure and feel better about themselves.

PREVENTING DISEASE AND INJURY

SUBMISSION DATE: 2004

CONTACT:

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Keywords: Cancer/Neoplasms; Diabetes; Heart Diseases/Cardiac; Hypertension; Minority Groups; Nutrition; Physical Fitness; Weight Management/Obesity



HEART DISEASE AWARENESS, EDUCATION AND SCREENING PROGRAM

The Chilton Memorial Hospital's Heart Disease Awareness, Education and Screening Program was enacted when health officials discovered that much of the upper middle class population had not included exercise as part of its daily regime. In addition, both the cholesterol and blood pressure levels of residents were much higher than the state and national levels. A pilot education and screening program was developed that screened community residents for blood pressure, cholesterol and body mass index. The program also provided smoking cessation counseling, stress management education and a final risk assessment. The program targeted the 1.2 million residents in Chilton Memorial Hospital's five-county service area, and was introduced primarily using announcements on local radio and television stations. It was collaboration between Chilton Memorial Hospital, 13 municipal health departments, places of worship, physicians' offices and shopping malls. In the pilot year of the program, the collaborative team held 11 outreach events and screened more than 1,200 people.

SUBMISSION DATE: 2004

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Keywords: Heart Diseases/Cardiac; Hypertension; Physical Fitness; Screening, Medical; Tobacco Use

100

HEART SAFE COMMUNITY INITIATIVE

The Heart safe Community Initiative's goal was to increase heart awareness, save lives and reduce disability from sudden cardiac arrest among residents of Sussex and Pike counties. To meet these goals, over 200 Automated External Defibrillators (AEDs) were deployed to over 1,000 health professionals and citizens who volunteered their time. These volunteers were trained by Heart safe to use the defibrillators at various locations such as police and fire stations, stores, schools and churches. This effort was spearheaded by Newton Memorial Hospital in collaboration with the Newton Memorial Hospital Foundation, and also included a Heart safe school initiative for high schools, and the Faith in Your Heart program for religious groups in the community. The AED distribution helped to save 15 lives, and the program has educated and helped to prevent the deaths of many others.

SUBMISSION DATE: 2004

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Keywords: Heart Diseases/Cardiac

101

JOURNEY TO WELLNESS

Journey to Wellness sought to reduce the fear and anxiety children typically felt when visiting a hospital or encountering a doctor or emergency medical services. In addition, Journey to Wellness also stressed the importance of safety for children when it comes to everyday tasks such as riding a bike, playing on the beach, swimming or boating and helps kids develop good lifestyle habits, such as not smoking and eating properly. Journey to Wellness determined that third grade students were young enough to still be impressionable, and mature enough to listen to a health and safety presentation. To make the event interesting for the students, each child received a Passport to Good Health and visited each station to hear a health or safety presentation before the passport was stamped and they continued on their journey to the next station. There were 36 stations, 20 of which were staffed with more than 120 hospital employees and 16 from partnering agencies. Some of the stations were Picture Your Bones, C.P.R., Floss, Brush and Smile and Germ Buster.

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SUBMISSION DATE: 2000

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Keywords: Accident Prevention; Adolescents/Teenagers; Nutrition; Tobacco Use

102

KIMBALL'S SAFE OUTREACH FOR SENIORS PROGRAM

Kimball's SOS Program was an unusual collaboration between the Ocean County Police Department and the medical center's Geriatric Evaluation Management Service. As the senior population increased, the need for comprehensive services to address the "at risk" elderly was required to fulfill service gaps. A team developed a program to assist police officers in identifying the signs and symptoms of dementia and how to handle the elderly exhibiting inappropriate behavior. The program sensitized the officers to the problems of aging and offered them resources to avoid potentially more serious problems through referral for professional help. The program also encompassed police encounters in the home, identifying seniors at risk for safety issues such as self-neglect, paranoia, cluttered living conditions and outdated or lack of food in the refrigerator. Officers were also trained to inspect the person's appearance, appropriateness of clothing for the weather, orientation to time and driving status. When an at-risk senior was identified, the officer completed a referral sheet stating the potential problem that was observed. The SOS team, consisting of a registered nurse and licensed clinical social worker, made contact with the senior and tried to resolve the potential issue and provided community or family support.

SUBMISSION DATES: 2000, 2001

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Keywords: Accident Prevention; Aged; Alzheimer's/Dementia

103

LEGS FOR LIFE – A PVD EDUCATION/SCREENING EVENT

Peripheral Vascular Disease (PVD) is caused by hardening of the arteries in which fatty substances gradually build up inside artery walls. This restricts blood flow and can result in a heart attack, stroke or loss of limbs. Legs for Life raised awareness about cardiovascular health and encouraged residents to make healthy lifestyle choices. Bayonne Medical Center is well known, accessible and centrally located, making it a logical choice for the screenings. The Legs for Life program also strived to improve awareness of PVD among primary care physicians and the medical community and to strengthen collaborative relationships among healthcare professionals who treated this condition. A coordinated information campaign was launched to notify local residents that free screenings were available. Letters were sent to primary care physicians in Bayonne and neighboring communities urging them to inform their patients about the free screenings. Advertising and media coverage boosted response, while posters displayed throughout the medical center further heightened community and employee interest. Patients who were diagnosed with PVD were referred to their primary care physicians for treatment.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Peripheral Vascular Disease; Screening, Medical

104

MOMS AND BABIES LIVING HEALTHIER FROM LEARNING

This program was created to promote prenatal education and follow-up care compliance, with the added benefit of providing material needs. A deficiency was identified in pregnant women's perception of care necessary during and after pregnancy, coupled with a lack of ability to obtain necessary material items for their babies. A multidisciplinary team of physicians, nurses, a social worker and nutritionist was formed so patients could find out if they are receiving appropriate care. A bilingual notice was posted in patient care areas describing the concept as an effort to help patients help themselves and their new babies through a series of free interactive classes to increase expectant mothers' compliance. Incentives were

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offered if they made and kept prenatal appointments, including classes, education and testing. Each time a patient complied with the program, she received a raffle ticket. Prizes such as cribs, high chairs, strollers and car seats were raffled off at a holiday party for patients and family members.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Children and Families; Low-Income Population; Minority Groups; Nutrition; Parents; Prenatal Care

105

NORTHERN NJ SAFE KID/SAFE COMMUNITIES

The Northern NJ Safe Kid/Safe Communities program reduced fatalities, injuries and property damage due to unintentional injuries on the road, at home and at play. Morristown Memorial Hospital was the lead agency for this program that served the children of Morris, Sussex and Warren counties, with the theory that behavioral change must come from the individual at the community level. Through its collaboration with more than 75 community partners including NJ Safe Kids, NJ Highway Traffic Safety and Morristown Hispanic Affairs, this partnership developed a multitude of programs such as Pedestrian Safety, the National SAFE KIDS campaign and the Visitation Impact Program. The Trauma Service of Morristown Memorial conducted a biannual needs assessment of injuries and deaths in this geographical area so that programs could be planned accordingly. As of 2005, the program had 75 partners representing municipalities, private industry and injury prevention advocacy groups. With the collaborative leadership working in alliance with community leaders, New Jersey has reached an 82 percent seat belt compliance rate, incorrect child passenger safety seat usage has dropped from 92 percent to 75 percent and overall awareness of best practices in traffic safety has been heightened.

SUBMISSION DATE: 2005

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Keywords: Accident Prevention; Children and Families

106

OUR CHILDREN – OUR RESPONSIBILITY

Because of the growing number of children who have Internet access, the Center for Kids and Family saw the need to create a vehicle for prevention and education. Our Children – Our Responsibility, a multi-media program/seminar, was developed to heighten public awareness about the issues of child abduction and Internet safety. The program focused on these issues and addressed risk factors, prevention initiatives, and strategies to ensure the safety and welfare of children at home, in schools and online. Speakers were selected carefully so that the audience would have an overview of the leading current issues concerning technology; school safety initiatives; legislative issues and mental health information. Students previewed videos they developed to heighten the awareness of Internet dangers and to focus on the prevention of child abductions. The students intend to provide the videos for distribution to various local agencies.

SUBMISSION DATE: 2000

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Keywords: Children and Families; Mental Health; Risk-Taking Behavior

107

OVERDOSE SIMULATION PROJECT

The Overdose Simulation Project, administered by Hackettstown Community Hospital, simulated the reality of a drug overdose, including taking the drugs, being rushed to the emergency room, conducting an autopsy and holding a funeral, all while onstage in a high school auditorium. Created by emergency department nurses to address the growing problem of drug addiction and related injuries among teens, the program was geared toward high school students in grades 9 through 12 in Warren, Southern Sussex and Western

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Morris counties. Collaborations for the project included the local Girl Scout Troop 987 and the Scala Memorial Home. Close to 1,000 high school students participated in the simulation. Footage of the simulation was distributed to other area schools and organizations serving teenagers.

SUBMISSION DATE: 2005

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Keywords: Substance Abuse

108

PASSAIC COUNTY CHILD SAFETY PROJECT

The Passaic County Child Safety Project's purpose was to prepare children, ages 11-13, for self-care and protection in situations where they were left home alone and unsupervised and at risk for abuse or neglect. The educational information was provided by the National Safe Sitter Program and the center added aspects to the program that were tailored to inner city children such as fire safety in high rise apartment complexes and other emergency situations. These children attended a basic (6 hours) or full (12 hours) program where they learned the basics of babysitting, first aid, rescue breathing, how to alleviate choking and handling behavioral problems. Successful participants attended a graduation and parents were invited so that they could understand their role as guides and supervisors of their child's education as a safe caregiver. So far, the center has trained more than 1,700 children.

SUBMISSION DATE: 2002

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Keywords: Accident Prevention; Child Abuse/Neglect; Children and Families; Parents; Risk-Taking Behavior

109

PEDIATRIC ASTHMA AWARENESS AND SMOKING PREVENTION

The Pediatric Asthma Awareness and Smoking Prevention program was developed for 800 students in the Paulsboro School District in Gloucester County. Paulsboro is a small lower income community with predominantly blue collar workers and a minority population of 46 percent in its school system. School nurses reported that many children came to school without their inhalers or they have no physician prescription for administering medication during school. The program was developed to increase awareness among children of the symptoms of asthma, use of inhalers and how cigarette smoking can trigger asthma attacks. Education sessions are provided to all students in the targeted classes. The classroom sessions were interactive with films, puppets and coloring books.

SUBMISSION DATE: 2002

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Keywords: Adolescents/Teenagers; Asthma; Low-Income Population; Tobacco Use

110

PERTH AMBOY ADOLESCENTS AT RISK (PAAR)

In coordination with Bay Medical Center, the Perth Amboy Adolescents at Risk (PAAR) program was developed to provide anger management services to the youth of Middlesex County (ages 11 to 21) who were at risk for involvement in the Juvenile Justice system. The objective was to intervene with youth who had problems related to substance abuse, psychiatric illness, child abuse or neglect, impulse control and peer pressure. Once the risk factors were assessed for all youths, each child was given a 10-week individualized treatment plan to address his/her specific needs. The youth was then taught coping skills, behavior modification, participates in group sessions, writes in a journal and role plays for understanding. The program was collaboration between the Perth Amboy Police Department, the Board of Education and the Bay Medical Center's Adolescent Services office. Since January 2004, 25 juveniles were referred to the program, 75 percent of them completed all aspects of the program. There were six adolescents enrolled for 2005.

SUBMISSION DATE: 2005

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Keywords: Adolescents/Teenagers; Child Abuse/Neglect; Children and Families; Mental Health; Risk-Taking Behavior; Substance Abuse

111

PRIMARY PREVENTION: KELSO'S CHOICES FOR CONFLICT RESOLUTION

In response to a need identified by a school principal for a basic problem solving/conflict resolution program, the medical center implemented the Kelso's Choice Program. This program was intended to teach young children problem solving skills that would help to reduce aggression and enhance social skills. Kelso's Choices are nine very basic options that a child can use when confronted with a problem situation. Children are taught to distinguish between big problems and little problems. Some of Kelso's Choices include: share and take turns, talk it out, walk away, ignore it, make a deal and apologize. The children role play problem situations have Kelso puppet shows and songs and participate in a game called "What Would You Do?" At the beginning of the school year, teachers were acquainted with Kelso and his choices. Each and every classroom and specialty area has Kelso posters. Even parents were oriented to the program and were encouraged to use it at home.

SUBMISSION DATE: 2000

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Keywords: Children and Families; Parents; Violence

112

PROJECT B.O.N.E.S.

Community Medical Center's Project B.O.N.E.S. (Basic Osteoporosis Nutrition, Education and Screening) sought to increase women's knowledge of osteoporosis, the importance of calcium in the diet, routine screenings, follow-up treatments and various exercise programs. Project B.O.N.E.S. was a collaboration between the Arthritis Foundation and Advanced Wellness Consultants and is housed at the Center for Women's Health. The center held various activities for women including osteoporosis screenings at different locations throughout the county, a one-hour educational program about calcium, post menopausal Tai Chi classes, an exercise program and weight-bearing classes. Participants also received letters in the mail reminding them about follow-up visits. The long-term goals of the project were to serve the 2,072 women within the local counties and follow up with any participants who were found to be at risk.

SUBMISSION DATE: 2005

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Keywords: Arthritis; Nutrition; Osteoporosis; Physical Fitness; Screening, Medical; Women

113

PROJECT FIT AMERICA

Project Fit America was a national nonprofit public charity dedicated to physical fitness in children. The overall goal of the program was to implement successfully partnerships with selected schools to increase children's daily physical activity levels during the school day. In New Jersey, where obesity in children is growing exponentially, Morristown Memorial Hospital chose to donate funding to run Project Fit America at eight schools in the hospital's service area. Each student was measured and evaluated through pre- and post-exercise testing to assess cardiovascular endurance, flexibility and upper body and abdominal strength. As part of a two-year curriculum, each school received state-of-the-art fitness equipment, age-appropriate games, lesson plans, challenges and on-site teacher training. Project Fit America and hospital staff were also available to answer any questions or concerns that school officials might have had. Through 2004, Project

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Fit America reached approximately 4,800 children and families in the Morristown area and has had an average improvement rate of 22 percent for all measured physical abilities.

SUBMISSION DATE: 2005

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Keywords: Children and Families; Physical Fitness

114

REDISCOVERING YOUTH SPORTSMANSHIP

The Rediscovering Youth Sportsmanship program ensured that officials, coaches and parents adopted a violence-free code of ethics that outlined their role in providing a safe, healthy and respectful environment for the development of young athletes. Aggressive play and attitudes along with a highly competitive environment is caused seven out of 10 children to abandon sports by the age of 13. These problems were evident in every sport and no age group was exempt. The sportsmanship program educated and empowered coaches, parents and families, and rewards teams who exhibited model sportsmanship, and sanction parents, coaches and players who displayed abusive language or violent behavior. The program also maximized the effectiveness of peer/group pressure and sanctioned teams whose parents, players or coaches displayed abusive language or violent behavior.

Word of mouth generated the most interest. Those teams that used the program's training and materials provided referrals and told friends and family about the program. In addition, Saint Barnabas identified and proactively sought out those leagues/organizations and teams for which parental misconduct was an issue. The primary components of the sportsmanship program were the customized training sessions offered to parents, coaches, referees and sport facility site managers. The objective of the training was to empower all adults involved in youth sports by teaching skills and specific techniques to de-escalate situations before they erupted into abusive or violent behavior. The program team made recommendations regarding the physical and behavioral boundaries to ensure a safe, healthy and respectful environment for the enjoyment of youth athletic activities.

SUBMISSION DATES: 2002, 2003

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Keywords: Children and Families; Parents; Violence

115

SENIORSFIRST COMMUNITY OUTREACH PROGRAM

SeniorsFirst was a community outreach program that was part of a network of senior services sponsored by CentraState. The mission was to assist seniors in adopting healthier lifestyles through education and preventative care. Using a variety of programs such as health screenings, education, referral information and socialization, CentraState served as a resource for seniors in promoting good physical and mental health. With a staff of one registered nurse and a parttime office assistant, along with 21 senior volunteers, SeniorsFirst served approximately 8,500 seniors. To promote overall preventative health, the program offered blood pressure checks, body fat analysis, cholesterol tests, diabetic foot exams, glaucoma and vision tests, memory loss, skin cancer, tuberculosis and oral cancer screenings. Education was another component of the SeniorsFirst agenda. Examples of some of the topics were: A Citizen's Guide to Wills, Defensive Driving, Elder Fraud, Sleep Well, Feel Well and Shingles in seniors. Recognizing the important role socialization played in a healthy lifestyle, 18 socials were held as well as card parties and casino trips. SeniorsFirst also served as the contact for recently ill seniors. The program continued to identify and respond to the needs of seniors by regularly surveying them at the programs and through meetings with leaders of church groups, affordable housing communities, community organizations and local senior centers as well as the seniors that called in to SeniorsFirst.

SUBMISSION DATES: 2001, 2003

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Keywords: Aged; Alzheimer's/Dementia; Cancers/Neoplasms; Diabetes; Heart Diseases/Cardiac; Hypertension; Mental Health; Nutrition; Physical Fitness; Screening, Medical

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SPEND TIME ON PREVENTION PROGRAM (STOP PROGRAM)

The Spend Time On Prevention Program (STOP), at the University of Medicine and Dentistry of New Jersey, provided education and comprehensive healthcare services to residents of Newark and the surrounding communities of Essex County. STOP offered confidential HIV counseling and testing services and HIV risk reduction education through its emergency room and mobile outreach unit. A culturally sensitive staff of social workers and nurses worked to address the growing numbers of sexually transmitted diseases as well as the increased demand for gynecological care, and provided participants with referrals to medical care and other support services when necessary. Collaborators with the program included the North Jersey Community Research Initiative, City of Newark Health Department and Broadway House. Client satisfaction with the program was evaluated through focus group surveys given to 20 to 30 clients twice a year. Of the 2,048 individuals served by STOP in 2004, 1,860 were HIV positive, 253 were paired with case managers and 218 women received well care.

SUBMISSION DATE: 2005

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Keywords: HIV/AIDS; Screening, Medical; STDs/Sexually Transmitted Diseases; Women

117

STEP OUT HUNTERDON...STRIDES TO BETTER HEALTH

Strides to Better Health was created to reach out to sedentary adults and encourage them to increase their daily physical activity. The core concept behind this initiative was for patients to increase the amount of steps they walked each day. Clients purchased (at a subsidized cost) and wore electronic pedometers to record daily step counts. The six-month program also included motivational monthly mailings and a log to record progress and incentives for participating and completing the program. These incentives, special events and prize programs also boosted enthusiasm and participation. Program staff visited fitness events, health screenings, exercise classes and middle schools to register participants. An ongoing public

relations campaign encouraged participants to share feedback and success stories. These were then shared in monthly mailings and in newspaper coverage of the project.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Physical Fitness

118

TEEN HEALTHFX.COM – AN INTERACTIVE TEEN HEALTH EDUCATION WEB SITE

TeenHealthFX.com was an interactive health education Web site targeted toward teenagers ages 12 – 18 to meet the prevention and healthcare needs of adolescents. The Web site's main objective was to meet the healthcare needs of Northern New Jersey's adolescents - particularly those who do not have access to transportation to a doctor's office or a health clinic. The Web site provided a reliable, confidential and anonymous voice that helped to empower adolescents to become responsible for their own health. It also gave them the confidence to access medical, mental health and other support services. A health educator with a master's in Public Health coordinated and managed all Web activities. In addition, a panel of doctors and experts affiliated with Morristown Memorial Hospital reviewed each question on the Web site and provided accurate information in a language that adolescents could comprehend.

SUBMISSION DATES: 2000, 2001

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Keywords: Adolescents/Teenagers; Mental Health

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THE TEEN PARENTS EMPOWERMENT PROGRAM

This program served the population of teen parents between the ages of 13-22 who lived in Hudson County and were receiving TANF benefits. The primary social and healthcare needs of this population were: inadequate parenting skills, lack of support and guidance needed to enable achievement of educational and vocational goals; unstable housing; inconsistent follow up of medical OB/GYN appointments; inconsistent follow up on children's vaccinations and high risk for repeated unwanted pregnancies and various STDs including HIV. Two weekly groups were established. The first was an educational group with specific topics and speakers from the community discussing issues such as STDs, effective discipline of children, nutrition, budgeting and home safety. The second was a process-oriented therapy group established to help teens improve self-esteem and be more effective parents via exploration of psychodynamic issues. Childcare and transportation were provided for all groups as well as the opportunity to win prizes such as gift certificates to the movies or Toys R Us if they consistently attended group sessions. Finally, each teen parent was assigned an outreach case manager who visited them at least once a week in their home to achieve the following: in-home parenting skills training, continued assessment of needs; access to needed services; emotional support and coordination of all appointments which the client needs to keep for both herself and her children. The program also offered a Volunteer Family Mentor. Each teen parent received a mentor who provided added support for the teen and modeled a healthy family. Mentors were various members from the community including teachers, nurses, doctors, ministry members and local business people.

SUBMISSION DATE: 2001

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Keywords: Accident Prevention; Adolescents/Teenagers; HIV/AIDS; Low-Income Population; Mental Health; Nutrition; Parents; Pregnancy in Adolescence/Teenagers; STDs/Sexually Transmitted Diseases

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TEENS AGAINST TOBACCO USE

School surveys in Bayonne indicated that children were beginning to smoke as early as age

10 and 11. Although a smoke-free campus policy existed in Bayonne, an increasing number of students were in violation. The goal of Teens Against Tobacco Use is to provide new and relevant information to younger children and the community while providing a worthwhile and positive encounter for each participant. Students involved in the program found that teaching the facts about tobacco reinforced their own decision not to smoke. Students were nominated for the facilitator-training program where they prepared smoking prevention lessons for younger students in their school. Bayonne Hospital Community Health Educators supervised the development of the smoking prevention lessons and publicity for community newspapers. The pilot program was so successful that the superintendent of schools requested that seventh grade students from all of 13 schools be trained as smoking prevention facilitators.

SUBMISSION DATE: 2000

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Keywords: Adolescents/Teenagers; Children and Families; Tobacco Use

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THRIVE PROGRAM – HIGH RISK INTERVENTION VIA EDUCATION

THRIVE reached out to high-risk patients before they experienced kidney failure. One of the goals of the program was to avoid having a patient arrive at the emergency room in kidney failure, and the first treatment the patient received was dialysis. While kidney failure cannot be avoided, the THRIVE program helped to lessen the possible side effects and delay the onset of End Stage Renal Disease. The program not only addressed medical and dietary issues, but also focused on social and psychological matters that might affect treatment. Late referrals could result in increased mortality, extended initial hospitalization when dialysis is instituted, worsening symptomatology and long-term increased morbidity. On the other hand, an early referral would have the opportunity to lessen nonrenal comorbidity such as hypertension, anemia, malnutrition and coronary artery disease. The THRIVE Program was free for patients.

SUBMISSION DATE: 2000

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PREVENTING DISEASE AND INJURY

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Keywords: Kidney Diseases/Renal

122

TIME FOR A CHANGE: A PROGRAM FOR HEALTHY MOMS AND BABIES

A program for moms and healthy babies, Time for a Change talked to moms about the dangers of tobacco use during pregnancy and the dangers of secondhand smoke to the developing fetus and newborn. The primary goal of this project was to provide tobacco prevention and control programs to diverse and underserved populations that included pregnant women and their support persons. Primarily from Monmouth and Ocean Counties, participants included couples of child-bearing age of Caucasian, African-American and Hispanic descent. The program sought to reduce the number of youth who began smoking by helping future parents to become tobacco-free models; to support the quit smoking efforts of teens and young adults through counseling; and self-help materials provided to pregnant women and their husbands/partners. Time for a Change was added to the typical childbirth preparation classes and included a guidebook, worksheets and supplementary materials regardless of smoking status. As an added incentive, refreshments were served and a drawing for baby gifts was held for those who completed at least one weekend.

SUBMISSION DATE: 2001

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Keywords: Parents; Pregnancy in Adolescence/Teenagers; Prenatal Care; Tobacco Use

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UNION CARES FOR KIDS

A concern for the wellbeing of township youth, particularly those at risk, led to the development of the Union Cares for Kids program. This program targets children and teenagers

between the ages of 11 and 17 and addresses risk factors associated with anti-social behavior including substance abuse and health issues. Prevention efforts focus on the parent/child relationship and the recognition that peer pressure is a factor with at-risk behaviors. Union Cares for Kids is designed to help participants achieve a productive and healthy lifestyle and provides incentives for better participation in the education process. There are several special events designed to bring children closer to their parents such as a Mother/Son Olympic Event, Family Fitness Night, DWI Simulation and a Female Safety Program.

SUBMISSION DATE: 2002

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Keywords: Adolescents/Teenagers; Children and Families; Risk-Taking Behavior; Substance Abuse

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VALLEY HEALTH PRIME TIME

Valley Health's Prime Time was a senior membership program tailored to meet the needs of today's mature adults 50 and over. Members benefited socially, physically, emotionally, mentally and educationally from an extensive roster of lectures, workshops, classes, support groups, trips and social events. Some of the needs addressed were transportation to health centers, age appropriate exercise, accessible flu/pneumonia shots and screenings and education on nutrition, stress and complementary medicine. "For Your Health" physician lecture series, Mall Walkers, Healthy Bones and Baby Boomer Series were just a few of the offerings provided by Prime Time. Prime Time also developed a "Legs for Life" program, held health fairs, offered screenings for bone density, blood pressure and colorectal cancer. Prime Time was free, though some programs charged a minimal fee to offset the cost of instructors.

SUBMISSION DATE: 2000

CONTACT:

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The Valley Health System
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PREVENTING DISEASE AND INJURY

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Keywords: Aged; Cancer/Neoplasms; Hypertension; Immunization; Nutrition; Osteoporosis; Physical Fitness; Screening, Medical

125

VIOLENCE PREVENTION PROGRAM

The Student Health Awareness Center developed a Violence Prevention Program to address problems related to anger management, conflict resolution, bullying, stress and violence that threaten children's physical and emotional wellbeing. The programs are age appropriate, tailored to specific audiences whether it is an elementary school, parent/child class, or a faculty program. "Keeping Your Cool" teaches problem solving skills, Stress-Less for Kids identifies sources of stress and explores coping strategies and "Let's Get Along" helps parents and children to learn positive communication skills and coping techniques. More than 350 children at 29 schools took part in these classes. In addition, the center also offered faculty in-services that focused on violence in the schools and Peer Training for students.

SUBMISSION DATE: 2000

CONTACT:

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Keywords: Children and Families; Parents; Violence

126

VIOLENCE/ANGER RESOLUTION

The Center for Kids and Family provided health education and support programs to children and families throughout Ocean County. It was created to respond to the growing physical, social, psychological, emotional and medical needs of the family. As a result, the Violence Prevention and Conflict programs were introduced into the Ocean County school system. Appropriate curriculums were developed for presentations to pre-school through 12th grade. The center initiated the use of Second Step to introduce conflict resolution, anger management and problem solving skills to stu-

dents. The program facilitator has conducted sessions in more than 50 county schools. School personnel were trained so individual schools could continue incorporating conflict resolution and life skills into each subsequent class. Some of these skills included: empathy – listening, acknowledging others' feelings, impulse control – thinking through options when faced with difficult situations and anger management – anger is not bad, it is how we deal with it is what counts.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Adolescents/Teenagers; Children and Families; Violence

127

WEIGHS TO WELLNESS

Of all the people diagnosed with diabetes, 80 percent are overweight, making the management of their diabetes more difficult. Cumberland County had the lowest personal per capita income in NJ and approximately 20 percent of the population had low literacy skills.

These factors clearly illustrated the need for free/low cost education about healthy diet, exercise and weight management. The Weighs to Wellness program focused on healthy lifestyles, and was facilitated by an RN who was also a certified diabetes educator. Patients received a personalized and healthy meal plan and appropriate exercise was encouraged. Weights were recorded weekly and blood pressure was checked each month. Some of the topics covered included: healthy meal planning, increasing daily activity levels, food labels, the significance of fat and cholesterol, eating out in restaurants, fast food and behavioral modification. Participants reported decreases in lipid levels and improved blood sugar management and they all lost weight.

SUBMISSION DATE: 2002

CONTACT:

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PREVENTING DISEASE AND INJURY

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Keywords: Diabetes; Low-Income Population; Nutrition; Physical Fitness; Weight Management/Obesity

128

WILLIAM AND ELIZABETH STRETCH CENTER FOR ARTHRITIS TREATMENT

Arthritis is the most common, costly, chronic and crippling health condition in the United States. The center offered programs and services in five counties. Programs provided by the center were directed at preventing arthritis. Reducing the biopsychosocial and physical impact in people with arthritis and their families to improve their quality of life was also an important objective. Some of these included: information and referrals, speaker's bureau, educational seminars and self-help courses. A five-county assessment was performed utilizing 16 key informant interviews, five community-based focus groups and direct mail brochures, development and distribution of a capabilities brochure, seven newspaper ads and press releases to increase program attendance, training of new staff and e-mail news on arthritis through Virtua's Web site. Implementation included the hiring and training of staff to address public information, professional education, patient and community education, fitness programs and research. Leadership was provided by experienced Virtua staff along with 14 volunteers and per diem staff were trained and recruited for self-help courses and fitness programs. The arthritis mailing list has grown, rheumatologists saw an increase in clients and program attendance has grown exponentially.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: Arthritis; Physical Fitness

129

YOUTH LINK PARTNERSHIP

This partnership was formed with the purpose of designing and implementing needs assessment of adolescents and developing essential programs based on identified needs. A survey

was administered to the students and through the survey results; the partnership focused its intervention efforts on: social isolation, poor nutrition, risky sexual activity and violence. The audience was adolescents from ages 12-19 in Passaic. One of the tools used was an event called the Game of Life. Representatives from 35 community agencies and 115 middle school students were lead in a structured role playing activity to give at-risk teenagers a chance to experience the consequences of high risk behaviors. The second tool, the Medical Career Explorer's Club, provided eligible high school students with an environment that integrated them into assisting in community service projects. The club was a vehicle that provided the Explorers the opportunity to receive mentoring and hands-on experience that they might otherwise been unable to tap. They've created holiday cards for patients, built games for a carnival and served as interpreters at various community events. The Teen Health Clinic was utilized to introduce information on sexuality, reproductive health education, pregnancy testing and gynecological care. Finally, a wallet size card was produced that listed all the services available to adolescents. Youth Link also offered fitness classes and nutritional education, which was taught by a one of the hospital's registered dieticians.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: Adolescents/Teenagers; Nutrition; Physical Fitness; Risk-Taking Behavior; Screening, Medical; Violence

130

YOUTH VIOLENCE AWARENESS PROGRAM

The Youth Violence Awareness Program was an educational activity offered through Cooper Health System's Southern New Jersey Regional Trauma Center. Fairly graphic in nature, the program illustrated the fatal consequences of violent or reckless behavior. At the start of the program, the population served included individuals age 10 and greater from Camden County. As the popularity of the program increased, participation expanded to include not only residents from New Jersey, but also Pennsylvania, Delaware and Maryland. Program participants received detailed information on injuries as they were led through the experience of a trauma patient from resuscitation to intensive care to recovery. Along the way, the chil-

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dren were shown pictures of real traumatic injuries and they also receive a tour of the morgue. To date, there have been more than 12,000 participants. The program runs two to five times per week.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Children and Families; Risk-Taking Behavior; Violence

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CARDIAC SCREENING AND EDUCATION PROGRAM

Created to address the specific cardiac risk factors identified in four primary communities, the Cardiac Screening and Education Program provided free and low-cost cardiac screenings and education, cardiac risk assessments, comprehensive blood and cholesterol screenings, cardiac support groups and community health fairs. The outreach program encompassed cardiovascular fitness and the prevention of heart disease, particularly in high risk, minority populations. The program provided bilingual physicians and staff and interpreters for Hispanic patients. Materials and literature also were available in Spanish. All programs and screenings were marketed to the community through press releases, public service announcements, paid advertising and mailings to community members. All primary care physicians were copied on the results of any risk assessment/screening of patients so they could provide the most comprehensive follow up possible.

SUBMISSION DATE: 2000

CONTACT:

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Keywords: Heart Diseases/Cardiac; Low-Income Population; Minority Groups; Screening, Medical

132

CARITAS CONNECTION PROJECT

In 1993, the City of Passaic's minority population accounted for more than 77 percent of its residents, predominately from Mexico. The majority was uninsured, afraid of hospitals and many were "undocumented." Assessing the needs of the population indicated that the number one need was to learn English, followed by health education in Spanish and access to health services without getting in trouble with immigration. The program began offering ESL tutorials and formal ESL classes. Both had a health education component and free health screenings were conducted monthly. Other programs offered include: prenatal classes, health education in schools and day care centers, the opening of St. Mary's Family Health Center and family literacy. The staff was made up of two Sisters of Charity, one Sister of St. Joseph, two Associate Sisters of Charity, one Hispanic volunteer outreach worker and one Polish outreach worker. Both outreach workers were from the surrounding community.

SUBMISSION DATE: 2000

REDUCING HEALTHCARE DISPARITIES

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Keywords: Children and Families; Literacy Programs; Minority Groups; Prenatal Care; Screening, Medical

133

COMMUNITY HEALTH DAY: UNITING FOR THE HEALTH OF MORRISTOWN'S UNDERSERVED

For almost a decade, community and religious leaders came together with Morristown Memorial Hospital to coordinate Community Health Day. This day of wellness targeted the disparate health status of African-Americans in areas such as cardiovascular health, exposure to culturally competent health information, access to quality medical care, prostate health and women's bone health. Though historically organized in partnership with African-American churches, this event has attracted increased numbers of Latinos and other ethnic minority groups. Results on that day included: 119 prostate exams with 13 percent abnormal; 60 colorectal screening kits distributed; 43 foot screenings; 188 cholesterol screenings; 188 glucose and blood pressure screenings; 80 screenings for bone density; 36 for vision and 25 for hearing. Community Health Day was a professional and community collaboration with the unified purpose of improving health awareness, health status and access to care among African-Americans and other underserved populations.

SUBMISSION DATE: 2004

CONTACT:

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Keywords: Cancers/Neoplasms; Diabetes; Heart Diseases/Cardiac; Hypertension; Minority Groups; Osteoporosis

134

COMMUNITY HEALTH PROMOTION PROGRAM

The Community Health Promotion Program was created to address health-related problems and institute changes to improve the health status of the poor and medically underserved African-American and Latino populations. The purpose of the program was to provide culturally sensitive, collaborative outreach programs that assisted the large minority population in making informed choices about their health and to improve their overall quality of life. New, creative healthcare education and preventative and clinical initiatives were developed in multiple areas, especially for breast cancer awareness, prostate screenings, preventative dietary recommendations, youth camps utilizing art as a mechanism for instruction, safety issues, HIV/AIDS awareness and asthma workshops. Some of the areas addressed were labor, delivery and baby care, heart disease, breast cancer and other screenings. The program was staffed by a group of professional, highly motivated individuals who formed a nucleus developing relevant and unique projects that brought tangible health services to those medically underserved.

SUBMISSION DATE: 2002

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Keywords: Accident Prevention; Adolescents/Teenagers; Asthma; Cancers/Neoplasms; Heart Diseases/Cardiac; HIV/AIDS; Low-Income Population; Minority Groups; Nutrition; Parents; Screening, Medical; Uninsured, Medically

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COMPLETANDO EL CERTIFICADO DE NACIMIENTO DE SU BEBE – SPANISH LANGUAGE INSTRUCTIONAL BIRTH CERTIFICATE VIDEO

This project was developed out of a community need for proper completion of birth certificate paperwork. The video's goal was to better inform the Hispanic patient population of information needed to complete the Electronic Birth Certificate, as well as their rights and responsibilities pertaining to the Paternity Opportunity Program. A birth certificate coordinator visited each postpartum patient several times during her stay in order to gather information. The information was then entered into a perinatal database and shared with the New Jersey State Department

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of Health and Senior Services. The video was designed to present all the information needed in a format those patients who do not read or write English could understand.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Minority Groups

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CREATING A LINK BETWEEN CULTURES

Mirroring national trends, Mercer County's Latino population was skyrocketing. One fifth of Spanish speakers said they don't seek medical care because of language barriers. As a result, Capital Health System has put in place a culturally sensitive infrastructure that helped this growing population. The hospital hired bilingual staff member whose special focus was the Latino population with the goal of building trust and making them aware of the services that were available to them. Programs were created within the hospital to ensure equal, easy and better access to care. One of the programs created was CUNA, which provides a linguistically and culturally friendly support system for Latina mothers while guiding them through pregnancy, delivery and the first few years of her baby's life. The second program was called Enlace, which was a strategy for improvement and cultural changes focusing on the Latino patient with limited English proficiency. The health system hired a LEP specialist who was bilingual, and a bicultural college graduate whose education was completed in a Spanish-speaking country. One of the key responsibilities of this employee was to serve as a resource and provide education for healthcare providers with bilingual skills on how to provide medical interpretation services.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Minority Groups; Parents; Prenatal Care

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HISPANIC OUTREACH PROJECT

The Hispanic Outreach Project was organized to meet the primary social and health needs of the Latino population. This included access to language and culturally appropriate medical care within walking distance or by, as available, public transportation. This program's particular focus was on giving screenings for breast, cervical, colorectal and prostate cancers. Some barriers included lack of insurance, transportation, English language acuity and fear of pursuing healthcare at a large medical institution. One of the highlights of the program was a free all day cancer education symposium and luncheon presented entirely in Spanish at the hospital. Community participation was enlisted via the churches and other community agencies. Staffing for the outreach project consisted of a part-time program coordinator, a full time Hispanic outreach coordinator, a part time case manager and a part time administrative assistant.

SUBMISSION DATE: 2003

CONTACT:

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Keywords: Cancers/Neoplasms; Minority Groups; Screening, Medical; Uninsured, Medically

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KOREAN LONG-TERM CARE

The Korean Long-term Care program evolved as part of the Long-term Care Division of the Bergen Regional Medical Center. The facility provided traditional long-term care as well as skilled, sub acute medically complex care, respiratory and rehabilitation therapy. The services also included specialized programs in wound care, pain management, hospice and respite care. The Korean staff at the center provided Korean elders with long-term care services in a traditional Korean setting without disrupting their lifestyles. The staff also connected residents in the facility with local community organizations. To meet the needs of the specialized residents the center designed specialized units, food service, recreational programs and alternative health and medical options, including acupuncture and massage therapy.

SUBMISSION DATE: 2005

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Keywords: Aged; Minority Groups; Pain Management

139

LA SALUD DE LOS SENOS Y USTED

The Hispanic community was located primarily in the city of Elizabeth. Many of its residents did not have a mastery of English and therefore were limited to low-income jobs that frequently did not provide health insurance coverage. Breast Health and You is a community-focused outreach program that has taught Hispanic women to teach other women in their community about the importance of following the breast health guidelines set by the American Cancer Society. A bilingual outreach worker was hired and bridged the cultural barriers that prevented these women from getting the information they needed on breast health. Now, these same groups of women called the outreach worker regularly for assistance in other health-related issues. The program reached over 1,600 women in the last two years. A post-program evaluation revealed that 94 percent of the attendees planned to have a mammogram and clinical breast examination.

SUBMISSION DATE: 2002

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Keywords: Cancers/Neoplasms; Low-Income Population; Minority Groups; Screening, Medical; Uninsured, Medically; Women

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MHS PARTNERS IN HEALTH: REDUCING HEALTH DISPARITIES FOR AFRICAN AMERICANS

The mission of Partners in Health was to strengthen the community's minority health agenda by supporting and promoting programs for minority children, the elderly, uninsured or underinsured families and disabled persons. This was accomplished through grass roots efforts such as mobilizing volunteers to work in community outreach programs; building awareness of critical minority health issues; and speaking at churches, schools and civic organizations about the availability and accessibility of services; and collaborating with school systems. Rather than a single program, the Partners in Health initiative promoted healthcare for the whole family. Some of the programs include: Bicycle Helmet Safety Program, which included free helmets and locks and education about injury prevention; the Pediatric Asthma Resource Center utilized a mobile van to educate children and school nurses managing asthma; and Gym and Swim serving African American seniors with swim classes, lectures on health topics and scheduled health screenings.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: Accident Prevention; Aged; Asthma; Children and Families; Disabled Persons; Minority Groups; Physical Fitness; Screening, Medical; Uninsured, Medically

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THE OVERLOOK BREAST HEALTH OUTREACH PROGRAM TO AFRICAN-AMERICAN AND LATINO WOMEN

The Overlook Breast Health Outreach Program for African-American and Latino Women was developed to connect with community groups and educational and religious institutions to reach more of the Latino and African-American population. The program applied a culturally sensitive, community-based approach to outreach, development of community partnerships and training of volunteers. The goals were to promote breast health education and awareness, increase early breast cancer detection and treatment, promote empowerment and increase professional and peer support. Educational

REDUCING HEALTHCARE DISPARITIES

sessions included information on the importance of breast self exam, clinical breast exam and mammography, and physician referral information was distributed. Outreach workers helped the women make the original appointments and drove them to Overlook Family Practice to see a physician. To further enhance knowledge and awareness, Spanish language pre-tests and post tests were created for workshop participants. The pre-test acted as a needs assessment and the posttest indicated that the attendees had learned more about the importance of breast exam and mammography.

SUBMISSION DATE: 2004

CONTACT:

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Keywords: Cancers/Neoplasms; Minority Groups; Screening, Medical; Women

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WES (WOMEN EXPRESS SCREENING)

Trinitas Hospital delivered comprehensive breast and cervical cancer screenings and education services to women who had low income and were uninsured or underinsured, with emphasis on the disadvantaged racial and ethnic minority groups. Services included the use of mammography and Pap test for breast and cervical cancer screenings, program-approved diagnostic procedures, follow up, public education, professional education, quality assurance, surveillance and evaluation. Trinitas scheduled the screenings for these women and the staff helped them navigate through the complicated healthcare system including obtaining charity care and Medicaid benefits. Breast screenings were offered to women ages 40 and over and to women of any age who had a family history of breast cancer. Pap smears were offered to women over 18. The goal of this program was to educate women about the importance of early detection and treatment so that they would have a better chance to live a longer and healthier life.

SUBMISSION DATE: 2005

CONTACT:

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Keywords: Cancers/Neoplasms; Low-Income Population; Minority Groups; Screening, Medical; Uninsured, Medically; Women

MISCELLANEOUS COMMUNITY PROJECTS

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ADVANCE DIRECTIVE INITIATIVE FOR THE COMMUNITY

Bergen County had a high density of elderly with complex health needs. Often, they or their family were faced with difficult decisions to make regarding their healthcare needs. The focus of this program was to provide assistance to the community in determining patients' wishes if they should become incapacitated or terminal by completing an advance directive. This form was then registered with the US Living Will Registry. The patient advocate went out into the community or provided programs at the medical center to help the community complete its advance directives. The medical center had directives available in a variety of languages including English, Spanish, Korean and Braille. Inpatients were assisted and educated in preparing their directives at bedside by the patient representative. The Patient Representative Department also distributed advance directive packets to the physicians' office managers. The managers were given preparatory instructions and alerted to the fact that the patient representative was available as a resource for patients wishing to prepare their directive prior to hospitalization. In addition, the patient representative hosted educational lectures and workshops in the community on preparing and registering advance directives.

SUBMISSION DATE: 2002

CONTACT:

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Keywords: Aged; Minority Groups

144

CAMP CHATTERBOX

Camp Chatterbox was a weeklong overnight camp for severely speech-impaired children who used Augmentative and Alternative devices. Along with a camp for the children, it was also a training program for their parents. Campers enjoyed a real camp experience - swimming, fishing, campfires, arts and crafts and the chance to sleep in cabins with their friends. They did this as they learned to use their communication devices in a fun and functional environment. Parents benefited from training sessions to learn the intricacies of using AAC technology as well as networking with other parents who shared the same needs. Many of the

MISCELLANEOUS COMMUNITY PROJECTS

activities that took place during the day focused on training and therapy. Mealtime and evening activities, however, brought the families together for a wide range of fun activities such as dances, a talent show and carnivals. The camp program created an environment of success and helping campers build their confidence. When camp was over, the campers return to their homes with new skills that gave them a better chance of succeeding within their local school and community.

SUBMISSION DATE: 2003

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Keywords: Children and Families; Disabled Persons; Parents

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CAMP HEALING HEART

Camp Healing Heart was created for children ages 7 to 12 who lost a loved one through death or divorce, or for those who have lost a pet. The program provided a supportive environment with activities to address the grief issues of children. The day began with an introduction to the volunteers, buddies and a story. The children moved in various groups, guided through workshops with the help of teenage buddies who helped them with the activities. Some activities included: a Gathering of Friends Circle, games, music and therapeutic arts and crafts where the children were encouraged to express their feelings. The children made a memory quilt for one of the workshops, which was displayed throughout the county each year. At the end of the day, butterflies were released in memory of those who died. Parents submitted a completed application, completed medical release form, the child should have express an interest in the camp and parental permission was required. This one-day camp was free of charge.

SUBMISSION DATE: 2001

CONTACT:

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Keywords: Children and Families

146

CHILDREN'S SPECIALIZED – LIGHTENING WHEELS

Children's Specialized Lightening Wheels was a junior wheelchair athletic program for children and teens ages 5 to 21 that had a physical disability. Their disability must have precluded them from participating in community or school-sponsored events. Many communities and schools do not have the resources to provide either recreational or intramural opportunities for these children. The program provided an opportunity for these young people to be part of a team, compete with and against their peers, travel, build confidence, self-esteem, develop life skills and create an interest in fitness. The team practiced track, field and swimming and in the off seasons at a local fitness facility through a partnership with Gold Medal Fitness Center. As a result, the participants were willing to try more on their own and were keeping the trainers on their toes.

SUBMISSION DATE: 2000

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Keywords: Adolescents/Teenagers; Disabled Persons; Physical Fitness

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CONTINUED CHANGE CONFERENCE

The Continued Change Conference was designed to address the needs of the over 60 population who were contemplating a possible change of residence or who had a desire to maintain an independent lifestyle in the future. Caregivers were also included in the outreach to the community, targeting those baby boomers that were caring for elderly parents. The primary goal of this educational conference was to familiarize community members with the myriad of services that were available in home care, transportation services, adult day care, nursing home placement, assisted living facilities and county programs. In order to provide a broad range of exhibitors and speak-

MISCELLANEOUS COMMUNITY PROJECTS

ers, the hospital researched area facilities, made phone calls to service providers and mailed follow up correspondence. Conference participants had the opportunity to visit over 24 exhibitor booths where they were able to speak to a representative and gather information for future use.

SUBMISSION DATE: 2001

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Keyword: Aged

148

ECLC AND BERGEN REGIONAL MEDICAL CENTER

The medical center was the host and educator to learning disabled students who needed exposure to the outside world and the working environment. Twice a week the children came to the hospital as volunteers and helped out with long-term care patients. One-on-one interaction was of prime importance and the students talked with, and listened to, residents who were always longing for visitors. These special kids also helped out with simple tasks such as doing the laundry for a long-term resident, helping Environmental Services kept the hospital gleaming and delivering supplies to nursing units and offices so there were no interruptions or delays in patient care. They also learned to follow rules such as signing in and signing out, displayed identification badges and wore proper attire. It also means they are learned to interact with residents and staff in a wide variety of work-related and social situations. They experienced first hand what it would be like to be employed.

SUBMISSION DATE: 2001

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Keywords: Children and Families; Disabled Persons

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GUIDED IMAGERY FOR RECURRENT ABDOMINAL PAIN IN CHILDREN

Guided Imagery for Recurrent Abdominal Pain in Children was a part of the Goryeb Children's Hospital on the Morristown Memorial Hospital campus. Its goal was to establish successful therapeutic and educational programs and partner with selected schools to improve the negative outcomes associated with recurrent abdominal pain. The program helped to improve quality of life in children through decreased school absenteeism and increased social activities. The use of guided imagery was offered to 450 children in 2003 and 2004 as a therapeutic option. In the sample pilot, 90 percent of patients had some improvement in their abdominal pain after only a few sessions. If results continued to show a favorable response, a secondary aim of the project would be to establish a nurse educator program for school nurses to learn guided imagery and administer therapy locally at schools.

SUBMISSION DATE: 2005

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Keywords: Children and Families; Pain Management

150

HEALTHCARE CAREERS SHOWCASE

The Healthcare Careers Showcase targeted middle and high school students in grades six through 12. Invitations to participate were sent to 12 middle and high schools located within a 20-mile radius of the medical center. Principals, athletic trainers and school nurses served as primary contacts at each school. The challenge was to provide students with the tools they needed to develop a positive attitude toward health careers and help them explore the various disciplines that are available. The program offered planned career days, sent speakers to the classrooms, provided tours of the hospital and supplied videos and posters promoting health careers. A panel of staff members was assembled including a nurse midwife, a male emergency department nurse, a geriatric nurse, an operating room nurse, a radiation oncologist, an art therapist and a physical therapist. Each panelist presented a brief overview of his/her specialty, concentrating on the education required to achieve this posi-

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tion, described how the patient was served by this position in healthcare and provided some career highlights. Students were then allowed the opportunity to ask questions. The agenda also included a hands-on session with some interesting hospital equipment. The best part of this program is that it is geared toward the specific individual needs of the students who participated. Allowing them the opportunity to plan the day is a huge part of the success of this program.

SUBMISSION DATE: 2003

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Keywords: Adolescents/Teenagers

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HEALTHY EATING AND ACTIVITY TOGETHER (HEAT) AFTER-SCHOOL INITIATIVE

Kimball Medical Center established an after-school enrichment program, Healthy Eating and Activity Together, which improved access and quality care for area children, while enhancing their health, self-image and overall well-being. It also fostered academic excellence with educational, artistic and cultural activities, enhanced health and wellness through physical exercise, good nutrition and health education, and built character and self esteem by providing individualized attention, mentoring and community service opportunities for grade school children. The program was a collaboration between the Jackson School District, the Kimball Medical Center (an affiliate of the Saint Barnabas Health Care System) and New Jersey After 3. It addressed the community's need for safe, affordable after-school care, furthered the district's academic and educational goals and addressed the growing concerns over rising obesity, poor nutrition and lack of physical activity among children. There were 210 children participating in the program five afternoons a week for the 180-day school year. The program was grant funded and therefore available to students at no cost to parents.

SUBMISSION DATE: 2005

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Keywords: Children and Families; Nutrition; Physical Fitness

152

HOLIDAY TOY WORKSHOP

Play is critical to a child's growth and development. Toys are the tools of play and help children to learn and practice physical, mental and social skills. Many disabled children cannot use store bought toys because of physical or sensory limitations. The Holiday Toy Shop was designed to adapt toys for disabled children in the community. The disabled children included those with sensory limitations such as blindness, hearing loss, autism, or congenital disabilities such as Down's syndrome, cerebral palsy and encephalitis, as well as children that experienced a disability as the result of an accident or illness. Children were identified as eligible based on their developmental age, not chronological age. The program was promoted to the community through newspapers, radio, fliers to pediatrician offices and fliers to school special education offices.

SUBMISSION DATES: 2000, 2003

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Keywords: Children and Families; Disabled Persons

153

HOW LANE EARLY LITERACY PROJECT (HELP)

The Pediatric Faculty Group at St. Peter's University Hospital started the How Lane Early Literacy Project to encourage families to read to young children. There were three main components to the program: to provide a new, age-appropriate book for children six months to five years during routinely scheduled pediatric visits; to encourage healthcare providers to discuss the importance of reading with families during their visits (give a "prescription for reading"); and to provide parents with model reading-aloud techniques by having volunteers read to children in the waiting area of the office. The Pediatric Faculty Group provided approximately 6,700 well-

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child visits annually for children between six months and five years of age. Half of this patient base fell at or below the poverty level, and 90 percent were covered by Medicaid or charity care. During the first three months of the program's launch, hundreds of books were given away. The clinic stocked age-appropriate books both in English and Spanish as well as several other bilingual books. This program was very well received by the children and the parents.

SUBMISSION DATE: 2004

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Keywords: Children and Families; Literacy Programs; Low-Income Population; Minority Groups

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INTERFAITH HEALTH AND SUPPORT SERVICES

A health ministry blending congregational health/parish nursing and interfaith volunteer care giving, this program provided holistic care and faith-based care to anyone in Ocean County who needed or wanted it. The frail, elderly and homebound were the primary population and their needs were varied. Volunteer caregivers provided nonemergency transportation, general visiting, and assistance with household chores, grocery shopping and assistance to the visually impaired. On the parish nursing side, volunteer nurses provided noninvasive care such as serving as a personal health counselor, supporting a family during a crisis, providing information on health resources in the community and promoting wholeness and wellness with a congregation through workshops or seminars. Interfaith Health and Support Services was a community collaborative effort composed of 19 congregations, the St. Francis Community Center and the Pastoral Care Ministry at Southern Ocean County Hospital.

SUBMISSION DATE: 2000

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Keyword: Aged

155

LAUNCH

Project LAUNCH (Learning Academies: Understanding for New and Challenging Horizons) was initiated for high school students who had an interest in the healthcare field. The goal of this program was to establish a healthcare learning academy that would expose students to the variety of jobs available to them in healthcare. Every student in the academy received training to become certified as an Emergency Medical Technician. Educational Services and Human Resources coordinated the field visits, which provided hands-on learning experiences for the students in a variety of departments such as rehab services, security, dietary and nutrition, nursing, emergency medical services and radiology. Department directors worked in a collaborative effort to give each student an in-depth experience in the field of their choice. The students were introduced to staff and then shadowed a preceptor to experience each role. Through individualized education for students with an interest in healthcare, the program assisted students in exploring career opportunities and reaching career goals by high school graduation. A long-term benefit of LAUNCH was to ensure that the community at large will have future healthcare providers.

SUBMISSION DATE: 2003

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Keywords: Adolescents/Teenagers

156

THE PARENTING ENRICHMENT PROJECT

This was a population who in addition to bearing the responsibility of parenting again in their later years, was also was bearing the guilt of rearing children who did not become responsible parents. The opportunity for them to join together in a relaxed club-like atmosphere with facilitators to discuss their parenting issues and concerns was invaluable. And unlike similar programs, the participants helped to set the topics and agenda. They gained the knowledge and the skills necessary to deal with parenting situations that are unique to today's society. In the future, graduates of the program helped their fellow neighbors and extended families by sharing their parent-

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ing session experiences and offering emotional and technical support. Three residents from each housing facility were selected as liaisons and helped to organize focus groups. Support groups met once a week at the housing projects since many of the residents did not have access to public transportation. Some of the topics requested included: Helping a child who has suffered neglect or abuse; I still need time for me; the legal aspects of caring for your grandchildren; and grand parenting, an emotional roller coaster. In addition, off-site social trips were instituted in an effort to facilitate a hands-on learning experience under the guidance of the facilitators.

SUBMISSION DATE: 2001

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Keywords: Aged; Children and Families; Low-Income Population; Parents

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REACH OUT AND READ AT LOURDES

Studies indicate that families living in poverty cannot read and it was likely that a large number of parents and caretakers of poor children in Camden could read to their children. The basic model of Reach Out and Read was built on the strong relationship between parents and pediatricians. The Camden students, who came from a local charter high school, volunteered to read at the health center, and mirror the families served in terms of ethnicity and socioeconomics. The program had three components. First, it made literacy part of primary care. At each well child visit, pediatricians encouraged parents to read to their children, even newborns. Beginning at six months, the doctor gave the child and parents a brand new, developmentally and culturally appropriate children's book to take home. By the time the children started school, they had a home library of at least 10 books. The second component was the volunteer reading program. In the pediatric waiting room, volunteers read stories and looked at books with children. They also handed out information about reading benefits, tips and techniques. Many of the volunteers spoke Spanish as their first language and were able to communicate to the parents and read books in both languages. The third component was the motivational events conducted in the waiting room that were based on the books being read. Finally, the health center piloted a work-study program for the high school volunteers. They were paid \$6 an hour for reading. These were students who had volunteered at least one year and were college bound.

SUBMISSION DATE: 2001

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Keywords: Adolescents/Teenagers; Children and Families; Literacy Programs; Low-Income Population; Minority Groups; Parents

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SATURDAY EDUCATIONAL ALTERNATIVE

The Saturday Educational Alternative was an option presented to students that offered a cooperative learning environment in place of the more traditional and punitive Saturday detention. This option was presented to students who had chronic disciplinary problems. The class met once a month in the evening beginning in September and ending in June. Students attended one session but could repeat one or more times in the following months. The students who opted for this program had to agree in advance to accept the workshop requirements and fully participate in the instruction. The class curriculum was designed to redirect and/or ease student aggression while modifying antisocial behavior. SEA decreased susceptibility to substance use, abuse and dependency by improving attitudes that foster self discipline. It also promoted an improved awareness of health issues. Mentoring and availability of alternative activities were provided with the goal of altering high risk behavior into positive and responsible endeavors. The first hour of the program encompassed motivation and responsibilities of students and its relationship to accomplishments. During the second hour, participants received physical instruction. The techniques based on a form of Tai Chi, reduced stress and worked toward supporting a healthy lifestyle.

SUBMISSION DATE: 2004

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Keywords: Children and Families; Physical Fitness; Risk-Taking Behavior; Substance Abuse

159

SECOND SEASONS FOR FAVORABLE FIRST IMPRESSIONS

Situated in the basement of an abandoned home the hospital had purchased years before, was the Second Seasons Thrift Shop. As it grew, the thrift shop had expanded its services enough and collected enough merchandise to launch a special, separate program. Through special donations of professional clothing such as interview suits, dresses and pant suits, a career corner opened inside the thrift shop. Here, young women who were attempting to find full time employment could be outfitted for as little as \$3. Twenty women have been assisted with clothing suitable for interviews with 10 of them securing a job. Christ Hospital donated the profits of the thrift shop each year to a community project. In the past, these projects included maintenance of a neighborhood park, Thanksgiving dinners for the homeless and Christmas gifts for families in need who lived in the area.

SUBMISSION DATE: 2000

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Keywords: Low-Income Population; Women

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SENIOR HALL OF FAME

One of the most valuable components of any community is its senior population. They have so much wisdom and experience to offer. To recognize their contributions in all ways of life, the Senior Hall of Fame was established. The program solicited nominations of those 60 years of age and older who were actively involved in the greater Hackettstown area. Selections to the Senior Hall of Fame were made by a special committee based upon the length and quality of service and the impact that person had on other people's lives. Hall of Fame recognition was awarded to seniors who gave their time to help others in their neighborhood, in the business field, by educating or tutoring, through other volunteer work or by being a special grandmother or grandfather. Hall of Famers were treated to a luncheon with free publicity provided by a variety of print and broadcast media. Seniors who were overlooked are finally being given the recognition they deserve.

SUBMISSION DATES: 2000, 2002

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Keyword: Aged

161

TIME FOR GRANDPARENTS

The Time for Grandparents program was established in the Canal Banks district of Trenton, one of Trenton's most depressed and densely populated communities. The proportion of grandparents raising families with limited means was substantially higher in that community. Almost 60 percent of children and adolescents living in the Canal District were being raised by their grandparents. Time for Grandparents addressed the needs of grandparents as caregivers who shared information with parents about their children. Through weekly classes over a six-week period, the program provided a small networking forum that focused on: life skills training in parenting, literacy, antiviolence, becoming a brain-building coach, health promotion topics for all ages, activities of interest and referrals for health and social needs. The Time for Grandparents program was announced in the local church bulletins, newspaper and neighborhood fliers. The classes took place in the spring and fall, and approximately 10 to 12 grandparents attended each series of classes.

SUBMISSION DATE: 2002

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Keywords: Aged; Literacy Programs; Low-Income Population; Parents

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VIAL OF LIFE (LIFESAVING INFORMATION FOR EMERGENCIES)

The Vial of LIFE was designed to help older adults to maintain their critical medical information in one easily accessible holder that can be retrieved in an emergency. The packet included a refrigerator magnet and medical information that summarized an individual's medical history, including names, dosage and frequency of prescriptions and over-the-counter medications the adult was taking. It also provided space for the names of the individual's physician and emergency contacts. The plastic container holding all this information was placed on the front inside door of the refrigerator. The magnet on the front of the refrigerator indicated that the vial was inside. The vial could also be placed in the car's glove compartment in the event that the individual experienced a medical emergency while driving. Supplies of vials were distributed via Passaic County nutrition sites, Meals on Wheels, all Paterson nutrition sites, 16 municipal police, fire and EMT units and senior organizations.

SUBMISSION DATE: 2003

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Keyword: Aged

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WOMEN COMING TOGETHER IN THE NEW MILLENNIUM

Assisting unemployed women in their efforts to return to the workforce and providing information about the numerous community resources available to them were just two parts of this program. Other goals included: providing tools for women who were preparing to return to the workplace including career assessments, inexpensive yet professional wardrobe advice; providing health information specific to minority and underserved women including breast cancer, heart disease, hypertension, STDs and HIV information. All this was offered through a relaxing enjoyable experience with a lunch and fashion show and even massage therapy. Fliers were distributed in the local community and by each participating organization and a registration phone number was established at the medical center. Organizations and businesses that donated their services and door prizes were recognized in program's marketing materials.

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SUBMISSION DATE: 2001

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Keywords: Cancers/Neoplasms; Heart Diseases/Cardiac; HIV/AIDS; Hypertension; Low-Income Population; STDs/Sexually Transmitted Diseases; Women

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