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the Mission Forum

Mission and Public Policy Advocacy



A 30 year-old uninsured patient came to St. John West Shore Hospital's Emergency Department earlier in the year. She was a resident of Louisiana when Hurricane Katrina turned her world upside down. She lost her belongings, her job as an ultrasound technician and was forced to move back to Ohio to live with her parents. A current back injury kept her from finding a new job. Her prior income placed her "over-income" for the

Hospital Care Assurance Program (HCAP), making her responsible for the \$3,500 emergency department bill. Thankfully, St. John West Shore's Uninsured Sliding Scale offered her a solution.

My example is not just a story of one young woman. It's also an example of how employer-based health care works most of the time, but has its shortcomings when a person suddenly becomes unemployed. It's a story of providers living up to their commitment to serve the community, offering charity or uncompensated care to those in need. It's an example of how life's disasters and tragedies greatly affect one's financial ability to access health care services. It's also a telling tale of the relationship among the public, private and non-profit sectors to collectively, although not always successfully, offer a safety net. Health access impacts all of us, which is why we should all join the public policy debate.

This issue of the Mission Forum strives to bring you to a deeper awareness of the ways our health and social service ministries affect, and are affected by, the public policy realm. From reducing poverty through tax policy to covering the uninsured and increasing health access, there are direct links between our mission and public policy advocacy. I hope you will join me in participating in the dialogue. Why do we add our voice in this way? We advocate on behalf of those we serve.

Sr. Judith Ann Karam, CSA
President & CEO
Sisters of Charity of St. Augustine Health System

Reducing Poverty Through Tax Policy

The Earned Income Tax Credit (EITC) is a tax benefit for working people who earn low or moderate incomes. A refundable tax credit for families earning \$37,263 or less a year, participants either receive an offset in income taxes or are provided a direct tax credit of up to \$4,400. Single earners earning \$11,750 a year or less also benefit. A thoroughly bipartisan policy, the EITC dates back to the Ford Administration and has been supported by both Democratic and Republican presidents alike. President Ronald Reagan called the EITC "the best anti-poverty, the best pro-family, the best job creation measure to come out of Congress." (Center on Budget and Policy Priorities)

Recognizing the value of the EITC, the Sisters of Charity Foundation of Cleveland partnered with the Cuyahoga EITC Coalition. The foundation's role included raising awareness of the tax credit to increase participation, serving as an active member in the coalition, and convening and co-sponsoring events to organize and later recognize Cuyahoga EITC Coalition Members and volunteers.

Notably, the coalition provided free and fair tax preparation services for middle and low-income tax filers in 2005, saving them an estimated \$675,000. Because of this service, EITC-eligible families were able to keep more of their tax credit and were not subject to filing fees and refund anticipation loans (RALs) sold to them by private for-profit businesses.

More than 2,700 free federal, state and local returns were prepared for tax year 2005 with more than \$3 million in federal and state refunds. With the help of an awareness campaign, 98,000 Cuyahoga County taxpayers claimed the tax credit with an average credit of \$1,700 per taxpayer. It was estimated \$167 million

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We believe that access to health care is a right for all, not a privilege for some



Let's Get America Covered

For the fourth consecutive year, the Sisters of Charity of St. Augustine Health System (CSA Health System) joined other concerned organizations from across the country May 1–7 in support of Cover the Uninsured Week (CTUW). CTUW is a nonpartisan effort to urge U.S. leaders to make health coverage for Americans their top priority.

In Cleveland, CSA Health System President & CEO Sr. Judith Ann Karam, CSA hosted a thought-provoking economic forum and panel discussion, “The Uninsured and the Economy: Costs and Consequences.” The audience of more than 120 people included representatives of health care organizations, philanthropy, labor and the business community.

Keynote speaker Karen Davenport, director of health policy at the Center for American Progress in Washington, D.C. was followed by a panel discussion. Panelists included prominent medical, governmental and business leaders from across Ohio. Forum participants noted that the health care crisis has become a competitiveness issue for Cleveland and the nation with lack of coverage and the cost of care limiting the ability of Ohio and the nation to compete.

Throughout the week, more than 650 people completed postcards distributed by the CSA Health System. The cards were mailed to federal lawmakers urging for health coverage for all Americans.

Additionally, CSA Health System sponsored ministries held CTUW events, including “Child Health Matters,” a briefing presented by St. Vincent Charity Hospital, the CSA Health System and Voices for Children of Greater Cleveland. St. John West Shore Hospital held its first CTUW Health and Enrollment Fair. In Canton, Ohio, Mercy Medical Center held its second annual Health Information Day for more than 200 low-income individuals, self-employed persons or individuals employed by small firms with no insurance coverage. Also in Canton, the Sisters of Charity Foundation of Canton and Mercy Medical helped to sponsor a breakfast highlighting the health care needs of small businesses. ■



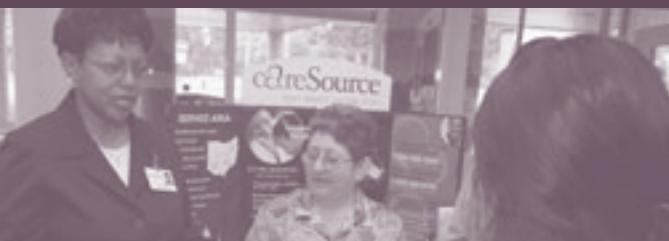
At podium, Jacqueline Gerber, at the table, from the left: Sr. Judith Ann Karam, CSA, Dr. John Bastulli, Karen Davenport, Dr. Greg Hall, Steve Millard, Dennis Eckart and Greg Moody (not pictured)



Gregory L. Hall, M.D., St. Vincent Charity Hospital's Medical Director of Community Outreach



At podium, Steve Millard, at the table, from the left: Jacqueline Gerber, Sr. Judith Ann Karam, CSA and Dr. John Bastulli



Brenda Allen, CareSource (left) Sister Linda Piccolantonio, HM, RN, Immigrant Health Outreach, Mercy Medical Center (right)

The Data:

The U.S. Census Bureau reports almost 46 million Americans – including more than 8 million children – have no health insurance. The Institute of Medicine estimates nearly 50 Americans die every day because they are uninsured and cannot get the medical care they need.



A Call To Action:

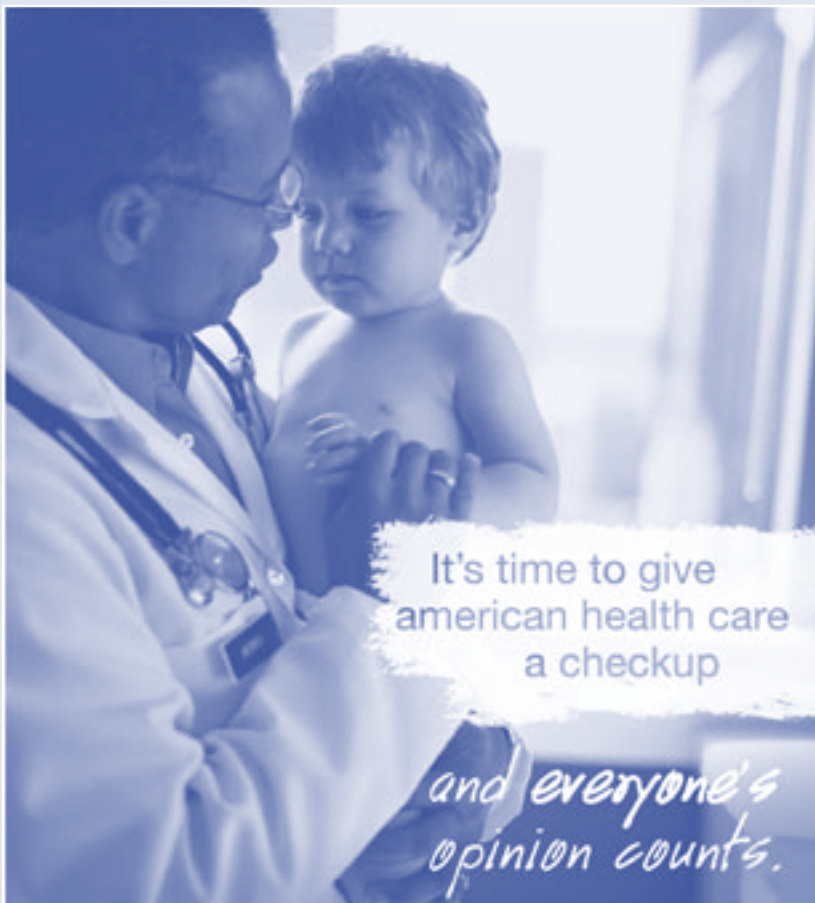
The Citizens' Health Care Working Group Wants You!

Congress passed a law in 2003 including language calling for “informed national public debate” on health care. The Department of Health and Human Services created the Citizens' Health Care Working Group to facilitate this national dialogue to improve our health care system. The conversation is happening now.

After completing an extensive information-gathering phase, the Citizens' Health Care Working Group released the public's consensus recommendations for the health care system in early June. The Working Group is seeking comments on the interim recommendations (see right panel).

These recommendations are preliminary, and public comments and reactions are welcome through August. The Catholic Health Association encourages health and social service ministries to continue to submit comments to the Working Group. The Working Group will provide final recommendations to the President and Congress later this year. Congressional committees are required to hold hearings on the Citizens' Health Care Working Group recommendations.

Visit the Catholic Health Association webpage (www.chausa.org) to track the progress the Working Group's activities through the fall, to see the full interim report and to add your voice to this national dialogue; or check out the Working Group's page at www.citizenshealthcare.gov. ■



Recommendation 1:

It should be public policy that all Americans have affordable health care.

Recommendation 2:

Patients, care providers, and others should define a core package of benefits for all Americans.

Recommendation 3:

A national program (public or private) should guarantee financial protection against very high health care costs.

Recommendation 4:

The Federal government should lead a national effort to support integrated community health networks.

Recommendation 5:

The government should advance strategies to promote efforts to improve quality of care and efficiency.

Recommendation 6:

The health care system should fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.

Health Learners receives the 2006 CHA Achievement Citation

Improving Children’s Health Access

More than 95,000 of South Carolina’s children 18 and younger have no health coverage (see table). Healthy Learners, a ministry of the CSA Health System, has responded to this overwhelming need for almost 14 years. Healthy Learners was recently honored with two of the year’s most prestigious awards in community health: the Catholic Health Association’s annual Achievement Citation and the American Hospital Association’s NOVA Award.

Healthy Learners (www.healthylearners.com) relies on nurses at elementary, middle and high schools who perform annual student health screenings to check vision, hearing, dental health and other conditions. Follow-up care referrals are made to Healthy Learners if the child is uninsured or the parents are unable to pay for health care. There is no charge for the child, parent and school. Participating children also receive free prescription medications, and transportation to and from appointments with a Healthy Learners staff member.

Former Executive Director DeeDee Chewning now serves as a consultant overseeing the program’s recent statewide expansion. “The strength of Healthy Learners lies with our network of health professionals who offer their services free of charge or at a reduced rate,” she said. The network includes pediatricians, family practice physicians, nurse practitioners, dentists, eye care providers and clinical counselors.

Since 1992, Healthy Learners has provided needed health services to more than 30,000 children in low-income families at schools around Columbia, South Carolina. During the 2005-2006 school year, the operation expanded to Allendale, Dillon and Greenwood counties. “The children’s needs are being met in all of the counties we serve, and we have requests to replicate the program in other counties,” said Executive Director Jo Pauling-Jones. Healthy Learners has maintained a 100 percent referral completion rate every year since its inception.

In collaboration with Commun-I-Care, another not-for-profit organization, Healthy Learners in 2001 helped establish the Smiles Clinic, South Carolina’s first school-based dental model.

Located in rural Allendale County, the clinic served 826 children in its first year with one full-time dentist. In 2002, the facility doubled in size, expanded staff and equipment, and fostered the opening of a second Smiles Clinic in rural Dillon County in 2004. ■

“The strength of Healthy Learners lies with our network of health professionals who offer their services free of charge or at a reduced rate”

95,440 of South Carolina’s Kids are Uninsured

Health Insurance Coverage of Children 0-18
South Carolina 2003-2004, U.S. 2004

	South Carolina	%	U.S.	%
<i>Employer</i>	591,450	54	43,803,740	56
<i>Individual</i>	47,730	4	3,396,530	4
<i>Medicaid</i>	333,380	31	20,514,050	26
<i>Other Public</i>	21,380	2	1,045,500	1
<i>Uninsured</i>	95,440	9	9,037,120	12
TOTAL	1,089,380	100	77,796,940	100

Source: Urban Institute and Kaiser Commission on Medicaid & the Uninsured

Want to Take Action to Insure America’s Children?

The Robert Wood Johnson Foundation’s Covering Kids and Families project works to enroll eligible uninsured children into Medicaid or the State Children’s Health Insurance Program (SCHIP). Visit www.coveringkidsandfamilies.org or call 1-877-KIDS-NOW for more information.

Additionally, the Campaign for Children’s Health Care, a non-partisan coalition of groups dedicated to making accessible and affordable health care for all children a national priority, seeks your help. This campaign offers you the chance to ask Congress and the Administration to work together find a solution to provide comprehensive, affordable, high-quality health coverage for all children. Visit www.childrenshealthcampaign.org to participate.

Immigrants' Health Status: A Real World Concern

Immigrants are significantly more likely to be uninsured than native citizens and less likely to visit a doctor on a regular basis, according to a Kaiser Family Foundation study. Amidst the current debate among lawmakers and journalists on the issue of illegal aliens and national border security, health care providers are responding to the needs of all of America's immigrant families.

The Spanish-speaking community in Stark County, Ohio, for example, is comprised of migrant farmers and a sizeable permanent population from several Central American nations. Mercy Medical Center in Canton, Ohio established an Immigrant Health Outreach program for these families and other people new to the United States.

Clinical Nurse Specialist Sr. Linda Piccolantonio, HM is fluent in Spanish and serves as the program's coordinator. She has trained two additional bilingual community health outreach workers to serve the region. The program also sponsors two preventative health fairs each year in Stark and Tuscarawas counties with physicians, dentists, interpreters, local health departments and other service agencies. A collaboration with Catholic Charities provides monthly nutrition classes for pregnant Latino women who also use the OB/GYN Clinic at Mercy.

Sr. Linda's efforts complement the work of Mercy's ad hoc interdisciplinary committee that concentrates on improving the hospital's capacity to serve immigrant patients through culturally sensitive care. The facility now displays signage in English and Spanish in key areas. Hospital nurses also perform blood pressure screenings each month after the Spanish Mass at a local church. Interpreter services at Mercy now feature 10 people fluent in Spanish. Training is underway to add people fluent in French and other languages.

"The majority of our immigrant patients are not literate, even in Spanish, and that's why the availability of trained interpreters is paramount," explained Sr. Carolyn Capuano, HM, vice president for mission & ministry at Mercy Medical Center. Although we do not ask about immigrant status, if that information is disclosed, it is held in confidence. We're here to care for their health needs," Sr. Carolyn said.

The Immigrant Health Outreach program operates with grant assistance from the Sisters of Humility of Mary and the Sisters of Charity Foundation of Canton, which convened the first meeting of Stark County's Hispanic/Latino Ministry Interest Group in 2001. Legal, faith-based, health care and other agencies share strategies to improve their services to the area's Spanish-speaking population. ■

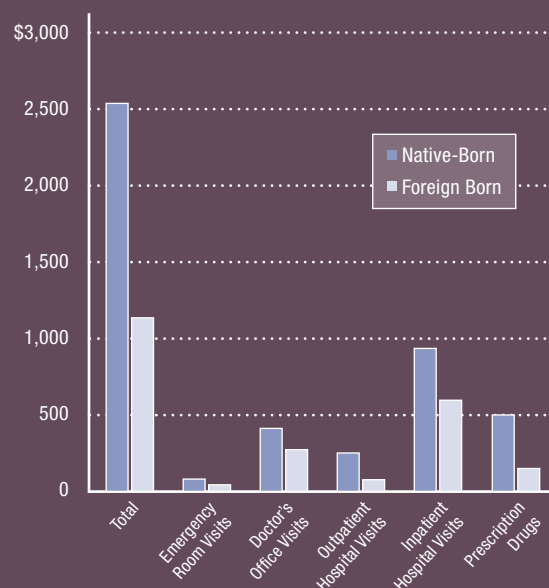
Interested In Learning More About Immigration Reform?

Visit Justice for Immigrants, the Catholic Campaign for Immigration Reform, at www.justiceforimmigrants.org



Maria Thompson (left), a Spanish interpreter, provides prenatal education to one of Mercy Medical Center's OB clinic patients.

Per Capita Health Care Expenditures for the Native-Born & Foreign-Born Population, 1998



Source: Immigration Policy Center, *Immigration Policy In Focus*, Volume 5, Issue 5, July 2006



Kathy Bennett, RN, (left) a Mercy Medical Center OB Nurse reviews patient records with Ana Echevarria (right), a medically trained Spanish interpreter and trained health promoter.

Smoking Cessation: A Lifesaving Investment

Tobacco use is the single most preventable cause of death in the United States. Yet, a national survey by the U.S. Department of Health & Human Services estimated that 46 million adults were smokers in 2000 – that’s 21% of all American adults. The Centers for Disease Control and Prevention report smoking causes more deaths than alcohol, AIDS, illegal drugs, car crashes, fires, murders and suicides combined.

“Nicotine is one of the most addictive substances in the world. It is much more addictive than heroin or cocaine,” said Joseph Sopko, M.D., a pulmonologist who is chairman of the Department of Medicine at St. Vincent Charity Hospital in Cleveland and a board member of the Tobacco Use Prevention and Control Foundation (TUPCF) of Ohio.

TUPCF, a state agency that oversees the spending of money received from the 1998 multi-state settlement with tobacco companies, sponsors an anti-smoking campaign aimed at youth. “Prevention is the key because that’s when people get hooked...in their early teens. We’ve managed to drop the teen smoking rate in Ohio by 40 percent since the Foundation was created,” Dr. Sopko said.

In Canton, Ohio, Mercy Medical Center administers four new programs funded in part by TUPCF specifically designed to help the youngest smokers. One of the programs, Alternative to Suspension, is available to students caught smoking by school administrators. “Instead of suspending the kids and letting them go home and smoke more or chew more tobacco, they have to attend four 50-minute sessions during study hall or after school to learn about addictions and tobacco use and healthy alternatives,” explained Julie Goodrick, registered respiratory therapist.

For middle and high school students who choose to stop smoking, Mercy offers Not On Tobacco, an American Lung Association group program, or one-on-one counseling sessions. This fall, the Hospital will also focus on prevention and cessation among minority youth. For adults, Mercy sponsors the American Cancer Society’s “Fresh Start” program and also offers one-on-one counseling. All in-patients at Mercy are offered assistance to quit as well.

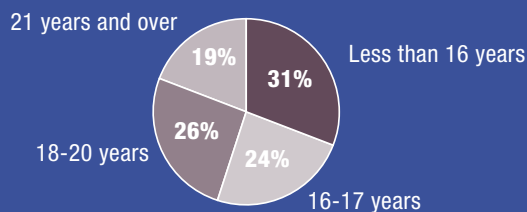
At St. John West Shore Hospital in Westlake, Ohio, a new smoking cessation program open to the community will begin in September. Two Community Outreach staff members were recently trained as facilitators for an American Lung Association effort called Freedom from Smoking. “For a nominal charge, this eight-week course provides educational materials, relaxation CDs, lessons in behavioral modification, stress management and group support,” said Lydia Gadd, director of St. John West Shore’s Community Outreach department. St. John West Shore is also providing education for inpatients who want to quit the tobacco habit.

At St. Vincent Charity Hospital, an interdisciplinary committee is examining new policies that would provide a smoke-free campus. Committee Chair Donald Davies said, “The hospital building is totally smoke-free, but patients and visitors are still permitted to smoke in what is called a ‘smoking hut’ behind the hospital. Right now we’re reviewing current policies and how they are enforced and talking with other facilities that have already become totally smoke-free environments.”

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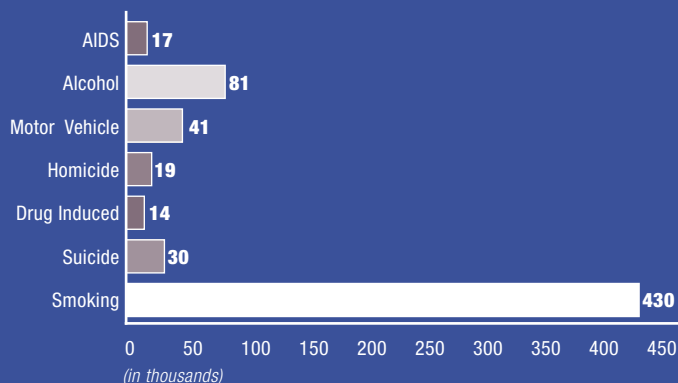
“How Old Were You When You Started?”

U.S. Adult Smokers, 1999-2001



Source: CDC/NCHS National Health Interview Survey, 1999-2001
 Note: Estimates are age-adjusted to the 2000 U.S. standard population

Causes of Annual Deaths in the U.S.



Source: (AIDS) HIV/AIDS Surveillance Report, 1998; (Alcohol) McGinnis MJ, Foege WH. Review: Actual Causes of Death in the United States. JAMA 1993; 270:2207-12; (Motor Vehicle) National Highway Transportation Safety Administration, 1998; (Homicide, Suicide) NCHS, vital statistics, 1997; (Drug Induced) NCHS, vital statistics, 1996; (Smoking) SAMMEC, 1995

Speaking Out For Fathers

Studies have shown children whose fathers are absent or uninvolved are more likely to experience problems in school and drop out. In South Carolina, where almost half of all children do not graduate from high school, the Sisters of Charity Foundation of South Carolina is working to make a difference.

The foundation launched the statewide Fatherhood Initiative, Reducing Poverty Through Father Engagement, in 1997. The effort represents an investment of more than \$13 million to develop and assist programs working to reconnect fathers and their children. There are now seven local and regional fatherhood programs serving 13 communities across the state. Each offers a holistic menu of services, including job readiness and employment, life skills, parent/child activities, and lessons in parenting and co-parenting. More than 3,657 fathers of 5,721 children have participated in the statewide initiative. The programs provide referrals to professional partners for fathers with significant chemical dependency, mental health issues or a history of domestic violence.

“The initiative’s primary objectives are to build community capacity while raising awareness of the importance of father engagement,” said Thomas Keith, executive director of the Sisters of Charity Foundation of South Carolina. “In addition to evaluating fatherhood programs and sharing the lessons learned, we act as a committed advocate for father-friendly policies and procedures,” said Mr. Keith.

The majority of the initiative’s ongoing efforts are based within the South Carolina Center for Fathers & Families (www.scfathersandfamilies.com), which was established in 2002. A partnership between the foundation and the South Carolina Department of Social Services to help fund program expansion and sustainability was a catalyst for the creation of the center. The center’s policy and advocacy activities are driven by the Fatherhood Policy Project Office, which was established by the foundation in 2000. “Its job is to do research and raise awareness among the community and legislators of policies that might have started with good intentions, but ultimately have negative or unintended consequences for strengthening the relationship between fathers and families,” said Mr. Keith.

This effort has resulted in positive steps in the State of South Carolina. For instance, largely as a result of the center’s advocacy work, the State of South Carolina raised the self-support reserve requirement from \$500 to \$742. The self-support reserve is the amount of money that a non-custodial father has remaining to support him after all child support is paid. When fathers are unable to meet their own basic needs such as food, housing, transportation and clothing, they are unable to adequately provide for their children, fueling the cycle of non-payment of child support and incarceration. When fathers have the means to survive, they are more likely to work and to support their children. Increasing the self-support reserve was crucial to helping fathers become more able to ultimately help their children.

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Helping Fathers Help Their Children

Since 1998, the Fatherhood Initiative of the Sisters of Charity Foundation of South Carolina has produced impressive outcomes directed at reconnecting fathers with their children:

More than 3,657 fathers of 5,721 children have participated in various fatherhood programs

2,349 fathers have received job training

1,115 fathers have obtained employment

604 had their first contact with their children

540 improved education

451 increased the amount of time spent with their children

375 improved parental relations with the mother of their children



In April 2006, Kelly Walker of the Upstate Fatherhood Coalition, Tom Keith and Patricia Littlejohn of the Sisters of Charity Foundation of South Carolina, and Robin Bachman, Sisters of Charity of St. Augustine Health System, traveled to Washington, D.C., to update the South Carolina Congressional Delegation on the work of the South Carolina Center for Fathers and Families. They are joined in this picture by Rep. Joe Wilson (SC 2), second from left.

Reducing Poverty Through Tax Policy continued on from page 1

was added to the county's economy because of these efforts. Statewide, more than 780,000 families benefited from the EITC. Julie Rittenhouse, associate director of the Sisters of Charity Foundation of Cleveland said, "The Coalition's success has many partners and with continued funding support from the Cuyahoga County Board of Commissioners we will reach and serve 5,000 low-wage earners in our community next tax season." ■

For more information on the Cuyahoga EITC Coalition visit www.refundohio.org

Speaking Out For Fathers continued on from page 7

\$500,000 for Alternatives to Incarceration

In June 2006, according to the Bureau of Labor Statistics, the unemployment rate in South Carolina was 6.7 percent, the second highest in the nation. Continuing economic challenges under-gird the need for systemic change, including the promotion of alternatives to incarceration for fathers failing to make child support payments. The Center for Fathers & Families reports that in most instances, a father's lack of consistent payments are not due to an unwillingness to support their children but to unemployment, underemployment or a child support order that is set too high for the father's ability to pay. The South Carolina legislature recently appropriated \$500,000 in state funds to support alternatives to incarceration. In collaboration with the Department of Social Services Child Support Enforcement and Family Court Judges, fatherhood programs -- thanks to the additional funding -- can help fathers find employment, consistently pay their child support and reconnect with their children. The Center for Fathers & Families is responsible for the implementation and oversight of these funds for fatherhood programs, piloting the effort this year. ■

Smoking Cessation: A Lifesaving Investment continued on from page 6

Ohio Ballot Initiative Slated to Appear in November

As health advocates, we are aware that smoking is a very serious health concern that can cause heart and lung disease, and cancer. We believe all Ohio citizens should have the opportunity to breathe clean air at work and in public places. A public health coalition, Smoke Free Ohio, is advocating for a 100 percent clean air law for the state of Ohio. (This work should not be confused with the pro-tobacco effort dubbed Smokeless Ohio.) In support of the Smoke Free Ohio ballot initiative, the CSA Health System educated visitors of St. John West Shore's annual art fair about this proposed law, while helping to collect 1,400 petition signatures. Although the ballot proposal includes all public places and workplaces in the state, it does not prevent people from smoking outside, in their homes or cars. The American Cancer Society of Ohio spearheads the Smoke Free Ohio campaign. Its partners include: the American Lung Association, the Ohio Hospital Association, the National Campaign for Tobacco-Free kids, the Association of Ohio Health Commissioners and the Ohio State Medical Association. Visit www.smokefreeohio.org/oh for more information.

South Carolina Hospitals Call for an Increase in Cigarette Tax
In South Carolina, the South Carolina Hospital Association has called for an increase in South Carolina's cigarette tax, which is the lowest in the nation at 7 cents a pack. The revenue would fund important health care priorities, including increasing access to health care services. According to the Campaign for Tobacco-Free Kids (tobaccofreekids.org), 24 percent of South Carolina's high school students smoke. The Campaign notes that for every 10 percent increase in the price of cigarettes, youth smoking is reduced by approximately seven percent and overall cigarette consumption by about four percent. Visit the South Carolina Hospital Association's Web site at www.scha.org for more details. ■

Future issues of the Mission Forum

Visit www.csahealthsystem.org and click on News and Publications, then **Mission Forum Survey** to complete a short survey about the content and format of this issue and to offer recommendations for future Mission Forums.

Or call **Robin Bachman**, director of public policy, at 216-377-4353 to share your thoughts or suggestions.



SISTERS OF CHARITY OF ST. AUGUSTINE HEALTH SYSTEM

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Health Care Ministry

Sisters of Charity Providence Hospitals
(Columbia, SC)
Providence Hospital
Providence Hospital Northeast
Providence Heart Institute
Providence Orthopedic & NeuroSpine Institute
Mercy Medical Center*
(Canton, OH)

St. John West Shore Hospital**
St. Vincent Charity Hospital**
Cuyahoga Physician Network**
Professional Medical Equipment**
Westshore Primary Care**

*CSAHS/UHHS-Canton Inc.
**In Greater Cleveland, OH
UHHS/CSAHS-Cuyahoga Inc.

Elder Care Ministry

Regina Health Center (Richfield, OH)
Light of Hearts Villa* (Bedford, OH)
*A joint venture with the Sisters of Charity of Cincinnati

Foundation Ministry

Sisters of Charity Foundation of Canton
Sisters of Charity Foundation of Cleveland
Sisters of Charity Foundation of South Carolina

Outreach Ministry

Caritas Connection* (Cleveland, OH)
*A joint venture with the Cleveland Catholic Diocese
Early Childhood Resource Center (Canton, OH)
Healthy Learners (Columbia, SC)
Joseph's Home (Cleveland, OH)
South Carolina Center for Fathers & Families (Columbia, SC)