

MAKE **HEALTH** HAPPEN

Projects & Possibilities
for Creating a Healthier
Sarasota County

2008



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CHIP
Community Health
Improvement Partnership 

Project Name

I Sing the Body Electric

Lead Organization

Povena United Samaritans Medical Center
Danville, Illinois

Target Population

Young people in Vermilion County

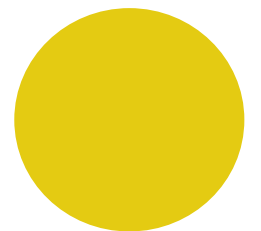
Program Description

Young people are given mini-grants to develop healthy lifestyle messages through the arts, be it music, creative writing, theater, or the visual arts. Projects are showcased at an Arts & Health Festival and in a tour of schools and community events. They also will be developed into posters for permanent display across Vermilion County.

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This document can be downloaded electronically at www.chip4health.org.



To add your project or program, go to www.chip4health.com/interactive/program_submit.htm.

Project Name

Program on Health Equity & Sustainability

Lead Organization

San Francisco Department of Public Health
San Francisco, California

Target Population

Residents of San Francisco

Program Description

The Eastern Neighborhoods Community Health Impact Assessment (HIA) addresses the issue of built and social environments. The overarching goal of the project was to integrate human health needs into San Francisco land use planning via a multi-stakeholder consensus building community engagement process.

While the health department has played the lead role in initiating and catalyzing HIA efforts, the work could not be possible without extensive public and private collaboration. Collaboration with private non-profit organizations built on existing relationships with organizations already engaged in environmental justice land use and urban planning policy. Collaboration with staff in the city's planning department was equally critical to the success of our efforts. Planners helped the Department understand the procedures for conducting environmental impact assessment and the reasons, both political and technical, why health impacts analysis did not occur.

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Project Name

Healthy Neighborhoods Program

Lead Organization

Niagara County Health Department
Niagara County, New York

Target Population

Residents of Niagara County

Program Description

Niagara County's Healthy Neighborhoods Program targets households considered to be at risk for environmental health and safety hazards in the city of Niagara Falls. The targeted area includes 14,000 households, the majority of which are renter occupied. Over 90% of the homes were built prior to 1970. The median household income is just over \$20,000 and 43% of the families with related children under age 5 are living in poverty.

Program personnel conduct 1,600 interviews at homes each year. During home visits potential health hazards are identified, smoke detector deficiencies are corrected, carbon monoxide levels are checked, lead poisoning prevention education is reviewed, and asthma education is provided. Other services and referrals are provided as needed.

The outcome of the practice has been the improvement of the health and safety of the individuals we have seen.

Contact

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This document includes just a sample of the many great projects and programs which help make Sarasota County a healthier place to live.

The Sarasota County projects included here were submitted to CHIP on or before April 12, 2008. Updates or new program details can be submitted at: www.chip4health.com/interactive/program_submit.htm.

In addition to local activities, this document also captures innovative programs from around the Country. The National Association of County and City Health Officials (NACCHO) Model Program Database (available at www.naccho.org) and the American Hospital Association's *Community Connections: Ideas & Innovations for Hospital Leaders* (available at www.aha.org) served as primary sources of information for these national programs.

TABLE OF CONTENTS

Sarasota County Programs	1
Around the Nation: Addressing Access to Healthcare	15
Around the Nation: Improving Chronic Disease Management	21
Around the Nation: Encouraging Active, Healthy Lifestyles	25

Project Name

Land Use and Health Team

Lead Organization

Ingham County Health Department
Ingham County, Michigan

Target Population

Residents of Ingham County

Program Description

The Land Use and Health Team is a collaborative effort in the mid-Michigan area that involves planners, university faculty, business and public health. The purpose of the Team is to educate and engage the community regarding impacts of community design on health, and facilitate improvement through refinement and promotion of a health impact assessment tool.

There is growing body of evidence that design of the built environment influences the physical and mental health of residents. The population of the mid-Michigan region is shifting from urban centers to farmlands, a process that has resulted in land uses changes with health consequences to urban and rural residents. The Team has increased public engagement in regional planning and is refining and promoting use of a health impact assessment tool to encourage discussion among planners and developers and others about health impacts of proposed developments.

Contact

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Project Name

Marketing Nutrition to Physicians

Lead Organization

Tri-County Health Department
Tri-County Region of Colorado

Target Population

Physicians in Adams, Arapahoe and Douglas Counties, Colorado

Program Description

Marketing Nutrition to Physicians targets Obstetric, Pediatric and Family Practice physicians in the Tri-County Health Department (TCHD) area serving Adams, Arapahoe and Douglas Counties. The practice addresses the issues of developing community collaborations, increasing breastfeeding rates, and decreasing childhood obesity. The practice has two main goals: to improve physician awareness of nutrition and WIC (Special Supplemental Nutrition Program for Women, Infants and Children) services provided; and to provide an experiential public health research project to Dietetic interns.

A strong community partnership has formed between the TCHD Nutrition Division and area physicians. Physicians are using the health department as a resource and are requesting additional materials and referral information for their patients.

Contact

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Project Name

Smoking

Lead Organization

Mercy Memorial Hospital System
Monroe, Michigan

Target Population

All smokers

Program Description

This free smoking cessation program includes counseling and medication, such as nicotine patches. As of early 2007, more than 40 percent of program participants have successfully quit smoking, compared to the national quit rate of 22 percent.

Contact

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Project Name

Team Lean

Lead Organization

Memorial Hospital and Manor
Bainbridge, Georgia

Target Population

The entire community

Program Description

Conducted in partnership with the Bainbridge/Decatur County YMCA, Team Lean is a 12-week, community-wide weight-loss competition among five-person teams. In addition to weekly weigh-ins and cash prizes, the program encourages participation by waiving the initial YMCA membership fee, giving free cholesterol and glucose screenings at the beginning and end of the competition, and holding free nutrition and exercise education courses for every participant.

Contact

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Project Name

African American Health Summit

Lead Organization

Truvine Missionary Baptist Church
Sarasota, Florida

Target Population

African American Women

Program Description

Truvine Missionary Baptist Church, in partnership with the American Cancer Society, is sponsoring the 5th African American Health Summit with an emphasis on Breast Health. The event will take place May 3, 2008, 9:00 at the Newtown Estates Facility.

Contact

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Project Name

Bereavement Program

Lead Organization

TideWell Hospice and Palliative Care
Sarasota County, Florida

Target Population

All people who have suffered a loss (family, friend, co-worker, etc.).

Program Description

Bereavement services, counseling and support groups are offered to everyone who has suffered a loss regardless of time, place and/or whether they were in hospice.

Contact

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Project Name

Breast Examination and Referral (BEaR) Project

Lead Organization

Genesis Health Services, Inc.
Sarasota, Florida

Target Population

Uninsured and Underinsured Females

Program Description

The BEaR Project is inclusive of complete breast and GYN examinations, health education, and referrals for mammographies. The program particularly targets uninsured or underinsured women who qualify under the poverty guidelines with an emphasis on Hispanic and African American women living in Manatee and Sarasota Counties, regardless of immigration status. There is an emphasis on women < 40 years of age, especially with familial breast cancer and/or symptoms.

Contact

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Project Name

Care Coordination / Medical Home Concept

Lead Organization

Children's Medical Services
Sarasota, Florida

Target Population

Special needs children, birth - 21 years

Program Description

Children who are being served by Children's Medical Services are assigned a Care Coordinator. The care coordinator assists the family with medical and psychosocial issues. The care coordinator caseloads are grouped by primary care physicians, and in some cases the care coordinator is located in the primary care physician's office allowing the the family to have direct access to the nurse whenever they come into the office. Also, the physician has access to the care coordinator to assist with follow up on care recommendations, to assist families with scheduling appointments, order equipment, contact schools, make referrals to other community partners or to social work services provided within the CMS Network. Patients and families that see primary care physicians also have access to the same services but their care coordinator is located in the CMS office in Sarasota. Families are welcome to come to the CMS office at any time to see their care coordinator or to call by phone.

Contact

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Project Name

Hendrick Friendship House

Lead Organization

Hendrick Medical Center
Abilene, Texas

Target Population

Neighborhood residents

Program Description

Part of a community-wide initiative to revitalize depressed neighborhoods, two friendship houses offer free volunteer-staffed tutoring, educational classes, and other activities for youth and adults. A paid coordinator lives in each house with his or her family and develops relationships within the neighborhood. The houses lead neighborhood clean-up efforts and have developed an unofficial neighborhood watch program.

Contact

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Project Name

Marathon Scholars

Lead Organization

Summersville Memorial Hospital
Summersville, West Virginia

Target Population

Elementary school students in Nicholas County

Program Description

This program challenges students to read 26 books and walk or run 26 miles in the school year. Those who complete the program receive a T-shirt and a medal for their achievement. The family physician who founded the program works with a local physical fitness enthusiast and the hospital's director of support services to perform entertaining, educational skits to motivate students. The group visits schools several times during the year for encouragement. Summersville Memorial provides financial support for the program.

Contact

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Project Name

Healthy Moves

Lead Organization

Frisbie Memorial Hospital
Rochester, New Hampshire

Target Population

Elementary and middle school students

Program Description

This six-week pilot nutrition program is a collaboration between the hospital's food and nutrition program and Rochester Middle School's physical fitness program. Topics include "good-start" breakfasts, healthy snacking, improving body image to avoid the pitfalls of eating disorders, fruits and vegetables, and sources of calcium and fiber.

Contact

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Project Name

Healthy School Initiative, aka "Power Hour"

Lead Organization

Mercy Hospital, Coon Rapids & Unity Hospital
Fridley, Minnesota

Target Population

3rd, 4th, and 5th grade students

Program Description

This collaborative program between the hospitals and the local school district combines an after-school exercise program with nutrition instruction, including connections with the students' classroom, the cafeteria, and their family. Topics have included the food pyramid, portion sizes, and how to interpret information on food nutrition labels. The hospital system has identified reducing childhood obesity as a priority public health goal. The number of overweight children has doubled in the past 20 to 30 years.

Contact

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Project Name

Caregiver Resource Center

Lead Organization

Senior Friendship Centers
Sarasota County, Florida

Target Population

Caregivers in Sarasota County

Program Description

The Caregiver Resource Center (CRC) is a community resource center open to all Sarasota County caregivers without charge. The center serves as a single point of entry to provide caregivers access to information, emotional support, and referral to community services such as: care planning, respite, legal/financial counseling, on-line resources, and facility care. The center is staffed by trained volunteers who offer compassionate support and a wealth of information, from 9:00 a.m. to 2:00 p.m. Monday - Friday. Appointments are also available outside these hours.

The Caregiver Resource Center is the result of community collaborations, volunteers, and partnerships to help us realize our mission to support, educate, and connect caregivers to resources. The CRC provides a monthly calendar of educational programs, presented by its community partners, as well as a weekly support group. These programs are designed to assist caregivers in caring for their loved ones, but also in caring for themselves.

Contact

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Project Name

Community Health Action Teams (CHATs)

Lead Organization

CHIP (Community Health Improvement Partnership)
Sarasota County, Florida

Target Population

Sarasota County Residents

Program Description

CHATs (Community Health Action Teams) bring together residents, businesses, providers and government with the goal of building stronger, healthier communities. Usually centered around a specific community, a CHAT identifies the assets of the community and develops action steps to address health concerns. Initiatives include resource directories; advocating for health services; developing programs to help address substance abuse and chronic illness, such as diabetes; and advocating for a built environment which fosters community connectivity. CHATs provide community members with the opportunity to take a strong role in the development of a healthy community.

Contact

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Project Name

Community Medical Clinic

Lead Organization

Sarasota Memorial Hospital
Sarasota, Florida

Target Population

Sarasota County residents who are uninsured or underinsured

Program Description

The Community Medical Clinic provides no cost specialty health care to the uninsured of Sarasota County. The clinic provides specialist visits, diagnostics, surgery, etc. The clinic works very closely with other clinics and programs within the County that treat the uninsured. The clinic provides health care at no cost for those Sarasota County residents whose income falls at or below 200% of the Federal Poverty Guidelines. We have 17 doctors who come to our clinic at the hospital, and over 200 MD's who participate in their offices in the community.

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Project Name

Community Services Block Grant

Lead Organization

Sarasota County Community Action Agency
Sarasota, Florida

Target Population

Those earning less than 125% FPL who might become homeless due to illness or injury

Program Description

Community Services Block Grant (CSBG) funding is used to serve eligible households which can document an emergency rent or mortgage situation and have a licensed physician's prognosis (or its equivalent) that they should be able to return to work within six months. When a medical condition interrupts employment, eligible households may receive rental or mortgage aid for up to 6 months. The Salvation Army is Sarasota County Government's CSBG sub-recipient.

Contact

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Project Name

Healthy Children, Healthy Weights Toolbox

Lead Organization

Columbus Health Department
Columbus, Ohio

Target Population

Obese children

Program Description

The Healthy Children, Healthy Weights Toolbox (HCHWTB) project aims to address childhood overweight in Columbus through a coordinated, evidence-based approach. HCHWTBs are designed to develop weight management competence in our youngest children as they develop and adults who care for them, specifically parents, childcare providers, the faith-based community and healthcare providers.

Contact

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Project Name

Healthy Hearts Promoting Healthy Minds

Lead Organization

Lucas County Health Center
Chariton, Iowa

Target Population

Interested participants in Lucas County

Program Description

This 5K run/walk event raises \$10,000 each year to offset the costs of providing mental health services to those with financial need. In addition to raising much-needed funding, the event highlights the connection between physical exercise and mental health.

Contact

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Project Name

Eat Well, Play Hard

Lead OrganizationElyria City Health Department
Elyria City, Ohio**Target Population**

Elementary children and families

Program Description

“Eat Well, Play Hard” is a multi-faceted program that promotes healthy nutrition and physical activity practices in children. It targets elementary age children and their families. Using the “Eat Well, Play Hard” theme, with permission of the New York State Health Department, the program utilizes a variety of materials and activities to provide children with consistent and positive messages about nutrition and physical activity. The goals are to increase developmentally appropriate physical activity, to increase the consumption of fruit and vegetables by children, and to increase the consumption of low-fat milk products and calcium-rich foods. The long- range goal is to incorporate this theme into the life of Lorain County children through collaboration with schools, agencies and facilities that provide services and activities for children and their families. The program has reached members of the target audience through elementary school and recreation department programs.

ContactKathryn Boylan
(440) 284-1551**Project Name**

Get Tulsa Kids Trekkin'

Lead OrganizationTulsa City-County Health Department,
Tulsa City, Oklahoma**Target Population**

Elementary aged kids 7-11

Program Description

The 2003 Get Tulsa Kids Trekkin' was targeted at 1,642 youth ages 7-11 in five Tulsa elementary schools. Nine hundred students completed the program, which is designed to encourage physical activity and create nutrition and health awareness. The project also provides intervention strategies that include mentors, health fairs, and other activities to help bring mandatory physical education back into Oklahoma schools. The object is for students to "walk" the equivalent of a historic route each school year, keeping a journal of their activities, which replace actual walking but are measured in miles. Teachers use a specially created curriculum incorporating math, geography, history, and more. Along the way, students are monitored and re-tested for fitness and health. Health and nutrition fairs and pep rallies are held. At the end of the journey, participants are rewarded with donated health-related gifts as well as a healthier lifestyle and better self-esteem.

ContactSandie Dunning
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Diabetes Lecture Series

Lead OrganizationSenior Friendship Centers
Sarasota County, Florida**Target Population**

Adults in Sarasota County

Program Description

The Senior Friendship Centers in Venice and Sarasota, offer a Diabetes Lecture Series that is open to the public with no charge. Donations are gladly accepted. The series includes an overview of Diabetes including definition and pathophysiology of Type I and II diabetes; managing chronic complications and knowing your risks; nutrition and diabetes management; hypo and hyperglycemia; importance of foot care; medication management; and using a monitor to test your blood sugar on a daily basis. Free meters are often available for those completing the class.

Classes are held at both Friendship Center campuses in Sarasota and Venice. This class is directed at adult diabetic education, not juvenile diabetes.

ContactGeorgann Devito
941.556.3274**Project Name**

Falls Prevention Initiative

Lead OrganizationSenior Friendship Centers
Sarasota, Florida**Target Population**

Older Adults in Sarasota County

Program Description

The Falls Prevention Initiative (FPI) has several components:

- We offer a series of 10 weekly Balance Movement classes at two senior centers. Balance Movement is designed to specifically reduce seniors' risk of falling. Each 45 minute class consists of gait training (doubles as warm-up), core strength/balance training, static balance movement, upper and lower body strength training, flexibility, and cool-down. These are being led by volunteer facilitators that have been trained by our Balance Movement Specialist
- On-site instructor training for volunteer facilitators consists of 12 hours of training, annual workshops and support for instructors. Community education and awareness focusing on preventing injuries from falls and how to get up from a fall.
- A Balance Movement Booklet encourages in-home practice of exercises learned in weekly Balance Movement classes.
- Individualized assessments in health, fitness, home safety help to determine physical status.

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Project Name

Fitness for Flygirls

Lead Organization

Community Youth Development
Sarasota County, Florida

Target Population

Middle school girls

Program Description

Youth are taught the importance of exercise and nutrition through an interactive and fun program developed by the Gene Matthews Boys & Girls Club and a local fitness club.

Participants learn how to exercise at home with readily available items, and make good choices at mealtime. Parents are invited to attend the final session to help reinforce the lessons at home.

Contact

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Project Name

Friendship After Four

Lead Organization

Senior Friendship Centers
Sarasota County, Florida

Target Population

Adults 45+

Program Description

Our vision is to transform our two Senior Friendship Centers, located in Sarasota and Venice, into Active Aging and Community Learning Centers, as well as engaging community partners to create additional opportunities. We are extending our hours two evenings a week to allow for participants who are otherwise engaged during the day. The goal of the program is to expand Intergenerational Partnerships and enhance opportunities in the four targeted areas: Lifelong Learning, Creative, Supportive and Active. We hope to expand the program to include many more community partners and offer interesting and inexpensive programming to the community...especially in the downtown area of Sarasota and throughout Sarasota County, including Venice.

Contact

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Project Name

Committed to Kids' Health

Lead Organization

Clarion Health
Indianapolis, Indiana

Target Population

School-aged children

Program Description

This school and family based program educates children about healthy behaviors and targets those most at risk. The program offers parents a sensible weight-management curriculum that highlights fun physical activity, lifestyle changes, and nutrition education. Classroom activities teach children how to maintain a healthy lifestyle by engaging in age-appropriate activities.

Contact

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Project Name

DAAN

Lead Organization

Buffalo Hospital
Buffalo, Minnesota

Target Population

Inactive and poorly nourished children and adults.

Program Description

DANN is a Native American word meaning to live a healthy, balanced life. The program offers hands-on elementary curriculum, adult wellness education, and a new fitness laboratory to help participants take control of their health. Services can be found in schools, businesses, and other community sites.

Contact

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Project Name

Baby & Me - Tobacco Free

Lead Organization

Chautauqua County Department of Health
Chautauqua, New York

Target Population

Smoking prenatal women

Program Description

The Baby & Me - Tobacco Free Program addresses the need to reduce smoking in pregnant women and increase cessation duration to at least one-year after the birth of the baby. The program targets smoking prenatal women in Chautauqua County, who quit smoking while pregnant and remain non-smokers at least one year after the birth of the baby. The Chautauqua County Department of Health provides the certified cessation training and materials, the program curriculum and protocols, brochures and application materials, and programmatic technical support. The Department of Health collaborated with a non-traditional partner, Wal-Mart stores, to provide the incentive to the women. Wal-Mart agreed to redeem the free diapers vouchers that the women receive as incentives for staying tobacco-free after the birth of the baby. Two additional Western New York grocery stores then agreed to do the same. The county also established a relationship with Wal-Mart so that they will support this program in other areas of New York State and the US.

Contact

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Project Name

Cambridge Fitness Buddies

Lead Organization

Cambridge Public Health Department
Cambridge, Massachusetts

Target Population

Community members in Cambridge

Program Description

Local health departments are challenged by the issues of obesity and inactivity in their communities. In January of 2006, the Cambridge Public Health Department launched Cambridge Fitness Buddies: A Social Support Model for Getting a Community Active, a free, 10 week program utilizing social support to encourage physical activity.

Participants invite two "fitness buddies" to "get moving" twice a week in an activity chosen by the group. Buddy groups are offered a menu of resources supporting behavior change, including an orientation, a personalized FitKit Manual including a fitness log and physical activity and nutrition information and resources; lots of giveaways and motivational support for getting started. The orientation is followed by 3 workshops on nutrition and exercise options conducted by nutritionists and certified trainers to support participants and keep them motivated and engaged. A Celebration event follows program completion to congratulate the Fitness Buddies, reward their successes, and encourage sustained behavior change.

Contact

Cambridge Public Health Department
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Project Name

Genesis Dental Clinic

Lead Organization

Genesis Health Services, Inc.
Sarasota, Florida

Target Population

Uninsured and underinsured, ages 9 and above

Program Description

Genesis Dental Clinic serves the indigent and working poor who are not eligible for Medicaid assistance and cannot afford to pay the full costs of expensive dental services nor pay premiums or co-pays for dental insurance. They are also the sole provider of dental services for Medicaid HMO participants in Sarasota County. Services include oral surgery, crowns, partials and root canals. Patient fees are typically 15% of customary dental fees.

Contact

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Project Name

Genesis Health Clinic

Lead Organization

Genesis Health Services, Inc.
Sarasota, Florida

Target Population

Uninsured and underinsured, ages 9 and Above

Program Description

Genesis Health Clinic serves the indigent and working poor that are not eligible for Medicaid assistance and cannot afford to pay the full costs of expensive medical services nor pay monthly premiums for health insurance. Services include primary medical services, laboratory assessments, radiology services and HIV testing services. Patient fees are charged on a sliding scale based upon income and family size. Those with an inability to pay could barter volunteer hours at the clinic or residential treatment program. A community pharmaceutical assistance program is also available at the clinic.

Contact

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Project Name

Health In Motion

Lead Organization

Sarasota County Health Department
Sarasota, Florida

Target Population

Residents of Sarasota County,

Program Description

The Health In Motion mobile medical unit brings vital health and medical services to underserved areas of Sarasota County. No appointment is needed. The services offered include blood pressure, and diabetes screening, HIV testing, pregnancy testing, tuberculosis skin testing, adult immunizations, health education, and eligibility screening as part of assisting people in locating a permanent health care provider. Senior Friendship Center and Health Department physicians provide basic medical care on a rotating basis when the mobile unit visits the Salvation Army each Thursday.

A registered nurse is available at all other Health In Motion locations. Other community agencies also provide specialized services.

Some services are free; others services are offered on a sliding fee scale based on income.

Residents can download a copy of the calendar by visiting the Sarasota County Health and Human Services website, www.sarasotahealth.org.

Contact

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Project Name

Homedetoxinc.com

Lead Organization

Homedetoxinc.com
Sarasota County, Florida

Target Population

Residents of Sarasota

Program Description

This is an affordable licensed in-home detox program for substance and alcohol abuse. The program incorporates the sober coaching/sober companion concept to promote ongoing aftercare serving to promote long-term recovery. The program was the winner of the 2007 "Best Practice Award" by the Florida Alcohol and Drug Abuse Association and the Department of Children and Families.

Contact

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Project Name

300-Mile Club

Lead Organization

Louisville Metro Health Department
Louisville, KY

Target Population

Low income individuals in need of health knowledge

Program Description

The 300-Mile Club is a walking program designed to encourage lifestyle changes that promote healthier living for individuals who lack knowledge about nutrition and the effects of obesity and who cannot afford to join health clubs. The program will achieve its goal by introducing walking as a form of exercise by educating participants about good nutrition and by providing pertinent health information through literature and speakers.

Northwest Louisville's total population is 10,155, with an African American population of 9,664. The 300-Mile Club reached approximately 2 percent of African Americans and approximately 25% of that total population. The key elements of this program are a coordinator to organize activities, media coverage, data collection, incentives to encourage participation, and a newsletter for educational and promotional purposes.

Contact

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Project Name

Adopt-A-Classroom

Lead Organization

Midstate Medical Center
Meriden, Connecticut

Target Population

Children K-8

Program Description

Students from this school are from economically and socially challenged families, and are greatly in need of positive influences. The goal of this program is to prepare students to lead productive, healthy, rewarding lives. Through a partnership with a neighboring school, individual hospital departments 'adopt' classrooms. Each month, from October to May, hospital employees visit their classroom with a variety of activities and projects. Nutritious refreshments, often coinciding with the month's activities, are also provided.

Contact

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Project Name

Mental Health Community Awareness Seminars

Lead Organization

Mental Health Community Centers (MHCC)
Sarasota County, Florida

Target Population

Adults with mental illness and their families

Program Description

In an effort to promote early treatment and defeat the stigmas associated with mental illness, in 2007/2008 MHCC and Sarasota Memorial Hospital collaborated to provide a series of 3 free seminars about mental illness. The first seminar focused on Suicide and Depression, the second on Bi-Polar Manic Depression and the third on Borderline Personality. The project was very successful and each event, held at Waldemere Auditorium, was filled to the capacity of 350 persons with waiting lists. Twenty percent of the audience at each seminar were professionals.

Contact

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Project Name

Mental Health Treatment and Education

Lead Organization

Mental Health Community Centers
Sarasota County, Florida

Target Population

Adults with mental illness and their families

Program Description

This program incorporates vital health education and treatment with experienced clinical social workers at a drop-in center location. The program provides a healthy and structured environment that offers daily support groups, individual support through problem solving and counseling, health education groups, self esteem building groups and case management services for issues such as housing, finances, medication, insurance issues or family concerns. These groups and individual sessions allow an individual to learn new coping skills for renewed independent living and maintained mental health that prevents recidivistic hospital stays and regression.

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Project Name

Neighborhood Café

Lead Organization

CHIP (Community Health Improvement Partnership) and Sarasota County Neighborhood Services Sarasota County, Florida

Target Population

Sarasota County residents and neighborhood associations

Program Description

You can't eat lunch at the Neighborhood Cafe -- it's not a building with walls or chairs or tables. But you can gobble up the good ideas to make your neighborhood a healthier place to live. The Neighborhood Cafe consists of a "menu" of ideas to inspire healthy changes at the neighborhood-level and a companion website, complete with local tools and resources for creating a healthy neighborhood. The website also includes a storybank to showcase local activities. Check out the Neighborhood Café at www.chip4health.org/neighborhoods. And don't forget to share your story!

Contact

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Project Name

Power to End Stroke

Lead Organization

American Heart Association and American Stroke Association Sarasota, Florida

Target Population

African Americans, age 35-54 years

Program Description

Power To End Stroke (PTES) is a campaign to raise awareness about stroke among African Americans. Volunteers called Ambassadors help organize events and educate members of their community about the risk of stroke. We mobilize media and healthcare professionals and for strategic alliances with corporations and foundations to maximize the campaign's impact. Key messages include :

- African Americans are at higher risk of stroke.
- Stroke is usually not inevitable.
- Know your risk, control blood pressure and diabetes to help prevent stroke.
- Work with a healthcare provider to manage your risks.

The program has recently funded to initiate PTES in the Venice area. We will be actively recruiting ambassadors in May 2008, National Stroke Month.

Contact

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Project Name

Richland County Community Diabetes Project

Lead Organization

Richland County Health Department Richland County, MT

Target Population

Individuals living with type II diabetes

Program Description

In 2003, the Richland Health Network, a collaboration between the Richland County Commission on Aging, Richland County Health Department, and the Sidney Health Center, created the Richland County Community Diabetes Project. This project was created to build community supports for persons with Type 2 diabetes living in frontier Eastern Montana. During its first year the project developed a Diabetes Advisory Board conducted community and health care provider focus groups and tested four pilot projects. The project has created a formal diabetes education program at the local hospital which is linked with community supports and coordinated by public health, recruited community sites for free indoor walking, created a Diabetes Ambassador program (similar to the Promotora model), developed linkages with the local Literacy Volunteers of America Program and Migrant Health, added social activities and collaborative goal setting to its projects, and has developed plans to advocate for policy changes supporting chronic disease self management.

Contact

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Project Name

La Rabida Community Asthma Program for Children (LCAPC)

Lead Organization

La Rabida Children's Hospital Chicago, Illinois

Target Population

Children with asthma in at-risk communities.

Program Description

Asthma causes more pediatric hospitalizations than any other chronic condition. LCAPC works with the Chicago Public Schools to identify children with asthma in at-risk communities. School staff, students, and parents are taught the signs and triggers of asthma, as well as how to respond in an emergency, and how to reduce environmental asthma triggers. Since its inception, the program has identified 11 percent of children with previously undiagnosed asthma. LCAPC then connects these students with the proper medical resources.

Contact

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Project Name

First State School

Lead Organization

Christiana Care Health System
New Castle, Delaware

Target Population

Chronically ill children between the ages of five and 21

Program Description

This in-hospital primary school, operated in cooperation with the school district and state department of education, gives otherwise homebound students academic instruction, medical care, and comprehensive social and family support programs. The program seeks to normalize the effects of illness on children so that they can integrate successfully with society. The program has reduced emergency department use and inpatient hospitalization and has increased school attendance among the participants.

Contact

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Project Name

O.C. Olson Diabetes Center

Lead Organization

Community Health Education Resources (CHER)
Spokane, WA

Target Population

Type 1, 2 and gestational diabetics

Program Description

Run by CHER, a collaboration between the health education resources of Providence Health Care and Empire Health Services, the center offers comprehensive diabetes education focused on diabetes education focused on diabetes prevention and self-management. Classes and personal consultations are provided by registered nurses and dietitians who are certified diabetes educators. Education topics range from behavioral changes and physical activity to blood glucose monitoring and insulin management.

Contact

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Project Name

Project Challenge: Health Careers Mentoring Program

Lead Organization

Genesis Health Services, Inc.
Sarasota, Florida

Target Population

Middle and high school students

Program Description

Participants are divided into small groups of students who rotate through a circuit to interact with a physician, group counselor, dentist and psychiatrist. Groups also watch educational videos related to health fields, participate in administrative duties around our medical/dental clinic, and participate in other healthcare-related activities. Students keep a daily journal and are paid a stipend of \$30/week. The camp is intended to introduce low-income and/or minority youth to a variety of health careers by using shadowing, career orientation and role modeling.

Contact

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Project Name

Project Unity/Gatekeepers

Lead Organization

Genesis Health Services, Inc.
Sarasota, Florida

Target Population

At-risk and high-risk populations suffering health disparities in specific medical conditions

Program Description

The Project Unity/Gatekeeper Program is comprised of ethnic minority para-professionals. The Gatekeepers assist in a deeper community outreach in health education, community awareness activities and in linking their neighbors and contacts to indicated health services. Gatekeepers reside in the most under-served areas of our community and are specifically trained to participate in HIV/AIDS, fetal and infant wellbeing, diabetes, breast & cervical cancer, and cardiovascular education.

Contact

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Project Name

Sarasota County Wellness Coalition

Lead Organization

Sarasota County, Florida

Target Population

Sarasota County residents

Program Description

The Sarasota County Wellness Coalition (SCWC) is working to create a community of active people enjoying the benefits of their healthy lifestyle choices. SCWC provides quarterly education sessions on topics related to obesity prevention.

Contact

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Project Name

Sarasota Healthcare Access

Lead Organization

Sarasota County Health Department
Sarasota County, Florida

Target Population

Uninsured of Sarasota County

Program Description

Sarasota Healthcare Access is a referral system for people who need healthcare but lack health insurance. The purpose of Sarasota Healthcare Access is to increase access to primary care, specialty care and dental services for uninsured individuals in Sarasota County. The program targets uninsured patients with a history of avoidable hospitalization or emergency department utilization. Case managers assist patients in establishing a medical home to decrease reliance on hospitals for routine care.

Contact

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Project Name

Arthritis Self-Help Course

Lead Organization

Pasco County Health Department, FL
Pasco County, FL

Target Population

Individuals suffering from arthritis

Program Description

The Arthritis Self-Help Course (ASHC) targets people of any age who are suffering from the pain of arthritis to improve their quality of life. Since January 2003, the Pasco County Health Department has empowered over 230 participants from the community who suffer from arthritis. The program's objectives are that 100 participants will complete all six classes, each class will have between 10 and 15 participants, and participants will take less arthritis medication, exercise more, and move with ease.

Contact

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Project Name

Dare to C.A.R.E.

Lead Organization

University Hospitals Bedford
Bedford, Ohio

Target Population

60 and older, and younger people with significant risk factors for cardiovascular disease, such as smoking, high cholesterol, high blood pressure, and obesity

Program Description

This community outreach program screens participants for vascular disease of the carotid arteries, abdominal aortic aneurysms, renal artery disease, and extremity artery disease. Three University Hospitals (UH) facilities participate; UH Bedford Medical Center, UH Geauga Medical Center, and UH Richmond Medical Center. Screenings are free for the target group.

Contact

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Project Name

Project Access

Lead Organization

Memorial Healthcare System, Erlanger Hospital System, Parkridge Medical Centers, & Siskin Hospital for Physical Rehabilitation

Target Population

Hamilton County residents whose family income is below 150 percent of the poverty level and are not eligible for health insurance or other medical benefits, and who have a current medical need or condition that requires treatment.

Program Description

Project Access offers access to medical care for low-income people without insurance. Community clinics, primary care programs, and partner social service agencies can refer patients for the program, which provides donated physician care, hospital care, and medication assistance.

Contact

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Project Name

Post-Discharge Recovery

Lead Organization

Saint Luke's Health System
Kansas City, Missouri

Target Population

Vulnerable patients that are homeless or come from an unstable environment

Program Description

This program identifies patient needs prior to discharge and transports qualifying patients to the Salvation Army center. There, in addition to home health services, patients can receive job placement, housing, and drug and alcohol recovery services during convalescence.

Contact

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Project Name

Sarasota History Alive!

Lead Organization

Sarasota History Alive!
Sarasota, Florida

Target Population

Residents and visitors to Sarasota

Program Description

Our website is a resource for viewers to enjoy stories, short videos, historical markers and historically designated buildings, walking tours, and photo galleries that relate to Sarasota's colorful past. Residents who are homebound or in nursing homes may access this content to recollect their past, and will soon be able to listen to an internet 'broadcast' of history tales about Sarasota. Nursing home activity directors will find this useful to keep their residents engaged with history and today's technology at the same time. Stories and recollections can also be recorded and submitted for posting on the website. This will help keep older adults "connected" to today. Their children (who frequently live in other states) may tune in to listen to stories their parents are sharing. These stories can either be heard by the public, or by a small select group.

Contact

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Project Name

Suncoast Area Narcotics Anonymous

Lead Organization

Suncoast Area Narcotics Anonymous
Sarasota County, Florida

Target Population

Any addict seeking recovery from drug addiction

Program Description

The purpose of this website is to provide accurate and up-to date information about Narcotics Anonymous (NA), especially the local NA Fellowship. By making this information available on the internet, we hope to make ourselves more accessible.

Contact

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Project Name

Tobacco-Free Workplace Toolkits

Lead Organization

Tobacco Free Partnership of Sarasota County
Sarasota County, Florida

Target Population

Businesses in Sarasota County

Program Description

If you could have a safer workplace, a cleaner workplace, a healthier, more productive workplace—and it wouldn't cost you a dime— would you? If you could save thousands of dollars a year ...would you? Making your business a tobacco free campus can do all that, and more! We developed working toolkits for businesses that want to adopt tobacco free campus policies. The first part of the toolkit includes the reasons businesses should consider adopting this idea; why it is good for the bottom line; a formula to illustrate how much a business can save; and tobacco cessation options for employees. The second half of the toolkit focuses on making the workplace (including the grounds) tobacco free. There are guidelines, sample policies, examples of signage and a checklist to develop a timeline. Along with the toolkit, a mini-grant program can help businesses defray the cost of adopting this new policy. Tobacco free policies save lives and money. Our toolkit can show you how

Contact

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Project Name

4HIVHelp.com

Lead Organization

4HIVHelp.com
Sarasota County, Florida

Target Population

Everyone

Program Description

4HIVHelp.com offers two programs to address HIV. The first involves comprehensive community-based education. The information covers routes of transmission, risk factors and the unique but little-known struggles that face the HIV-affected population. The effort is geared to reduce HIV infection and stigma and raise awareness.

In addition, a workshop on disclosure is also offered. Disclosure is one of the toughest situations facing HIV positive individuals. It may sound simple to just tell your sister or your partner, but the entire topic is much more complex than it sounds. The series of activities will help the individual become more comfortable with their status and the effort to disclose to others.

Contact

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Project Name

Physically Challenged Club

Lead Organization

Mayo Regional Hospital
Dover-Foxcroft, Maine

Target Population

Uninsured disabled

Program Description

This collaboration between the hospital and the local YMCA allows the chronically disabled to continue rehabilitation after their insurance benefits have ended. Club members use the YMCA pool each Monday and the fitness room on Wednesdays, under supervision of a physical therapist and trained volunteers.

Contact

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Project Name

The Pink Posse

Lead Organization

Winner Regional Healthcare Center
Winner, South Dakota

Target Population

Women residing in the service area

Program Description

The Pink Posse arose following a breast cancer awareness program sponsored by the health care center. The group provides breast cancer patients support, resources, and hope during difficult times. There are no meetings to attend or fees to pay; the Pink Posse simply provides assistance as needed. Services include financial assistance for mammograms, wigs, prostheses, educational materials, and emotional support.

Contact

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Project Name

Interim Care

Lead Organization

Sutter Medical Center
Sacramento, California

Target Population

Patients who are homeless

Program Description

Local Sacramento hospitals wanted to provide not just respite housing, but also develop a community-wide approach to providing necessary services to the homeless population. This multi-agency collaborative program provides a safe place for homeless patients to heal upon discharge. The program also links them with housing, primary care, and mental health services, and other vital community resources. Since the program's inception in March 2005, more than 250 clients have been served.

Contact

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Project Name

M-POWER Clinic

Lead Organization

M-Power Ministries
Birmingham, Alabama

Target Population

Those off welfare but without insurance benefits

Program Description

The M-POWER Clinic represents a partnership between churches and health care providers, and serves those who are working or are transitioning off welfare but are without health insurance. The clinic offers regular checkups, school physicals, treatment of minor illnesses, injuries, and sexually transmitted diseases; and domestic violence. All patients are first seen by a social worker, who gets to know the client and issues they are facing.

Contact

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Project Name

ACCESS to Healthcare Information for Culturally Diverse Populations

Lead Organization

Oneida County Health Department
Oneida County, NY

Target Population

Culturally and linguistically diverse populations

Program Description

The goal of the ACCESS to Healthcare Information for Culturally Diverse Populations project is to reduce health disparities for culturally and linguistically diverse populations within the community. This community identified language barriers and a lack of health information in their language as an obstacle to accessing quality health care. To address this need, the Oneida County Health Coalition (OCHC), a multi-agency partnership led by the Oneida County Health Department, formed the Access Steering Committee. This Committee's primary objective was to develop a centralized source of pertinent medical and health-related information to improve the target population's access to health care.

Contact

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Project Name

ACS Resource Center

Lead Organization

Spokane, Washington

Target Population

Newly diagnosed patients

Program Description

Staffed solely by trained adult and college volunteers, many of whom are cancer survivors, the ACS Resource Center offers educational materials specific to a diagnosis, information on community resources, and immediate access to cancer specialists through a designated ACS hotline. Volunteers assist cancer patients with wigs and scarves if requested and also may visit patients in their rooms, upon request.

Contact

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Project Name

Baby Track

Lead Organization

Renown Health
Reno, Nevada

Target Population

Underinsured and transient families

Program Description

Uninsured and transient families are less likely to follow immunization guidelines due to lack of awareness and struggles with financial priorities; these are often the same families who are at high risk for contracting communicable diseases. Baby Track is an outbound telemonitoring program to insure that babies are immunized. The program prevents communicable diseases and helps those who lack awareness and struggle with financial issues.

Contact

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Project Name

CareVan Medical Transportation Program

Lead Organization

Good Shepherd Health Care Syst
Hermiston, Oregon

Target Population

Anyone in the immediate service area who has an appointment with a physician but does not have transportation.

Program Description

Town hall meetings revealed that many people were having a difficult time keeping their medical appointments due to lack of transportation. The CareVan Medical Transportation Program was developed in response to this issue. From 8 a.m. to 4:30 p.m. Monday through Friday, the volunteer-staffed program provides free transportation to and from medical appointments for patients. Seniors and the disabled make up the primary group served.

Contact

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Project Name

Closing the Gap - Reducing Disparities in Diabetes

Lead Organization

Manatee County Health Department
Manatee County, Florida

Target Population

Low income, uninsured minorities diagnosed with diabetes

Program Description

The Closing the Gap program seeks to facilitate the improvement of health outcomes and the elimination of health disparities in the area of diabetes and targets low income, uninsured and minorities in Manatee County. The main objective of this project is to provide self-management skills to a minimum of 100 Manatee County minorities diagnosed with diabetes. The main goal is to provide these clients with a system of care through diabetes education and self-management training, which will enhance the quality of their life through prevention or reduction of disease complications. This objective is achieved using three main modes of teaching, including group classes, individual education sessions, and individual nutrition education with a registered dietician. An ongoing objective is to increase the number of diabetics who work to prevent complications by following the basic guidelines of the standard of care including at least twice a year measurement of their HgbA1c, microalbumin random urine, lipid panel, an annual diabetic eye exam, an annual foot exam and an annual flu vaccine.

Contact

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Project Name

Geary Community Oral Health Initiative

Lead Organization

Geary Community Hospital (GCH)
Junction City, Kansas

Target Population

Indigent and uninsured in Junction City

Program Description

This program addresses two factors of the dental crisis: education and access. GCH developed standards for emergency department dental care for the indigent and uninsured. The hospital has provided screening equipment and oral-health educational materials for use at agencies, health fairs, and school events.

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