

GRANT OUTCOMES

The following are highlights of some grant projects of the AMA Foundation's Healthy Communities/Healthy America recipients.

Community Health-In-Partnership Services St. Louis, Mo.

- Created a weight loss and wellness program. Ten percent of clients reached their target weight during their participation in the program. Forty-two percent lost weight but did not reach their target weight. Fifteen percent have maintained their weight loss.
- Twenty-nine percent of clients had improved blood pressure after 6 months in the program.

Community Health Mission Savannah, Ga.

- Seventy percent of diabetic patients achieved recommended blood sugar levels and 68% of hypertensive patients had blood pressure readings within the normal range.
- Screening for breast and cervical cancer increased by 27%.

DuPage Community Clinic Wheaton, Ill.

- Helped diabetic patients reach average HbA1C levels of 7.5. Ninety-nine percent of them received a comprehensive foot exam and 98% were screened for depression.
- Helped 48% of hypertension patients achieve blood pressure of 130/80 or less.

Free Medical Clinic of Greater Cleveland Cleveland, Ohio

- Created a Quality Assurance Improvement committee that meets every other week to develop and implement workflow improvements.
- Doubled their volunteer capacity and recruited volunteers with specialized language skills.
- Established specialty clinics for targeted populations, such as dental services for Amish patients.

Hope Within Community Health Center Elizabethtown, Pa.

- Increased in-house laboratory testing by 414%, thereby decreasing their expenses by 37%.
- Increased access to chronic disease medications by 29%.

Martin Luther King Health Center Shreveport, La.

- One hundred percent of patients reported increased efficacy on self-management techniques, 75% reported improved health status and feelings of well-being, 65% reported effective communication with their provider, 70% reported perceived respect by their provider, 75% reported increased ability to perform daily functions and remain productive at work, 55% had no unnecessary visits to the emergency department and no hospitalizations, and there was a reduction of medication mistakes by 20%.

Milan Puskar Health Right Morgantown, W.Va.

- Hired a health educator and developed a 10-week participatory planning program. Patients were receptive to the program and began requesting to see the educator for help with their problems, which included weight, high blood pressure, cholesterol and poor eating habits.

Mountain View RotaCare Free Clinic Mountain View, Calif.

- Exceeded their goal of providing 920 free gynecological services to 325 new low-income, uninsured women. Provided 1,025 services to 392 patients.
- Pre- and post-surveys completed by their gynecological patients on personal health habits such as smoking, safe sex practices, nutrition, exercise, and in knowledge about STDs, showed that over 90% improved in 4 out of 10 health indicators and 50% improved in 5 or more indicators.
- Seventy-five percent of their new gynecological clients returned in one year for an annual pelvic exam or kept an initial appointment with a provider to whom they were referred.

Parker Family Health Center Red Bank, N.J.

- Fifty-nine percent of patients in their diabetes management program had HbA1C readings of 7% or lower. Another 16% were approaching that mark with readings of 7-7.9%.

Partners for Healing, Inc. Tullahoma, Tenn.

- Increased clinic hours by an additional 4-5 hours per week which meant seeing an additional 18-20 patients per week.

San José Clinic Houston, Texas

- Improved their care of diabetic patients by implementing a new diabetes flowsheet.
- Resulted in 55% increase of podiatry exams, 47% increase of optometry exams, 37% increase of health education on diet, 25% increase of fundoscopic exams, and 18% increase of patients with HbA1C levels lower than 7%.

Traverse Health Clinic and Coalition Traverse City, Mich.

- Increased nurse practitioner productivity from seeing 8-10 patients per three-hour clinic to 12-14 patients. Increased the time devoted to patient education.
- Decreased wait time for new patients from 6 weeks to 3-4 weeks.

Volunteers in Medicine of Bartholomew County Columbus, Ind.

- Average HbA1C levels reduced from 8.9% to 7.4%.
- Increased proportion of diabetic adults who have an annual foot exam from 48% to 90%.
- Increased proportion of diabetic adults who have a dilated eye exam from 39% to 85%.

Volunteers in Medicine Clinic of the Cascades Bend, Ore.

- Increased quality of care by training their volunteer physicians to use Up-to-Date software, helping to standardize methods of treatment.
- Recruited 11 local providers to see patients in their own offices.
- Met the diagnostic criteria for close to 100% of diabetes and hypertensive patients and over 50% for treatment standards.

West Virginia Health Right, Inc. Charleston, W.Va.

- Helped 217 patients in their diabetes management class decrease their HgbA1c levels (average 9.03 to 7.87). Twenty-five percent of patients had a two-point or greater drop.
- Patients who attended the class 6 or more times had a higher reduction in their HgbA1c levels than patients who attended 1-2 times.