$2.2 billion:
UH surpasses $2.2 billion in community benefit in the last decade, as part of our 150-year history of giving.

ABOUT UNIVERSITY HOSPITALS
University Hospitals is the health-care partner that Northeast Ohioans have trusted for 150 years. UH works with our community to identify and address our region’s most pressing health-care needs through research, charitable care, education, training and community outreach by subsidizing care to Medicaid patients since this government program pays well below the cost of providing such care. UH provides national leadership and neighborhood care through an integrated system of 18 hospitals, more than 40 outpatient centers and hundreds of other care-delivery points. Our 26,000 physicians and employees team with more than 1 million individual UH patients to achieve the finest quality care, the best care experiences and the highest care value, at every stage in life. To learn more about how UH can help you, go to UHhospitals.org. To learn how you can help UH, visit UHgiving.org.

OUR MISSION: To Heal. To Teach. To Discover.
UH demonstrates commitment to the community through organized and sustainable community benefit programs that provide free and discounted care to those unable to afford health care; care to low-income beneficiaries of Medicaid and other government programs; and services designed to improve community health, increase access to health care and train the next generation of medical professionals. UH follows very strict IRS guidelines in determining what counts as community benefit.

**COMMUNITY HEALTH IMPROVEMENT**
Our outreach programs provide no-cost health screenings and help thousands of people understand their health, ways to improve and maintain it, and resources available. We also invest in the community’s health by supporting health-related community causes and selected organizations that boost prosperity, which correlates to health.**

**EDUCATION AND TRAINING**
UH elevates standards of health care here and elsewhere by preparing future generations of caregivers. More than 1,000 physician residents and fellows train here each year, along with thousands of nurses and other health professionals. We reach into our local community to teach lifesaving techniques and to inspire young people to pursue health-care careers.**

**RESEARCH**
UH serves our community in its broadest sense by engaging in and funding clinical research. In conjunction with Case Western Reserve University School of Medicine and private-sector health-care companies, our professionals elevate care standards and develop new ways to diagnose, prevent, treat and cure diseases and injuries.**

**MEDICAID SHORTFALL**
Thousands more of our low-income neighbors now qualify for Ohio’s expanded Medicaid coverage, yet the state-federal health-insurance program reimburses providers for only a portion of the care they provide. UH underwrites the remainder of these patients’ bills, reflecting our commitment to our community’s health.*

* Under Internal Revenue Service Guidelines, we subtracted $18 million from Medicaid Shortfall to reflect net funding recorded from the federal Hospital Care Assurance Program.

** We subtracted $39 million in restricted grant funding from outside organizations from Education and Training, Research and Community Health Improvement, as required by IRS reporting guidelines for nonprofit hospitals. UH’s gross community benefit investment for 2015 was $332 million.
The health of a child begins long before birth,” Dr. Ehrenberg said.
When she became pregnant with her second child, Shavonne Sims had concerns about her blood glucose. The Center for Diabetes in Pregnancy at University Hospitals MacDonald Women’s Hospital gives women like Shavonne the support they need for a successful pregnancy, birth and healthy newborn.

“I kept my blood sugar under control, gained far less weight than in my first pregnancy and was able to do a vaginal birth after C-section, which was an amazing experience,” said Shavonne, of Cleveland Heights.

Pre-gestational diabetes, i.e., pre-existing type 1 or type 2 diabetes before pregnancy, can be a serious health problem, resulting in premature births, stillbirths, birth defects and deaths shortly after birth. Gestational diabetes (which develops during pregnancy) increases a woman’s risk for blood pressure issues during pregnancy and Cesarean deliveries. Both conditions increase a newborn’s risk of breathing difficulties, jaundice, uncontrolled blood glucose levels and admission to the neonatal intensive care unit. About half of women with gestational diabetes will develop type 2 diabetes within 10 years.

Infant mortality is twice as high for black babies as compared with Caucasian babies. In some Cleveland wards, infant mortality is three to four times the national rate, but UH MacDonald Women’s Hospital and University Hospitals Rainbow Babies and Children’s Hospital are leading the way with programs to reduce these rates.

Maternal fetal medicine specialist Stacey Ehrenberg, MD, created two prenatal diabetes care groups at UH to address these conditions. Prenatal Care for Women with Pre-Gestational Diabetes is a group care model where pregnant women with pre-gestational diabetes meet every two weeks for medical checkups and social support. These mothers receive valuable education about nutrition, blood glucose monitoring, how diabetes affects the baby and safe sleeping for newborns.

The approach works – expectant mothers in this model are more likely to attend prenatal visits and check their blood sugar regularly than those receiving traditional care. The result is faster and better control of their diabetes.

Diabetes Boot Camp, an intensive, one-time group visit for women with gestational diabetes, provides nutritional consultation, diabetes education and stress management. Women from both programs are monitored weekly through the Blood Sugar Reporting Line to ensure that blood sugars are in the normal range.

“If mothers with diabetes are educated during their pregnancy, birth outcomes can be improved and mothers will have the tools to create a healthy lifestyle and environment in which to raise their children,” said Dr. Ehrenberg.
When prenatal education and regular checkups from a certified nurse-midwife combine with the camaraderie and shared experience of a support group – that’s the Centering Pregnancy model of care provided for at-risk moms at UH MacDonald Women’s Hospital.

The Centering Pregnancy program at UH, based on a national group prenatal care model, is the largest in Ohio. About 1,500 moms have completed the program since it began at UH in 2010. It’s a significant undertaking, with 10 or 11 Centering Pregnancy groups of six to 10 moms going on at any one time.

Group meetings typically last two and a half hours – as opposed to a 20-minute standard prenatal visit. Expectant moms learn to chart their weight and blood pressure and the baby’s heart rate. After a checkup by a certified nurse-midwife, they “circle up” to ask questions, provide answers and share experiences.

“If our moms have questions or concerns, we typically bring it to the group,” said Tenisha Gaines, Centering Pregnancy Program Coordinator and Program Specialist with the Cleveland Regional Perinatal Network. “We facilitate, and we want our moms to learn from each other.”

The Centering Pregnancy program at UH has been successful in its effort to improve pregnancy outcomes among at-risk women. “Centering outcomes are generally better,” said Gretchen Mettler, PhD, CNM, Director, Centering Pregnancy, and Director, Nurse-Midwifery Education Program, UH Cleveland Medical Center and Case Western Reserve University. “We have both lower rates of prematurity and low-birthweight babies, as well as higher rates of breastfeeding initiation.”

Ohio health officials have noticed. In 2015, the state adopted Centering Pregnancy as the preferred prenatal care approach for driving down Ohio’s infant mortality rate.

Beyond improved health outcomes, however, Centering Pregnancy moms gain something more. “A lot of moms come in with no support,” Tenisha said. “They may have been kicked out of a parent’s home. Many can’t identify any friends, and some are homeless. But they learn from each other. They exchange phone numbers. When they become parents, they go to the babies’ birthday parties. I think it’s that support that makes our program successful.”
Tens of thousands of children in Northeast Ohio do not receive recommended primary pediatric care, so doctors at UH Rainbow Babies & Children's Hospital have decided to take action. They’re addressing the problem through an innovative care model called the Rainbow Care Connection.

A $12.8 million grant from the Center for Medicare and Medicaid Innovation helped get the ball rolling in 2013. It helped Rainbow Care Connection – one of the first pediatric accountable care organizations in the nation – create meaningful relationships among pediatric primary care providers, hospitals, patients and managed care organizations. This initiative addressed the significant need for pediatric care in the underserved population, and was meant to drive change for better care, better health and lower costs.

“We set specific goals when we launched the Rainbow Care Connection,” said Andrew Hertz, MD, Vice President, University Hospitals Rainbow Primary Care Institute, and Medical Director, Rainbow Care Connection. “We were far more successful than anticipated.”

One of the keys to that success is a Physician Extension Team* of 164 pediatric providers from 32 practices and 51 locations. Nurse practitioners, social workers, dietitians and others collectively help to address major health-care needs of children, including those with complex medical problems, those who need behavioral health services, and families who repeatedly go to emergency departments for minor problems instead of a primary care provider.

“The best care is provided when patients go to their own doctor,” said Dr. Hertz. “So, we link doctors and patients together to ensure care is delivered in the best setting.”

Results through 2015 show that the approach is working. Children with complex conditions were treated effectively in outpatient settings and hospitalized 25 percent less often. In addition, more than 4,700 patients received needed behavioral health services, and avoidable emergency department visits fell by 22 percent. Best of all, patients and their families feel the difference.

“Thank you all so much,” one child’s parent wrote to the Rainbow Care Connection complex care team at UH Rainbow Babies and Children’s Hospital. “Our quality of life has improved dramatically after coming to your clinic and meeting this team…We are feeling renewed hope, and we really needed that.”

*The project described is supported by Grant Number 1C1CMS330999-01-00 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this article are solely the responsibility of the author and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented was conducted by the awardee. Preliminary findings may or may not be consistent with or confirmed by the findings of the independent evaluation contractor.
SAFELY COASTING
with UH Rainbow Babies & Children’s Hospital Resident Physicians

Bicycle Helmet Project Benefits Children

When a little girl racing her bike ran into a brick wall, she knocked out teeth and injured her head. It was a preventable accident and the type that is too often seen in the emergency department. In an effort to prevent similar injuries, pediatric residents at UH Rainbow Babies & Children’s Hospital’s Emergency Department worked together to increase access to and use of bicycle helmets among their young patients.

With the help of Kathryn Wesolowski, Director of Rainbow Injury Prevention Center, who kicked off the campaign, pediatric resident physicians assisted with a plan to protect children by distributing prescriptions for bicycle helmets that could be obtained for only a nominal fee. In UH Rainbow Babies & Children’s Hospital’s Emergency Department, residents asked families about bike helmets — if they had them and do they wear them. Over 200 prescriptions were provided to patients to redeem for affordable helmets that were properly fitted by Kathy and her team at the University Hospitals Injury Prevention Center. Though not every prescription was filled, the program enabled a number of children who didn’t previously own bike helmets to obtain them.

Kathy said the project was a great opportunity for physician residents to practice their anticipatory guidance skills and communicate with families about their needs. “They were able to talk to families about the importance of bike helmets and take it a step further by providing helmets to families who needed them,” she said. “Residents were able to get instant feedback on how successful they were at promoting a safety message to children and parents. Normally, pediatricians talk to families about bike helmets, car seats and other safety devices, but do not always know whether the family will actually follow through.

Led by Pediatric Chief Resident Suet Kam Lam, MD, and Jerri Rose, MD, resident physicians received training about preventing childhood injuries and delivering safety messages through an educational grant from the American Academy of Pediatrics. They received feedback on how many of their helmet prescriptions were filled. The initiative helped to make bike helmets more accessible and affordable for families and ensured that helmets were properly fitted. “Kids are far more likely to wear a bike helmet when it fits comfortably, and when they’ve had a say in the style and color of helmet they get.”

Keeping Their Heads in the Game

Football players at James A. Garfield and Rootstown high schools are receiving extra defense on potential head injuries through baseline testing with ImPACT™ Concussion Testing, supported by University Hospitals. And this community benefit for the preventive care of young athletes will expand to 34 high schools in the fall of 2016, according to Joseph S. Blasiolo, MHS, PT, AT, Vice President, Rehabilitation Services, University Hospitals.

In the preseason, computerized neurocognitive testing is done to establish a baseline “healthy brain score,” and in the event of a head injury, a physician will use this tool to determine the extent of the concussion. In 2015, baseline tests were performed on 132 students at both high schools. Because the cost of the concussion assessment software would have been a considerable financial burden to the schools, UH purchased the programs to ensure athletes’ health. Jim Phleger, James A. Garfield High School athletic director, believes it has helped create awareness of potential head injury. “We have been conducting ImPACT Concussion Testing for the past three years with our athletes. It has been a great tool for the prevention and treatment of concussion.”
As the Director of the Pediatric Emergency Medicine Fellowship Program at UH Rainbow Babies & Children’s Hospital, Jerri Rose, MD, has trained physician fellows to care for children who are in need of emergency treatment. But immediately caring for an injury or illness is only part of the continuum of care that needs to be provided.

Coming up with a treatment plan is only a small piece of the puzzle as it fits in the context of environment and life. Dr. Rose shares the example of a child she treated for a head injury. It occurred as a result of a ceiling collapse in her substandard apartment where her family lived. Dr. Rose was able to reach out to the Cleveland Tenants Organization and get the family help that it needed.

“What that taught me is that knowing how to manage a head injury is critical, but I’m not of much service if I can’t help the family deal with the other pieces of it,” Dr. Rose said.

To address social determinants that may contribute to a child’s current health condition in the emergency room, physicians need to know the resources that are available to the families of pediatric patients and how to use them to help improve living conditions. Dr. Rose saw an opportunity to educate resident physicians in community health.

“While we work in teams to provide coordinated care, it is the physician who typically leads each patient’s health-care team,” said Dr. Rose. “As physicians we’re responsible for knowing how to connect families with resources, such as help with housing, food, and other social support, even though we have team members who can also help.”

As part of a required residency curriculum, residents serve as advocates for children’s health by serving at a Women, Infant, and Children’s (WIC) clinic, local crisis shelters and homeless shelters, and working with school health-care providers in Cleveland. University Hospitals physicians (including residents) and UH Government and Community Relations representatives also travel to Columbus each year for a hospital advocacy forum.

Near Thanksgiving, UH resident physicians worked in partnership with Greater Cleveland Food Bank to pack backpacks with food, which assisted students and families of Case Elementary School in Cleveland.

“The idea behind this whole initiative is teaching physicians the big picture,” said Dr. Rose. “The latest diagnostic tools and treatment are crucial, but we have to know where the patient and family are coming from, taking into account all social factors. Teaching this is an investment in our next generation of physicians.”
When EMS arrived at 90-year-old Natalie Clemente’s home, they found her unresponsive. They transported her to UH Cleveland Medical Center – where she was the first patient seen at the new Level 1 adult trauma center.

Upon her arrival, Natalie received the immediate care she needed from an expert trauma team, including a specialist-level evaluation of her injuries and medical conditions. Her care and treatment proved life-saving.

UH has developed an integrated and comprehensive trauma program that will join one of only 113 American College of Surgeons-verified Level 1 trauma centers in the United States. When the doors opened in December 2015, University Hospitals met a need for adult trauma care on the east side of Cleveland that complemented the Level 1 pediatric trauma unit at UH Rainbow Babies & Children’s Hospital. And with shorter transport times, east-side emergency medical services teams can now deliver patients to UH and return their squads to service faster.

The new Level I adult trauma center is a natural extension of UH’s existing regional trauma network that includes four Level III adult trauma centers throughout the UH health care system. More than 100 patients per month have been treated at the center since it opened. “As predicted, the new Level I adult trauma center at UH Cleveland Medical Center is being seen as an important resource by the community,” UH Health System Chief Medical Officer Michael Anderson, MD, said. “Having closer access to resources of a Level 1 trauma center saves lives.”

Sandra Daly-Crossley, MSN, RN, UH Trauma Program Manager, said the majority of cases involve falls and motor vehicle accidents, and about 20 percent involve penetrating trauma that can be the result of violence. While penetrating trauma and blunt trauma from motor vehicle accidents predominantly occur among adolescent and young adult males, the fastest growing segment of the population seen in the trauma center is geriatric patients, who are prone to falls and have multiple disorders. For every patient who is seen in the center, a dedicated trauma social worker follows his or her care to ensure a complete and appropriate response.

Providing a Faster Response
TO THE COMMUNITY

The scourge of opioid addiction in Ohio has affected many, including its tiniest victims. In 2014 alone, almost 1,900 infants born addicted to opioids were admitted to Ohio hospitals.

That’s about five babies each day, and a nearly tenfold increase since 2004. The problem of opioid-addicted infants – known as neonatal abstinence syndrome (NAS) – cuts across all demographic groups and presents at varied health-care settings, from community hospitals to teaching hospitals to children’s hospitals.

The Quentin & Elisabeth Alexander Level IIIc Neonatal Intensive Care Unit (NICU) at UH Rainbow Babies and Children’s Hospital is a national leader in finding the best way to care for these babies. Working with other children’s hospitals across the state, they’ve created a standard weaning protocol that shortens infants’ exposure to opioids, getting them out of the hospital and into a home setting more quickly.

“This year, there was no evidence-based treatment for NAS and thus, no consensus regarding NAS management,” said UH Rainbow Babies and Children’s Hospital neonatologist Moira Crowley, MD. “There is still no national consensus on how to treat these babies. However, there is emerging evidence from our work in Ohio.”

Dr. Crowley and her colleagues at UH Rainbow Babies & Children’s Hospital and across the state are working with the Ohio Perinatal Quality Collaborative to spread adoption of the Ohio protocol. A strict weaning schedule is key to the approach. But so, too, are simple comfort measures.

“We encourage the family to be partners with us, through swaddling and holding the baby, dimming the lights and keeping the area quiet,” said Traci Craver, RN, CNP, Clinical Nurse Manager in the UH NICU. “They know that they are helping, that they can help their child move through the process and be part of the solution.”

Physical therapists, occupational therapists and volunteers are also part of the care team, providing infant massage and calming human contact.

“We really have seen a decrease in our length of stay,” Traci said. “This makes a huge difference for our families and for their babies’ health and well-being.”
For 150 years, University Hospitals has operated on the principle that those who come to us in need of care will receive it, regardless of ability to pay. That commitment remains so strong today that UH has created the University Hospitals Medical Access Clinic to care for patients who do not have a primary care physician and those who are uninsured.

The number of uninsured patients remains high despite access expansions under the Patient Protection and Affordable Care Act – leaving individuals vulnerable when they became sick and unable to pay for their medical care. But when these patients arrived at the UH emergency room, they did not go without treatment and were offered an alternative to the emergency department: the UH Medical Access Clinic, where they could receive a continuum of care.

Patients who are referred from the emergency room often do not know how to navigate health care or know the medical conditions that could be treated without emergency care. Many do not have a primary care physician. Convenience of care and transportation are other reasons patients come to the emergency room as their first option for care.

At UH, patients are deemed medically stable in the emergency department, and then are evaluated at the Medical Access Clinic where they are assigned a primary care physician or nurse practitioner who provides care. Patients are given the opportunity to see the same physician on follow-up visits. Extended hours are offered to accommodate varying schedules.

Meredith Walters, MSN, DNP, certified nurse practitioner II, spoke about a gentleman who came to the Medical Access Clinic for a foot injury and was evaluated for a fracture. “We found out it was not broken, and we were able to suggest care options to help him feel better,” Meredith said. “While he was here he had another health problem that we were able to address. He was really grateful for that as well.”

Ensuring patient engagement and fostering close relationships with patients are goals of the Medical Access Clinic. Patients receive regular follow-up phone calls to check on their status and note upcoming appointments.

Patients with previously unknown medical conditions, such as pregnancy or sexually transmitted diseases, are especially appreciative of Medical Access Clinic care and keep in touch. According to Meredith, patients can feel comfortable and confident calling the Medical Access Clinic after their visit for advice or assistance, to help engage patients in primary care.

“Our patient called us afterward to thank us, and it was really wonderful,” said Meredith Walters, MSN, DNP.

GAINING ACCESS TO APPROPRIATE CARE

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Marc, a University Hospitals Portage Medical Center nurse, has spoken about his son for the last 15 years at None 4 Under 21 and Choices Beyond – and has likely reached more than 40,000 students over the years. “I am not here to lecture you but rather to inform you,” said Marc. “Some of you will be going to prom this weekend – and you may face a choice about drinking. Maybe not this weekend, but you will eventually have to make a choice. That choice affects not just you, but also your family and friends. I hope that before you get in that car, you think about what you heard today.”

Seventeen local high schools sent 2,100 students to the impaired-driving education and awareness program held at Hiram College during the prom season. Julie Warholic, BSN, RN, UH Portage Medical Center Trauma Program Manager and Stroke Coordinator, said the program, supported through the Ohio Troopers Coalition, Portage County Safe Communities and others, is one of the most robust programs in the state – so when schools hear about it, they want to come. None 4 Under 21 is a program that addresses the community need for alcohol and drug abuse prevention and education through its school-based instructional program.

None 4 Under 21 begins with students witnessing EMS rescue efforts on a mock automobile accident. Then students listen to speakers, including families affected by the loss of a loved one as well as those whose drunk driving took a life. The offenders, dressed in orange jumpsuits, are young adults. “It is very impactful, listening to chains hit the floor as they parade to the stage,” said Julie. “They talk about partying and being in school, just having a good time. How they did not have ill intent, just how their lives became unglued.”

Following the presentations, the high school students walk down a hallway for the Walk of Remembrance. “Eleven families stand there with portraits of their deceased loved ones,” said Julie. “When the students get outside, a local funeral home is holding a funeral with a casket and hearse.” The effect of the program is real, with students hugging the families participating. But the lasting impact is what remains important with parents. “Make good choices; call for a ride; don’t drink,” said Julie. “One-third of all alcohol-related fatalities in teens happen between April and June.”

The theme of the prom was “Heart to Heart.” But the seniors – dressed in their finery and enjoying dinner and dancing – were not high school students. This was an event for 60 Geauga County senior citizens, who were once again young at heart.

And it was Chardon High School students who helped make the event possible. They worked as volunteers along with teams from the Geauga County Department on Aging, Teen Leadership Corps and University Hospitals Geauga Medical Center. Local second graders also came to read and sing songs to the seniors. This “senior” prom engages elderly members in the community through socialization and exercise, in an effort to maintain geriatric health.

The event, held yearly, close to Valentine’s Day, at Park Elementary School in Chardon, featured games and activities before the meal and dancing. UH Geauga Medical Center Senior Outreach Coordinator Dawn Damante said several volunteers, including herself, enjoyed a spin on the dance floor. UH Geauga Medical Center prepared the meal of chicken marsala and redskin potatoes that day.

“Between the healthy meal that we provide and our interaction with the seniors, this is something we all look forward to every year,” said Dawn. “We get a lot of comments from seniors that they love the dance. It’s an honor to do a lot for our seniors in the community.”
Beyond Driving with Dignity

He knew it was time to seize the car keys when a close relative became lost on her own street – a place she had called home for more than 50 years. Now Beyond Driving with Dignity empowers senior citizens to make these decisions about driving in concert with their families.

University Hospitals Parma Medical Center supports Beyond Driving with Dignity by offering senior driver self-assessments through Keeping Us Safe, a program created by a retired Ohio State Highway patrolman to ensure the safety of older drivers. Lisa Profio, LPN, coordinator of Beyond Driving with Dignity, is a certified self-assessment driving professional who has worked at the adult day care center at UH Parma Medical Center for 20 years and has received several awards for her service.

The City of Seven Hills adopted this successful program for seniors who appear in Mayor’s Court for moving violations. If they undergo the driver self-assessment, which includes cognitive and driving exercises, no points are assessed on the person’s license and court costs are waived.

“I only wish such a program existed back then to help my relative,” said Seven Hills Mayor Richard Dell’Aquila, who still recalls the grueling move to suspend his family member’s driving privileges for her own safety.

Beyond Driving with Dignity is now being considered at other UH locations to serve seniors who must decide whether to retire from driving or stay safely on the roads, perhaps with some modifications. The health and safety of both the elderly driver and others on the road are ensured through this UH community program. Beyond Driving with Dignity validates loved ones in making tough decisions, saving relationships and sparing families.
Improving the Homeless Condition THROUGH RESEARCH

Homelessness is a tragic condition for many people afflicted with mental health issues. Research that ultimately leads to a transformational change in the lives of individuals with mental illnesses, and impacts their living conditions, can benefit them, their family members and entire communities. Self-management and treatment adherence research is the focus of UH Cleveland Medical Center Neurological & Behavioral Outcomes Center (NBOC), which includes investigators from UH, Case Western Reserve University and other health institutions.

Martha Sajatovic, MD, Director, UH Cleveland Medical Center Neurological & Behavioral Outcomes Center, and Willard W. Brown Chair in Neurological Outcomes, is a Case Western Reserve University Professor of Psychiatry and Neurology who studies the impact of neurological and psychiatric conditions in “marginalized,” or under-represented, segments of the population. This often includes the homeless and minorities. “Research suggests they shoulder the burden of chronic disease,” Dr. Sajatovic said.

Many of her studies with fellow researchers have examined the impact of treatment adherence – i.e., regularly taking prescribed medications – and health promotion in those with diabetes, epilepsy, stroke, Parkinson’s disease, depression, bipolar disorder and schizophrenia.

Dr. Sajatovic’s study, “A Concierge Model to Customize Adherence Enhancement Plus a Long-Acting Injectable Antipsychotic in Individuals with Schizophrenia…,” examines the effect of having social workers work with patients with schizophrenia to help them adhere, or stay on track, with regular medication regimens. The research has shown promising results – particularly in decreasing the number of days the study participants spend living on the street, in a shelter or incarcerated.

In the study, over 40 percent had substance abuse within the past year and 32 percent had been incarcerated in the past six months. Over 86 percent were African-American. Final results of the study showed improved outcomes, including a reduction in the percentage of days in suboptimal housing, which declined from over 41 percent to about 15 percent.

Dr. Sajatovic noted that while the researchers and clinicians were initially concerned by the extent of mental illness in the subjects, they were motivated by the positive results and being able to help patients remain in treatment.

In 2015, University Hospitals dedicated $21 million to research. Programs like NBOC illustrate how this support helps our community. “The community benefits from our leading-edge care and interventions at no cost to patients, with the personal benefit of involvement and marking UH and Cleveland as innovators,” Dr. Sajatovic said.
No one sees the results of recycling like University Hospitals Samaritan Medical Center’s Bryan Stuhldreher. As the hospital’s primary courier, Bryan makes daily trips to the county’s recycling center, unloading 60 pounds of paper and plastic and 120 pounds of cardboard at each visit.

“Two pick-up trucks that used to be going to the landfills every week are now being recycled into new items,” Bryan said of the award-winning sustainability efforts of UH Samaritan Medical Center. Accolades include the Melvin Creeley Environmental Leadership Award presented by the Ohio Hospital Association and a Greenhealth Partner for Change Award from Practice Greenhealth.

Sustainability is a relatively new endeavor for UH Samaritan Medical Center. Led by a sustainability committee with a mission to “make sustainability a cornerstone of our business by preserving our natural resources for a healthier community,” employees are embracing the initiative, said Sarah E. O’Keeffe, Sustainability Manager, University Hospitals Health System.

While UH Samaritan Medical Center generates the bulk of the recycling, employees located at 10 off-site buildings play an equally important role in lowering the ecological footprint. New recycling receptacles placed in high-traffic areas also inspire patients and visitors to “go green.”

Collective efforts to reduce waste often lead to unexpected opportunities for Bryan and Ashland County’s recycling center staff. The biggest challenge came from blue wrap, a woven paper wrapped around clean surgical instruments to maintain sterilization. Surgical staff threw away two to three bags of blue wrap daily because the material is not recyclable. Thanks to Recycle It in Brook Park, Ohio, a repurposed version of blue wrap returns to hospitals as plastic pitchers and trays.

The Ohio Hospital Association has identified the health-care sector as America’s second most energy-intensive industry. Additionally, research directly links environmental changes with far-reaching health implications. For instance, extreme heat and declining air quality caused by rising temperatures lead to more asthma and respiratory illness while aggravating chronic disease. Sustainability efforts are truly beneficial to the community by reducing the overall carbon footprint as well as maintaining an individual’s health. UH Samaritan Medical Center’s environmental stewardship serves to protect both our beautiful natural resources and our community’s health.
UH MEDICAL CENTERS
UH Cleveland Medical Center
UH Rainbow Babies & Children’s Hospital
UH MacDonald Women's Hospital
UH Seidman Cancer Center
UH Ahuja Medical Center
UH Bedford Medical Center,
a campus of UH Regional Hospitals
UH Conneaut Medical Center
UH Elyria Medical Center
UH Geauga Medical Center
UH Geneva Medical Center
UH Parma Medical Center
UH Portage Medical Center
UH Richmond Medical Center,
a campus of UH Regional Hospitals
UH St. John Medical Center
UH Samaritan Medical Center

UH JOINT-VENTURE HOSPITALS
UH Avon Rehabilitation Hospital,
A Joint Venture with Kindred Healthcare
UH Rehabilitation Hospital,
A Joint Venture with Kindred Healthcare
Southwest General Health Center

UH OUTPATIENT HEALTH CENTERS
UH Amherst Health Center*
UH Ashtabula Health Center+
UH Aurora Health Center
UH Avon Health Center*
UH Bainbridge Health Center
UH Baney Road Health Center
UH Broadview Heights Health Center*
UH Chagrin Highlands Health Center+
UH Chesterland Health Center
UH Concord Health Center+
UH Euclid Health Center
UH Fairlawn Health Center+
UH Geauga Health Center
UH Hudson Health Center
UH Independence Health Center
UH Kent Health Center
UH Kettering Health Center
UH Landerbrook Health Center
UH Madison Health Center
UH Mantua Health Center
UH Mayfield Village Health Center
UH Medina Health Center+
UH Mentor Health Center+
UH North Ridgeville Health Center* (opening 2017)
UH Otis Moss Jr. Health Center
UH St. John Health Center
UH Samaritan Health Center
UH Sharon Health Center
UH Sheffield Health Center
UH Solon Health Center
UH Streetsboro Health Center+
UH Twinsburg Health Center*
UH University Suburban Health Center
UH Urgent Care partnering with Southwest General Brook Park+
UH Walden Health Center
UH Wellpointe Health Center
UH Westlake Health Center+
Southwest General Brunswick Medical Center*
Southwest General Strongsville Medical Center+

UH OUTPATIENT SURGERY CENTERS
(extensions of UH Cleveland Medical Center)
UH Lyndhurst Surgery Center
UH Mentor Surgery Center
UH Westlake Surgery Center

* Emergency Room
+ Urgent Care
* Emergency Room and Urgent Care

To learn about University Hospitals’ Financial Assistance Program, please visit UHhospitals.org/FinancialAssistance.