

**Catholic Health System
Community Service Plan
2009**



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Attachments

Catholic Health offers the following attachments to this publication:

Catholic Health Facilities.....	Attachment A
Prevention Quality Indicators (PQI).....	Attachment B
Community Health Assessment Tool Results – Professional.....	Attachment C
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Executive Summary, Erie County Health Department Survey Results.....	Attachment E
Community Partners and Health Education Programs.....	Attachment F

Catholic Health System, Inc.

Catholic Health System, Inc. is a New York State licensed corporation. Catholic Health System, located in Buffalo, New York is exempt from taxation and is a charitable organization described in Section 501(c) (3) of the Internal Revenue Code of 1986. Catholic Health is the parent company of the following independently licensed New York State corporations:

Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, which now includes Sisters of Charity Hospital, St. Joseph Campus (formerly St. Joseph Hospital), St. Catherine Laboure' Health Care Center, Father Baker Manor, St. Elizabeth's Home of Lancaster, St. Francis of Buffalo, St. Francis Home of Williamsville, St. Vincent's Home for the Aged, McAuley Residence, Sisters Long Term Home Health Care and Our Lady of Victory Senior Neighborhood. (See Attachment A for a full list of facilities represented in this report)

In compliance with the New York State Health Care Reform Act of 1996, Section 2803-1, this document is Catholic Health System's 2009 Community Service Plan. This publication is a review of the community service activities of all acute facilities and related services within the Catholic Health System, which officially formed in March, 1998 and our plans for community service activities in the future. Acute care hospitals represented in this report include: Mercy Hospital of Buffalo, Kenmore Mercy Hospital, Sisters of Charity Hospital and Sisters of Charity Hospital, St. Joseph Campus (formerly St. Joseph Hospital).

In 2008, the Catholic Health's hospitals, long term care facilities and home care programs contributed \$37 million in community service to Western New York. This substantial financial commitment to the community, represents more than 5.3 percent of Catholic Health's total net operating revenues of \$700 million. We provided \$24 million in community service at our acute facilities including benefits to the broader community, which includes non-billed services and provided services where we were paid below our costs. An additional \$11.6 million in charity care and benefits to the community was provided through our long term care facilities, \$727,000 from our home care programs and another \$266,000 in Catholic Health system-wide community programs.

These programs touched more than 40,000 Western New York residents through community health education programs, health screenings, clinical and support services, clerkships, internships, scholarships, in-kind donations and community support activities.

For additional copies of this publication, please contact: Mr. Dennis McCarthy, Catholic Health System, Vice President, Public Relations & Government Affairs, AppleTree Business Park, 2875 Union Road, Suite 23-24, Cheektowaga, NY 14227 (716 706-2056). The report will also be posted on the Catholic Health System website at www.chsbuffalo.org.

2009 Community Service Plan

I. Catholic Health Mission Statement (no changes)



Our Mission

Why we exist

We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision

What we are striving to do

Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

Our Values

What we believe in

Reverence

- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

Justice

- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Compassion

- Empathy
- Responsiveness to need
- Sensitivity

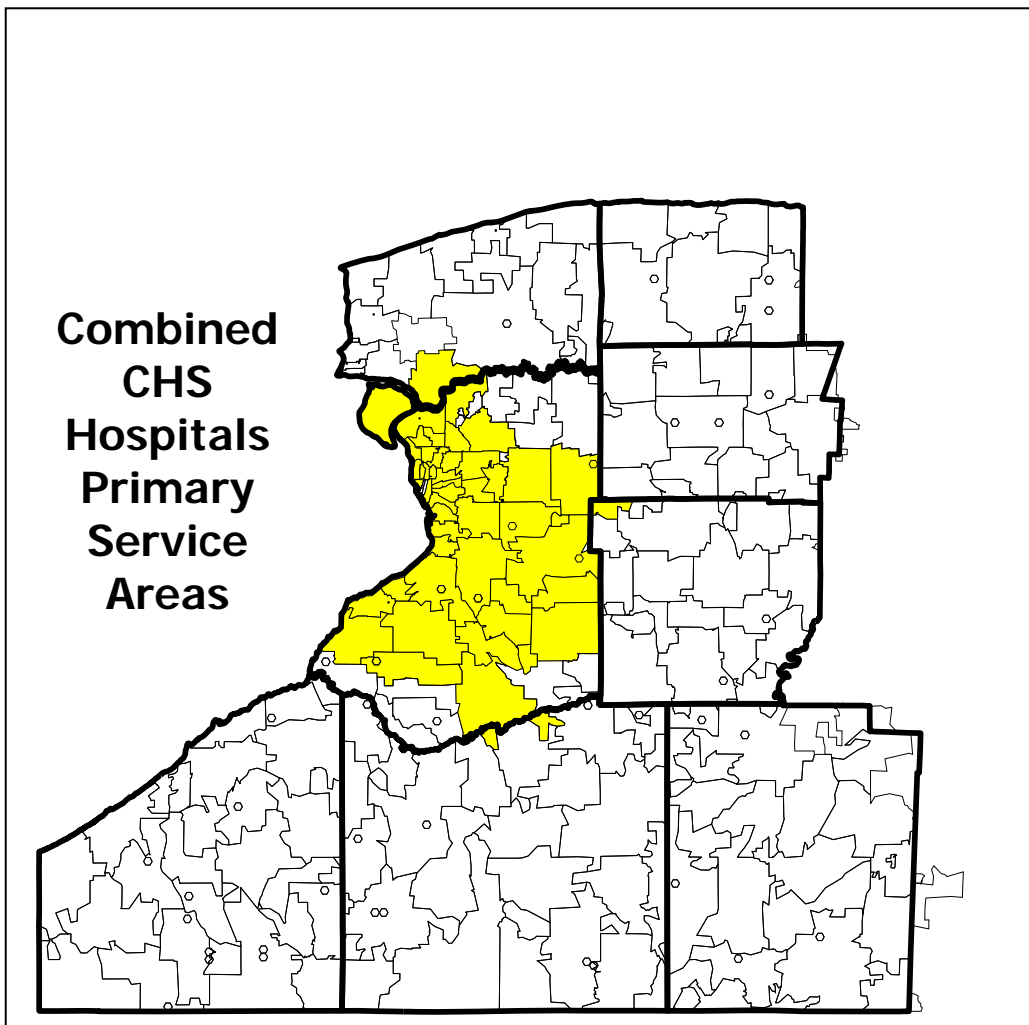
Excellence

- Personal and professional integrity
- Promoting and facilitating quality healthcare services
- Commitment to embrace new technology

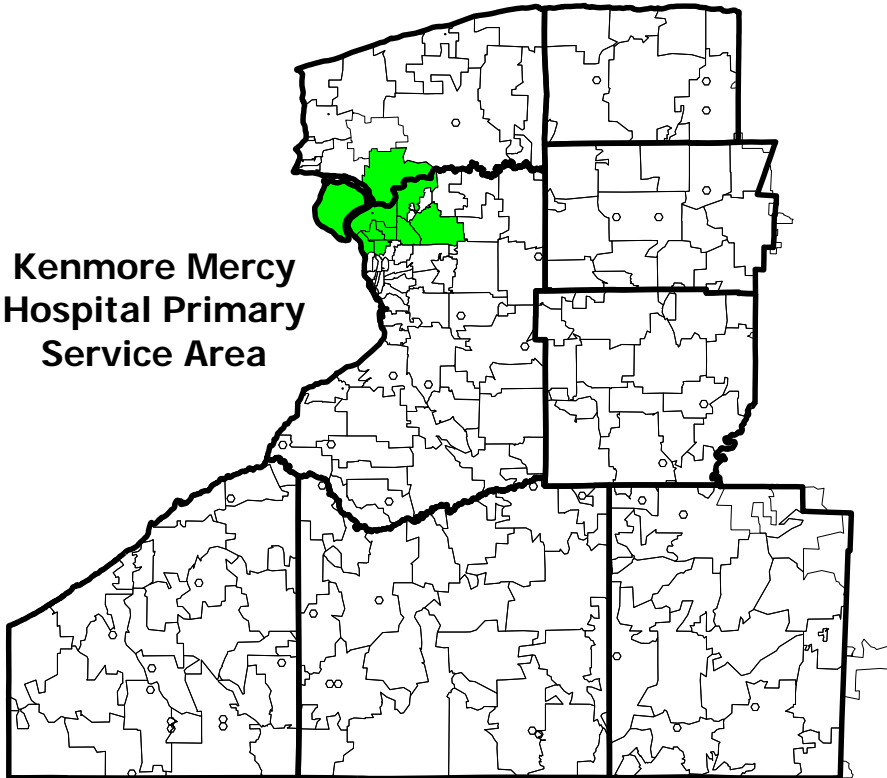
II. Service Area

A. Catholic Health System hospitals include: Mercy Hospital of Buffalo, Kenmore Mercy Hospital and Sisters of Charity Hospital which includes Sisters of Charity Hospital, St. Joseph Campus (formerly St. Joseph Hospital). **See charts.**

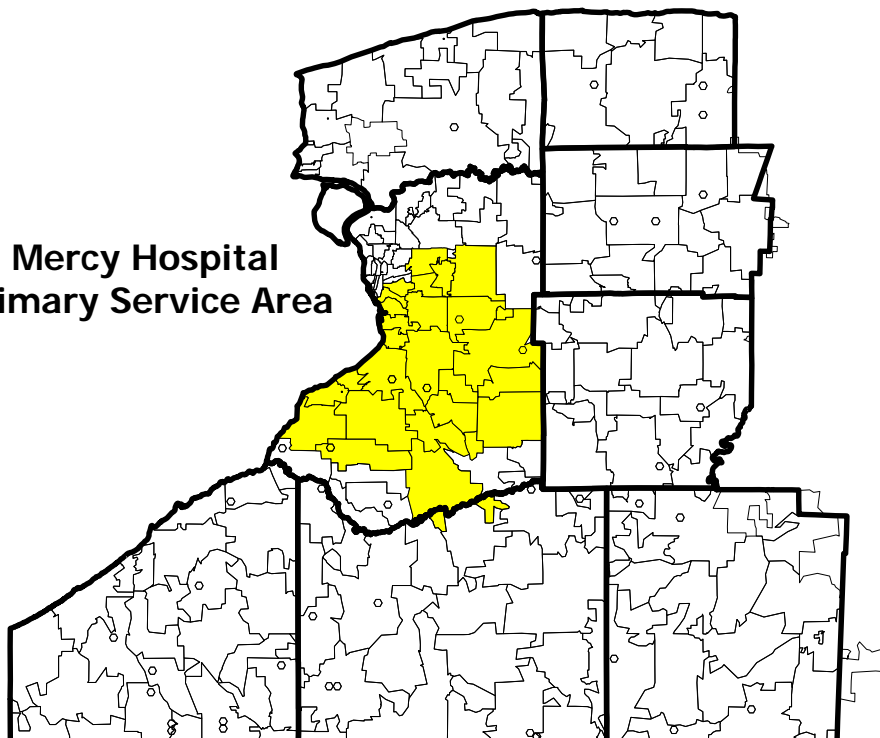
B. For the purposes of community/local health planning and planning for acute services (including emergency care) the primary service area of Catholic Health System hospitals is Erie County. This County-wide area is created by combining the primary service areas of each hospital. The primary service area of each hospital is defined as 75%-80% of the inpatient admissions for each hospital. The following maps indicate total primary service areas for Catholic Health System hospitals combined (which includes most of Erie County) and the individual primary service area of each hospital.



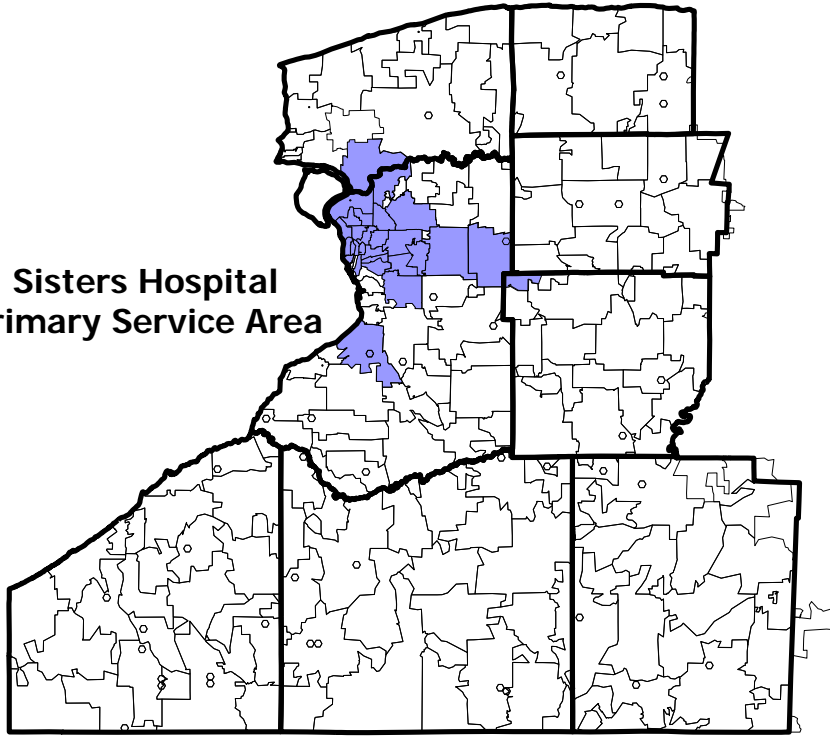
**Kenmore Mercy
Hospital Primary
Service Area**



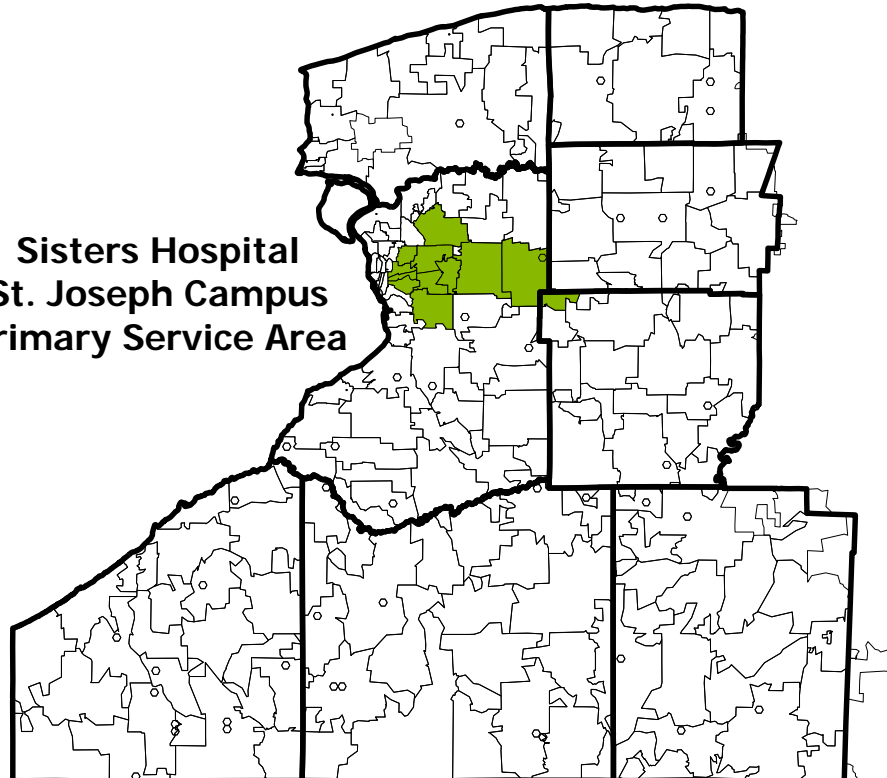
**Mercy Hospital
Primary Service Area**



**Sisters Hospital
Primary Service Area**



**Sisters Hospital
St. Joseph Campus
Primary Service Area**



New York State Department of Health Prevention Agenda for the Healthiest State

Special Notation:

In November, 2008, New York State Department of Health Commissioner Richard F. Daines, M.D., called on New York State's health providers to become participants in a new initiative, Prevention Agenda for the Healthiest State. Commissioner Daines called on hospitals to participate in a collaborative approach to community health assessment and planning in creating their respective community service plans for 2009 and to address the Commissioner's public health priorities identified in the Prevention Agenda for the Healthiest State.

Catholic Health has actively engaged the Commissioner's request and joined with other community partners in the Western New York region to move this initiative forward. Throughout this report references will be made to Catholic Health's participation in the Prevention Agenda for the Healthiest State initiative.

III. Public Participation

A. Public Information

Upon submission to the New York State Department of Health, Catholic Health System posts its community service plans on its website at www.chsbuffalo.org. A condensed summary of the report will be available at patient registration areas of all Catholic Health hospitals. Additional copies of this publication are available by contacting: Dennis McCarthy, Catholic Health System Vice President, Public Relations & Government Affairs, AppleTree Business Park, 2875 Union Road, Suite 23-24, Cheektowaga, NY 14227 (716) 706-2056.

B and C. Participants and Outcomes

The Catholic Health System involves a wide berth of participants in assessing community health needs including:

1. New York State Department of Health Prevention Agenda for the Healthiest State
 - Erie County Department of Health
 - Catholic Health
 - Kaleida Health
 - Erie County Medical Center
 - Sheehan Memorial Hospital
2. Health Consumers
3. Patients/residents/clients
 - A. Hospital Inpatients
 - B. Nursing Home Residents and Families
 - C. Rehabilitation Patients
 - D. Primary Care Center Patients
 - E. Home Care Clients
4. Physicians

1. New York State Department of Health Prevention Agenda for the Healthiest State

Catholic Health is an active participant in the New York State Department of Health's Prevention Agenda for the Healthiest State. The Erie County Department of Health, in collaboration with Catholic Health, Erie County Medical Center, Kaleida Health and Sheehan Memorial Hospital, are partners on this initiative.

2. Health Consumers

In creating its new strategic plan, Vision 2020, Catholic Health sought input from a variety of constituents. A major component was the inclusion of consumer focus groups to offer input on the direction of the health system. The process of creating the plan included eight focus groups which asked consumers what they wanted from their patient care experience in the areas of vascular services, orthopedics, women and maternal child services, and cancer services. In August, 2008, Catholic Health reached out to 8,000 area residents who were asked to contact friends, families and neighbors to participate in the survey.

3. Patients/Residents/Clients

A. Hospital Inpatients - Through a cooperative effort with the Buffalo Niagara Health Quality Coalition, Catholic Health System hospitals continue to participate in a regional patient satisfaction survey. Participation in this program is voluntary and paid for by the hospitals. Surveying takes place twice a year. It compares hospital performance and patient experiences to national benchmarks. The program opens up the patient experience to public viewing through extensive publication of results in local media and offers opportunities for the hospitals to further improve performance. The results are publicly reported through NHQC and as well as through the Centers of Medicare and Medicaid Services (CMS) in an effort to increase awareness of patient perceptions on a much broader national scale.

B. Nursing Home Residents/Families - Just as our hospitals conduct satisfaction surveys of their patient population, Catholic Health nursing and adult homes also conduct satisfaction surveys of their population on an annual basis. Survey responses are compared to other nursing homes within Catholic Health East for eastern state benchmarks.

C. Rehabilitation Patients - As part of Catholic Health's rehabilitation division's mission of providing quality and evidence-based practices, we recognize that only through surveying our patient population are we able to identify those areas that we could improve our service. All of the discharged patients in our two Medical Rehabilitation Units and four subacute facilities are surveyed monthly. Patients from our nine outpatient facilities are surveyed on a quarterly basis.

D. Primary Care Patients - Through CHS primary care centers, hospital admission departments and outpatient ancillary sites, a survey was distributed to individuals to gain an understanding about their health care needs and how well their needs were being met. Questions are asked regarding their needs in primary care, hospital services, home care, long term care, and community education. Completed surveys provide feedback about services they had used and whether they felt their needs were met.

E. Home Care Clients - Just as our hospitals and nursing homes conduct satisfaction surveys of their population, on a quarterly basis, our home care agency surveys its home care clients using the NRC product. This process allows us to continually modify the service we provide to our home care clients. In addition, Catholic Health Home Care also conducts a telephone survey within seven days of the start of care in an effort to identify any concerns that a patient might have about the services they are receiving. During these telephone surveys, we assess for continuity of care, timeliness of service delivery and ask for recommendations on how we can improve upon the home care experience.

4. Physicians

Catholic Health began a process of regularly surveying its medical staff in 2002. A web-enabled survey product was purchased which allows for the timely development of survey tools to allow physicians easy access to voice their opinion. Catholic Health physicians were surveyed in regards to their information technology capabilities and needs. Their input is being utilized to plan the work that is necessary to ensure the System and its physicians have ready access to patient information electronically so better health care decisions can be made on a timely basis. Physicians have also been surveyed on issues relating to the quality and efficiency of services at Catholic Health hospitals.

In addition 100 physicians from across Catholic Health participated in a Physician Counsel which helped plan Catholic Health's new strategic plan, Vision 2020.

IV. Assessment of Public Health Priorities

A. Criteria of Public Health Priorities

In assessing community health needs Catholic Health has actively engaged with the following partners in determining criteria, selecting prevention agenda priorities and establishing its role in public health programs. *(See list and descriptions below):*

- 1. Prevention Agenda for New York State (New)**
2. Catholic Health Community Assessment (New)
3. Western New York Community Health Planning Initiative (New)
4. The P2 Collaborative (Existing)
5. Other Community Collaboration (Existing)

In addition to participation in the Healthiest State initiative and its professional and consumer surveys, Catholic Health utilized Preventable Quality Indicators (PQI) data (Attachment B) to map specific areas by zip codes to better understand needs and target for need. Catholic Health utilized PQI data mapping for Congestive Heart Failure (CHF), Hypertension, Angina and Diabetes as means to identify target areas for our community education and screening initiatives.

1. The Prevention Agenda for New York State (New)

Commissioner Daines' initiative establishes 10 public health priorities and asked that hospitals, local health departments, and healthcare and community partners work together to bring about measurable progress toward mutually established goals. The public health priorities include:

- Access to Quality Health Care
- Healthy Mothers, Healthy Babies
- Physical Activity & Nutrition
- Unintentional Injury
- Chronic Disease
- Tobacco Use
- Healthy Environment
- Community Preparedness
- Mental Health & Substance Abuse
- Infectious Disease

ERIE COUNTY JOINT PLANNING COMMITTEE

Criteria for Public Health Priorities

After a kick-off meeting in February, 2009, hosted by the Regional Office of the New York State Department of Health, an Erie County Joint Planning Committee was formed to identify the prevention priority and strategies to focus on collaboratively over the next 3 years. The Erie County Joint Planning Committee (Joint Planning Committee) includes representatives from Erie County Department of Health, Catholic Health System, Erie County Medical Center, Kaleida Health and Sheehan Memorial Hospital.

The Joint Planning Committee conducted a preliminary review of the 2009 Erie County Community Health Assessment, and reviewed other local health assessments to determine areas of community need with respect to prevention services. Each hospital organization also considered their primary service areas and needs of residents in the service areas during this process. After considering public health priorities from the NYSDOH's *Prevention Agenda Towards a Healthier State* (Prevention Agenda), the EC Joint Planning Committee selected **Physical Activity & Nutrition** as the priority that the group would work on collaboratively over the next 3 years.

The Committee was expanded to include community representatives from Buffalo Public Schools, Diocese of Buffalo Schools, Niagara Health Quality Coalition, and has consulted with the P2 Collaborative of Western New York. The Joint Planning Committee will engage additional community-based and faith-based organizations in planning and implementing annual goals and objectives. In addition to the joint *Prevention Agenda* priority, each hospital system will determine at least one additional priority their organization will work on as part of the 3-year plan.

Data Sources:

1. NY State Expanded Behavioral Risk Factor Surveillance System results for January 2008 reveals that participants reported overweight among adults in Erie County (34.2%) are similar to the NY State average (34.6%), however, obesity among adults in NYS (23.6%), is lower than Erie County (30.5%). In addition, Erie County has a higher percent of overweight or obesity among adults (64.8%) than NY State (58.2%). Participants reported No Leisure-time physical activity among adults is higher for NY State (22.7%) than for Erie County (17.4%). Consumption of 5 or more servings of

fruits and vegetables daily among adults revealed similar percentages of respondents at 26.7% for NY State and 24.2% for Erie County, however both results indicate that approximately ¾ of the adult population are not consuming fruits and vegetables as recommended.

2. Erie County Department of Health 2009 Community Health Assessment/Consumer Survey preliminary results indicate 48% of consumer respondents are interested in health information about nutrition more than any other health topic; among their top 3 health issues most concerned about, obesity or overweight (28.7%) was second in frequency and physical activity (24.5%) was third in frequency of responses. The topic of most concern was health insurance (30.4%).

The Erie County Department of Health 2009 Community Health Assessment/Professional Survey preliminary results indicate that 46.4% of health professionals indicated a great need for health information and education on obesity; 36.8% indicated a great need for health information and education on physical activity. In addition, physical activity and nutrition (48.7% n=346 responses) was third when asked to identify 3 health issues that are most pressing in Erie County (# 1 was access to quality health care (65.7%) and # 2 was mental health/substance abuse (50.6%).

(See Preliminary Survey Results in Attachments C, D, and E.)

Note: Catholic Health played an active role in the development and analysis of both the professional and consumer survey. Questions cover topics such as consumer healthcare interests and concerns, level of physical activity and eating habits. On August 5, 2009, the Health Department's survey was posted on the homepage of the Catholic Health website (www.chsbuffalo.org).

3. A Community Report: What People Want for the Future of Health Care in WNY revealed that WNY residents identified helping consumers to understand their role in taking responsibility for shifting toward preventive care and healthier lifestyles (third of top 5 priority areas identified), and making healthy choices (fourth of top 5 priority areas identified). The report of the consumer forums conclude there is a need to develop educational programs and improve providers' ability to supply health information, assist patients in obtaining follow-up care, including self care, providing clear and accurate information, support and advocate preventive care in the community, and the patients role must include seeking preventive care and adopting healthy behaviors. (*Reaching For Excellence: Community Vision and voices for Western New York Health Care. July 28, 2009*).
4. Buffalo Public Schools: Student Body Mass Index baseline data collected during the 2008-09 school year indicate the percent of students overweight (85th percentile and above) by grade level: Pre-Kindergarten (28%), Kindergarten (30%), Second, (37%), Fifth (44%), Seventh (43%) and Tenth (38%). (See table in Appendix).

2. Catholic Health Community Assessment (New)

As part of the planning process to create a new strategic plan, in 2008 Catholic Health began a thorough analysis of its operations, future community needs and capabilities. The goal of this process is to create a new model for care, offering greater access, better preventive care and the right services in the right place at the right time through properly aligned programs, the health system and its physician partners leveraging advance technology to better serve the community.

The process of creating the plan included eight focus groups which asked consumers what they wanted from their patient care experience in the areas of vascular services, orthopedics, women and maternal/child services, and cancer services. In addition, a physician counsel of more than 100 physicians studied ways for Catholic Health to better align services in a service line model. Finally, more than 200 Catholic Health physicians and senior leaders participated in a two day retreat in September, 2008 to better define patient needs. The end result was the creation of Vision 2020, Catholic Health's strategic plan, adopted by the Catholic Health Board of Directors in May, 2009.

3. Western New York Community Health Planning Initiative (New)

Catholic Health is an active member of the Western New York Community Health Planning Initiative (WNYCHPI). Western New York's proposed community health planning approach is anchored in the principles of population health, transparency, health status improvement, and wise use of resources. This approach covers all eight counties of Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties.).

WNYCHPI's vision is to have an ongoing, sustainable, region-wide health planning capacity in Western New York (WNY). HEAL 9 grant funds will be used to develop the infrastructure to conduct reliable, consistent, population-based health planning for specific community health improvement activities, new health delivery initiatives, and other community driven projects. Two Catholic Health executives are members of the WCHPI steering committee.

WNYCHPI infrastructure will support population based health planning that addresses the State Department of Health recommendations for the development of local planning to achieve the appropriate alignment of healthcare resources with health needs and recommendations concerning:

- Direction of CON policy and local health planning, and
- Programs and policies affecting the delivery system and allocation of healthcare resources in the specified community.

Goal 1: Develop the organizational and data analysis infrastructure that has defined capabilities to aggregate relevant data, analyze data accurately, develop timely and decision-focused reports and communicate the findings effectively. *WNYCHPI* will adhere to the highest data privacy standards. Guidelines for protecting proprietary data will be developed.

Goal 2: Develop a planning framework such as the Institute for Health Improvement’s Triple Aim approach, which involves diverse stakeholder organizations in assessing community health and addressing health system and issues important to the community and is informed by the data generated through Goal 1. Appropriate roles for providers, payors, consumers, employers, foundations, and community will be defined and implemented as part of the two year development phase funded under HEAL 9.

Goal 3: Demonstrate the effectiveness of WNYCHPI for at least one significant regional community health issue – inappropriate Emergency Department (ED) utilization (includes addressing access to preventive, primary, and other ambulatory care services). This effort will include a focus on primary access to care and chronic disease.

Goal 4: Develop and implement a strategic communication process that engages communities in setting priorities and shares both the progress and results of the work undertaken by WNYCHPI.

Goal 5: Develop and implement an evaluative process for the health planning framework and processes developed under Goals 1-4. This will include strengths and weaknesses of the processes developed to assess community health needs and trends, identify priorities, and make recommendations.

Goal 6: Coordinate with key stakeholder organizations to develop a sustainable business plan to operationally and financially support the WNYCHPI infrastructure (data gathering, data analytics, financial analyses, planning and communication) beyond the end of the grant period.

4. The P2 Collaborative (Existing)

Catholic Health is a member of the P² (Pursuing Perfection) Collaborative of Western New York, a not-for-profit organization dedicated to improving the health of people across the region. There are more than 200 participant organizations in the P2 Collaborative including the provider community, payors, community based organizations, coalitions, religious organizations, large and small Western New York companies, colleges and universities, and governmental agencies including the New York State Department of Health. This unique organization is committed to the good health of the Western New York community with a focus on:

- Working with physicians and organizations to enhance access to care and improve efficiency of care.
- Empowering all in the Western New York community to take responsibility for and act on their own wellness.
- Facilitating development of a community-wide standard for the promotion of wellness that will more clearly identify the results the community seeks to achieve.
- Initiating dialogue with government leadership to promote policy change if needed.

5. Other Community Collaboration (Existing)

In an effort to engage health care needs at the grass roots level, Catholic Health works closely with the following health and health related organizations in assessing community health needs..

- Niagara Health Quality Coalition
- American Heart Association Pillars of Change Committee
- Baker Victory Services
- WNY Osteoporosis Resource Center
- Living Healthy Task Force of Erie County
- Buffalo Public Schools Worksite Wellness Committee
- Every Parent Influences Children (EPIC)
- WNY Coalition for Diabetes Prevention and its subgroup, Erie County Coalition for Diabetes Prevention
- The Community Cancer Coalition
- The Near East and West Side Task Force
- Community Health Center of Buffalo
- WNY Health Equity Work Group and its subgroup, the Minority Health Coalition
- Flu Coalition
- Tobacco Coalition
- Community Health Foundation
- WNED Public Television
- Catholic Charities
- Niagara University

B. Selected Prevention Agenda Priorities

The Erie County Joint Planning Committee selected Physical Activity and Nutrition as the Prevention Agenda item the local health department and hospitals will work on collaboratively over the next three years. Physical Activity and Nutrition has been selected because (a) it is a common behavioral factor in chronic disease prevention, (b), WNY health care consumers identified a need for health information and education on this topic in our community, and (c) the data reveals a need for improvement in physical activity and nutrition for adults and children in our community.

The joint Physical Activity and Nutrition interventions will offer evidence-based (where Available) health education curricula, tools and methods of delivery that are proven to be effective. The Joint Planning Committee will coordinate a broad-based initiative with widespread reach throughout the County. There will be specific interventions aimed at underserved communities, to ensure equity throughout the programming. There will be additional community representatives invited to provide input into program planning and implementation, to garner participation and support of the interventions. Interventions will include community-wide information and education to sensitize the public about the local need for individual responsibility, increased physical activity and improved nutrition, which leads to improvement in preventable diseases of lifestyle, such as heart disease, stroke, diabetes, obesity, hypertension, and result in reducing suffering, premature death and improved quality of life for Buffalo and Erie County residents.

C. Status of Priorities

Prevention Agenda for the Healthiest State

The joint *Prevention Agenda* priority is a new community initiative. In addition to the local health department and local hospitals, Buffalo Public Schools, Diocesan Schools located in Buffalo and Erie County, the Minority Health Coalition, the Near East and West Side Task Force, Inc. and Niagara Health Quality Coalition have expressed interest in working with the Erie County Joint Planning Committee in developing and implementing interventions. Additional community partners are encouraged to join our efforts.

Additionally, through its community Health Education/Mission on the Move division, Catholic Health has had a strong historic role in addressing chronic conditions such as Diabetes, as well as Healthy Mothers, Health Babies. Catholic Health will continue to address these critical community health needs.

During the initial joint planning meeting held in February 2009, NYSDOH, ECDOH and hospital executives conducted a multi-vote exercise to identify and gain consensus on the top 3 *Prevention Agenda* priorities for Erie County's Joint Planning Committee. The top 3 selected were: healthy mothers, healthy babies, access to quality health care and chronic disease prevention. From there, the Erie County Joint Planning Committee researched local community health assessment data and recommended a focus on Physical Activity and Nutrition. It was agreed that lack of physical activity and poor nutrition are behaviors that lead to preventable chronic disease, and is important for healthy mothers and babies as well. Therefore, it was deemed that a focus on behavioral interventions leading to increasing the rate of physical activity and improving nutrition will serve our community well in the long term.

In addition to the activity described above, each hospital conducted an internal assessment of its capacity for this work, and have identified at least one additional *Prevention Agenda* priority that it will focus on during the next 3 years.

Catholic Health will continue its ongoing efforts to address chronic disease conditions such as Diabetes and Congestive Heart Failure (CHF), Healthy Mothers, Health Babies and Tobacco Use through its Community Education and Primary Care divisions (Attachment F).

D. Priorities Considered in Assessment

The following public health priorities were considered in the collaborative health assessment under the New York State Prevention Agenda for the Healthiest State.

- Cancer
- Diabetes
- Lead Poisoning
- Food Safety
- Healthy Environment
- HIV
- Immunizations
- Infectious Disease
- Injury Prevention
- Maternal and Child Health
- Oral Health
- Nutrition
- Physical Activity
- Obesity
- Asthma and other respiratory conditions
- Sexual Diseases
- Substance Abuse
- Tobacco
- Vision and Hearing

V. Three Year Action Plan

A. Strategies for Selected Priorities

1. Outreach and Education

Prevention Agenda for the Healthiest State

a. Catholic Health's Actions Plans are tied closely to collaborative efforts with Commissioner Daines' Prevention Agenda for the Healthiest State and the Erie County Joint Planning Committee.

The Erie County Joint Planning Committee selected the new priority: **Physical Activity and Nutrition**, to work together to develop and implement interventions for our community. The strategies selected include the following:

- Develop and conduct health information and education programs in community settings, emphasizing healthy food and beverage choices, food portion sizes, weight control, how to read food labels; understanding personal barriers (financial, cultural, emotional) to making healthy choices, and risk factors for chronic disease.
- Sensitize the public about the local need for increased physical activity and improved nutrition, and encourage participation in community/neighborhood efforts, such as community walks and runs, or dance clubs for adults, and increased physical activity during school and after school programs for children.
- Develop and launch a social marketing mass-media campaign, promoting healthy nutrition, and the food guide pyramid.
- Engage community leaders and faith leaders in the various campaigns and activities.
- Develop and conduct community education lectures that emphasize good nutrition, physical activity, medical home and lowering personal risks for chronic disease.

The hospitals, local health department and community partners will develop annual implementation plans that include goals and objectives, specific activities to support the goals, roles and responsibilities, and an annual evaluation plan. The Erie County Joint Planning Committee will meet monthly throughout the 4th quarter of 2009 to develop the 2010 Annual Plan, then at least quarterly after, to monitor and report program activities.

- The overall goal of the strategies that support increasing Physical Activity and Improving Nutrition for City of Buffalo and Erie County residents is as follows:

Goal 1: Increase consumer knowledge and adoption of healthy lifestyle behaviors by encouraging frequent physical activity and healthy nutrition, leading to improved health status and reduced chronic disease prevalence for residents of Buffalo and Erie County.

Goal 2: Increase participants' ability to identify risk factors for cardiovascular disease.

- Goal 3: Lower body mass index (BMI) in youth; early identification of adolescents and adults with high blood pressure, high blood cholesterol and high blood glucose through screening and prevention interventions.
- Goal 4: Implement a social marketing campaign to positively influence voluntary behavior of target population to take action to maximize health.
- Goal 5: Restrict the availability of less healthy foods and beverages in public service venues in Buffalo and Erie County, such as schools, community centers and hospitals.

- Measures of Effectiveness: A program evaluation plan will be established to measure program effectiveness. The metrics will include:
 - Numbers of educational programs and number of participants (impact measure)
 - Pre-post test of participants in educational programs (outcome measure—change in knowledge)
 - Change in BRFSS statistics on physical activity and nutrition rates for Erie County residents (outcome measure)
 - Participant satisfaction with educational programs (outcome measures)
 - Numbers and reach (spread in the community) of media publications, etc. (impact measure)
 - Local government facilities, hospitals and school districts adopt policies that limit the portion size of any entrée by either reducing the standard portion size of entrees or offering smaller portion sizes in addition to standard portion sizes.
 - 100% of the Joint Planning Committee organizations are represented in at least one local coalition or partnership that aims to promote environmental and policy change for active living and/or healthy eating (such as the Wellness Institute of Buffalo).

The strategies, goals and objectives may be modified as the Joint Planning Committee and its partners deem necessary, in order to meet the needs of community residents, and in consideration of available resources. The Committee will review progress regularly and remain open to input from Committee members and community partners that will improve interventions leading to achieving program goals.

In addition: Catholic Health will target vulnerable populations via site programs within the region and through the use of Catholic Health's Community Education Department and Mission on the Move Mobile health van. Expectations are that over three years, Catholic Health will touch in excess of 15,000 Western New Yorkers with educational programs and screenings. In addition, we will continue to participate in collaborative programs to further educate the community on chronic disease conditions, prevention and treatment. Catholic Health reaches out to 5,000 people in the community annually with health education, screening and prevention programs.

In 2008, the department tested more than 2,000 Western New Yorkers for diabetes and discovered that over a quarter of those screened had abnormal glucose levels. The department reached out to residents throughout the region, sponsoring health and wellness education programs at community centers, churches, and shopping centers, serving over 1,500 people during 62 events. Screenings included glucose testing, blood pressure, cholesterol and body composition.

b. The Choosing Healthy Activities through Mentoring and Play program (CHAMP) is a collaborative effort among the Catholic Health's Primary Care, Rehabilitation and Community Health divisions, the Niagara University "Learn and Serve" Ministry, Canisius College, Trocaire College, FidelisCare New York, the Diocesan Elementary Education Department and local schools. The program focuses on childhood obesity, improving exercise, self-esteem mentoring and career building for middle school students in 13 local Catholic and Lutheran schools. The program structure aligns within the requirements of the New York State Education Department's Health Studies Curriculum for Middle Schools.

c. Catholic Health continues its major sponsorship of a public television health series, "My Health Counts," part of WNET Public Television's "Think Bright Series." The series is targeted toward better public understanding in managing health and wellness issues. To date Catholic Health has sponsored three programs in the series focusing on *Wellness and Self Management*, *Partnering with Your Doctor* and *Your Role in Getting Quality Care*. Other partners in this effort include Blue Cross/Blue Shield; The John R. Oishei Foundation, The Robert R. Stransky Foundation and The McGuire Group.

2. Increasing and Protecting Access

a. Catholic Health expects to take an active role in initiatives which increase and ensure access. A regional leader in primary care, Catholic Health has experienced tremendous growth over the last few years. In 2006, Catholic Health recorded 127,000 patient visits at its primary care centers. In 2009, the projected number is expected to reach 160,000 visits. Catholic Health currently operates 13 primary care centers across the region in urban, suburban and rural locations. Two recently opened in Holland and Springville. We have successfully re-engaged recruiting and hiring our own primary care physicians to meet the continued demand for these services.

b. Catholic Health is working to create two primary care "super centers" in medically-underserved areas in Buffalo. We are consolidating our Mercy Health, Adult, Pediatric, and OB/GYN centers into one location on South Park Avenue to better serve families in Buffalo's historic First Ward and surrounding high-need communities. We are also collaborating with the Community Health Center of Buffalo to build a new primary care super center on Grider Street in Buffalo. Both of these centers will have a full complement of support services on site to support the physician practices.

c. For the past four years, Catholic Health has been an active participant in Cover The Uninsured Week activities, a nationwide effort through the Catholic Health Association of the United States, offering free health screenings for hundreds of Buffalo residents at its primary care centers. This program, which occurs in March, will continue.

d. In 2009, Catholic Health entered an interim management agreement to assist Bertrand Chaffee Hospital and Jennie B. Richmond Nursing Home in Springville, New York. The hospital had been struggling financially and was in Chapter 11 bankruptcy proceedings, endangering its future and impacting access to thousands of residents in Western New York's Southern Tier. In an effort to protect the hospital and ensure access to residents in the region, in January, 2009, Catholic Health provided an experienced healthcare executive to manage the hospital and serve as its chief executive officer.

On July 31, 2008, Bertrand Chaffee Hospital and its Jennie B. Richmond Nursing Home successfully emerged from Chapter 11 bankruptcy. The reorganized entities have dramatically improved their balance sheets and will continue to serve the Springville area.

Access to services has been improved with the addition of another Catholic Health primary care center located in Springville, NY (a department of Mercy Hospital of Buffalo).

VI. Financial Aid Program

Catholic Health has successfully implemented a financial assistance program and procedures that we feel completely comply with the established regulations as we understand them. The biggest challenge has been understanding the actual requirements of Public Health Law 2807 (k) (9-a). One of the most rewarding successes of our program has been providing need-based financial assistance, in easily understood terms, and in languages that are commonly used by patients in our community. See a copy of the Catholic Health Healthcare Assistance Policy (Attachment C)

VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

There have been no changes impacting community health/provision of charity care.

VIII. Dissemination of the Report to the Public

A copy of the Catholic Health 2009 Community Service Plan is available on the Catholic Health website at www.chsbuffalo.org. A condensed summary of the report will be available at patient registration areas of all Catholic Health hospitals. Additional copies of this publication are available by contacting Dennis McCarthy, Catholic Health System, Vice President, Public Relations & Government Affairs, AppleTree Business Park, 2875 Union Road, Suite 23-24, Cheektowaga, NY 14227 (716 706-2056).