

Catherine Bradbury, Pitt County Memorial Hospital

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Community Benefit Report (Estimated)

- Hospital or Group Name
- Time Period
- Last Updated

Pitt County Memorial Hospital
 FY 2010
 3/3/2011 6:05 pm

Community Benefits

A. Estimated Costs of Treating Charity Care Patients*	\$33,568,824
B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$49,651,546
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$0
D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$49,651,546
E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$17,668,986
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$2,851,325
G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$20,520,311
H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$182,702
I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$182,702
K. Community Health Improvement Services &	\$10,061,192

Community Benefit Operations	
☞ L. Health Professions Education	\$35,357,723
☞ M. Subsidized Health Services ²	\$0
☞ N. Research Costs	\$411,549
☞ O. Cash and In-kind Contributions to Community Groups	\$4,499,447
☞ P. Community Building Activities ³	\$3,536,323
<hr/>	
☞ Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$154,938,292
<hr/>	
☞ R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$157,789,617

Bad Debt Costs

☞ S. Estimated Costs of Treating Bad Debt Patients*	\$24,592,262
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Notes:

- ☞ (1) Notes about prior period adjustments
- ☞ (2) Notes about Subsidized Health Services
- ☞ (3) Notes about Community Building Activities

Additional Information:

- ☞ Grant monies received to support any community benefit activities. \$0
- ☞ These amounts have not been netted from Total Community Benefits.
- ☞ URL with additional information about this community benefits report <http://www.uhseast.com/pittcounty/dynamic-detail.aspx?id=7938>
- ☞ Other Notes

Catherine Bradbury, Bertie Memorial Hospital

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Community Benefit Report (Estimated)

- ☞ Hospital or Group Name
- ☞ Time Period
- ☞ Last Updated

Bertie Memorial Hospital
FY 2010
 1/28/2011 12:00 pm

Community Benefits

☞ A. Estimated Costs of Treating Charity Care Patients*	\$733,390
☞ B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$0
☞ C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$175,000
☞ D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$175,000
☞ E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$613,752
☞ F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$225,000
☞ G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$838,752
☞ H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$0
☞ I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
☞ J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$0
☞ K. Community Health Improvement Services & Community Benefit Operations	\$389,543
☞ L. Health Professions Education	\$25,838
☞ M. Subsidized Health Services ²	\$0
☞ N. Research Costs	\$241,560

☞ O. Cash and In-kind Contributions to Community Groups	\$117,118
☞ P. Community Building Activities ³	\$8,485
<hr/>	
☞ Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$2,129,686
<hr/>	
☞ R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$2,529,686

Bad Debt Costs

☞ S. Estimated Costs of Treating Bad Debt Patients*	\$897,419
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Notes:

- ☞ (1) Notes about prior period adjustments
- ☞ (2) Notes about Subsidized Health Services
- ☞ (3) Notes about Community Building Activities

Additional Information:

- ☞ Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits. \$0
- ☞ URL with additional information about this community benefits report <http://www.uhseast.com/body.cfm>
- ☞ Other Notes

Footnotes

* The costing methodology or source used to determine payer costs is:

- X. The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in 2010 NCHA Community Benefits Guidelines.
- ___ An internal cost accounting system, adjusted for community benefit reporting.
- ___ An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use an internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community

Catherine Bradbury, Chowan Hospital

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- ☞ **Community Benefit Report (Estimated)**

☞ Hospital or Group Name	Chowan Hospital
☞ Time Period	FY 2010
☞ Last Updated	1/28/2011 12:04 pm

Community Benefits

☞ A. Estimated Costs of Treating Charity Care Patients*	\$1,624,020
☞ B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$764,438
☞ C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$590,771
☞ D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$1,355,209
☞ E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$1,318,424
☞ F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$818,169
☞ G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$2,136,593
☞ H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$0
☞ I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
☞ J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$0
☞ K. Community Health Improvement Services & Community Benefit Operations	\$605,156
☞ L. Health Professions Education	\$117,243
☞ M. Subsidized Health Services ²	\$0
☞ N. Research Costs	\$0
☞ O. Cash and In-kind Contributions to Community Groups	\$206,215
☞ P. Community Building Activities ³	\$49,956
<hr/>	
☞ Q. Total Community Benefits¹ with Settlements and Extraordinary	\$4,685,452

Adjustments (A + B + E + H + K + L + M + N + O + P)

<input type="checkbox"/>	R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$6,094,392
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Bad Debt Costs

<input type="checkbox"/>	S. Estimated Costs of Treating Bad Debt Patients*	\$1,972,392
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Notes:

- (1) Notes about prior period adjustments
- (2) Notes about Subsidized Health Services
- (3) Notes about Community Building Activities

Additional Information:

- Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits. \$0
- URL with additional information about this community benefits report not available
- Other Notes

Footnotes

* The costing methodology or source used to determine payer costs is:

- The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in 2010 NCHA Community Benefits Guidelines.
- An internal cost accounting system, adjusted for community benefit reporting.
- An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use an internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.
- An internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.

All costing methodologies do not double-count expenses reported in other community benefit items. For example, amounts reported in Subsidized Health Services do not also appear in Medicaid losses.

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Catherine Bradbury, Heritage Hospital

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- ☞ **Community Benefit Report (Estimated)**

☞ Hospital or Group Name	Heritage Hospital
☞ Time Period	FY 2010
☞ Last Updated	3/15/2011 12:07 pm

Community Benefits

☞ A. Estimated Costs of Treating Charity Care Patients*	\$2,665,749
☞ B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$11,656,635
☞ C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	-\$7,438,198
☞ D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$4,218,437
☞ E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$1,975,737
☞ F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$17,340
☞ G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$1,993,077
☞ H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$0
☞ I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
☞ J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$0
☞ K. Community Health Improvement Services & Community Benefit	\$724,023

Operations	
☞ L. Health Professions Education	\$15,960
☞ M. Subsidized Health Services ²	\$0
☞ N. Research Costs	\$0
☞ O. Cash and In-kind Contributions to Community Groups	\$286,218
☞ P. Community Building Activities ³	\$32,458
<hr/>	
☞ Q. Total Community Benefits¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$17,356,780
<hr/>	
☞ R. Total Community Benefits¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$9,935,922

Bad Debt Costs

☞ S. Estimated Costs of Treating Bad Debt Patients*	\$3,553,663
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Notes:

- ☞ (1) Notes about prior period adjustments
- ☞ (2) Notes about Subsidized Health Services
- ☞ (3) Notes about Community Building Activities

Additional Information:

- ☞ Grant monies received to support any community benefit activities. \$0
- ☞ These amounts have not been netted from Total Community Benefits.
- ☞ URL with additional information about this community benefits report <http://www.uhseast.com/heritage/dynamic-detail.aspx?id=7955>
- ☞ Other Notes

Catherine Bradbury, The Outer Banks Hospital

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Community Benefit Report (Estimated)

Hospital or Group Name	The Outer Banks Hospital
Time Period	FY 2010
Last Updated	1/28/2011 12:23 pm

Community Benefits

A. Estimated Costs of Treating Charity Care Patients*	\$1,510,444
B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$2,711,428
C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$365,412
D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$3,076,840
E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	-\$1,030,113
F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$450,406
G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	-\$579,707
H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$0
I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$0
K. Community Health Improvement Services & Community Benefit Operations	\$185,267
L. Health Professions Education	\$59,868
M. Subsidized Health Services ²	\$0
N. Research Costs	\$0
O. Cash and In-kind Contributions to Community Groups	\$153,922
P. Community Building Activities ³	\$11,165

Q. Total Community Benefits¹ with Settlements and
 Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P) \$3,601,981

R. Total Community Benefits¹ without Settlements and
 Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P) \$4,417,799

Bad Debt Costs

S. Estimated Costs of Treating Bad Debt Patients* \$3,009,459

Notes:

- (1) Notes about prior period adjustments
- (2) Notes about Subsidized Health Services
- (3) Notes about Community Building Activities

Additional Information:

- Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits. \$0
- URL with additional information about this community benefits report not available
- Other Notes

Footnotes

* The costing methodology or source used to determine payer costs is:

- The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in 2010 NCHA Community Benefits Guidelines.
- An internal cost accounting system, adjusted for community benefit reporting.
- An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use an internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.
- An internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.

All costing methodologies do not double-count expenses reported in other community

Catherine Bradbury, Roanoke-Chowan Hospital[Home](#)[Reports](#)[Help](#) [Log Out](#)☞ **Community Benefit Report (Estimated)**

☞ Hospital or Group Name	Roanoke-Chowan Hospital
☞ Time Period	FY 2010
☞ Last Updated	3/3/2011 3:46 pm

Community Benefits

☞ A. Estimated Costs of Treating Charity Care Patients*	\$2,200,324
☞ B. Estimated Unreimbursed Costs of Treating Medicare Patients*	\$863,427
☞ C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of:	\$207,958
☞ D. Without this Medicare adjustment, Medicare Losses would have been (B + C):	\$1,071,385
☞ E. Estimated Unreimbursed Costs of Treating Medicaid Patients*	\$2,799,408
☞ F. Includes an adjustment in this period's Medicaid revenues for extraordinary adjustments ¹ of:	\$88,479
☞ G. Without this Medicaid adjustment, Medicaid Losses would have been (E + F):	\$2,887,887
☞ H. Estimated Unreimbursed Costs of Treating Patients from Other Means-Tested Government Programs*	\$51,649
☞ I. This includes an adjustment in this period's Other Means-Tested Government Programs revenues for extraordinary adjustments ¹ of:	\$0
☞ J. Without this adjustment, Other Means-Tested Gov. Programs Losses would have been (H + I):	\$51,649
☞ K. Community Health Improvement Services & Community Benefit Operations	\$784,382
☞ L. Health Professions Education	\$170,915
☞ M. Subsidized Health Services ²	\$0
☞ N. Research Costs	\$0
☞ O. Cash and In-kind Contributions to Community Groups	\$143,779
☞ P. Community Building Activities ³	\$44,240

Q. Total Community Benefits ¹ with Settlements and Extraordinary Adjustments (A + B + E + H + K + L + M + N + O + P)	\$7,058,124
R. Total Community Benefits ¹ without Settlements and Extraordinary Adjustments (A + D + G + J + K + L + M + N + O + P)	\$7,354,561

Bad Debt Costs

S. Estimated Costs of Treating Bad Debt Patients*	\$4,106,396
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Notes:

- (1) Notes about prior period adjustments
- (2) Notes about Subsidized Health Services
- (3) Notes about Community Building Activities

Additional Information:

- Grant monies received to support any community benefit activities. These amounts have not been netted from Total Community Benefits. \$0
- URL with additional information about this community benefits report not available
- Other Notes

Footnotes

* The costing methodology or source used to determine payer costs is:

- The ANDI methodology, which uses a facility-wide ratio of cost to charges as described in 2010 NCHA Community Benefits Guidelines.
- An internal cost accounting system, adjusted for community benefit reporting.
- An internal cost accounting system, adjusted for community benefit reporting, for all items except bad debt and charity care, which use an internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.
- An internal cost-to-charge ratio approach that is based on the methodology specified in the 2010 NCHA Community Benefits Guidelines.

All costing methodologies do not double-count expenses reported in other community



BUILDING HEALTHY COMMUNITIES

2010 Community
Benefit Report

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Driven by our mission



Dave C. McRae

When you think of University Health Systems of Eastern Carolina (UHS), your first thought is probably of the patient care offered in our eight hospitals. It should be — we pride ourselves on providing the highest-quality care available in our region.

But our role in eastern North Carolina encompasses much more than health care. Our mission — to enhance the quality of life for the communities and people we serve, touch and support — drives us to work beyond the walls of our facilities. We work in our communities to provide health education, help those in need access medical care and support nonprofit agencies in their community service, among other projects.

During the 2009-2010 fiscal year, UHS contributed more than \$125 million in community benefit activities and services. This includes charity and other uncompensated care, for which UHS received special recognition from the North Carolina Health Access Coalition. It also includes the many community-based programs and services that we provide, beyond the medical care that you expect from us.

But numbers do not tell the full story. Therefore, we present you with the annual UHS Community Benefit Report, a collection of just a few of the stories of the people and communities who have been touched by our programs and outreach services. We thank you for allowing us to serve you and hope you enjoy reading about our community benefit programs.

Dave C. McRae
Chief Executive Officer
University Health Systems of Eastern Carolina

Hair and health, hand in hand

Salons and barber shops have always been home to more than just hair care. They are gathering places, where friends swap stories and secrets.

In Pasquotank and Camden counties, they're becoming important sources of health information, too. This year, Albemarle Health launched the Health & Beauty Project, which reaches out to area hair professionals to spread the word about high blood pressure.

At 40 barber shops and salons in the area, customers can get information about hypertension and check their blood pressure on automated screening machines.

"Since so many men and women frequent beauty and barber shops, this program is accessible to a great number of people, who, if high blood pressure is identified, can get needed treatment," said Pamela Etheridge, a community health nurse at Albemarle Hospital.

Customers have taken to the program. Some are even visiting salons between appointments to check their blood pressure, according to Arina Boldt, director of healthy communities at Albemarle Health.

"By providing blood pressure cuffs, educational brochures, and tracking cards, we are giving people important tools to identify high blood pressure, also known as the 'silent killer,' since many times there are no symptoms present," she said.



Pamela Etheridge, a community health nurse at Albemarle Hospital, displays information on high blood pressure outside Marietta's Beauty Salon in Elizabeth City. Albemarle has put blood pressure screening equipment and information in 40 area barber shops and hair salons.

Albemarle Hospital donates the screening equipment and literature for the program, as well as staff time to manage it.

Participants in the program include Keystone Barber Shop, OIC Cuts, Hairways Salon, Designers Touch, Marietta's Beauty Salon, Sassy Styles, Notorie Barber's Shop, and Amarie's Salon.

Glover Shannon, owner of Keystone Barber Shop and Albemarle Health Board of Directors member, said his customers have embraced the program. A barber shop is an easy place to discuss health issues, he said.

"It's a non-threatening place," Shannon said. "Nobody's running around with white coats on. Everybody's relaxed. I think it's a good place to get your blood pressure checked and talk about men's health."

Chowan, BMH work with partners to improve life for diabetics

Bertie Memorial and Chowan hospitals are using the power of partnerships to improve life for diabetes patients in their area.

BMH and Cashie Medical Center have teamed with the University of North Carolina at Chapel Hill on a year-long study of eye care for patients with diabetes. The BMH team received a \$9,588 grant from the North Carolina Translational and Clinical Sciences Institute to develop simpler, less time-consuming eye exams for diabetics.

Under the leadership of Paul Bray, a researcher at the Brody School of Medicine at East Carolina University, the Cashie team is testing new equipment that detects eye diseases without requiring a two-hour dilated eye exam. A shorter eye exam can become part of a routine medical check-up, eliminating the need for diabetes patients to schedule separate eye and medical appointments.

These improvements are extremely important for Bertie County and other rural areas, where ophthalmologists are often in short supply, and transportation can be difficult to arrange. The cost of visiting an

ophthalmologist is an additional barrier to receiving proper eye care. Fewer than 30 percent of diabetics got eye appointments during the last year; a cheaper, less time-consuming eye option can raise that rate.

Chowan offers an American Diabetes Association-accredited diabetes self-management course. Most insurance companies will pay for this type of service, but certified diabetes educator and registered nurse Lori Goodwin has found that uninsured patients often struggle to cope with and manage their diabetes.

Enter the Community Care Clinic of Tyner and a new way for Chowan to serve its community. The clinic only serves uninsured patients, many of whom suffer with diabetes. Goodwin and certified diabetes educator/registered nurse Beth Evans have begun offering monthly education sessions to clinic patients free of charge, giving these patients access to the same type of education provided to patients with insurance. She does more than just provide education at the clinic.

Goodwin also speaks at churches, civic groups and drug stores to spread the message about preventing and managing diabetes. Lori Byrum, also a certified diabetes educator and registered nurse, teaches diabetes awareness to area schoolchildren.

For the last two years, the BMH Development Council and Chowan Hospital Foundation have also jointly funded a Diabetes Education Day for Bertie, Chowan and surrounding counties. The event is coordinated by Three Rivers Healthy Carolinians (TRHC) a partnership of community agencies including local health departments and cooperative extension offices. Topics at the free, day-long seminar include medication management and nutrition for diabetic patients.



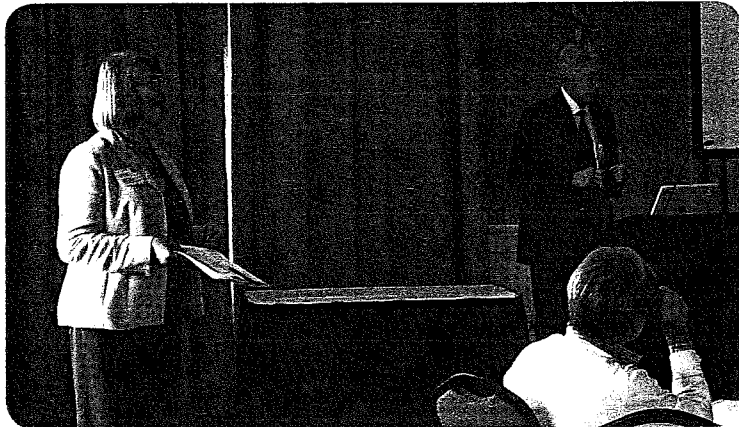
Lois Byrum, a registered nurse and diabetes prevention educator, discusses proper nutrition and diabetes with middle-school students. Annually, Byrum teaches 500 children about diabetes in Chowan, Perquimans, Washington and Tyrrell counties.

Stroke education, for patients and providers

For those living in the *Stroke Belt*, the southern stretch where stroke prevalence is highest in United States, there are few greater needs than stroke education.

That's particularly true in and around Duplin County. The county's stroke death rate was 26 percent higher than the state average between 2004 and 2008. Yet, according to a study commissioned by the local Area Health Education center, only one in six county residents recognizes the most common signs of stroke.

Duplin General Hospital (DGH), with help from several partners, has set about raising stroke awareness and lowering the stroke death rate in the county. During the 2010 fiscal year, the hospital used a \$15,000 grant from the North Carolina Stroke Care Collaborative to address stroke awareness on several levels.



Lyn Keating (left), director of dental health for the South East Area Health Education Center, introduces Dr. Chuck Tegeler (right), professor of neurology at Wake Forest University during a June 2010 stroke education conference in Wallace for physicians and other health care providers.

DGH bought equipment to perform 500 stroke risk screenings around the county, according to Carolyn Ezzell, community services coordinator at DGH. Hospital staff will check cholesterol, triglyceride and blood pressure levels, all of which indicate risk of stroke.

DGH has made a concerted effort recently to help county residents learn about their own stroke risk. In 2009, the hospital screened more than 600 people at 22 different screening events.

"We've got to get folks to recognize the signs and symptoms of stroke and get them to act quickly," Ezzell said.

As part of the Stroke Care Collaborative grant, the hospital also revamped patient education for people admitted to DGH with stroke. The goal is to empower discharged patients to prevent future strokes.

Finally, Duplin has focused on educating health care providers about stroke. In June 2010, the hospital and the Southeastern Area Health Education Center co-hosted a conference on best-practice stroke care for roughly 40 area health care professionals. They heard from stroke experts from the University of North Carolina at Chapel Hill, Wake Forest University, Pitt County Memorial Hospital and New Hanover Regional Medical Center.

Duplin officials hope to make the conference an annual event.

"There continues to be a need for education for health care providers, as far as recognizing that stroke is preventable and trying to get people to know their numbers," Ezzell said.

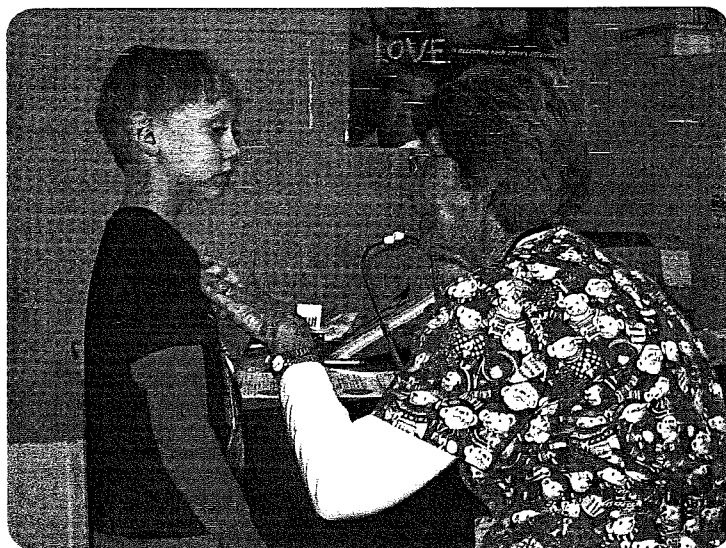
Making asthma easier for Edgecombe children

When Connie Cooke talks about asthma, she speaks with authority.

Some of that authority derives from her professional experience and training. As a registered respiratory therapist and Heritage Hospital's pediatric asthma case manager, Cooke knows the importance of keeping an inhaler handy and regularly taking the controller drugs that can moderate asthma's effects.

Cooke's authority also derives from personal experience. An asthmatic herself, Cooke knows the dangers faced by the Edgecombe County schoolchildren she counsels in her work at Heritage. She knows the panic that is an asthma attack.

"It's like a big elephant sitting on top of your chest," Cooke said. "You can't breathe."



Connie Cooke (right), a registered respiratory therapist and pediatric asthma case manager at Heritage Hospital, talks to pediatric asthma patient Nicholas Moseley.

For many Edgecombe County children, asthma isn't just the elephant on their chest — it's also the elephant in the room. Whether because of poverty, inadequate insurance or lack of health literacy, some asthmatic children and their families don't manage the illness well.

That's where Cooke comes in. For five years, she has gone into Edgecombe schools and homes to teach pediatric asthma patients and their families about the medicines, equipment and behaviors that can ease the effects of the illness.

Cooke works with families and their primary care physicians to develop action plans for dealing with asthma. When a family can't afford drugs or equipment, she works to find programs and agencies that can help.

"I'm always asking them questions about their asthma," Cooke said. "Have you got your medicine? Are you using it?"

Cooke works primarily with children from families with no insurance or with private insurance that does not cover all their asthma-related needs.

The need for pediatric asthma education is acute in Edgecombe County. In 2009, the county had the state's second-highest rate of asthma-related hospitalizations for children 14 years old or younger, according to the State Center for Health Statistics. During the first two weeks of the 2010-2011 school year, asthma attacks caused seven children to be admitted to Heritage after coming to the hospital's emergency department, Cooke said.

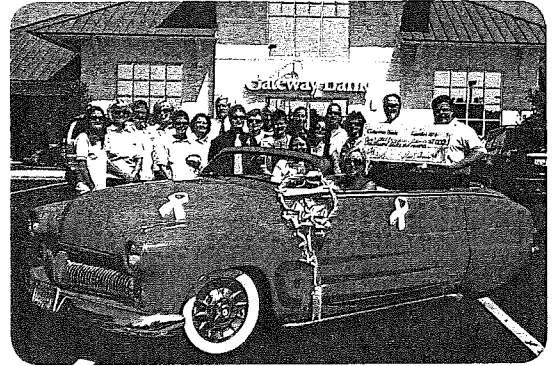
Get Pinked supports breast health on the Outer Banks

Over the last seven years, Dare County has been one of the North Carolina counties hardest hit by breast cancer.

From 2004 to 2008, Dare had the state's 16th-highest breast cancer death rate, according to the N.C. Cancer Registry. From 2003 to 2007, Dare had the 29th-highest breast cancer incidence rate in the state.

As breast cancer's toll on Dare County has grown, The Outer Banks Hospital and its partners have worked to raise awareness of the disease, and of the vital role early detection can play in its treatment.

In 2010, OBH took steps to shore up a local program that encourages early detection among women and men. Across the state, public health departments receive state funding to provide mammograms at little or no cost to the uninsured and underinsured.



Officials with Gateway Bank in Nags Head present a donation to the Get Pinked! campaign.

In Dare County, high demand sapped those funds early in the year. To help fill the gap, OBH launched *Get Pinked*, a fundraising campaign that enlisted local businesses in the effort to support the Dare County Health Department. OBH encouraged businesses to raise money from customers and employees. OBH sought to raise \$12,000 with its fund drive — it nearly tripled that goal, raising more than \$32,000 from 27 businesses.

"It grew beyond our expectations, which was wonderful," said *Outer Banks Sentinel* editor Sandy Semans. The *Sentinel* supported the campaign by publishing a series of personal stories from people who had experienced breast cancer. Get Pinked! "really opened up a dialogue about breast cancer," she added.

Organized by the OBH Development Council, the three-month campaign was spearheaded by a group of volunteers.

"The campaign brought out the amazing spirit of generosity in the people of Dare County," said Linda Willey, co-chairman of the campaign.

"We want to give every woman and man in Dare County the very best chance to survive the disease of breast cancer," Willey said. "That's our goal."



Participants in a Get Pinked! check presentation include (back row, left to right) campaign members Karen Warlitner, Brenda Spivey, Jarie Ebert, Luanne Hege, Dr. Demetri Poulis, Dee McManus, Charles Hardy, Linda Willey, and Carl Curnutte; and front row, left to right) Courtney Quillin, OBH board members Linda Palombo, Stan White, Beulah Ashby and Bobby Owens, along with OBH President Van Smith.

PCMH helps patients find free prescription drugs

Across the country, people with little or no health insurance coverage do without expensive prescription drugs.

Yet prescription drug manufacturers have scores of programs to deliver drugs to those in need, at little or no cost.

Thanks to Pitt County Memorial Hospital's prescription assistance program, the gap between those two groups is narrowing. For more than 300 patients across eastern North Carolina, PCMH prescription assistance specialist Crystal Jackson is a lifeline to expensive, necessary medications.

Jackson recently helped a newly laid-off patient get \$17,000 in clot-fighting medication for free. She also works with kidney transplant patients, whose anti-rejection medications can cost more than \$5,000 for a 90-day supply.

To qualify for help under the PCMH program, a patient must have a primary care physician. Eligibility for a specific drug company's program depends on that company's criteria. Jackson directs those who don't qualify for these programs to agencies that can help them get medicine at a reduced cost.

During the 12 months ending Nov. 1, 2010, Jackson secured more than \$1 million in free prescriptions for uninsured and underinsured eastern North Carolinians.

"The fulfilling thing about my job is being able to help patients in need," Jackson said. "It's nice to know that, every day when I've left here, I've helped somebody, especially with the economy being as tight as it is and medication being as expensive as it can be."

The prescription assistance program dates back nine years. Until 2009, it was funded by a grant from the federal government. Since the grant's expiration, PCMH has fully funded Jackson's work.

Jackson uses a sophisticated, web-based system to access more than 160 different pharmaceutical companies' assistance programs. The computer system, funded by the Duke Endowment, the North Carolina Office of Rural Health, and the N.C. Foundation for Advanced Health Programs, includes more than 3,500 separate drugs.

The prescription assistance program is among the many ways PCMH is a valuable partner in the local HealthAssist program, a collaboration of health care providers to assure care for the uninsured.

Jackson's work is a godsend for physicians and those who lack adequate health insurance, according to Sherrida Haddock of Snow Hill Medical Center, a federally qualified health center in Snow Hill.

"I think it has been a great thing for the patients, especially since a lot of medications are so expensive," Haddock said. "Without them, these patients would probably be in the hospital or even dead."



Crystal Jackson, prescription assistance specialist at Pitt County Memorial Hospital, helps patients in need find free and reduced-cost medications.

Helping youth find healthy lifestyles

For children and teenagers, maintaining a healthy lifestyle can be a challenge.

Cheap, fatty fast food is far more accessible than fresh fruits or whole grains. Television and video games consume endless hours and demand far less effort than exercise.

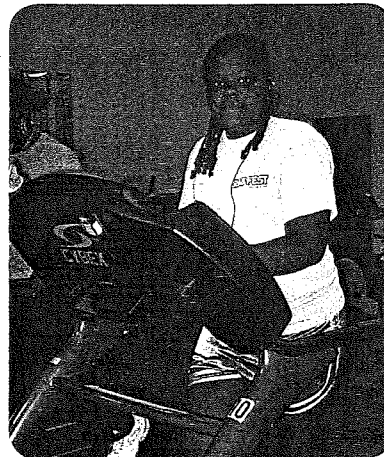
Increasingly, children succumb to the sedentary lifestyle — according to the Centers for Disease Control, more than a third of North Carolina high school students spend more than three hours a day watching television. Nearly one in seven N.C. teens is obese.

But with a little help, a healthier way of life is not impossible. Roanoke-Chowan Hospital helps offer that helping hand to children in northeastern North Carolina. Each summer for the past two years, the hospital has provided funds to the Roanoke-Chowan Community Health Center for a three-week camp that teaches teens healthier eating and exercise habits. In 2010, 11 children, all of them between 8 and 17 years old, participated in the camp.

Their daily itinerary was formidable, but fun. At 8 am each weekday, campers gathered at Bearfield Elementary School or the ViQuest Center in Ahoskie to exercise. After the early-morning workout, campers learned about and prepared healthy snacks. A second exercise session followed, before a healthy lunch and time recording their experiences in camp journals. On Fridays, campers took home coolers filled with healthy snacks for the weekend.

Counselors checked the campers' weight and blood pressure once a week. Campers' average weight dropped by three pounds during the three-week camp. They also experienced similar decreases in blood pressure.

To help campers take healthy eating habits home, camp staff compiled a cookbook of favorite healthy recipes, selected by the children. A monthly support group was also created to help campers maintain the habits they learned over the summer.



Campers participate in a summer program that teaches healthy eating and exercise habits in and around Hertford County.

"This camp was great," a 14-year-old female camper said. "It was actually fun working out. It has made me more healthy. I am not done yet reaching my goals, but it has helped a lot. I made new friends. Thank you everybody for making this so much fun this year."

"Today was super awesome," another 14-year-old girl said. "I had fun and felt good. I feel great about myself."

The program is funded through the University Health Systems Foundation, which distributes grants to improve the health and wellness of its member hospitals' communities. Roanoke-Chowan Hospital and the Roanoke-Chowan Hospital Foundation work together to review funding requests and award grants.



Images of community benefit

UHS and its member entities reach out to their communities in a range of ways, from teaching proper child safety seat use to providing information about living with cancer and managing illness. Here is a look at a few more UHS community benefit programs.



Bertie County health fair, Bertie Memorial Hospital



LifeSpan women's health fair, Chowan Hospital



Look Good, Feel Better class for cancer patients, The Outer Banks Hospital



Child safety seat class, the East Carolina Injury Prevention Program, Pitt County Memorial Hospital



Cancer awareness fair, Roanoke-Chowan Hospital



Heart Truth luncheon, Roanoke-Chowan Hospital

Total Direct Community Benefit

Hospital	Unreimbursed Medicaid and Other Unreimbursed Need-based Government Programs	Charity Care	Community Benefit Programs and Services	Total Community Benefit
Pitt County Memorial Hospital	\$17,851,688	\$33,568,824	\$53,866,234	\$105,286,746
Roanoke-Chowan Hospital	2,851,057	2,200,324	1,143,336	6,194,717
Bertie Memorial Hospital	613,752	733,390	782,544	2,129,686
Heritage Hospital	1,975,737	2,665,749	1,058,659	5,700,145
Chowan Hospital	1,318,424	1,624,020	978,570	3,921,014
The Outer Banks Hospital	0	1,510,444	410,222	1,920,666
Total	\$24,610,658	\$42,302,751	\$58,239,565	\$125,152,974

UHS has altered its community benefit reporting for 2010 to conform to standards established by the Internal Revenue Service. This report excludes \$65.6 million in unreimbursed Medicare and \$38.1 million in bad debt. The North Carolina Hospital Association recognizes these categories as community benefit spending. Community benefit, unreimbursed Medicare and bad debt totaled \$229 million for UHS in fiscal year 2010.

