The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.
MISSION

TO FULFILL THIS MISSION, CATHOLIC HEALTH INITIATIVES, AS A VALUES-DRIVEN ORGANIZATION, WILL:

- Assure the integrity of the healing ministry in both current and developing organizations and activities;
- Develop creative responses to emerging health care challenges;
- Promote mission integration and leadership development throughout the entire organization;
- Create a national Catholic voice that advocates for systemic change and influences health policy with specific concern for persons who are poor, alienated and underserved; and
- Steward resources by general oversight of the entire organization.

VISION

CATHOLIC HEALTH INITIATIVES' VISION IS TO CREATE A NATIONAL CATHOLIC MINISTRY WHICH WILL LIVE OUT ITS MISSION BY TRANSFORMING HEALTH CARE DELIVERY AND CREATING NEW MINISTRIES THAT PRODUCE HEALTHY COMMUNITIES.

CORE VALUES

Catholic Health Initiatives' Core Values define the organization and serve as its guiding principles. They are the roots or anchors from which all activities, decisions and behaviors follow.

REVERENCE
Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

INTEGRITY
Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

COMPASSION
Solidarity with one another, capacity to enter into another's joy and sorrow.

EXCELLENCE
Preeminent performance, becoming the benchmark, putting forth our personal and professional best.
Seven years ago, the journey of Catholic Health Initiatives began with a blending of health care ministries of multiple congregations of women religious. While each congregation had carried out the health care ministry of Jesus for many decades, they did so in different locations and in accordance with different traditions. Still, they shared a commitment to build healthy communities in which everyone, especially the poor and vulnerable, had access to the services needed for the health of the mind, body and spirit.

In forming Catholic Health Initiatives, the commitment to building healthy communities was one that all the founding congregations could embrace. This commitment is so essential to the organization that it anchors Catholic Health Initiatives’ vision and mission statements.

Serving community health needs in comprehensive and innovative ways is truly the hallmark of Catholic Health Initiatives. It is one of the central elements of the organization’s continuing journey. All the people associated with Catholic Health Initiatives have given generously of time, energy and resources in the building of healthy communities, often in collaborative partnerships. The benefits of their efforts are reaped in the improvement of the quality of life for community members both within and beyond their facilities.

In this report you will meet several individuals whose lives have been touched, whose dignity has been upheld, and whose hope has been restored because of Catholic Health Initiatives’ commitment to its mission: “Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.”

Sincerely,

Maryanne Coyle, SC
Chair, Board of Stewardship Trustees
CATHOLIC HEALTH INITIATIVES NAMES NEW CHAIR OF THE BOARD OF STEWARDSHIP TRUSTEES

On July 31, 2003, Maryann Guye, SC, stepped down after seven years as Catholic Health Initiatives Board Chair. She was succeeded by Russell Anderson, OSF, PhD, who has served on the Board of Stewardship Trustees since 1998.

Catholic Health Initiatives Board of Stewardship Trustees welcomes

Standing (left to right):
- Kevin E. Lofton, FACHE
- President and Chief Executive Officer
- Catholic Health Initiatives
- Denver, Colorado
- Kathryn M. Menahan
- President
- The Menahan Company
- Louisville, Kentucky
- Maryann Guye, SC
- Past Chair, Catholic Health Initiatives Board of Stewardship Trustees
- President, SC Ministry Foundation
- Cincinnati, Ohio
- Donald A. Brennan
- Bishop of Washington, DC
- Patricia J. McDermott
- RSM, PhD
- LeaChoir Team
- Institute of the Sisters of Mercy of the Americas
- Silver Spring, Maryland
- Fred Kammel
- SJ, JD
- Provincial
- New Orleans Province
- Society of Jesus
- New Orleans, Louisiana
- Mary Vavrek, PhD, RNP
- Director, Center for Rural Health
- University of North Dakota
- School of Medicine and Health Services
- Grand Forks, North Dakota

Seated (left to right):
- Elizabeth Wendel, SCN
- Director of Parish Leadership
- Diocese of Lexington
- Lexington, Kentucky
- Marjorie Seys, RN, PhD, FAAN
- Consultant
- Patient Care Services
- Barrington, Illinois
- Karin J. Dufault, SP, PhD
- Vice President, Mission Leadership
- Sisters of Providence
- Health System
- Seattle, Washington
- Herbert B. Vallerie
- Senior Vice President
- Human Resources
- Revion Consumer Products Corporation
- New York City, New York
TO: CATHOLIC HEALTH INITIATIVES FAMILY
FROM: PATRICIA A. CAHILL, ESQ.
WITH: GRATITUDE AND AFFECTION

Building healthy communities has been a steadfast goal of Catholic Health Initiatives, and during the past seven years we have learned a great deal about what it means.

We've learned that there are many approaches to building healthy communities, and that any community may require a combination of approaches. That's why Catholic Health Initiatives is creating multiple avenues that all lead toward healthy communities. They include community health services organizations; grants for projects and long-term partnerships that promote community health; investments in organizations that serve disadvantaged populations; a renewed emphasis on community benefit activities; and support for international health missions.

We've learned that real, sustained improvement in community health requires collaboration and cooperation among all of a community's constituencies. Providing communities with a full range of health services requires broad-based coalitions that keep community health at the top of every agenda. Our market-based organizations act as catalysts to bring coalitions together. They then share leadership responsibilities with other public and private entities, including schools, local government, law enforcement, faith communities, financial institutions, social service providers and other local health care providers.

Seven YEARS
We've also learned how important it is to be flexible when facilitating healthy community efforts. Each community has unique needs, and there is no magic formula that works in every situation. Our employees continuously listen, observe and adjust their actions to suit the realities of local needs. Ten or 50 or 100 years from now, the process of building healthy communities may be completely different than it is today, but it will always be a part of Catholic Health Initiatives.

Let me add that Catholic Health Initiatives has a wonderful new leader to continue the commitment to building healthy communities. Upon my retirement on July 31, 2003, the Board of Stewardship Trustees appointed Kevin E. Lofton, FACHE, as president and chief executive officer. I have had the great privilege of working closely with Kevin since he joined Catholic Health Initiatives in 1998. Even though I know him well, I am continuously amazed and impressed by his intelligent, insightful and compassionate leadership. I have been so honored to serve Catholic Health Initiatives for the past seven years, and I am thrilled to leave the organization in such capable hands.

Sincerely,

[Signature]

Patricia A. Cahill, Esq.
President and Chief Executive Officer

[Signature]
Much has changed during Catholic Health Initiatives' seven-year journey as a health care provider, and the organization has adjusted to accommodate important trends and issues, both internal and external.

However, one aspect of Catholic Health Initiatives remains constant: a deep and continuing commitment to building healthy communities. This commitment is a common thread among Catholic Health Initiatives facilities, whether large or small, urban or rural, focused on all facets of the health care continuum.
The following pages provide a glimpse into the resources and channels Catholic Health Initiatives uses to carry out its mission to build healthy communities.
HEALTH CARE MARKETS ARE DYNAMIC, AND LOCAL CHANGES SOMETIMES CALL CATHOLIC HEALTH INITIATIVES TO BE SOMETHING OTHER THAN AN ACUTE CARE PROVIDER. IN THESE MARKETS, CATHOLIC HEALTH INITIATIVES ESTABLISHES COMMUNITY HEALTH SERVICES ORGANIZATIONS TO CONTINUE THE CATHOLIC HEALTH MINISTRY. THESE ORGANIZATIONS CARRY ON THE COMMITMENT TO QUALITY CARE, ADVOCACY FOR SOCIAL JUSTICE, AND BUILDING HEALTHY COMMUNITIES THAT ARE THE HALLMARKS OF CATHOLIC HEALTH INITIATIVES.

Healthy Communities for All Faiths

In the heart of Pennsylvania Dutch country, the 450,000 residents of Lancaster County have formed nearly 700 faith communities. During the 2003 fiscal year, St. Joseph Health Ministries of Lancaster piloted its congregational health program with six of those communities, including Presbyterian, Lutheran, Methodist and Mennonite congregations, touching the lives of more than 35,000 parishioners. The program takes congregations through a comprehensive and detailed process to identify members' health needs and foster collaboration with the broader community. More congregations will join this effort during the 2004 fiscal year, when St. Joseph Health Ministries will also introduce a renewed focus on children's health.
In the peaceful countryside of Lancaster County, a health and wellness team provides parish nursing services at Landisville Mennonite Church. Members of the congregation rely on team members, including Judy Yoder, RN, and Rohrer Stoltzfus, MD, for blood pressure checks, transportation to medical appointments and questions about end-of-life care. The team receives support from St. Joseph's Health Ministries and the network it has built among the county's parish nurses.

"I believe that the church is the most important thing in health care."

Rohrer Stoltzfus, MD

Health and wellness team members: Judy Yoder, RN, and Rohrer Stoltzfus, MD
Amid century-old brick buildings, young members of Bright Side Baptist Church in downtown Lancaster learn how to stay healthy and strong. With the help of an instructor and curriculum provided by St. Joseph Health Ministries, 80 children from the congregation and the neighborhood around the church spend time each month learning about dental care, nutrition, self-esteem and other essential health topics.

These bright faces are (left to right): Keneesha Brown, Victoresha Thomas, Lamar Adams and Jasmine Everett, accompanied by Andrew Ellis, one of their advisors and a deacon of the church.
“St. Joseph Health Ministries is there when I need answers. They also provide the structure that makes connecting with other health ministry workers possible.”

Judy Yoder, R.N., parish nurse
Continued Focus on Wellness and Prevention in Albuquerque

In the big room at the Pajarito Senior Center in Albuquerque, New Mexico, seniors gather to enjoy arts and crafts, share hot meals, play bingo, dance beneath a sparkling mirror ball and, once a month, attend a free wellness clinic. The Pajarito clinic is one of 12 monthly clinics provided by S.E.T. for Health New Mexico, part of Catholic Health Initiatives' new, Albuquerque-based community health services organization, St. Joseph Community Health Services. S.E.T., which stands for Service, Empowerment and Transformation, strives to serve the health needs of poor and disadvantaged populations. The clinic's volunteer staff members answer questions; monitor weight, blood pressure and medication schedules; and help seniors navigate Medicare paperwork. This program, as well as a family health education program, will continue as St. Joseph Community Health Services continues to establish its presence and path in New Mexico.

After having her vital signs checked, Naomi Conner talks about her health care concierge volunteer at a wellness clinic. The S.E.T. for Health N A clinic has been established by the National Center for Health and Aging. According to the value of the people who use the clinic, these important things are important to tell their doctors.

Margo Soaborn, nurse at the St. Joseph Clinic, and the only paid staff of the wellness clinic, supervises the volunteers and answers questions from clients such as Betty. The clinic has care for 700 seniors' 2003 fiscal year -- a budget of $70,000.
After having her vital signs checked, Naomi Connady talks about her health concerns with a volunteer at a wellness clinic run by S.E.T. for Health New Mexico. According to the volunteer, many of the people who come to the clinic mention things that they don't think are important enough to tell their doctors.

Margo Seaborn, nurse coordinator, is the only paid staff member of the wellness clinics. Margo supervises the volunteer staff and answers questions for clients such as Betty Skinner. The clinics provided preventive care to 700 seniors during the 2003 fiscal year — all on a budget of $70,000.

Massage therapist Lauriel Lynar is a popular person at monthly senior wellness clinics held in Albuquerque. Mindful of the fragility of 91-year-old Tom Zaia's skin and bones, she provides a gentle five-minute massage in a special chair.
Journalist Cokie Roberts was the featured speaker at the 13th Annual Nancy Floyd Haworth cancer lecture sponsored by the St. Joseph Healthcare Foundation and the University of New Mexico. The annual event draws physicians and scientists as well as members of the Albuquerque community who support breast cancer research.
Future plans for St. Joseph Community Health Services include a focus on the health and wellness of children, including the children of New Mexico's many undocumented workers.
MISSION AND MINISTRY FUND

Building healthy communities is a cornerstone of Catholic Health Initiatives, and the organization commits significant resources to this endeavor. Since 1996, Catholic Health Initiatives’ Mission and Ministry Fund has provided a total of 130 grants, amounting to $15.5 million, to create healthy communities.

In addition, the Mission and Ministry Fund provides grant applicants with a proven and flexible model for building healthy communities.

The fund awards two types of grants: project grants that support innovative health improvement projects, and planning grants that support existing or developing community coalitions dedicated to comprehensive, sustainable healthy community initiatives.
Winston wakes up to a stronger community

In 1999, two adolescents in the rural community of Winston, Oregon, died of gunshot wounds within a few weeks of each other. The residents of Winston termed the tragedies as a wake-up call. The economically depressed community needs upgraded facilities for youth programs, senior programs, community education and social services. With the help of two Mission and Ministry Fund planning grants, the Winston Area Community Partnership (or WACP, pronounced “wake up”) has united the community behind a set of goals and objectives. The coalition has increased its list of individual stakeholders from about 20 to more than 90; developed a dozen facilitators for WACP Board meetings; and raised $1.3 million toward a new $5 million community center. The Mission and Ministry Fund grants were secured by Mercy Healthcare of Roseburg, Oregon, Winston’s close neighbor and an active participant in WACP.
The swift and exotic cheetah has become a symbol of Winston, Oregon, a community striving to overcome job losses in the timber industry. One of the community's most surprising assets is a wildlife refuge that is home to a successful cheetah breeding program. A statue of Khayam, the first cheetah to live at the refuge, appears to listen to the plans of Edie Young, Penny Mills and Patti LaFreniere, members of the board of the Winston Area Community Partnership.

Long-time local teacher and current school board chair Edie Young devotes many hours each week to building a healthy community through the Winston Area Community Partnership. She leads an effort to beautify the city's streets and parks with plantings and flowers.
GARDEN CITY SCHOOLS GROW HEALTHIER CHILDREN

A federal grant provides free breakfast to each child at the school, where 80 percent of the children also qualify for free or subsidized lunches.
Immigrants

from Mexico, Laos and Vietnam work in the meat processing plants of Garden City, Kansas, the hub of the state's beef industry. Their employers provide health insurance, but many immigrant families don't understand their benefits or how to access health care. As a result, their children often receive little preventive care and seek medical attention only for emergent conditions.

To make preventive care more available, St. Catherine Hospital secured a Mission and Ministry Fund grant that pays the salaries of nurse practitioners at elementary schools in Garden City and the nearby community of Holcomb. Because the nurse practitioners are able to diagnose, set treatment plans and prescribe medication, they enhance the care provided by school nurses and take school-based health care to a new level.
The Healthy Child Center at Victor Ornelas Elementary School in Garden City provides child immunizations, screenings and other preventive care. Single mother Alma Medanho relies on the center to keep her children's minor illnesses from becoming more serious. Alma and her daughter, Bianca, watch as her son Marco receives treatment for ear pain from Mary VanNorten, RN.

As the only source of health care in nearby Holcomb, Kansas, the Healthy Child Center at Wiley Elementary School serves adults as well. Kimberly Robertson receives a dose of influenza vaccine from Manha Lewis, nurse practitioner, as her son Lance Robertson waits his turn.

The 540th Ornelas Elementary School has seen an increase in flu cases during the last year. The school's health program has seen a spike in referrals for vaccinations and health monitoring.
The 540 students at Victor Ornelas Elementary School in Garden City made 4,231 visits to the Healthy Child Center during the 2002–2003 school year. The center’s screening programs resulted in 328 referrals for dental, vision and hearing care.
Red in Motion

One key to better health for children with excess weight is to get moving, and that's what Red in Motion does for fourth and fifth graders in Lincoln, Nebraska. The program, sponsored by Saint Elizabeth Health Systems Foundation and supported by a Catholic Health Initiatives Mission and Ministry Fund grant, pairs University of Nebraska students with children whose weight is at the 95th percentile or above. The kids thrive on the attention from their mentors, who teach them about good nutrition and active games.

"This program is great for the kids' physical, emotional and social growth."

Pam Sediacek, principal of Huntington Elementary School in Lincoln, where several children participate in the program.

80% of Red in Motion participants report positive changes in their exercise habits.

87% of Red in Motion participants say they are eating in a healthier way.
Taylor Floyd and Red in Motion mentor Jason Chambers challenge each other to a friendly jump rope competition. Chambers, a senior majoring in community health education at the University of Nebraska, fulfills some of his course requirements by participating in Red in Motion. (By the way, Jason jumped longer, but Taylor jumped faster.)

Fifth grader Matthew McGlone has a great time playing basketball, football and even jump rope with his Red in Motion mentor. Mentors use other toys, like kickballs and sidewalk chalk, to encourage kids to be active. During the 2002-2003 school year, the program served about 60 children throughout the Lincoln area.

RED IN MOTION TAKES ITS NAME FROM THE UNIFORM COLOR OF THE UNIVERSITY OF NEBRASKA, WHERE SEVERAL SPORTS TEAMS HAVE CLAIMED NATIONAL TITLES.
LIKE THE MISSION AND MINISTRY FUND, CATHOLIC HEALTH INITIATIVES' DIRECT COMMUNITY INVESTMENT PROGRAM FULFILLS ITS MORAL AND ETHICAL RESPONSIBILITY TO STEWARD FINANCIAL RESOURCES IN A MANNER CONSISTENT WITH ITS MISSION, VISION AND VALUES. THE PROGRAM PROVIDES NO- OR LOW-INTEREST LOANS TO ORGANIZATIONS THAT GIVE DISADVANTAGED POPULATIONS ACCESS TO JOBS, HOUSING, EDUCATION AND HEALTH CARE. SINCE 1999, THE PROGRAM HAS INVESTED MORE THAN $21 MILLION IN THE PROJECTS AND INITIATIVES OF 36 ORGANIZATIONS IN THE UNITED STATES AND ELSEWHERE.

CASE STUDY
CHATTANOOGA, TENNESSEE

Since 1986, the Chattanooga Neighborhood Enterprise has helped develop, renovate, manage and finance affordable housing for low-to-moderate income citizens. During the 2003 fiscal year, Catholic Health Initiatives' $1 million investment in the Chattanooga Neighborhood Enterprise set the stage for the organization to provide $4.5 million in loans for home purchases and renovations in the Glenwood neighborhood, which surrounds Memorial Health Care System. "We want to help our neighbors have safe and affordable housing," said Ruth Brinkley, president and chief executive officer of Memorial Health Care System. "This is an important way of living out Memorial's mission."
Mary Marshall, pharmacy technician at Memorial Hospital, says the new house she purchased with the help of the Chattanooga Neighborhood Enterprise is a fine change from living in an apartment with her three active boys. Her sons — Bennie, Bailee and Brenden Martin — enjoy playing each other around their fenced yard.

A PARTNERSHIP BETWEEN MEMORIAL HEALTH CARE SYSTEM AND CHATTANOOGA NEIGHBORHOOD ENTERPRISE HAS HELPED MORE THAN 70 EMPLOYEES PURCHASE THEIR FIRST HOMES.
Dana Britt and her husband are gradually remodeling the home they purchased two years ago with the assistance of the Chattanooga Neighborhood Enterprise. "We were able to buy a house much sooner than we would have without their help," said Dana, a pharmacy technician at Memorial Hospital. Baby Caroline is the newest addition to the household.

Since 1995, the Chattanooga Neighborhood Enterprise, in partnership with Memorial Health Care, has provided more than $4 million in residential mortgages to hospital employees.
and are gradually.

They purchased two years
of the Cottamospa.

"We were able to

other than we would have

"Dona, a pharmacy

hospital. Baby Caroline

the household.

Total measurable benefit
provided to the poor and
the broader community

$644,276,000

Community benefit as a
percentage of total revenues

10.6%

DURING FISCAL YEAR 2003,
CATHOLIC HEALTH INITIATIVES
PROVIDED CHARITY CARE
TOTALING $215 MILLION.

Community Benefit
and Charity Care

Every Catholic Health Initiatives market-based organization
is committed to community benefit: the provision of health
services and compassionate care to the poor and vulnerable
as well as the broader community. During the 2003 fiscal
year, market-based organizations implemented a process
that resulted in consistent planning, budgeting and
reporting for community benefit across the system.
INTERNATIONAL MISSIONS

As a founding member of the Catholic Consortium for International Health Services, Catholic Health Initiatives is responding to the needs of the sick and poor in places such as Croatia and Cameroon. During fiscal year 2003, Catholic Health Initiatives' market-based organizations and national offices did their part through efforts that ranged from sending supplies to hospitals in Third-World areas to sending much-needed toothbrushes and toothpaste to children in Guatemala.

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Throughout the war between the United States and Iraq, Maryanne Pierre, OP, a Dominican sister, kept St. Raphael's Hospital in central Baghdad open to help the sick and deliver the abundance of premature babies that is a little-known consequence of war. As a member of the Catholic Consortium for International Health Services, Catholic Health Initiatives used donations from market-based organizations, employees and a participating congregation to purchase a generator and other supplies for the hospital. The generator was urgently needed because patients on respirators, including infants, were dying whenever the supply of electricity in Baghdad shut off. Sister Maryanne, who was born in Iraq and studied nursing in the United States, has kept the hospital open to serve Iraqis through every conflict of the past 20 years.
Sacred scripture continually speaks to us of an active commitment to our neighbors and demands of us a shared responsibility for all of humanity. This duty is not limited to one’s own family, nation or state, but extended progressively to all ... so no one can consider himself extraneous or indifferent to the lot of another member of the human family.
Catholic Health Initiatives is part of the Catholic Consortium for International Health Services, which supports two hospitals sponsored by the Tertiary Franciscan Sisters in Cameroon, where life expectancy is just 51 years for men and 54 years for women. The Consortium has helped the hospitals increase their capacity to produce and provide intravenous fluids and minor drugs, such as drops and salves, for patient treatment.
**People**

66,000 full- and part-time employees*

*55,000 full-time equivalent employees

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**WORK COMMUNITY OF CHOICE**

Catholic Health Initiatives introduced its plan for becoming a work community of choice in every market it serves. The foundation of the plan is a covenant that joins Catholic Health Initiatives with its employees through a commitment to live the organization's core values in a way that enables all employees to reach their fullest potential.

**COVERAGE FOR THE UNINSURED**

Many of Catholic Health Initiatives' market-based organizations organized and supported local events, including town hall meetings, health fairs and interfaith events, all related to "Cover the Uninsured Week" in March. The week of activities raised awareness of the plight of the more than 41 million Americans who are without health insurance.
CORE VALUES ASSESSMENT

Market-based organizations began to conduct Core Values Assessments to ensure that their organizational cultures support achievement of their key strategies and objectives. The assessments identify areas of strength in the overall culture of Catholic Health Initiatives, such as humility, sensitivity and spirituality; and areas for development, such as accountability, collaborative spirit and strategic focus.

WORKING FOR CHILDREN

The 2002 annual report of the advocacy group Children's Health Matters recognized 36 Catholic Health Initiatives market-based organizations for helping to enroll children in Medicaid or state-funded health insurance programs. The combined efforts of the members of Children's Health Matters resulted in the enrollment of 108,995 children.

PRAYING FOR PEACE

The market-based organizations and national offices of Catholic Health Initiatives observed a Day of Awareness, Prayer and Advocacy for Peacemaking in January, with a special focus on praying for peace in the global community.

Sacred Stories

Catholic Health Initiatives published its fourth volume of Sacred Stories, a series of publications that contain stories of lived spirituality authored by Catholic Health Initiatives employees, physicians and volunteers. The individuals wrote about the internal faith they bring to their work and how that faith contributes to Catholic Health Initiatives' delivery of care and environment of service.
Prevention of Wrong-site Surgery
Catholic Health Initiatives participated in the development of a new Joint Commission on Accreditation of Healthcare Organizations national standard for the prevention of wrong-site surgery. JCAHO is expected to introduce the new standard in January 2004.

Measurement of Clinical Competency
The National Clinical Competency Program of Catholic Health Initiatives implemented its Performance Based Development System at 16 market-based organizations. The system measures clinician competency and identifies opportunities for training.

Pharmacy Program Increases Safety
Catholic Health Initiatives' National Pharmacy Program increased patient safety and the amount of time pharmacists are able to spend on patient care. By the fourth quarter of fiscal year 2003, the program also achieved savings of $7.1 million, surpassing a goal of $5 million in savings.

America's Best
Two Catholic Health Initiatives organizations were on Hospitals' published in July 2003. Towson, Maryland, ranked 39th in heart

Commitment to Quality
Eleven of Catholic Health Initiatives organizations won 14 awards for patient care. The Jackson Organizational measurement.

Hackley Award
The Mission and Ministry Initiatives established the Memorial Award for IC care projects. The awa a bequest from the estate of retired Catholic Health Initiatives' Patricia A. Cahill.
America's Best Hospitals

Two Catholic Health Initiatives' market-based organizations were on the list of "America's Best Hospitals" published by U.S. News and World Report in July 2003. St. Joseph Medical Center, Towson, Maryland, ranked 33rd in orthopedics, while Saint Joseph Hospital, Lexington, Kentucky, ranked 39th in heart and heart surgery.

Commitment to Excellence

Eleven of Catholic Health Initiatives' market-based organizations won 14 Commitment to Excellence awards for patient and employee satisfaction from The Jackson Organization, a provider of satisfaction measurement.

Hackley Award Established

The Mission and Ministry Fund of Catholic Health Initiatives established the John Andrew Hackley Memorial Award for long-term care and palliative care projects. The award is funded through a bequest from the estate of Hackley, a friend of retired Catholic Health Initiatives president Patricia A. Cahill.

Top Hospitals

The annual list of Top Hospitals published in 2002 by Solucient included seven Catholic Health Initiatives' facilities:

- Alegent Health Bergan Mercy Medical Center, Omaha, Nebraska
- St. Anthony Central Hospital, Denver, Colorado
- St. Anthony North Hospital, Denver, Colorado
- St. Clare Hospital, Lakewood, Washington
- St. Francis Hospital, Federal Way, Washington
- St. Joseph Medical Center, Reading, Pennsylvania
- St. Joseph Medical Center, Tacoma, Washington
68 Hospitals
44 Long-term care, assisted-living facilities and residential units
5 Community health services organizations
19 States
68 Rural and urban communities

New Hospitals
Berea Hospital, Berea, Kentucky, and Lisbon Area Health Services, Lisbon, North Dakota, joined Catholic Health Initiatives during the 2003 fiscal year. Berea Hospital is a 48-bed hospital that serves a four-county area; Lisbon Area Health Services includes 19 acute-care beds, 45 skilled-nursing beds and a home-health agency.

HIPAA Education
Catholic Health Initiatives held its second annual conference focusing on the Health Insurance Portability and Accountability Act (HIPAA) in October 2002. The conference educated participants about the solution design and implementation phases of Catholic Health Initiatives’ HIPAA compliance process, designed to ensure the privacy of patient information.

Integrative Medicine Workshop
Service Center Consolidation
Catholic Health Initiatives announced the consolidation of its information technology service centers in Exton, Pennsylvania, and Tacoma, Washington, to a new national information technology center in Denver, Colorado. The new information technology center, scheduled to open in early 2004, will solve problems with existing facility constraints and duplicative costs as it supports a unified approach to information technology solutions.

Benchmarks for Hospitalist Programs
Financial benchmarks for hospitalist programs developed by the Catholic Health Initiatives Practice Management team were published in the November/December 2002 issue of The Physician Executive, the journal of the American College of Physician Executives. The article explored revenue and expense benchmarks for traditional and 24-hour hospitalist program models.

Study of Chaplain Performance
In a groundbreaking study of chaplain performance, Catholic Health Initiatives determined that chaplains consistently add value to the culture of the organization. The survey also led to recommendations for the improvement of chaplain performance and productivity measurement, including defining roles and their levels of complexity.
The financial performance improvement reported in the 2002 fiscal year continued in fiscal year 2003. The excess of revenues over expenses before investment income improved to $255 million*, a 4.2 percent margin. These results enhanced the balance sheet, which attained its strongest position since the 1996 formation of Catholic Health Initiatives. Economic slowdown and geopolitical problems adversely affected investment performance, however, decreasing net income (excess of revenues over expenses) to $188 million, a margin of 3.1 percent.

As in the past, changes continued to occur in the composition of Catholic Health Initiatives. Where year-to-year comparisons were significantly affected by such changes, the impact is included in this discussion. Three market-based organizations were sold in fiscal year 2003: located in Albuquerque, New Mexico; North Bend, Oregon; and Bothell, Washington. In addition, interests were sold in six Sunrise assisted-living facilities. Two hospitals were acquired: in Lisbon, North Dakota, and Berea, Kentucky. The net effect of these transitions reduced the licensed bed complement by 503 acute care beds and 313 long-term care beds and reduced residential services capacity by 69 units.

Three other notable changes occurred during the year. One was certification of a college of nursing in Cincinnati, Ohio, in addition to an existing program in Des Moines, Iowa. A second was the conversion of several hospitals to critical access status, a Medicare category that reimburses certain small facilities on a cost basis, bringing the number of Catholic Health Initiatives critical access hospitals to 12. The third was the transfer of the employee medical benefit plan to a trust, moving it from national office operations.

* Represents excess of revenues over expenses of $188 million, adjusted for investment loss of $67 million.
Catholic Health Initiatives experienced a 1 percent increase in inpatient admissions when excluding transitioned facilities, though utilization in the health care industry as a whole was negatively affected by the strained economy during fiscal year 2003. The average acute care length of stay declined to 4.6 days despite a slight increase in the severity of patient illnesses. Long-term care admissions declined 9 percent due to the sale of the North Bend, Oregon, and Bothell, Washington, facilities, the closing of the Omaha, Nebraska, facility and conversions or reductions in beds at Durango, Colorado, and Great Bend, Kansas. Residential services declined 6 percent, mainly due to the sale of the North Bend facility.

Outpatient emergency visits dropped 1 percent and non-emergent outpatient visits increased 2 percent when transitioned facilities were excluded. Outpatient growth was contrary to past trends during difficult employment environments, a sign of the strong market positions of many facilities.

The number of employed/contracted physicians and extenders increased more than 5 percent and visits increased more than 2 percent. The number of home health clients grew more than 1 percent despite agency closings in Fargo, North Dakota, and Martin, Kentucky, and the transition of the Albuquerque agency.
Balance Sheet

The balance sheet strengthened considerably, supporting the organization's "AA" debt rating. Total assets increased a little over 7 percent to more than $7 billion, and there was a favorable balance among cash, net patient accounts receivable, investments and net property and equipment.

Days of cash on hand reached 190, the highest in Catholic Health Initiatives' history. Improved investment performance was a significant factor in the increase.

Although investment income for the fiscal year was negative, a fourth-quarter market rally produced significant unrealized gains. When investment income is combined with the unrealized gains, investment performance exceeded the prior year by $212 million. The total cash position also was favorably influenced by strong operational performance, less-than-expected capital spending levels, proceeds from the sale of 2002 debt issue and a 5 percent improvement in days of net patient services revenues in net patient accounts receivable.

The Mission and Ministry Fund and Capital Resource Pool balances increased 24 percent and 32 percent respectively. Although helped by improved returns, the increases were primarily due to equity transfers from the facilities. The Board of Stewardship Trustees approved transfers of $17 million from the Capital Resource Pool to establish a trust for the employee medical benefit plan and to fund exit costs at Bethel, Washington, and North Bend, Oregon.

Significant growth occurred in net property and equipment, which represented one-third of consolidated assets. Capitalized asset additions of $492 million, while 18 percent above the prior year, were less than anticipated because of delays in a number of multi-year and master facility projects.

Other assets increased 40 percent and included loans to joint operating partners Alegent Health/Methodist/Immanuel Medical Center, Omaha, Nebraska, and Bethesda Hospital, Cincinnati, Ohio, which became part of the Catholic Health Initiatives credit group in calendar years 2001 and 2002 respectively. Excess funding for separate pension plans at Cincinnati and Dayton, Ohio, and higher inventory levels due to increased supply and pharmaceutical costs also contributed to the increase. Despite the $784 million tax-exempt bond issue in the fall of 2002, the debt-to-capitalization ratio remained constant at 35.5 percent and the cash-to-debt ratio improved to nearly 126 percent.

Self-insured reserves and other liabilities increased 50 percent. Higher liability costs led to increased reserves and markets continued to deteriorate for certain lines of insurance. A $205 million charge to other liabilities resulted from a decrease in the funded status for the Catholic Health Initiatives Retirement Plan, the second consecutive fiscal year for such a charge. The funding deficiency was primarily caused by weak investment markets, reduced employee turnover and increases in employee compensation.

Unrestricted net assets increased due to net income and the significant improvement in unrealized gains in investment portfolios, offset by the retirement plan change. Restricted net assets benefited from the receipt of specific-purpose gifts. In a time of economic strain, it was heartening to see the development of new contributions to the ministries from the communities they serve.

---

Statements of Operations

Operating performance, measured by the excess before investment income margin, improved 13.5 percent in fiscal year 2003. The net income margin, hurt by negative investment results, declined 20 percent. Total revenues exceeded $6 billion, nearly 3 percent above the prior year. Net revenues from patient services increased 5 percent and, excluding transitioned facilities, increased 9 percent. Non-patient revenues declined 3 percent due to negative investment income of $67 million; losses of $52 million were recorded as "other than temporary" declines, compared to $63 million in the prior year.

Expenses increased 4.3 percent. Salaries and wages increased 3 percent and full-time equivalent employees increased 2 percent, despite the lack of volume growth. Supply expenses increased 8.5 percent due to changes in service mix and technology. Bad debt expenses increased to 5.6 percent of net patient services revenues. Restructuring, impairment and other losses were $10.9 million, significantly lower than prior years.
Charity and Community Benefit

Charity care was $215 million in fiscal year 2003, which was 3.7 percent of net patient services revenues compared to 3.5 percent in the prior year. Total benefit of $644 million was provided to the poor and broader community, an 11 percent increase. Excluding payment shortfalls from Medicare and Medicaid, community benefit was 3.7 percent of total net patient services revenues, the same percentage as in the prior year.

Conclusion

Fiscal year 2003 was a strong financial year for Catholic Health Initiatives despite adverse economic conditions. Though negative investment income harmed the net income margin, positive total returns strengthened the cash position. Capital investments continued to increase after several years of low expenditures. Financial results must continue to improve to support these increased levels of capital investment.

Catholic Health Initiatives is financially positioned to continue implementation of its strategic plan. Market-based organizations will continue to face challenges related to trends in utilization, employment/benefit costs and management of assets. Addressing these issues will be essential to maintaining the vitality of the ministry into the future.
## BALANCE SHEETS

<table>
<thead>
<tr>
<th>(in thousands)</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, patient accounts receivable and other current assets</td>
<td>$1,334,880</td>
<td>$1,255,075</td>
</tr>
<tr>
<td>Investments and assets limited as to use</td>
<td>3,024,934</td>
<td>2,768,874</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>2,424,927</td>
<td>2,338,676</td>
</tr>
<tr>
<td>Other</td>
<td>500,588</td>
<td>412,345</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$7,285,529</strong></td>
<td><strong>$6,774,970</strong></td>
</tr>
<tr>
<td>Accounts payable and other current liabilities</td>
<td>853,413</td>
<td>882,503</td>
</tr>
<tr>
<td>Self-insured reserves and other liabilities</td>
<td>698,680</td>
<td>377,013</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>2,070,172</td>
<td>1,956,249</td>
</tr>
<tr>
<td><strong>Net assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>3,638,404</td>
<td>3,449,407</td>
</tr>
<tr>
<td>Restricted</td>
<td>124,669</td>
<td>110,796</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$7,285,529</strong></td>
<td><strong>$6,774,970</strong></td>
</tr>
</tbody>
</table>

## STATEMENTS OF OPERATIONS

<table>
<thead>
<tr>
<th>(in thousands)</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenues from patient services</td>
<td>$5,824,316</td>
<td>$5,538,345</td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>$(66,993)</td>
<td>$42,965</td>
</tr>
<tr>
<td>Net revenues from non-patient sources</td>
<td>314,291</td>
<td>318,844</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$6,071,612</strong></td>
<td><strong>$5,900,154</strong></td>
</tr>
<tr>
<td>Employee compensation and benefits</td>
<td>3,026,783</td>
<td>2,900,100</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>2,121,057</td>
<td>2,022,396</td>
</tr>
<tr>
<td>Building and equipment depreciation</td>
<td>314,080</td>
<td>304,188</td>
</tr>
<tr>
<td>Patient bad debts</td>
<td>325,612</td>
<td>302,004</td>
</tr>
<tr>
<td>Interest on long-term debt</td>
<td>85,161</td>
<td>87,356</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$5,872,893</strong></td>
<td><strong>$5,616,044</strong></td>
</tr>
<tr>
<td>Income before restructuring, impairment and other losses</td>
<td>198,719</td>
<td>284,110</td>
</tr>
<tr>
<td>Restructuring, impairment and other losses</td>
<td>10,893</td>
<td>24,016</td>
</tr>
<tr>
<td><strong>Excess of Revenues Over Expenses</strong></td>
<td><strong>$187,826</strong></td>
<td><strong>$260,094</strong></td>
</tr>
</tbody>
</table>

**Total Measured Based on:**

* Charitable Care
** Total for the years ended June 30 for the years ended June 30

**STATISTICS**

- Acute care beds
- Acute care discharge average length of stay
- Net investment income
- Net investment income as a percentage of total revenue
- Number of outpatient visits
**COMMUNITY BENEFIT SUMMARY**

**COMMUNITY BENEFIT PROVIDED TO**
**THE POOR AND THE BROADER COMMUNITY**

<table>
<thead>
<tr>
<th>(in thousands)</th>
<th>Year ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>Cost of charity care provided</td>
<td>$108,846*</td>
</tr>
<tr>
<td>Unpaid costs of Medicaid and other indigent care programs</td>
<td>123,113</td>
</tr>
<tr>
<td>Non-billed services for the poor</td>
<td>9,337</td>
</tr>
<tr>
<td>Cash and in-kind donations for the poor</td>
<td>7,364</td>
</tr>
<tr>
<td>Other benefit provided to the poor</td>
<td>6,059</td>
</tr>
<tr>
<td><strong>Measurable Benefit for the Poor</strong></td>
<td>$254,719</td>
</tr>
<tr>
<td>Unpaid costs of Medicare and other senior programs</td>
<td>$308,036</td>
</tr>
<tr>
<td>Non-billed services for the community</td>
<td>27,449</td>
</tr>
<tr>
<td>Education and research provided for the community</td>
<td>20,461</td>
</tr>
<tr>
<td>Other benefit provided to the community</td>
<td>33,610</td>
</tr>
<tr>
<td><strong>Measurable Benefit for the Broader Community</strong></td>
<td>$389,557</td>
</tr>
<tr>
<td><strong>Total Measurable Benefit for the Poor and the Broader Community</strong></td>
<td>$644,276**</td>
</tr>
</tbody>
</table>

* Charity care of $215 million and $192 million was provided in 2003 and 2002 respectively, determined on the basis of charges. The amount shown here represents the cost of charity care provided.

** Total measurable benefit for the poor and the broader community was 10.6 percent and 9.9 percent of total revenues for the fiscal years ended June 30, 2003 and 2002, respectively. Certain adjustments were made to the previously reported 2002 community benefit information to conform to the 2003 presentation.

**STATISTICAL HIGHLIGHTS**

<table>
<thead>
<tr>
<th></th>
<th>Year ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>Acute care inpatient days</td>
<td>1,909,907</td>
</tr>
<tr>
<td>Acute care admissions</td>
<td>416,385</td>
</tr>
<tr>
<td>Average acute care length of stay in days</td>
<td>4.6</td>
</tr>
<tr>
<td>Long-term care days</td>
<td>972,318</td>
</tr>
<tr>
<td>Net inpatient revenues as a percentage of net revenues from patient services</td>
<td>51.1</td>
</tr>
<tr>
<td>Number of full-time employee equivalents</td>
<td>54,975</td>
</tr>
</tbody>
</table>
NATIONAL LEADERSHIP TEAM

Patricia A. Cahill, Esq.
President and Chief Executive Officer
Assumed January 1, 2021

Kevin E. Lefson, FACHE
President and Chief Executive Officer
Effective August 1, 2023

Michael L. Fendyce
Chief Administrative Officer

Dianna G. Baden, OP, PhD
Senior Vice President Mission

A. Michelle Cooper
Vice President Corporate Risk Management

John F. DiCosola
Senior Vice President Strategy and Business Development

Victoria M. George,
RN, PhD, FAAN
Senior Vice President and Chief Nursing Officer

David J. Goodis
Senior Vice President Operations

Geraldine M. Hkeley, CSC
Senior Vice President Finance and Treasury

James R. Raskie
Senior Vice President Operations

Dborah M. Lee-Eddie
Senior Vice President Operations

Christopher J. Macmannus
Senior Vice President Information Technology and Chief Information Officer

Peggy Ann Martin, OP, JCL
Senior Vice President Sponsorship and Governance

Phillip W. Jeams
Senior Vice President Supply Chain

Mitch H. McElhiney
Senior Vice President and Chief Risk Officer

Paul G. Neumann, Esq.
Senior Vice President Legal Services and General Counsel

Susan E. Peach
Senior Vice President Performance Management

Harold E. Ray, MD
Senior Vice President and Chief Medical Officer

Joyce N. Ross
Senior Vice President Communications

M. Colleen Scambler, RN, JD
Senior Vice President Advocacy

Larry A. Schmitt
Senior Vice President Operations

David D. Zwickley
Senior Vice President Continuum of Care

MEMBERS OF THE CIVIL CORPORATION

Judith Fischer, OSB
Benedictine Sisters of Mother of God Monastery
Watertown, South Dakota

Susan Snyder, OP
Congregation of the Dominican Sisters of St. Catherine of Siena,
Kemosh, Wisconsin

Ria Kromow, OSF
Franciscan Sisters of Little Falls,
Little Falls, Minnesota

Rita Doll, CP
Nuns of the Third Order of St. Benedict
Great Bend, Kansas

Barbara Hagedorn, SC
Sisters of Charity of Cincinnati
Cincinnati, Ohio

Eleanor F. Martin, SC, Esq.
Sisters of Charity of Nazareth
Nazareth, Kentucky

Celine Wimer, CSFN
Sisters of the Holy Family
Philadelphia, Pennsylvania

Patricia Farrell, RSM
Sisters of Mercy of the Americas
Omaha, Nebraska

Maureen Walker, PBVM
Sisters of the Presentation of the Blessed Virgin Mary
Fargo, North Dakota

Rose Marie Imig, OSF
Sisters of St. Francis of Colorado Springs,
Colorado Springs, Colorado

Rebecca Metzger, OSF
Sisters of St. Francis of the Immaculate Heart of Mary
Harrison, North Dakota

Lynn Patricia Lavin, OSF
Sisters of St. Francis of Philadelphia
Aston, Pennsylvania

CATHOLIC HEALTH INITIATIVES 42
THE VALUE OF ONE

THE MISSION, VISION, VALUES AND ORGANIZATIONAL HIGHLIGHTS

CATHOLIC HEALTH INITIATIVES

A spirit of innovation, a legacy of love.
OVERVIEW

Catholic Health Initiatives strives on its vision of Catholic health care as a vibrant ministry prepared to build healthy communities through the 21st century and beyond. The pioneer spirit that led congregations of woman religious to carry out the healing ministry of Jesus hundreds of years ago now guides Catholic Health Initiatives. The organization’s hallmarks include:

- The Catholic Health Initiatives Mission and Ministry Fund.
  Since its inception in 1996, the Fund has provided more than $25.5 million in grants to organizations that improve the health of their communities.

- The constant pursuit of new milestones in clinical quality.
  Catholic Health Initiatives received the 2001 National Quality Health Care Award in recognition of its quality performance and innovative leadership.

- A tradition of commitment to social justice.
  Catholic Health Initiatives advocates for the underserved, engages in socially responsible investing and provides millions of dollars in zero- or low-interest loans to organizations that promote access to jobs, housing, education and health care for vulnerable populations.

Twelve congregations of woman religious either founded or later joined Catholic Health Initiatives, the first Catholic health system to give the faith a sponsorship role in its facilities. Those who founded Catholic Health Initiatives created a shared model of sponsorship and governance, with equal participation by religious and lay members.

PARTICIPATING CONGREGATIONS

Benetidline Sisters of Mother of God Monastery Watertown, South Dakota
Congregation of the Dominican Sisters of St. Catherine of Sierra of Kenosha, Inc. Kenosha, Wisconsin
Franciscan Sisters of Little Falls, Minnesota Little Falls, Minnesota
Nuns of the Third Order of St. Dominic Great Bend, Kansas
Sisters of Charity of Cincinnati Cincinnati, Ohio
Sisters of Charity of Nazareth Nazareth, Kentucky
Sisters of the Holy Family of Nazareth Philadelphia, Pennsylvania
Sisters of Mercy of the Americas Regional Community of Omaha Omaha, Nebraska
Sisters of the Presentation of the Blessed Virgin Mary Bismarck, North Dakota
Sisters of St. Francis of Colorado Springs Colorado Springs, Colorado
Sisters of St. Francis of the Immaculate Heart of Mary Hauula, North Dakota
Sisters of St. Francis of Philadelphia Scranton, Pennsylvania
The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

**MISSION**

To fulfill this mission, Catholic Health Initiatives, as a values-driven organization, will:

- Assure the integrity of the healing ministry in both current and developing organizations and activities;
- Develop creative responses to emerging health care challenges;
- Promote mission integration and leadership development throughout the entire organization;
- Create a national Catholic voice that advocates for systemic change and influences health policy with specific concern for persons who are poor, alienated and underserved; and
- Steward resources by general oversight of the entire organization.

**VISION**

Catholic Health Initiatives' vision is to create a national Catholic ministry which will live out its mission by transforming health care delivery and creating new ministries that promote healthy communities.
CORE VALUES

Catholic Health Initiatives
Core Values define the organization and serve as its guiding principles. They are the roots or anchors from which all activities, decisions, and behaviors flow.

REVERENCE
Proud respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

COMPASSION
Solidarity with one another, capacity to enter into another’s joy and sorrow.

INTEGRITY
Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

EXCELLENCE
Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

CORE STRATEGIES

The Core Strategies of Catholic Health Initiatives guide the organization to use its resources in ways that enable it to carry out its vision and mission.

QUALITY
Catholic Health Initiatives will be a recognized leader in clinical quality, safety, and customer service across all settings and in every market it serves.

GROWTH
Catholic Health Initiatives will grow, develop, and transform itself to extend the scope and influence of the Catholic health ministry.

PEOPLE
Catholic Health Initiatives will be the work environment of choice in every market it serves by being a living example of its mission, vision, and core values.

PERFORMANCE
Catholic Health Initiatives will be a nationally recognized leader among health care systems for its operating and financial excellence.
CATHOLIC HEALTH INITIATIVES at a glance

as of June 30, 2003

STATISTICAL AND OPERATIONAL HIGHLIGHTS

- $7.3 billion in assets
- $6.1 billion in annual operating revenues
- Total matching funds provided to the poor and near-poor, over $244 million, or 10.6% as a percentage of total revenues
- Acute care inpatient days: 1,309,907
- Acute care admissions: 415,385
- Average acute care length of stay in days: 4.6
- Net margin on revenue as a percentage of net revenue from patient services: 5.1%
- Long-term care days: 873,316

- 108 institutions
- 44 long-term care facilities, assisted-living facilities, and residential units
- 5 community health services organizations
- 19 states: Arkansas, Colorado, Idaho, Iowa, Kansas, Kentucky, Maryland, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Washington and Wisconsin
- 188 rural and urban communities
- Approximately 36,000 full- and part-time employees
MARKET-BASED ORGANIZATIONS AND FACILITIES

ARKANSAS
St. Vincent Health System

St. Vincent Doctors Hospital

Arkadelphia

Clarence D. Delson, Administrator

St. Vincent Fort Smith Medical Center

Fort Smith

John P. Brown, General Manager and Administrator

St. Vincent Rehabilitation Hospital

Rebecca

Robert L. Rains, CEO

St. Anthony Central Hospital

Baton Rouge

George A. Zera, President and CEO

St. Anthony North Hospital

Thibodaux

Paul Lawal, Chief Operating Officer

St. Joseph Memorial Hospital

Lenoir

Richard G. Berglin, Administrator

St. John's Mound Hospital

Moulton

George H. McVay, Administrator

St. Joseph's Hospital

Culver City

Moulla Hamilton, Administrator

KENTUCKY
Berea Hospital

Berea

Angelo Calvano, President and CEO

CARRington Health Services

Louisville

Robert M. Lavelle, President and CEO

CHARRAS Home Care Services

Bedford

Robert M. Lavelle, President and CEO

CARRITAS Medical Center

Louisville

Robert M. Lavelle, President and CEO

Continuing Care Hospital, Inc.

Louisville

Neil T. Baker, Administrator

Mayfield Memorial Hospital

Bengal

Bruce A. Rodger, President and CEO

Marywood Medical Center

Louisville

Steven L. Seccombe, President and CEO

Our Lady of the Way Hospital

Huntington

Kathy Stewart, President and CEO

Saint Joseph Healthcare, Inc.

Louisville

William H. Hendrickson, President and CEO

Saint Joseph Hospital

Louisville

William H. Hendrickson, President and CEO

Saint Joseph East

Louisville

William H. Hendrickson, President and CEO

MARYLAND
St. Joseph Medical Center

Baltimore

John E. Birn, President and CEO

MINNESOTA
LakeWood Health Center

Budapest

Sharon K. Parns, President and CEO

St. Francis Medical Center

Bemidji

David A. Thelen, President and CEO

Kelly's House

Bemidji

David R. Pfeiffer, President and CEO

St. Joseph's Iowa Health Services

Buena Vista

Patsy Jackson, President and CEO

Unity Family Healthcare

St. Gabriel's Hospital

Lakeville

Carl F. Veegers, President and CEO

Allergy Area Hospital and Medical Center

Alberta

Benjamin Koppelman, Administrator

COLORADO
Centura Health

Englewood

Joel E. Swanson, President and CEO

Centura Health is a joint operating agreement between Catholic Health Initiatives and PorterCare Adventist Health Care in Colorado to manage facilities including those listed below:

Centura Senior Services

Denver

Centura Health

Englewood

Joel E. Swanson, President and CEO

Our Lady of the Way Hospital

Huntington

Kathy Stewart, President and CEO

Saint Joseph Healthcare, Inc.

Louisville

William H. Hendrickson, President and CEO

Saint Joseph Hospital

Louisville

William H. Hendrickson, President and CEO

Saint Joseph East

Louisville

William H. Hendrickson, President and CEO

MARYLAND
St. Joseph Medical Center

Baltimore

John E. Birn, President and CEO

MINNESOTA
LakeWood Health Center

Budapest

Sharon K. Parns, President and CEO

St. Francis Medical Center

Bemidji

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