Community Benefit Annual Report:

Building Blocks For Healthy Communities

This special edition of CHRISTUS News focuses on the efforts of CHRISTUS Health facilities and their community partners to deliver essential health care services to the uninsured and underserved.

Our nation’s health system is increasingly challenged by growing numbers of people without any form of health insurance. Lacking public or private health insurance, people often forego preventative care or treatment, only to end up in the emergency room, which is the least effective, least efficient, and most expensive setting for health care.

CHRISTUS Health is committed to organizing more accessible, effective, efficient and sustainable systems of access to appropriate health care for the uninsured. We are responding to this challenge by working with community-based organizations and other health providers. Our goal is to improve access to primary health care, and to reduce the use of emergency departments or inpatient care to treat what are often preventable health problems.

In communities large and small, concerned citizens have recognized and responded to the needs of their neighbors with creative, local initiatives for providing basic health care, medicines and other critical services. Communities must possess a complete set of these essential health care services — we call them building blocks — to assure effective services for the uninsured. On an individual basis, these programs can offer immeasurable relief, comfort and hope. But, when coordinated, they can become the building blocks of a powerful mechanism for comprehensive care and reform.

What are the building blocks? Building blocks can be broadly defined as any community resource providing health or social services that contributes to the health and well-being of the uninsured. The building block categories include:

- Care management
- Enrollment programs
- Medical homes
- Pharmaceutical assistance
- Disease management
- Referral systems
- Information management systems
- Wellness and prevention
- Diagnostic services
- Durable medical goods

In many communities, the CHRISTUS Fund has helped stimulate the development of building blocks by offering matching grants to community-based organizations for projects that address locally defined priorities. In the pages that follow, we celebrate the commitment, creativity, compassion and cooperative spirit that are the true building blocks of healthy communities.

The Community Health Worker (CHW), also called Community Health Advisor or Promotora, is an essential part of Care Management, one of our Building Blocks. CHWs come from the same neighborhood and share the same cultural experiences as the people they serve, thus bridging gaps between health care providers and the health care consumer. They provide culturally appropriate health information and social support in a variety of settings, including the individual’s home. The CHW helps individuals find a place to access primary care and medications; they refer individuals to health care and social services, following-up on the referrals. They are “neighbors helping neighbors” navigate a complicated and fragmented health care system.
Building Blocks
For Healthy Communities

CHRISTUS Fund
Supporting Community “Building Blocks”

The CHRISTUS Fund is focused on improving access to quality health care services for persons without health insurance or other resources necessary for regular, preventative care. In FY2005, the CHRISTUS Fund awarded over $3 million to 74 organizations in communities served by CHRISTUS Health. Each of these grants is supported by extensive community planning conducted and implemented in local communities.

Since its creation in 1999, the CHRISTUS Fund has responded to a variety of requests. In addition to medical homes and health-related programs, the Fund has awarded grants to mental health and substance abuse programs, domestic violence programs, youth leadership initiatives, and after-school programs.

The CHRISTUS Fund remains committed to the support of community-based programs that provide health care and other services for the uninsured. While the CHRISTUS Fund continues to respond to a variety of requests that meet its criteria, it is developing a growing focus on programs that serve as “Building Blocks” in communities served by CHRISTUS Health. In FY2005, 52 percent of these grants went to programs that could have been defined as “Building Blocks” in their respective communities.

CHRISTUS FUND AWARDS – FY2005

<table>
<thead>
<tr>
<th>REGION</th>
<th>TOTAL AWARDED ($)</th>
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<tbody>
<tr>
<td>Northern Louisiana</td>
<td>241,735</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>522,500</td>
</tr>
<tr>
<td>Ark-La-Tex</td>
<td>182,500</td>
</tr>
<tr>
<td>Southeast Texas</td>
<td>166,000</td>
</tr>
<tr>
<td>Southwest Louisiana</td>
<td>130,500</td>
</tr>
<tr>
<td>Spohn</td>
<td>441,600</td>
</tr>
<tr>
<td>Central Louisiana</td>
<td>629,180</td>
</tr>
<tr>
<td>Gulf Coast</td>
<td>475,000</td>
</tr>
<tr>
<td>Utah</td>
<td>32,500</td>
</tr>
<tr>
<td>Muguerza</td>
<td>20,000</td>
</tr>
<tr>
<td>Sponsor/Related</td>
<td>207,500</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,048,515</strong></td>
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In FY2006, the CHRISTUS Fund expects to award almost 75 percent of its funding to “Building Blocks,” while continuing to respond to other community needs.

More information about the fund and its grantees is available online at: www.christushealth.org/projects_fund.htm.
**CHRISTUS Community Direct Investment**

The Community Direct Investment (CDI) program demonstrates CHRISTUS Health’s commitment to revitalize communities by providing loans to qualified, not-for-profit community development entities that:

- Increase affordable housing opportunities
- Promote economic development through micro-loans to businesses that do not have access to low interest financing
- Assist community based organizations become financially stronger and more viable, so they can better serve their communities.

**CDI’s Impact**

Since its creation about five years ago, CDI has made loans totaling nearly $19.6 million within our service areas.

- Of this, lending to regional projects of about $9.3 million has helped create 1,095 affordable housing units, 65,500 square feet of office space, and 200 full-time, permanent jobs.
- Loans to national affordable housing lenders totaled $4.4 million.
- CDI has secured community reinvestment in our regions of approximately $6.8 million in grants and loans from government, corporate and philanthropic entities.
- The program has also made an additional $6.0 million of community development loans outside of our primary service areas.

The program has also made an additional $6.0 million of community development loans outside of our primary service areas. It is estimated that the $10.4 million in CDI loans to national affordable housing lenders and to community-based organizations outside of our Regions helped secure $52 million. Thus, in the communities we have served, our total outlay of $19.6 million has helped create $158.4 million in added value.

**A new home for CCSA in San Antonio.**

Building Capacity for Catholic Charities Archdiocese of San Antonio (CCSA)

*“In December 2004, a dream came true for CCSA,” says Steve Saldana President of CCSA.*

A CDI loan of $1.6 million to CCSA helped them acquire a 25,000 square feet office building that is now home to Catholic Charities Center for Social Services.

The CDI program, CCSA and a local lender developed a fully-secured solution that will create capacity and positive impact in the San Antonio community. In little more than seven (7) years, CCSA will pay off the loan, own the building outright and save an estimated $1.0 million in financing costs alone. Ultimately, CCSA will be able to expand its programs and services, increasing its ability to reach out to the poor and underserved in the Archdiocese.

**Transforming Affordable Housing Options**

BoSSIER housing Authority, BoSSIER City (BHA) is demolishing a 50-year-old housing complex that has been incurring large, costly maintenance expenses.

**The CHRISTUS CDI program has provided a $750,000 loan to BHA that will help build a $5.2 million project of sixty affordable rental units arranged in duplex type two-story structures. The units will be rented to low income families needing affordable housing options.**

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**CHRISTUS Fund**

Percentage of Total Dollars Awarded FY2005

This graph illustrates the diverse and valuable community programs funded by the CHRISTUS Fund in FY2005.

- Other 5%
- Pharmaceutical Assistance 8%
- Medical Home 17%
- School Health 1%
- Youth 8%
- Behavioral Health 12%
- Child Health 3%
- Community development 13%
- Community Health Worker 5%
- Diagnostic Services 1%
- Disaster Relief 1%
- Domestic Violence 5%
- Health Education 8%
- Homeless 8%
- Housing 4%
- Maternal Health 1%

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**CDI COMMITMENTS BY REGION – JUNE 2005**

<table>
<thead>
<tr>
<th>REGION</th>
<th># OF INVESTMENTS</th>
<th>$ IN 000s</th>
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<tbody>
<tr>
<td>Gulf Coast</td>
<td>3</td>
<td>775</td>
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<tr>
<td>Southeast Texas</td>
<td>2</td>
<td>438</td>
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<tr>
<td>Santa Rosa</td>
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<tr>
<td>Spohn</td>
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<td>200</td>
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<tr>
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<td>270</td>
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<tr>
<td>Outside of CHRISTUS Regions</td>
<td>4</td>
<td>1,850</td>
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<tr>
<td>TOTAL</td>
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<td>7,833</td>
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</table>
Before and after photos of Dental Clinic patient.

The Dental Clinic was conceived to address the widespread health and dental issues facing the area’s children including rampant tooth decay and gum disease discovered in four-year old Pre-K students and five-year old kindergarten students. Uninsured children are two and one-half times less likely than insured children to receive dental care.

The goal of the program is to institute a community-wide dental hygiene education program and to provide the underserved and uninsured children population of Red River Parish access to oral health care.

The Dental Clinic received four dental chairs, two podiatry exam chairs, four fiber optic dental work tables, counter tops, sinks, a compressor, x-ray unit and an assortment of other dental equipment from the Rotary International. In addition, three Rotary Clubs donated $1,750 in cash and individual and community businesses donated $24,965. Three dental exam rooms were successfully set up with equipment and supplies.

A major factor in reducing the number of uninsured children in Red River Parish has been the efforts of the staff, who have enrolled over 150 children into the LaCHIP program over the last nine months. Of those now enrolled, 100 percent have received dental hygiene instructions and 100 percent have been seen by a dentist. In addition, a total of 325 Medicaid patients have received dental hygiene instructions and have been seen by a dentist in the last year.

**LaCHIP Building Block: Enrollment**

In 1998 the Maternal Child Health Division (MCH) of the Louisiana Department of Public Health set a goal of assuring access to primary and preventive health care services for all of Louisiana’s mothers and children. Under the umbrella of The Robert Wood Johnson Foundation, MCH began the Covering Kids Initiative to provide for those without insurance coverage.

The goal of the program is to reduce the number of uninsured children eligible for coverage by Medicaid or the State Child Health Insurance Program (SCHIP) coverage. The program pursues this goal by providing simplified enrollment and re-enrollment or “renewal” processes and coordinating existing health care coverage programs.

CHRISTUS St. Frances Cabrini Hospital supported the pilot project, and together with statewide intervention, achieved an increase in the numbers of mothers and children enrolled in Medicaid and LaCHIP. In 2002, Covering Kids and Families extended the grant period until 2006, and CHRISTUS St. Frances Cabrini Hospital was chosen to continue promoting the LaCHIP program in Louisiana.

After 2002, the hospital helped form coalitions throughout a 29 parish region.

As a result of outreach by CHRISTUS St. Frances Cabrini Hospital’s LaCHIP Department and the Louisiana Department of Health and Hospitals, central Louisiana has only 5.6 percent of the residents under 19 not being insured. This ranks central Louisiana the lowest in the state for the number of uninsured Louisiana residents under age 19.

Since the launch of the LaCHIP Program in November of 1998, net enrollment in Louisiana has increased by more than 334,000. LaCHIP has been the catalyst for significant reforms resulting in the third highest percentage reduction of uninsured children in the nation. In 2005, Louisiana will receive an extra $11 million from the federal government due to the number of children that were added to the LaCHIP program in 2004.

Information about the benefits of health insurance coverage was not usually part of curriculum at the Alexandria Beauty Academy. However, owners Fran and Tereal Calvet have changed the way they do business. They know first hand the benefits that LaCHIP provides. They are rearing their great grandson, Skyler, and were pleased to discover that he was eligible for benefits.

The Calvets have since realized that many of their students and customers also can benefit from LaCHIP. They now make information about the program available to their customers in the salon and to their students.
Before and after photos of Dental Clinic patient.

The Dental Clinic received four dental program and to provide the underserved community-wide dental hygiene education dental care. likely than insured children to receive tooth decay and gum disease discovered in four-year old Pre-K students and five-year to their students.

Leadership recognized the need for a Building Block: Dental/Medical Home.

In 1998, the CHRISTUS Coushatta Regional Building Blocks coalitions throughout a 29 parish region.

In 1998 the Maternal Child Health Division saw by a dentist in the last year.

Total of 325 Medicaid patients have received supplies.

Donated $24,965. Three dental exam rooms and an assortment of other dental equipment from individual and community businesses.

Dr. Robert H. Jackson, a professor at LSU Health Sciences Center.

Clinical objectives of the program are:

• to improve the overall health of patients with diabetes
• to reduce the incidence of Type II diabetes
• to increase and optimize patient-centered services for the prevention, detection and treatment of diabetes
• to measure the impact that outreach health care and community support have on the treatment of individual patients.

Six clinics are routinely offered each month with approximately 75-100 patients served at each clinic. A physician, pharmacist, nutrition educator and nurses are on-site at each clinic. Patients are encouraged to make healthy changes in lifestyle/behaviors through nutrition counseling, menu planning and increased physical activity through exercise. Support groups also encourage patients and their families to continue diabetic treatment.

Patients are able to better manage their disease process due in part to the individualized care and education offered. Case Management is also provided to ensure that every eligible patient is enrolled in available Pharmaceutical Patient Guidelines. Those who suffer the worst oral particularly vulnerable.

In 1998, the CHRISTUS Coushatta Medical Home Division set a goal of assuring access to health care and community support have been the efforts of the staff, who have

A major factor in reducing the number of uninsured children in Red River Parish has been the efforts of the staff, who have

One hot day in June, a Lake Charles woman called the referral line to ask for help in locating a fan or air conditioning unit for her family home. Her husband had been diagnosed with cancer and had been forced to quit his job. With a limited income, the family was having difficulty with the usual household bills combined with the high-cost medicines and treatments his illness required.

The 310 operator referred the caller to a community resource that was able to purchase the fan for them.

From this brief conversation, the operator identified that the family’s needs went far beyond a fan. She
The impact of the clinic on the community is best seen through the stories of children served by the clinic. One such story is about Jose (whose name has been changed to protect patient privacy).

Jose was born with multiple heart defects, has had one open heart surgery, and is facing more surgeries in the future. He is also on Medicaid. Jose requires a $1,500 Respiratory Syncytial Virus (RSV) injection once a month. Unfortunately, no one in Texarkana offers the RSV shot to Medicaid patients. The problem of getting this medication is compounded because Jose’s parents speak very little English. The All for Kids clinic provided all of Jose’s immunizations, as well as arranged for an interpreter, turning a desperate situation into a one of hope.

In the past year, CHRISTUS St. Michael has experienced a nine percent decrease in the number of underinsured and underserved pediatric patients served by the emergency department. This is attributed to Texarkana now having a “medical home” for the less fortunate children... the All for Kids Clinic.

One of the first patients of the All for Kids Pediatrics Clinic makes his mark in the new facility.

The clinic is a collaborative effort among the Texarkana medical community, including CHRISTUS St. Michael Health System, Wadley Regional Medical Center, and the University of Arkansas for Medical Sciences Area Health Education Center-Southwest (UAMS AHEC-SW). The clinic was born out of the need to serve about 3,400 uninsured children when a local pediatric clinic closed its doors due to budget constraints. It seemed the only option for medical care was the emergency room of the local hospitals.

The All for Kids program expects to change the health behaviors of children and parents over time by providing preventative care and health education. School-based asthma programs are expected to decrease student absenteeism due to asthma related illness.

that hospital services are available and medical care is provided by an obstetrician and a pediatrician for the mother and infant. The primary appointment is made with the physician followed by a meeting with the Medicaid representative to assist the mother through the application process for traditional Medicaid or emergency Medicaid. Should the mother not qualify, volunteer care can also be coordinated as another resource.

In 2004, the UTMB Prenatal Well Baby clinic began to accept many of the undocumented women from the Gabriel Program. This program is funded through a grant to make additional resources for health care available for mothers and infants. The local Catholic Church’s Social Ministries provide a host of other services for the mother and infant including holding baby showers to collect baby items, and providing emergency assistance with food, clothing, rent and utilities.

Each Gabriel mother has a mentor to guide her through pregnancy and delivery and ensure that the mother has a support group, access to social services, assistance with decision making, spiritual guidance and care. The Gabriel Project has impacted many lives, including this young mother:

“I was afraid and alone, and embarrassed with the thought that I had disappointed myself and my family because I had found I was pregnant. I had no other place to ask for help than to pray to God... so I had decided to go to St. Bernadette, my wonderful church. The father of my son came to me with a little piece of paper that would change my life... my WHOLE LIFE. It was this great ad on the paper... “PREGNANT? NEED HELP? Call the GABRIEL PROJECT.” It took my son’s dad to dial the number and hand me the phone. If you think angels aren’t real, then you haven’t met the Gabriel angels. I would have never done it without all of you. Today I have been blessed with a great family and most of all, filled with love and joy.”
SAN JOSE CLINIC

Building Block: Care Management

For more than 80 years, San Jose Clinic has provided health care and health education to the uninsured in the greater Houston area. It currently furnishes a wide array of services from two locations-Downtown Houston and the Spring Branch Family Development Center.

Owned and operated by the Archdiocese of Galveston-Houston, San Jose Clinic serves as a “safety-net” for people who cannot afford health insurance, or whose employers simply do not offer it. In addition to a staff of 35 full-time employees, more than 100 volunteers assist San Jose Clinic in providing care to over 5,000 patients, with 25,000 visits provided on a sliding scale. It is the only full-time clinic in Texas’ largest county (Harris) dedicated exclusively to the health care needs of the uninsured.

San Jose Clinic has cultivated many teaching affiliations and collaborative partners, including CHRISTUS St. Joseph Hospital, Gateway to Care, Texas Southern University, University of Houston, University of Texas-Houston, Houston Read Commission, Shalom Zone Mobile Health Ministries, the Charity Guild of Catholic Women, and Family Services of Greater Houston. Together, they are focused on:

- Improving access to quality, affordable, and comprehensive health care to the uninsured
- Encouraging health promotion and disease prevention through well visits and education

When Paula Sipamocha found herself pregnant and unmarried, she felt ashamed and alone. Her dreams of finishing school and continuing her studies began to vanish. Paula suffers from Lupus, and her pregnancy had been diagnosed as “high risk.” She could not find a health clinic that would accept her as a patient. Her despair soon overwhelmed her, and she began to contemplate suicide.

Paula called San Jose Clinic at 4:00 p.m. on a Friday afternoon.

The operator who answered the phone listened intently and immediately recognized that this young woman desperately needed help.

The staff at San Jose Clinic swung into action. In less than 15 minutes, Paula had a prenatal appointment, a WIC appointment, a referral to Crisis Pregnancy Center for continuation of services and special assistance, and even an appointment for a “second opinion” from a physician at CHRISTUS St. Joseph Hospital.

San Jose Clinic and its community partners not only provided health care for Paula, but also a sense of hope for her and her new son, Mathew. Paula has found a new reason to live in the eyes of her son, and is extremely grateful to those who answered her call that day.

ChRISTUS HEALTH SOUTHEAST TExAS

EMERGENCY RX RESOURCES

Building Block: Pharmaceutical Assistance

The United Board of Mission, along with CHRISTUS Hospital-St. Mary has joined together for its second year to provide a community resource center to assist the public with affordable prescription drugs. After receiving a grant from the CHRISTUS Fund, the United Board of Mission implemented the Emergency Rx Resources, a prescription drug assistance program.

The Emergency Rx Resources is a group of more than 15 area agencies, local pharmacies and physicians who have joined together to find solutions to the growing problem of the high cost of prescription drugs.

More than 50 individuals every month are receiving assistance from this very successful program. Patients who are in need of assistance simply call a designated phone number for prescription assistance. A full-time social worker will then determine if and what assistance the patient can qualify to receive. The social worker will then try to assist with both immediate and long-term assistance when possible.

One of the main benefits of this program is that the individuals gain education about the program and what it can do for them. “We are so happy that we can make a difference in these people’s lives where they thought they didn’t have the appropriate help. They often come to us for assistance in paying their electric bills because they use all of their money to pay for expensive prescriptions instead of their other bills. So we are able to let them know about the Emergency Rx Resources to make better use of their limited funds,” said Jack Leggett, Executive Director of United Board of Missions.

“Everyone is so happy and appreciative,” said Joyce Dubose, Case Manager of the Emergency Rx Resources. “The beauty of the program is that everyone pitches in to help make it work. From the social workers and physicians at the hospital to the many pharmacies who are participating in the program. It really makes it all worth while having all of the support.”

EAST TEXAS HEALTH ACCESS NETWORK (ETHAN)

Building Block: Pharmaceutical Assistance

It is sometimes difficult for patients to take their prescribed medication regularly because they lack money to pay for them. This has long
been a major barrier to effective health care for the uninsured residents in the counties served by the East Texas Health Access Network (ETHAN). Through the creation of its RxMedConnection Prescription Assistance Program, ETHAN has been successful in addressing this barrier by obtaining free medications for under and uninsured individuals residing in Jasper, Newton, Sabine, San Augustine and Tyler counties through the patient assistance programs of major pharmaceutical manufacturers.

Establishment of this program has been a collaborative effort of community partners such as Caring Is Sharing, Greater Jasper Share, and the Salvation Army, who have often provided for the immediate medication needs of clients while their application in the RxMedConnection Program is being processed.

To ensure the sustainability of prescription assistance program beyond initial grant funding, ETHAN initiated a $15 per month, per client monthly processing fee to generate a revenue stream to support program activities.

Last year, 697 clients enrolled in the RxMedConnection Program and/or similar programs; 4,767 assistance applications were processed; $1,030,000 (wholesale value) in medications were obtained; and enrollment sites increased from one to four. These and other measures add up to improved access, improved health status and improved quality of life.

**PROJECT MEND**

**Building Block: Durable Medical Goods**

Many individuals in the community have little to no income and are in need of costly medical equipment and supplies to assist in their recoveries and rehabilitation. With offices in San Antonio and Houston, Project MEND has an important mission to enable low-income disabled people to live as independently and be as mobile as possible, enabling them to remain contributing members of their family, friends, and community. Recycled medical items are loaned to clients for as long as they are needed and at no charge. The agency also distributes consumable supplies such as adult diapers, blue pads, and protein/vitamin shakes.

**CHRISTUS SANTA ROSA HEALTH CARE**

**PROJECT MEND**

**Building Block: Durable Medical Goods**

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**Suffering from poor health, Mr. E sought comfort from being sick and alone by relocating to our area to live with his daughter. Just a few weeks after his move, Mr. E’s physical condition worsened and he was hospitalized with respiratory problems. On being discharged from the hospital, Mr. E found that his daughter had left town with all of his possessions, including what little money he had left from his social security check. Mr. E came to the ETHAN office on referral from a community partner stating that he was not looking for a handout, just a little help to purchase his medications until his social security check came in at the first of the month. Not able to walk more than a few feet because of breathing problems that had worsened because of an inability to afford his medication, Mr. E was invited to relax in the Network’s break room while staff called local agencies and churches to arrange for assistance. Mr. E was provided with immediate medication assistance by a community partner and was assisted in obtaining an appointment with a local health care provider to monitor his health care needs. Mr. E was enrolled in the RxMedConnection program to help ensure access to an ongoing supply of needed medications.

Access to ongoing primary care and prescription medications has resulted in such improved respiratory health that Mr. E no longer needs a wheelchair to get around. Robust and active now, with a glow of health about him, he bares no resemblance to the person that enrolled in the RxMedConnection Program just a few short months before.**
**MOBILE MAMMOGRAPHY UNIT**

**Building Block: Diagnostic Services**

The Mobile Mammography Unit (MMU) began providing services to assure that as many women as possible have access to mammography screens, with timely and sensitive treatment and care. Over 100,000 women between the ages of 40-64 in Bexar County live below 200 percent of the federal poverty level and have no health insurance. These women often experience multiple barriers to accessing preventive health care, including mammography screens. The average cost for stationary screening mammography is $120, and low-income women often have to choose between preventive services for themselves and more pressing family needs. In addition, medically underserved women often have limited access to information, knowledge of community resources, and challenges with transportation, child care, job responsibilities and other family issues.

The MMU came together as a result of collaboration between CHRISTUS Santa Rosa Health Care, the Alamo Breast Cancer Foundation, the Susan G. Komen Foundation, WINGS (Women Interested in Nurturing, Giving, Sharing), the San Antonio Metropolitan Health District, and other breast and cervical cancer providers. The mobile mammography program was made possible by grant funding provided by the Avon/CDC Foundation, the Susan G. Komen Foundation, and CHRISTUS Fund. The MMU addresses one of the significant findings in the most recently completed community health needs assessment access to care. The MMU visits public areas such as HEB and Wal-Mart parking lots, close to the residences of the target populations, as well as businesses, neighborhood churches, and other public gathering places.

The mammography program expects to serve 4,000 women annually in Bexar and eight surrounding counties. Of those women, one quarter will be low-income uninsured women who have never had a mammogram or have not had one in two years. Those who have abnormal screens will be provided with diagnostic mammograms and referred to a case manager. The primary outcomes are a reduction in mortality from breast cancer and an increase in early diagnosis and treatment. Other outcomes include increased knowledge of breast care through education programs offered by the unit.

Congressman Charlie Gonzalez was present at the grand opening of the MMU in March 2005, along with CHRISTUS Santa Rosa’s partners and members of the community. Virginia Moreno, one of the unit’s first patients, has said that without the MMU, she would not have been able to afford a mammogram screening.

**CHRISTUS SPOHN HEALTH SYSTEM**

**Building Block: Pharmaceutical Assistance**

CHRISTUS Spohn Health System and the CHRISTUS Fund support medication assistance programs in Spohn’s service areas. Patients’ inability to pay for prescribed medications often worsens chronic conditions. In FY2005, the CHRISTUS Fund granted more than $50,000 to medication assistance programs in Spohn communities.

**Building Block: Disease Management**

It is estimated that 17 million people in the United States have been diagnosed with diabetes and about seven million more have diabetes and do not know it. About six percent of the population has diabetes and more than...
Spohn diabetes counselors provide education and prevention at the Alice Counseling Center. 10 percent of all Mexican-Americans 20 years or older have the disease. Diabetes is two to three times more common in Mexican-Americans and Puerto Rican adults than in non-Hispanic whites. In FY2005, the CHRISTUS Fund awarded $35,000 to the Alice Counseling Center’s diabetes education and prevention program. The program is designed to address the problem of obesity and diabetes among Hispanics in Jim Wells County who have few resources due to the economic disparity. CHRISTUS Spohn Hospital Alice and Alice Counseling Center hold monthly diabetes support meetings with guest speakers like Terri Flischman, a CCS Medical Supply representative. In addition, CHRISTUS Spohn Hospital Alice and Alice Counseling Center hold weekly meetings for weight loss, blood pressure, glucose monitoring and general diabetes education.

CHRISTUS HEALTH UTAH

EAT WELL AND KEEP MOVING
Building Block: Prevention

CHRISTUS Health Utah and Holy Cross Ministries have supported and partnered with each other for the past several years identifying health care needs for the low-income minority communities that reside in Salt Lake and the rural areas of Utah. In 2004, the CHRISTUS Fund approved a grant of $32,000 to Holy Cross Ministries (HCM) in support of an obesity program called, “Eat Well and Keep Moving.” Holy Cross Ministries has implemented a three-year interdisciplinary nutrition and physical activity program in schools and parishes in Salt Lake, Park City and Wendover, Utah, designed to build lifelong healthy habits through classroom lessons and home visits. Holy Cross Ministries believes that the schools can take a leading role in helping children make healthier choices. A structured social and educational program can decrease isolation, increase physical activity, improve nutrition and thus improve the health status of the population.

Holy Cross Ministries adopted standard criteria that was developed by Action for Healthy Kids (AFHK), a nonprofit organization created in response to The Surgeon General’s Call to Action. These criteria have assisted HCM in the design, implementation and evaluation of approaches to developing healthy lifestyles through good nutrition, physical fitness and the arts.

To better understand the barriers that prevent children from experiencing the benefits of physical activities and good nutrition, parents from partner schools participated in an assessment. Some of the findings showed that parents understand and recognize that:

• The major reason for obesity is lack of regular exercise
• Obesity increases the risk of heart disease, high blood pressure, low self-esteem, diabetes and depression
• Obesity is a public health issue that demands the entire community working together to deal with needed changes.

Students are given extensive information about the food pyramid and how to make good food choices as well as increasing exercise while limiting television or computer time. In addition, school policies and procedures regarding vending machines, number of recesses and exercise periods and food programs are being reviewed and discussed.

The summer program in Park City and Wendover, Utah, reaches over 200 Hispanic children who are well below the federal poverty level. The program places emphasis on physical activity such as dance and sports. The “Eat Well and Keep Moving” program is in its first year of implementation but is already making a difference in the lives of the children and families who are involved.

CHRISTUS MEDICAL GROUP

SANTA ROSA CLINIC
Building Block: Medical Home

La Clinica de Las Hermanas was established in September 1997 to provide medical services to the underserved community of Santa Rosa, Texas regardless of ability to pay for such services.

Now managed by CHRISTUS Medical Group, Santa Rosa Clinic is a rural health center that is medically supervised by a Medical Director and his associates who visit the center once a week. The center is staffed by a certified Physician Assistant, an IVN, a nurse assistant, a practice manager and an administrative clerk who provide family medicine services such as prenatal care, pediatric care for well and sick children, adult care for chronic and acute illnesses and gynecology. It also serves as a health center for the local school district. The goals of Santa Rosa Clinic include:

• Providing an easily-accessible medical home for underserved patients in this community and surrounding areas
• Building a larger facility to educate and promote wellness, such as focusing on nutrition, lactation, fitness and diabetic teaching after normal health center hours
• Offering basic radiological services on-site
• Gaining access to pharmaceuticals (or a class-D pharmacy) on-site.

The community of Santa Rosa has grown to depend on the center’s availability. This is
A mother brought her 23-month old son, Daniel, to Santa Rosa Clinic for a complete physical examination. The mother stated she knew that “something” was wrong, however because the family was uninsured and had limited resources, the mother was uncertain about what to do. Unable to qualify for federal or state programs, she came to the health center for help. The physical exam identified that Daniel had some global developmental delays. Through our network of local providers and specialists, we were able to conduct the pertinent work-up and issue a referral to a pediatric specialist at no cost to the family.

In a recent interview, the mother said that she was very grateful for this health center and that she will continue to keep every appointment with her son’s specialists.

Pediatric specialists were made available to help Daniel and his mother.
## CHRISTUS HEALTH COMMUNITY BENEFIT FY2004 vs FY2005

<table>
<thead>
<tr>
<th></th>
<th>YEAR ENDED 06/30/04</th>
<th>YEAR ENDED 6/30/05</th>
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<tbody>
<tr>
<td></td>
<td>UNPAID COSTS $</td>
<td>AS A % OF NPR*</td>
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<tr>
<td>CHARITY CARE</td>
<td></td>
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<tr>
<td>Inpatient and Outpatient Charity Care</td>
<td>107,755,250</td>
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<td>Unpaid Government Sponsored Indigent Care</td>
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<td><strong>Charity Care Subtotal</strong></td>
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<td>COMMUNITY SERVICES</td>
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<td>31,204,627</td>
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<td><strong>Charity Care &amp; Community Services Subtotal</strong></td>
<td><strong>203,299,768</strong></td>
<td><strong>8.9</strong></td>
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<td>GOVERNMENT SPONSORED PROGRAMS</td>
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<td><strong>TOTAL COMMUNITY BENEFIT</strong></td>
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<td><strong>18.3</strong></td>
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<tr>
<td><strong>NET PATIENT REVENUE</strong></td>
<td><strong>2,281,919,286</strong></td>
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*Includes Hospitals’ Net Patient Revenues, Medical Group Net Patient Revenue, and Capitation Revenue.