Care Team….

The care team develops a plan of care based on the patients' needs and goals to increase an individuals quality of life.

There are two care teams. One is located at Coosa Valley Medical Center and the other at Citizens Baptist Medical Center.

Each Care Team has a Registered Parish Nurse and a FHA (Family Health Advocate) to assist the patient in meeting their goals. The Care Team assists with coordination of services and programs from within the community.

Our Goal….

To increase the quality of life for un-insured and underinsured residents of Talladega County that have one or more the following chronic diseases:

- ✓ Diabetes
- ✓ Hypertension
- ✓ CHF (Congestive Heart Failure)
- ✓ Obesity

Comments….

"My whole world had come to an end, they turned my life around."

Denese Dark

"They have been a GOD send. I have gotten healthier and developed a higher self esteem."

Angela Smoot

You may qualify for participation in the *Rural Health Outreach Program*.

- ✓ **Are you uninsured or under insured?**
- ✓ **Are you a resident of the Talladega County area?**
- ✓ **Do you have one or more of the following chronic conditions?**
  - **Diabetes**
  - **Hypertension**
  - **CHF (Congestive Heart Failure)**
  - **Obesity**

For the Sylacauga office located at Coosa Valley Medical Center, please contact ***Shelia Williams.*** at 256-401-4080.

COOSA VALLEY MEDICAL CENTER

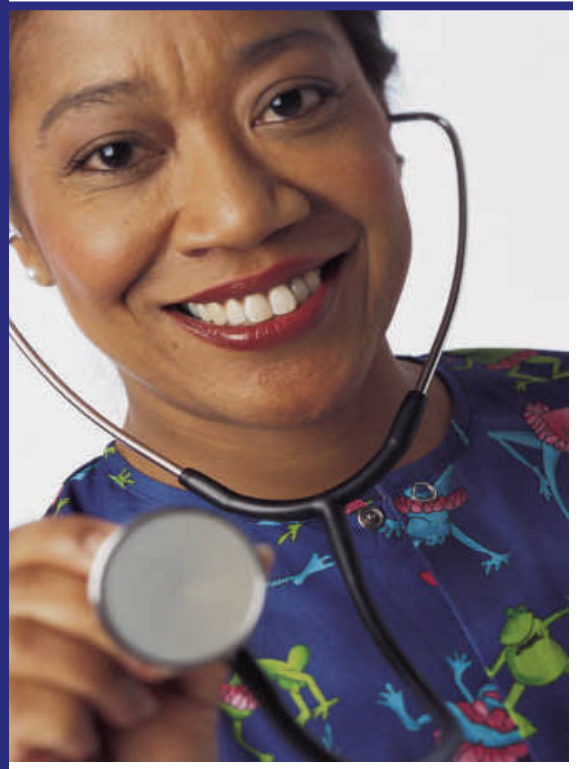
For the Talladega office located at Citizens Baptist Medical Center, please contact ***Patricia Johnson.*** at 256-761-4198.

citizens baptist medical center

SAFE Family Services Center
78 Betsy Ross Lane
Sylacauga, AL 35150
256-245-4343

www.safefamilyservicescenter.com

A program focusing on attaining and maintaining physical, emotional, and spiritual health.



Rural Health Outreach

Educate

The Rural Health Outreach team provides *education* in many areas:

- Exercise
- Nutrition
- Medications
- Healthy Lifestyle
- Diseases related to Diabetes, Hypertension, Congestive Heart Failure, Obesity

Refer

The Rural Health Outreach team can *refer* participants to valuable resources within the community.

- Medical Home (Doctor)
- Community Agencies
- Social Services
- Healthcare Facilities
- Medication Assistance
- Case Management

Monitor

The Rural Health Outreach team *monitors* the participant's progress in the program.

- Checks blood pressure, weight, blood sugar, hemoglobin A1C.
- Schedules weekly home visits and/or office visits.
- Ensures participants attend regular doctor's appointments.
- Acts as a health advocate to assist in maintaining a healthy weight through diet and exercise.