

# **CATHOLIC HEALTH EAST - A TRANSFORMING, HEALING PRESENCE**

## **2003 Social Accountability/Community Benefit Report**

### **I. INTRODUCTION**

The formation of Catholic Health East in 1998 marked for CHE member organizations from Maine through Florida a time of change, innovation and renewed commitment to Catholic healthcare ministry. Our sponsors challenged us not only to reach out to persons and communities in need of quality, compassionate healthcare, but to be a transforming healing presence whenever and wherever we served. Our core values of reverence for each person, community, justice, commitment to those who are poor, stewardship, courage and integrity further defined the spirit of our service.

Six years later, our mission and values impel us to continue the ministry of Jesus by “transforming” and “healing” those persons whom we touch daily. This report highlights the many services provided in 2003 by CHE member organizations in response to the health needs of those who are poor, as well as the needs of the broader communities.

### **II. OUR SERVICES**

In 2003, Catholic Health East organizations provided social accountability/community benefit services, programs and activities that represented an aggregate net community benefit *cost* of approximately \$382 million. The magnitude of service that characterizes our ministry was evidenced in many and diverse forms during the past year.

Consider our charity care, the free or discounted services provided to persons who cannot afford healthcare because of inadequate resources or who are uninsured and underserved. In 2003, approximately \$79 million in charity care was “forgiven” by CHE organizations. Likewise, losses incurred in unpaid costs of public programs (Medicaid, Medicare, and other local and state programs that provide payments to health care providers for persons not eligible for Medicaid) totaled nearly \$228 million.

Numerous programs and services evidenced organizational responses to unmet community needs. Over four hundred examples of community education and outreach services were reported as having been provided by CHE organizations in 2003. These activities

addressed such health needs as HIV education, alcohol and substance abuse awareness, CPR classes, health fairs for seniors, childbirth and parenting programs, mental health hotlines, advocacy efforts, therapeutic touch classes, walk-a-thons, safety programs, men's and women's health lectures, education regarding advance directives and palliative care, Lifeline services, and assistance provided to charitable organizations.

CHE organizations also sponsored and facilitated support groups and counseling services that provided emotional, spiritual, physical and relational support for over 33,000 persons coping with significant physical and mental illnesses, life changes, anger, loss or grief. Similarly, over 46,000 persons participated in health screenings that provided early detection and ongoing assessment of specific diseases.

Ever conscious of the value of education and training of medical residents, nursing students, and students in other allied health professions, CHE organizations provided clinical settings, internships, clerkships, residencies and education for nearly 5,000 future health care professionals. Current and future health improvement factors were addressed in health related research (health delivery methods, testing of medical equipment, and controlled studies of therapeutic protocols) in several CHE sites.

Consistent with our mission, many CHE organizations subsidize health services that, despite a negative margin, are needed in the community and otherwise would not be available. Included in these services would be outpatient and ambulatory care centers, neonatal intensive care units, long term care HIV/AIDS services, free standing clinics, hospice care, emergency services and trauma care, etc. In 2003, subsidized health services throughout CHE totaled over \$17 million.

Support for the local communities was also demonstrated through cash and in-kind donations for: event sponsorships; charitable activities provided by nonprofit community organizations; indigent care programs; overhead expenses of space donated to nonprofit community groups for meetings; donation of food, equipment and supplies, etc. Contributions made were approximately \$16,600,000 in cash donations and \$1,500,000 in in-kind donations.

Volunteer efforts in which staff volunteered time for health related services and/or utilized organizational funds or paid working hours to provide community service were also recognized. Likewise, organizational programs that rely on volunteer support were demonstrated in member organizations. Over 1,180,000 hours of volunteer services were provided in CHE facilities and the surrounding communities during 2003.

### **III. OUR STORIES**

The information and stories that follow provide an anecdotal glimpse of some of the persons, organizations and communities that experienced the transforming, healing presence of Catholic Health East during the past year.

#### **A. COMMUNITY HEALTH EDUCATION**

##### **Prenatal Services/Infants**

*No period in life is more important to good health than the months before birth. Early and regular prenatal visits to qualified healthcare providers can ensure greater likelihood that low birth weight and other perinatal complications will be prevented. The role of prenatal services in education and counseling is critical. (U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.)*

Sisters of Providence Health System, Springfield, MA emphasizes the importance of such services in improving community health. In 2003, the Mercy Medical Center's Family Life Center touched the lives of over 2,500 new and expectant parents through the provision of classes, information and support in both the preparation for birth and the care of a newborn. Services provided include a prenatal exercise class, a childbirth class that prepares expectant parents for the physical and emotional aspects of labor and delivery, relaxation and breathing techniques and infant care. Additional assistance and learning opportunities are provided through breastfeeding classes, an infant massage course, an infant/child CPR course, and a bimonthly new mother and baby support group that discusses infant care, feeding, postpartum concerns and parenting issues. A sibling class is offered for children ages 3 – 9 to help them prepare for the arrival of a new baby. Activities include a story, discussion, practicing diapering skills, and a tour of the Family Life Center.

##### **Healthy Children**

*Improving the health of children requires a wide range of social and economic interventions. Preschool education for disadvantaged children and children with disabilities helps to detect and prevent developmental problems. Educational and support groups for parents in high risk environments hold promise for reducing child abuse and other health problems such as lead poisoning. The complex developmental problems besetting children in these environments demand concerted efforts by many sections of society. Primary care health providers, social services professionals, health educators, housing officials, community groups and concerned*

*individuals can make a difference in the health of America's children.* (U.S. Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: U.S. Government Printing Office, 1991.)

Holy Cross Health Ministries accepted the challenge to make a difference in the health of children in Fort Lauderdale, Florida. Ask Kim Saiswick, Director, Community Outreach, how this happened, and she'll tell you about the Goodstart Program that was initiated 11 years ago to provide health education workshops to preschool and family home care providers. Today, the program has blossomed and grown to meet the needs of the community by providing more than 1,200 daycare instructors and family home care providers with monthly in-service workshops hosted at the hospital. In addition, more than 120 Children's Health Learning Activities are provided year round in the daycare centers to reach 2,000 children.

The Goodstart Program targets children, daycare and family home providers who are living in neighborhoods identified as "at risk". These neighborhoods are in zip code areas where at least 50% of the children residing in them participate in free lunch programs; in some locations, the percentage of children qualifying for free lunch is as high as 99%. These areas also have the highest incidence of HIV/AIDS; STDs; teenage pregnancy; high school drop out rates and unemployment. Children and the daycare providers are primarily African-American, Caribbean and Hispanic.

Programs on important topics such as: nutrition, dental health, hygiene, hand washing, feelings, stranger danger, bike safety, and personal touch are just a few of the health topics that children have been able to incorporate into their daily routines and lives. Instructors receive a quality, 4-hour in-service workshop facilitated by professionals from the hospital and agencies throughout the County. Workshop themes have included: "From Hurt to Help: Stopping Child Abuse"; "HIV/AIDS and Hepatitis – Everything You Need to Know" and "Peaceful Classrooms; Managing Anger and Aggression in Your Classroom".

In addition to working with these key populations, a grandparent component was added to Goodstart's menu of services three years ago. Working with the Broward Grandparents Inc., lower income seniors who are placed to work part time in daycare settings receive their monthly in-service workshop at Holy Cross Hospital. The goal of the monthly in-services delivered by the Goodstart Program Coordinator is based on a train-the-trainer model. Grandparents leave the session each month with all of the information, lesson plans, and program materials that they will need in order to conduct a similar class for their students. One Grandma, 99 years of age says "...she wouldn't miss it for the world! Each month she looks forward to dressing up and coming out to the hospital for her class." (Broward Grandparents, Inc. donates \$500 annually as a contribution towards program costs.)

As Kim notes, “No one else in the community offers these unique program services. There is no duplication of services provided and every year our numbers are growing. Evaluations ask for future suggestions on topics – and there is no shortage there! Every day the phone rings with a new Center requesting Goodstart’s services ... and we are here to serve them... after all, their children deserve a good start too!”

### **Teens and Young Adults**

*Alcohol consumption among teenagers and young adults is a major contributor to both motor vehicle crashes and violence, two of the leading causes of death and disability among young people. While education about health risks is important, programs for teens and young adults must go beyond education to include counseling and support.*

St. Francis Healthcare Services’ Emergency Department reached out in 2003 to approximately 200 young persons in the Wilmington, DE area to give them a firsthand view of alcohol-related trauma and death among the teenage population. The ED staff members provide a close-up look at the inside of an ambulance and also conduct a mock code on the young critical care patient who crashed while driving under the influence of alcohol. The accident victim ultimately dies, and the teens accompany the victim to the hospital morgue.

## **B. SCREENINGS**

### **Breast Cancer Screening**

*Early detection procedures such as mammography and breast examination have positively impacted breast cancer mortality rates.*

In September of 1996, Cindy R. came to St. James’ Mercy (Hornell, NY) annual Cancer Screening Day for a free breast screening. She was uninsured and hadn’t had a mammogram in many years. In fact, she had had a lump in her right breast for some time, but because of her lack of insurance she didn’t seek medical attention. The nurse practitioner who performed her clinical breast exam came out of the room and said that Cindy needed to have a diagnostic mammogram immediately. The Wellness Council of the Southern Tier was able to remove the financial barrier and paid for her screening and diagnostic services. The surgeon worked out payment with her, as well. Within three days, she had been diagnosed with invasive breast cancer and was on her way to a full recovery.

By the time Cancer Screening Day returned in 1997, Cindy was free of cancer and back to her regular screenings. When she returned, she told the St. James staff, “This program saved my life!” Each year, she has returned for her screening and follow-up care, made possible by the NYSDOH services grant and in-kind services of the St. James Mercy Health System. Because of the care Cindy received, she has been a strong supporter of early detection and has referred many uninsured women to the Wellness Council of the Southern Tier for their screenings. On Oct. 7<sup>th</sup>, 1999, Cindy was nominated by the Wellness Council to be Steuben County’s “Ambassador of Hope” for the NYSDOH Cancer Screening Services. She was treated to a trip to Albany to be recognized in a photo gallery; she also met with the New York State Health Commissioner, and now she offers her time and effort to the screening program to share her story with others. St. James Mercy heals...

### **Blood Pressure Screening**

*Cardiovascular diseases continue to cause more deaths in the United States than all other diseases combined. Reductions in major risk factors – high blood pressure, high blood cholesterol, and smoking are having a significant impact on cardiovascular mortality.*

Over the past three years, Mercy Medical, Daphne, AL has developed a “following” at the Monday morning blood pressure clinic held at Our Lady of the Gulf, in Gulf Shores, a 1 ½ hr. drive from Mercy. During 2003, several members from this congregation needed home care or hospice services and expressed a desire for such services from Mercy because of what they had heard about Mercy’s outreach to the community. A number of the “Snowbirds” have commented how they feel cared about and special, so this little blood pressure clinic has become for many, a place where they can also discuss questions about their own health, or gain additional information about health-related information that they might have heard about from the media. Participation ranges from 9 – 24 persons, with the higher numbers occurring when the winter visitors come. There is a saying among the regulars that “You’re not having a good day until Rosemary (McDonald, RN) says you’re having a good day!” – meaning their blood pressure reading is a good one! Recipients of this service have evidenced increased awareness of cardiovascular risk factors, and the service has identified a number of at-risk persons who have been referred for appropriate medical interventions.

### **Peripheral Vascular Disease Screening**

*Peripheral Vascular Disease (PVD) is a common circulation problem in which arteries carrying blood to the legs or arms become narrowed or clogged, slowing or stopping blood flow. PVD affects an estimated 8-10 million persons in the United States. Individuals with PVD are at a greater risk for heart attack, strokes, and loss of limbs (Society of Cardiology and Interventional Radiology).*

Recognizing the need for improved awareness regarding diagnosis, treatment, and prevention of this disease, Mercy Health System of Maine offers the “Legs for Life” screening program. The program provides education and screening for at-risk persons. Striving to improve the cardiovascular health of the community, Mercy Health System screened 550 older adults in 2003. Here is the story of one of those persons: Joe. M. attended the Legs for Life Screening after persistent persuasion by his wife. He had been unable to walk any distances (including the short distance to his mailbox) for quite some time. His right leg would painfully cramp and then give out. Prior to his leg problem, he was an active police officer. The screening suggested Joe suffered from moderate to severe PVD. He was scheduled for an arteriogram with probable balloon angioplasty. On the morning of his procedure, Joe arrived and was unable to complete walk from the from the waiting room to the Vascular Interventional Suite (200 feet) without stopping multiple times to rest his legs. The arteriogram revealed that Joe had a significant narrowing of the right iliac artery that required stenting. The procedure went well, with no complications. Three hours post procedure, Joe was discharged. He walked not only the 200 feet he was unable to complete only hours before, but an additional 400 yards to his car...non-stop! Joe returned the next day, flowers in hand and with tears of joy, and noted, “I haven’t been able to walk this well for five years! Thank you!”

### C. IMMUNIZATIONS

#### **Influenza Vaccine**

*While the reduction in incidence of infectious diseases is one of the most significant public health achievements during the past century, such diseases continue to cause many preventable illnesses and deaths. Influenza, for example, frequently shortens the lives of many older adults despite the availability of vaccines.*

Nazareth Hospital, Philadelphia, PA reached out to persons in their community to address this concern. A recent thank you note from a local free clinic maintained by the House of Grace Catholic Workers Community in a depressed area of North Philadelphia substantiates this. The note reflected gratitude for the fifteen vials of flu vaccine and supplies that enabled the clinic to provide immunizations to 150 individuals who might otherwise not have been immunized. Over 250 additional persons were immunized through Nazareth’s connection with the Parish Nurse clinic in St. Vincent’s parish in Northwest Philadelphia. Likewise, a physician donated his time to visit area boarding homes to provide the vaccine for indigent residents.

## **D. ENVIRONMENTAL HEALTH**

### **Syringe Exchange Program**

*Persons living in the United States use more than one billion syringes, needles and lancets each year to take care of their diabetes. Improper management of discarded needles and other sharps can pose a health risk to the public and to the environment. Groups such as The Coalition for Safe Community Needle Disposal, comprised of medical, government, and waste association and private sector companies, have been working with the Environmental Protection Agency to evaluate and promote alternative disposal methods for used needles and other medical sharps. (U.S. Environmental Protection Agency. 530-F-98-025C, November 2003)*

Lourdes Medical Center of Burlington County, NJ addresses both personal and environmental health through their diabetic syringe exchange program. In 2003, 137 persons participated in the program that fostered the exchange of a box of empty syringes for a box of filled syringes. Lourdes Medical Center of Burlington County is helping diabetics and improving environmental concerns.

## **E. HOME HEALTH CARE**

### **HIV Programs**

*As many as 950,000 Americans may be infected with HIV (human immunodeficiency virus), one quarter of whom are unaware of their infection. By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight the infection. (National Institute of Allergy and Infectious Diseases, October 2003)*

The average HIV+ home health patient is 35, male, uninsured, jobless and living alone. Although the clinical needs of the home health HIV patient has changed over the last few years, the spiritual and social needs have remained the same. These patients have often felt “punished” because of their diagnosis. Living alone, with no social contacts, only adds to their despair. Some have even called their disease a “death sentence”. As Frances I. Cordero, M.H.S.A., Senior Director, Special Immunology Services & Home Health at Mercy Hospital, Miami notes, “While our primary service offered to the patients is skilled nursing, we also provide personal care, homemaker and companionship services. It is through the work of the staff, their personal interactions and compassion that we are able to see the difference we make in a patient’s life. Often depressed at time of admission, these patients are discharged not only with improved health but with hope and a sense of belonging. Gifted by our Catholic identity and spiritual foundation, our caregivers

are able to share with the patients that we are all the same – that we are all part of God’s creation and so, we are all loved. The positive outcomes at discharge are evident in the patients’ spirits and wellbeing - often calling our staff ‘angels.’”

## **F. COMMUNITY OUTREACH**

### **Domestic Violence**

*Domestic violence is a problem of epidemic proportions in our communities. In 2001, the U.S. Department of Justice found that more than half a million American women were victims of nonfatal violence committed by intimate partners. (FaithTrust Institute, 2004)*

The Safe Passage Program, a Catholic Health System (Buffalo, NY) hospital-based domestic violence program, serves hundreds of families through strong, community partnerships with Haven House, Crisis Services, Monsignor Carr Institute and the Erie County Coalition Against Family Violence. Originally established at Sisters Hospital, the program has expanded to other facilities within the Catholic Health System. In addition, Sisters Hospital owns and operates a two-family home offering victims of domestic violence transitional housing.

### **Collection and Distribution of Personal Hygiene Items**

For 16 years, Laura E. DeMars, M.S., Supervisor of Pharmacy Operations at St. Joseph’s Hospital of Atlanta has chaired a Mercy Day event that provides personal hygiene items and other basic necessities for underserved persons in the Atlanta area. The annual event challenges hospital departments to purchase such items as shampoo, soap, razors, toothbrushes and toothpaste to create personal hygiene kits for persons in need. Clothing, Pampers, crayons & coloring books, and monetary donations are also collected. Recipients include those persons served via Mercy Mobile Health Care, the Edgewood Center, and the Mercy Senior Care Program. Approximately 4,000 personal hygiene kits were prepared in 2003! The total amount of contributions is announced each year on Mercy Day. As Laura notes, “Each year I have raised the bar a little higher, and each year the employees of St. Joseph’s Hospital of Atlanta have helped to meet or beat that goal. It’s a great program and I am proud and honored to be a part of it.”

### **Clothing Drive**

The Community Outreach Committee of Mercy Community Health, West Hartford, CT annually conducts a clothing drive to benefit Mercy Housing and Shelter. The Committee collects clothing and other personal items from employees, families and other members

of the Mercy Community Health community. The individuals served by Mercy Housing and Shelter are: homeless persons who come to the soup kitchen; the working poor who participate in outreach programs; and residents of one of the many supportive and transitional housing programs. A key goal of the supportive and transitional housing programs is to achieve maximum independence of clients who may have at one time been homeless. These clients typically have limited funds. The donated clothing fills an important personal human need as clients strive to improve their daily appearance and seek independent employment opportunities.

### **Partnering with Regional Health Corporations**

CHE System Office colleagues partnered with local CHE organizations during the past year to assist in community programs in the Tampa, FL, Springfield, MA and Newtown Square, PA areas. Through the collection of food and monetary donations for emergency assistance programs, support of breast cancer awareness activities, assistance in obtaining automated electronic defibrillators for local police, the purchase of holiday gifts for children and families in need, or the provision of new sweatshirts for children at a local school, CHE colleagues reached out in many ways to provide assistance to those in need.

## **G. COMMUNITY BASED CLINICAL SERVICES**

### **Mobile Health Services**

During 2003, the St. Mary's Health (Athens, GA) Express Bus was launched into operation on 85 occasions. "The old blue bus" could be spotted at community health fairs, schools, churches, low income housing projects and businesses, fully equipped with health education materials and equipment for hearing evaluations, First Aid and providing Advanced Cardiac Life Support for the University of Georgia athletic events. It also served as a Command and Triage Center for disasters. Three times the St. Mary's Health Express Bus was used as a safe haven and recovery unit for firefighters responding to large structural fires involving hazardous material, providing the firefighters with First Aid and temperature control.

In Pittsburgh, two area religious communities, the Sisters of Mercy and the Franciscan Sisters at Mount Alvernia in Millvale partnered with Pittsburgh Mercy Health System to sponsor a bus that travels to parishes and neighborhoods to conduct screenings, provide education and counseling, and carry the message of good health. The 30-foot Coachman was retrofitted to serve its new medical mission as "The Spirit of Health in Your Neighborhood." Funding for the bus came through a grant from Act 77, the Tobacco Settlement Act, administered by the Pennsylvania Department of Health. "We have cause to celebrate and rejoice as we have a new way to help our neighbors who need health care," said Sr. Patricia Mary Hespelin, EVP, Mission Integration at Pittsburgh Mercy

Health System. “Through the Spirit of Health we will be able to reach out to those who cannot come to us.”

### **Safe and Healthy Farmworkers**

Allegheny Franciscan Ministries awarded a \$20,000 grant to the Miami-Dade Area Health Education Center to develop and implement a pesticide poisoning educational program that trains physicians and healthcare professionals in properly identifying symptoms and diagnosing pesticide poisoning among area farmworkers. An anticipated program outcome is a reduction in the risks of morbidity and mortality associated with pesticide related illnesses.

### **Refugee Transition Services**

*Of the nearly 50 million people around the world who have been uprooted, 80 percent are women and children. They are especially vulnerable to the devastating consequences of war and displacement, and are increasingly targeted by armed elements for murder, abduction, forced military conscription, involuntary servitude and gender-based violence. (Women’s Commission for Refugee Women and Children, 2003)*

A young pregnant woman, who had fled an African country at war, came to the St. Mary Family Resource Center (FRC) seeking assistance. Her husband had succeeded in getting her out of the country with the clothes on her back and nothing more. She had no insurance because of her immigration status and little knowledge about accessing social services. Her pregnancy was complicated because she was a diabetic. Through the continuum of care provided by the Bensalem Ministries, she received maternity care at the Mother Bachmann Maternity Center, free of charge. She enrolled in the FRC emergency shelter apartments program, received from the FRC thrift store clothing, a crib, vitamins, and food. Through the emergency shelter apartment program she received intensive case management services, counseling, educational and housing plan assistance. She received assistance with her immigration status and she was granted immunity. She has a beautiful healthy baby who is cared for at the St. Mary Children’s Health Center. Additionally, this determined woman was able to bring her spouse here from Sierra Leone, and he is now attending school, working two jobs and they are economically independent and have succeeded in maintaining a home for their family. She is now a citizen of the United States and has found employment at a local college where she is also a student.

## H. CONTINUING CARE

### **Supportive Care of the Dying**

St. Joseph of the Pines skilled nursing facility, The Health Center, serves 150 individuals. On a monthly basis, 40-50% of the patient population is supported by Medicaid, with St. Joseph's subsidizing the balance of their expenses. A continuing reminder of our mission and the core values embraced by our staff is exemplified by the story below:

Recently, a Medicaid patient named Bell came to The Health Center. She was 47 years old and was dying of ovarian cancer. Bell received quality care from our nursing, social services and pastoral care staff, in addition to their meeting several extraordinary needs for Bell and her family. Bell's only surviving family members included a brother who was in prison and a son who was also serving time in jail. As Bell's time grew short, and through a tremendous amount of effort by our staff, her son was brought to The Health Center in shackles and spent three hours with his mother. Bell's brother was not allowed to visit in person, but was given permission by the Warden to talk with her by phone. As life drained from her, our chaplain, Carl held the phone. Her brother was able to say good-bye and tell her it was time to go home to God. Bell died five minutes later. St. Joseph's provided exceptional care to Bell and her family members as they lost a beloved member of their family. Despite financial and social hardships, they were all cared for with dignity and respect. Bell was also an inspiration to our team of caregivers. Chaplain Carl was so touched by this woman he wrote the following poem, *A Pair of Green Shoes...*

A Pair of green shoes.....  
You're here now.....  
I know and I think you know,  
This place is your final earthly stop on the journey.  
We share this bond of knowing, you and I,  
Yet not sharing our "secret" with others,  
Spare others the pain of knowing, we think...  
  
I visit you, your frail body now wracked with pain,  
A shell of the person you once were.  
Your breathing now labored at times  
I read scripture to you,  
the labored breaths now easier,  
if only for a brief time

Hospice is now an active participant in your care...  
And I think we both know that our time together here  
On earth will be short,

But we are grateful for the time we do have together  
Yet that remains our unspoken secret.  
Spare others the pain--

You're here now;  
Stripped of your independence,  
Few choices remain,  
When meals are served,  
'it's time for your bath", someone says  
"it's time for us to get you up', another calls out.  
And you struggle so to remain "in charge" \_\_\_\_  
Choices now removed

I WANT YOU TO HAVE CHOICES!  
A visit to our thrift shop...  
I see three pair of crocheted bedroom shoes and I think of you  
A bright green pair with pom-pom tassels;  
"Bell will like these", I think,  
But she needs choices...

I leave the thrift shop with all three pair;  
I want you to have choices.  
To make decisions!

I want you to have choices, don't take that away!  
I show you the pairs of shoes and you select the .....green pair  
You ask that I put them on your feet  
I gently remove the blue socks, fearful that I might hurt you  
---feet now calloused from years of hard work,  
--feet no longer able to support your now frail body

I remember how Jesus washed the feet of His disciples.  
I fought back the tears,

wondering if this would be the last act of God's love I could give you  
Green shoes.....you said  
Green! , new growth, new beginnings, spring, green pastures  
Green shoes. To lead you to green pastures, to take you to still waters  
Green shoes....you said  
Green shoes to take you into God's arms, to dwell with him forever more!

A Visit with Bell  
Chaplain Carl Naylor  
Saint Joseph's of the Pines Health Center

## **I. SUPPORT GROUPS**

### **Bereavement Counseling and Support**

*Losing a child is perhaps one of the most traumatic events that a parent can experience. Mutual support can help through the resolution of grief in an environment where families can share their feelings, thoughts and similar experiences.*

SHARE (Source of Help in Airing and Resolving Experiences), is a perinatal bereavement support group sponsored by St. Peter's Health Care Services, Albany, NY for persons who have experienced the loss of a baby through miscarriage, ectopic pregnancy, stillbirth or early infant death. The aim of SHARE is to offer support, friendship, understanding and acceptance to parents throughout their grieving process.

Rev. Patricia J. Wright, Chaplain, tells the story of a couple who participated in the SHARE group, and who are now ready to move on to another phase of their lives:

“They are a dear couple that had been trying to conceive for five years when they finally got pregnant. They lost their baby about halfway through the pregnancy, and were devastated. Our support group was a place where they could heal their hurts and find the strength to face life again. The woman's mother had lost a baby as well, and she came to the support group with her daughter and son-in-law. It proved a help for her as she watched her daughter grieve and as she was validated for the way she handled the loss of her own baby so many years ago. The couple decided to leave the support group as they successfully adopted a little boy at the beginning of this year. They even brought their son by to meet me as their last contact with our group. I was very glad to see them so happy, and ready to move forward. “

## **J. HEALTH CARE SUPPORT SERVICES**

### **Enrollment Assistance/Financial Counseling**

Marie Travers is on a mission. As Mercy Philadelphia's Financial Counselor, she assists patients with finding methods of paying their bills without unnecessary stress and apprehension to either the patient or the hospital. Working out of the Business Office, she interviews patients, and by asking the appropriate questions, she determines if the patient is eligible for Medical Assistance, Adult Basic Insurance, a Charity Care Discount or a Payment Contract. Once this is established, she assists the patient in completing any necessary applications and instructs them in collecting the required backup documentation.

"My goal is to provide each patient that comes to my desk with peace of mind. They return home knowing that they can acquire the medical attention they need and be in a position to cover their hospital bill," Marie said.

To date, there has been a very positive response from Mercy's patients. The combination of Medical Assistance applications, payment contracts, adult basic applications and correspondence with various insurance companies on behalf of Mercy Philadelphia's patients has resulted in payments to our hospital in excess of \$750,000.00.

### **Partners in Health Care**

*The formation and sustainability of partnerships between healthcare organizations and local faith congregations poses opportunities for creative, mutually beneficial ways to build community and improve health.*

Five years ago, St. Francis Medical Center, Trenton, NJ received a grant to establish a health partnership with local churches. This collaborative effort engaged a nurse educator to assist church-appointed congregational liaisons in recognizing early signs of illness, and to teach them how to access needed health care services. Even though the grant period ended, the program continues. Monthly meetings are hosted by one of the participating churches. Community health concerns are discussed, such as the high occurrence of hypertension evidenced within the Trenton area. Resultant action might include the distribution of health resource materials, an educational session, and/or the scheduling of free screenings through an onsite visit of the Mobile Medical Van.

## **K. INTERNATIONAL OUTREACH**

### **Global Health**

In 2003, sixty-nine Global Health Ministry volunteers cared for 2,412 patients in Peru, Jamaica, Brazil and Guatemala. During the team visits, 306 in-country medical personnel in the four countries participated in clinical education classes provided by the volunteers. Global Health missions received donated medicines and supplies that were valued at \$2.7 million.

## **L. ADVOCACY**

### **Children**

In February 2003, efforts to prevent child injury took a step in a new direction when the St. Joseph's Children's Hospital (Tampa, FL) Children's Advocacy Center stepped into their own Emergency Center. A Senior Child Advocate was placed in the Emergency Center to reach parents at their most teachable moment, immediately after an injury has occurred. Child Advocates work during the peak hours of 3:00 – 8:00 p.m., when most injury-related visits occur. Advocates visit with the patients and their parents, offering general information regarding injury prevention, as well as specific information pertaining to their visit and how the current injury may have been prevented. During 2003, 719 families received direct outreach during their visits to the Emergency Center. During this same timeframe, 81 car seats and 48 bicycle helmets were provided. In addition, over 2,000 educational brochures were distributed. In November 2003, this program was invited to be presented as an innovative program at the National Association of Children's Hospitals and Related Institutions' Child Advocacy Conference.

### **Elderly Persons**

In 2003, Uihlein Mercy Center and Mercy Healthcare Center (Lake Placid and Tupper Lake, New York) undertook strong advocacy initiatives on behalf of their residents. Significant reductions in Medicaid reimbursement were proposed in the State budget. These reductions would have seriously affected the future viability of the Mercy mission to serve elderly persons in the Tri-Lakes areas. Residents, trustees, family members, staff and community advocates responded in a united voice to speak out on behalf of those who were unable to speak for themselves. Local media covered the need to provide quality care for the residents of both facilities. Staff and volunteers were stationed at various points in the three major communities to seek community support for this worthwhile effort. As a

result, over 1,000 signatures representing opposition to drastic reductions in the care of the frail elderly were submitted to State officials. Proposed reductions were mitigated and concerns of those in long term care were heard at the State Capitol.

#### **IV. OUR MISSION**

This report highlights a wide range of services and community benefit provided to persons and communities served by Catholic Health East organizations. In 2003, our presence and our compassionate care enabled us to provide quality health services, regardless of one's ability to pay; extensive health and wellness education; numerous healthy community outreach initiatives; holistic care that addressed one's body, mind and spirit; advocacy for those in need of care; funding for health improvement; health related research activities; the education of health professionals; and outreach to Third World countries.

The mission and values of Catholic Health East are interwoven through each story told, each life touched, each dollar expended, each service offered, and each person and community transformed. Catholic Health East is continuing the ministry of Jesus in the many ways in which we are a transforming, healing presence within the communities we serve!