Promote healthy communities across the country and around the world.
From Catholic Health Initiatives: The Early Years:

“Through the Mission and Ministry Fund and creative initiatives at the local level, the founding spirit of the participating religious congregations of Catholic Health Initiatives continues. To read the signs of the times, to go where there is a need and to begin new ministries were the signposts that led these women from their beginnings to the numerous states in which CHI continues today. CHI inherited this pioneering spirit and it is being kept alive through creative efforts to promote healthy communities that renew people in mind, body and spirit.”

Maryanna Coyle, SC
Member of the Steering Council that formed Catholic Health Initiatives
First Chair of the Catholic Health Initiatives Board of Stewardship Trustees
As the 1990s began, congregations of women religious reflected deeply on issues that challenged Catholic health care, including declining growth in the membership of their congregations and growing numbers of uninsured persons. To strengthen the health ministry for the future, 12 congregations of women religious agreed to combine their ministries as a new, national health care system: Catholic Health Initiatives.
ike the sisters who came before them, these women religious were willing to take risks: in this case, to form a new type of health care system, unprecedented in Catholic health care in terms of size and scope. The new system would also have its mission, vision and core values deeply integrated into every aspect of its operations and structure.

The sisters also embedded their shared desire for the new system to focus on building healthy communities. The Catholic Health Initiatives mission statement concludes with the words, “Fidelity to the gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.”

The founding congregations also urged the creation of a fund to provide grant support to organizations within the Catholic Health Initiatives family that take innovative, replicable and sustainable approaches to building healthy communities. The Mission and Ministry Fund, created through contributions from Catholic Health Initiatives and its facilities, awarded its first grants in 1997.

The Mission and Ministry Fund Today

Today, the Fund remains dedicated to supporting and encouraging the building of healthy communities, but does so in a greater variety of ways. The Fund originally provided grants for specific, defined projects to improve the health of a community. Through the years, the Fund has added new types of grants to meet the changing needs of the communities it serves.

**Project Grants** enable applicants to collaborate with other organizations to implement action plans that address specific, documented community needs. Such programs are often intended to serve disadvantaged populations.

**Planning Grants** enable applicants to establish broad-based coalitions that involve all stakeholders in building community capacity by creating a shared vision of what their community could be; mapping assets; setting priorities; and action planning.

**International Grants** enable applicants to collaborate with other organizations to build healthy communities and improve health around the world.

**Violence Prevention Grants** enable applicants to plan violence prevention initiatives in local communities. These grants are a component of Catholic Health Initiatives’ strategic initiative to prevent violence in every community we serve.

As the variety of grants has grown, so has the range of populations served, in the United States and around the world. Vulnerable populations of children, seniors, women, families, neighborhoods and entire communities have been served by programs, collaborations and projects supported by Mission and Ministry Fund grants. These efforts are also essential in that they take health improvement efforts outside the walls of Catholic Health Initiatives’ facilities, creating opportunities to improve the health of people where they live, work and play.
Into the Future

Human dignity, social justice and creating healthy communities are at the heart of Catholic Health Initiatives’ mission. As the health care ministry advances into the future, there is great disparity in the health status of those we serve. Health disparities — differences in health status between segments of the population — and health care disparities — differences in health care access, quality and outcomes between segments of the population — reflect social inequalities. Although the overall health status of our communities has improved, ethnic, racial, gender, economic and social disparities are pervasive.

For Catholic Health Initiatives, eliminating health care disparities and striving to achieve health equity for patients and communities are matters of social justice. In addition to funding innovative projects and planning initiatives to improve overall health and prevent violence, the Mission and Ministry Fund will seek pioneering solutions to reduce health care disparities and improve equity in health care quality and access for all we serve.

Catholic Health Initiatives’ affiliated organizations and participating congregations may apply for Mission and Ministry Fund grants. For more information about the Fund, visit the Catholic Health Initiatives website, www.catholichealthinitiatives.org.

Improving Lives and Communities

The Mission and Ministry Fund has supported hundreds of community coalitions and projects through the years. In the pages that follow, we have highlighted a representative sample to celebrate the Fund and the difference it has made in the lives of individuals and entire communities.

Hundreds of Grants, Millions in Funding

Since the Mission and Ministry Fund was established in 1996, it has:

- Awarded 311 grants
- Awarded a total of $38.4 million in grant funding
In just three years, the Congestive Heart Failure Outreach Project of Saint Joseph – London has made a significant difference in hospital readmission rates for patients with congestive heart failure (CHF). In 2008, the hospital’s readmission rate for patients with CHF was 38 percent; now, it is just 6 percent, the lowest in the area. Results like this will be increasingly important as health care moves toward reimbursement based on quality measures, including readmission rates.
The program provides a full-time nurse who teaches CHF patients how to monitor and control their disease process. So far, more than 1,750 patients have been able to benefit from the program. One of them, Chester Newby, Sr., shares his story:

“I am 61 years old and have lived in Lexington and London, Kentucky, all my life, but London is where I consider to be home. Eleven years ago, my health began failing me, and actually they told me then that I had three months to live. I have lung and heart problems as well as diabetes. I have been hospitalized many times in the past 11 years.

“My favorite lung doctor, who I really trust, referred me to the congestive heart failure program. The nurse, Rita, makes home visits, checks my blood pressure, listens to my lungs, and has taught me the importance of daily weights and my diet, and she helps me with my medication needs.

“This is what I would like to tell you about Rita and the program. This program is worth more than anything else. Without Rita, I could not make it. She calls to check on me and if I need her, she will either talk to me on the phone or be right here. Rita has taught me more than anyone else has. In fact, she explains everything to me in a way that I can understand what she has said, and I do what she says because I trust her.”
Hospice services help terminally ill patients make the most of the rest of their lives, but the availability and services of Franciscan Health System’s hospice program are not well known to ethnic communities in the Tacoma and South Puget Sound area. The Closing the Disparity Gap program promotes knowledge and understanding of hospice among these ethnic communities in a unique way. Recognizing that they must earn the respect of these populations, the program staff carefully builds relationships with trusted leaders in each community. As the staff learns how each community views and honors life and death, community leaders learn about how hospice can ease the transition from life to death in ways that respect each patient’s cultural traditions and family preferences. The trusted leaders then share this information with community members.

“Some of the leaders invite us to events in their communities just to see how we respond: to see if our interest is respectful, humble and genuine,” said Charles Horne, multicultural coordinator for Franciscan Hospice and Palliative Care. “We are patient, we’re transparent about why we are there, we allow these communities to dictate to us how to enter and to, so to speak, take a seat at their table.

“Our hospice caregivers are excited to learn the cultural information we’re able to gather. For example, we know that in the Korean community it’s possible to offend a family very quickly if we talk directly to a patient without the family’s permission. With the patient’s consent, the oldest son often has the role of decision-maker, and he will tell us how much the family wants the patient to know about their condition and their goals for hospice care.”
but Sister Dianna Hell of Oakes wanted to see children playing on safe, sturdy playground equipment. During the 1990s, the outdated playground equipment at the public school in Oakes was the direct cause of some painful cuts, slivers and broken arms. In addition, the old equipment was not accessible to disabled or obese children.

A committee of local volunteers raised funds for new equipment, but more than that was needed to make the playground safe. Sister Dianna and other leaders at Oakes Community Hospital secured a Mission and Ministry Fund grant that was used to educate children, teachers and day-care providers about safe play; hire an aide to monitor play during school hours; resurface the playground; and remove trees and an old fence for greater safety.

All of these improvements provided a safer place for children to play and develop healthy bodies. Today, some of the children who were present when the playground was first blessed are now in high school or college, with happy memories of the playground that’s a delight for each new generation of kids.
In the heart of San Francisco’s Mission District, CAMINOS Pathways Learning Center promotes computer training and economic self-sufficiency for Latina immigrant women and their families. CAMINOS was founded with seed money from the Sisters of Mercy of Omaha and further developed with three Mission and Ministry Fund grants.
The center provides classes in Spanish to more than 1,000 women each year. The classes develop the women’s computer literacy, helping them enter the Bay Area’s workforce and qualify for higher-paying jobs. Some women learn to maintain and repair computers, going on to work in the organization’s Mission Tech Computer Services enterprise. Others receive training in entrepreneurial skills. The organization’s newest community enterprise, Mission Central, uses social media to increase sustainable economic assets for minority-owned small businesses in the Mission District.

CAMLINOS also collaborates with and serves as a model for national organizations that work for the economic development of Hispanic communities.

For these women, CAMINOS is a lifeline:

**Alicia**

Finding a job was difficult for Alicia, an undocumented immigrant with few work skills and minimal ability to use English. She was successful in computer classes at CAMINOS, where she learned to use PowerPoint, Publisher and Photoshop. She decided to try using her skills and creativity to earn rent money. She visited various Latino restaurants in the Mission district, gathering their old and tattered menus: then, she used her computer skills to design colorful, attractive new menus. When she presented these to the restaurant owners, most of them placed orders with her. Alicia was able to pay her rent.

**Luz**

A student in a computer repair class at CAMINOS, Luz decided not to continue the course because she needed to find more housecleaning work and earn more income. One of her weekly housekeeping clients was a man who primarily worked from home. One day while Luz was cleaning, his computer crashed and he was unable to retrieve important data. Luz asked if she could help. He told her to go ahead and try, because he was ready to throw the computer out. She opened the computer case, saw that the hard drive cable had come loose from the motherboard and adjusted it. Within a few minutes, the computer was up and running with all data restored. Luz’s client gave her $100. She decided to continue with the computer repair course.

**Maria**

When Maria was 14, her family found a smuggler to take her away from the crime, violence and corruption in El Salvador to the United States, where she could live with an aunt in San Francisco. However, the smuggler kept her in his Los Angeles home for two years, until she was able to escape. Soon after Maria arrived in San Francisco, her aunt died unexpectedly. Maria was now a homeless teenager who depended on caring people in the community to help her. Though she could not yet speak English, she enrolled in high school. After high school, she came to CAMINOS to learn computer skills. With those skills, she was able to enroll at City College and earn a bachelor’s degree in criminal justice. Then, she earned a master’s degree in psychology from Golden Gate University and began to work as an addiction counselor. This year, she was a finalist for a White House fellowship. Once homeless, Maria now owns two homes in San Francisco. She was able to bring her parents, brothers and sisters to San Francisco to live in one of those homes. Maria remains closely connected to CAMINOS and frequently refers women to classes there.
Ten years ago, a Mission and Ministry Fund grant helped fund the Student Wellness Center at Grand Island Senior High School, which was the first — and is still the only — high-school based clinical treatment center in Nebraska. The center gives low-income students access to health care, helps contain outbreaks of contagious illness, treats and manages asthma and other chronic conditions, and provides mental health counseling and interventions for students with suicidal or homicidal thoughts.

The center’s ability to provide onsite immunizations is especially important because it enables immigrant students to clear a significant barrier to education. Before this service was available at the school, students arriving from other countries would come to school to enroll, but some would not return because of immunization requirements.

The center also plays a role in the school’s Medical Pathways Program, which encourages students to consider health care as a career. The center’s advanced practice registered nurse provides clinical care daily, but also teaches certified nursing assistant classes at Grand Island Senior High.
According to the Agency for Healthcare Research and Quality, overall oral health status has improved in the United States during the past several decades. However, inequities in the provision of care remain:

- Uninsured children are half as likely as insured children to receive dental care.
- Untreated dental decay afflicts one-fourth of children entering kindergarten.
- Low-income and minority children have more dental cavities than other children.

Untreated decay and other oral health problems can cause children to miss days of school or to be inattentive at school due to pain and discomfort, or due to sensitivity about the appearance of their teeth.

Through the years, a number of Mission and Ministry Fund grants have been given to programs designed to mitigate the disparities in care and improve children’s dental health. Examples include:

**Free Children’s Dental Clinic**, since 1997. At St. Joseph Medical Center, Reading, Pennsylvania, volunteer dentists and other oral health professionals perform hundreds of procedures each year at the Free Children’s Dental Clinic.

**Floyd County Dental/Oral Health Program**, since 2006. This program of Saint Joseph – Martin, Martin, Kentucky, provides dental education and screenings to elementary school students. The program now screens all K-8 students in Floyd County and provides cleanings as needed.


**Public Health Dental Clinic**, since 2004. St. Joseph’s Area Health Services, Park Rapids, Minnesota, established a hospital-based public health dental clinic.
Improving Health and Wellness in East Chattanooga

Memorial Health Care System | Chattanooga, Tennessee
In the neighborhoods of East Chattanooga, more than one in four people live in poverty; nearly one in three adults over age 25 have less than a high school education. When compared to all of the residents of Hamilton County, residents of East Chattanooga are more likely to be uninsured, be overweight or obese, have high blood pressure and high cholesterol, and have babies born at less than 5.5 pounds.

From the beginning, Memorial Health Care System involved the residents of East Chattanooga in defining and identifying their greatest health concerns. They selected overweight/obesity, hypertension and diabetes as priorities for intervention programs.

A group of 25 initial participants committed to attending twice-weekly exercise classes and quarterly health education sessions at local community centers. Each time they met, their activities concluded with time for spiritual reflection and group prayer.

Within two years, the program offered exercise classes four nights a week; in year three, the program added healthy cooking contests, exercise classes specifically for men and seniors, monthly education sessions, volunteer opportunities, a “Biggest Loser” contest and a merger with the Chattanooga Parks and Recreation Department. During the next three years, the project will expand to three more locations, and eventually to all 18 recreation centers in the city of Chattanooga.

**TESTIMONIALS**

Collected data show that the program is improving the overall health status of East Chattanooga, with decreases in weight and blood pressure readings, improved blood sugar levels and reduced use of medications to treat high blood pressure and diabetes. However, the best evidence of success may be found in these testimonials from participants:

“Since I started the wellness program, I can get in and out of the bathtub with no assistance. Before the program, my daughter and granddaughter would have to come assist me. Before, I would be out of breath by the time I got to the top of the steps; now, I almost run up the steps.”

“I love the fellowship and bond we have developed with this wellness program. I thank everyone for your prayers each week.”

“My clothes are fitting better. And guess what, ladies: I actually pulled the skin off my fried chicken the other day. I shock myself.”

“I have been suffering from knee issues for a while, I mean years. Every morning when I got out of bed, it would be so painful I could hardly stand it. Now, there is no more pain. I can’t believe it.”
Catholic Health Initiatives begins operations and, as one of its first orders of business, establishes the Mission and Ministry Fund.

The Fund awards its first grants to 17 projects for the planning and development of opportunities to promote healthy communities.

Twenty-two organizations receive grants totaling more than $2.4 million.

During Catholic Health Initiatives’ fifth anniversary celebration, the Mission and Ministry Fund presents 11 grants totaling more than $2 million.

The first 14 planning grants — designed to fund the planning phase of comprehensive, collaborative efforts to improve the health of a community — are awarded.

The Mission and Ministry Fund Advisory Committee uses lessons from the first five years of the Fund to refine the grant application and award process and takes a one-year hiatus from new grant awards.

The Mission and Ministry Fund accumulates $100 million in principal, a milestone that means all future grants can be awarded from earnings on the principal.

In its 10th anniversary year, the Mission and Ministry Fund awarded nearly $3 million in grants, reaching a total of $21 million awarded.

The Mission and Ministry Fund presents grants totaling more than $3.4 million.

Catholic Health Initiatives and the Mission and Ministry Fund donate $1 million to Catholic Relief Services to provide the people of Haiti with modern, quality health care as part of the Catholic Health Association’s Campaign for Rebirth and Renewal in Haiti.

Total grant awards reach $38.4 million as the Mission and Ministry Fund presents 38 grants worth more than $5.4 million.
## Timeline

### July 1999
More than $2.6 million in grants is awarded to 20 different organizations.

### July 2000
Representatives of 18 organizations accept grant funds totaling more than $2 million during a special reception held during the annual Catholic Health Assembly.

### September 2000
In addition to its established track of Project Grants, the Mission and Ministry Fund announces new track of grants: Planning Grants to fund comprehensive and collaborative efforts to improve the health of a community.

### July 2003
The Mission and Ministry Fund presents 27 grants totaling more than $3.4 million, and begins to award grants for building healthy communities internationally, in line with the international mission commitment of Catholic Health Initiatives’ facilities and participating congregations.

### July 2004
The Fund awards 19 grants with a total value of more than $2.5 million.

### July 2005
The Fund’s total grant awards since 1997 reach $19 million.

### July 2008
The Mission and Ministry Fund presents 19 grants totaling more than $2 million.

### September 2008
As part of Catholic Health Initiatives’ United Against Violence campaign, the Fund announces a new track of grants: Violence Prevention grants, designed to fund the development of programs that seek to reduce and prevent violence.

### July 2009
Providing hope during a prolonged worldwide economic recession, the Mission and Ministry Fund presents 34 grants totaling more than $2.7 million, including 14 grants specifically for violence prevention initiatives.
The life experiences and wisdom of senior citizens can be especially valuable to immigrants who need help adapting to life in the United States. That’s the idea behind Giving + Learning, a long-running program based at Riverview Place, a senior living community in Fargo. Giving + Learning strengthens relationships between long-time residents and recently arrived immigrants in the Fargo area.

The program matches immigrants, usually women, with mentors from the Riverview community. The mentors provide one-on-one, customized assistance that helps immigrants improve their English skills, qualify for jobs, earn citizenship status and obtain driver’s licenses. The lessons and encouragement provided by the mentors are returned to them in the form of gratitude, greater self esteem and a renewed sense of purpose in their retirement years. The program is actively engaged in seeking sustainable sources of funding.

Giving + Learning is so successful that it was featured in the 2005 documentary “The Open Road: America Looks at Aging” as an example of how retired seniors can remain a vital, connected part of society. The documentary was shown on public television and at the 2005 White House Conference on Aging.
Underlying social and economic conditions make zip code and household wealth stronger predictors of health outcomes than personal behavior, genetics or access to care.

Life expectancy in the California neighborhood of Louisville is just 68 years, about 10 years less than other parts of Jefferson County. This startling statistic shows the significant difference in health status experienced by people who are born, live, work and age in conditions that detract from health, including poverty, low socioeconomic status and lack of access to care. Often, these differences in health status correspond with racial and ethnic differences in community populations.

Jewish Hospital & St. Mary’s HealthCare collaborates with the Louisville Metro Department of Health & Wellness’ Center for Health Equity, and with residents of California and other challenged neighborhoods, on a new project called Upstream to Equity. The project is based on the idea that community members must be engaged as equal partners in order to produce real change and make healthier choices available to all so that a neighborhood can begin to thrive. “Upstream” refers to the concept of focusing on the underlying social and economic conditions that render zip code and household wealth as stronger predictors of health outcomes than personal behavior, genetics or even access to care.

The goals of Upstream to Equity are:

**Improve health status in the California, Shelby Park, Phoenix Hill and Smoketown neighborhoods.** Upstream to Equity is working with the Network Center for Community Change (also known as NC3), which has more than 3,500 members who live, work or worship in one of Louisville’s urban neighborhoods. NC3 is working to build the leadership skills of youth and provide support to residents who champion change. For example, residents have voiced on-going concern about abandoned properties. They are beginning to work to strengthen city policies to hold landlords accountable.

**Improve delivery of equitable, culturally competent care that positively affects clinical quality.** A pilot project is underway to provide people who have no insurance or Medicaid coverage with a nurse coach, or community care navigator, when they are discharged from Jewish Hospital. The pilot also employs peer counselors from the downtown neighborhoods to visit patients in their homes and connect them to resources. This helps people with limited resources manage chronic medical conditions, addressing problems before they escalate into a trip to the emergency room.
One of the earliest grants given by the Mission and Ministry Fund went to St. Gabriel’s Hospital in 1997. The grant helped to fund a program that offered new recreational opportunities to young people, providing not only exercise but the chance to learn positive values and enhance their self-esteem. Developed in collaboration with schools and the local community recreation organization, the program offered activities such as bowling, floor hockey, figure skating and “Positive Practices,” which focused on promoting good sportsmanship and building self-esteem.

By 2000, the program served nearly 2,000 students, with more than 140 volunteer coaches contributing nearly 1,300 hours of time. The Positive Practices program was well-received by students, their parents and their coaches. While a direct cause-and-effect cannot be established, the number of juvenile delinquency offenses and misdemeanors committed by youth decreased in the years after the program was introduced. Certainly, the increase in recreational opportunities for youth made the community a better place for children and families.

Today, the program is still going strong as a collaboration of St. Gabriel’s Hospital, the City of Little Falls Community Services Department, and Little Falls Community Schools. The program now provides a wide array of activities — baseball, tennis, music lessons, technology club, weightlifting and more — to youth from pre-kindergarten through high school. Positive Practices continues as well, with coaches emphasizing participation in weekly sessions that focus on respect, honesty, responsibility and cooperation.

“The opportunities for kids are endless,” said Shawn Alholm, a volunteer coach and dad of three children who all participate in the program. “If anyone has an interesting idea for a new class that will get kids excited, they make it happen. Without St. Gabriel’s participation, I don’t think the program would be as diverse and successful as it is. The hospital’s involvement is crucial to the program and shows its commitment to the community it serves.”
Through its work in an area of Albuquerque that has a high rate of poverty, especially among racial minorities, St. Joseph Community Health found that many neighborhood women are highly motivated to improve their financial situations in order to increase the health and well being of their families.

St. Joseph Community Health faced challenges to working with these women, including cultural differences and their need for a significant amount of support to transform their hobbies into retail businesses. As a result, success did not come quickly. However, once EARN found a home in the Rio Grande Community Development Corporation, success has become a reality. During the past year, EARN has:

- Become a foundation for economic stability in the community served.
- Provided counseling and training to more than 150 women.
- Created a pipeline and well-documented process to enable motivated participants to create a product line and business.
- Developed a two-track program: both help women learn to design and develop a product line, but one is entrepreneurial in nature (12 women are currently in this track) and the other is an artisan track (32 women are currently in this track).
St. Catherine Hospital is part of the Finney County Community Health Coalition, which makes life better for area residents in several ways. The coalition has:

- Become the leader in coordinating health and wellness activities within Finney County.
- Provided cultural training to increase the connectedness of Garden City’s diverse populations.
- Raised awareness of health and wellness; provided training to cook and eat more nutritiously.
- Offered parent education classes and used other networking efforts to decrease the number of “child in need” cases reported by Social and Rehabilitation Services.
- Worked to decrease the number of births to girls under age 18 without high school diplomas.
- Worked with the Kansas State Extension Service and Garden City Community College Adult Learning Center to increase the number of high school diplomas and general education degrees earned by foreign language speakers.
- Provided Somali, Burmese and Spanish newcomers to the community with life skills training, helping them become more connected to the community and live successfully in a new country.
- Established the Center for Children and Families, a resource center for families that also serves as the office of the coalition.

With the establishment of the Center for Children and Families, the coalition was able to secure two federal grants that total $500,000 per year. These funds are used to support programs that improve the health of children from birth to age eight and reduce underage drinking. These grants, along with the coalition’s focus on the further development of existing organizations, will help sustain the coalition in the years to come. The coalition has also been able to become a 501(c)(3) organization, which opens up broader opportunities for future grant funding.
Disaster Relief

The Mission and Ministry Fund contributes discretionary funds that can be used in special circumstances, including to help victims of disasters. Recently, these funds have brought relief to several disaster zones.

**Haiti.** Through the Mission and Ministry Fund, Catholic Health Initiatives pledged $1 million over three years for disaster relief efforts in Haiti as the country continues to recover from a devastating earthquake in 2010. The pledge is part of a more than $10 million commitment to the Campaign for Rebirth and Renewal, a program sponsored by the Catholic Health Association and Catholic Relief Services, to channel humanitarian efforts to Haiti.

**Pierre, South Dakota and Denville, New Jersey.** The Mission and Ministry Fund was able to help when unusually severe flooding during the spring and summer of 2011 caused problems for St. Mary’s Healthcare Center and Saint Clare’s Health System and damaged the homes of employees and medical staff members.
The Mission and Ministry Fund dedicates some grants specifically for efforts to build healthy communities in developing countries around the world. These initiatives vary based on needs, available resources in the developing country and the capacity to engage in a sustainable partnership. Guiding principles include collaborating with others who share a common mission, taking direction from an in-country health care partner, capacity building and empowerment of local people, and capability for transforming health care providers.
Recent examples include:

**Vietnam.** Grants to the St. Anthony Health Foundation, Denver, Colorado, help to train physicians, nurses and technicians at Bach Mai Hospital, Hanoi, to provide care for patients and teach other health care providers in remote villages. This relationship also resulted in the creation of Vietnam’s first pre-hospital care and paramedic programs.

**Belize.** Grants to the Sisters of Charity of Nazareth, Nazareth, Kentucky, support their ministries to provide education, nutritious meals and medication assistance to children in Belize who have, or whose lives are greatly affected by, HIV/AIDS; and to provide families who have emigrated from El Salvador with education, work skills and youth programs. Recent accomplishments include building a library and computer center for children in Las Flores.

**Tanzania.** Grants to St. Joseph Medical Center, Towson, Maryland, and Mercy Regional Medical Center, Durango, Colorado, support a partnership in the Karatu District and Mbulu Diocese of Tanzania, which has trained village wellness workers, collaborated with village leaders on a comprehensive malaria prevention project, implemented a small loan program to help women and families purchase farm animals and create sustainable businesses, and established a scholarship program for girls, with a special focus on health professions.

**The Philippines.** A grant to the North Dakota/Minnesota Division of Catholic Health Initiatives supports a partnership with the Diocese of Bayombong to develop health care services and build the Indigenous People’s Hospital, now under construction. Goals include helping the new hospital establish an endowment fund to provide a sustainable resource that can subsidize the cost of care for indigenous people who cannot afford to pay.
Violence is an epidemic that kills tens of thousands of people in the United States each year and injures millions more. It is a plague that destroys families and tears apart entire communities. Catholic Health Initiatives is committed to building healthy communities through its national campaign to eradicate the epidemic of violence.

The United Against Violence campaign includes:

- Public policy advocacy to address violence prevention at the local, state and national levels
- Socially responsible investment activities that urge corporations to promote violence prevention
- Community-based initiatives to address violence in all of its forms
- Mission and Ministry Fund grants dedicated to programs that promote violence prevention

The Fund’s violence-prevention grants are designed to help Catholic Health Initiatives’ affiliates strengthen existing programs or create entirely new initiatives that address domestic violence, sexual abuse, crisis-intervention training and many other areas of violence prevention. Catholic Health Initiatives also provides educational programs and other resources to assist the hospital affiliates that apply for these grants, which were first awarded in 2009. So far, Catholic Health Initiatives has provided more than $3 million to its affiliates to fund violence prevention programs focusing on child abuse, youth dating violence, gang violence, domestic violence and community education programs.

Working together, United Against Violence, we can make a difference in the struggle against one of the nation’s most critical public-health concerns.
on Grants

Violence Prevention Grant Recipients, 2009-2011

Alegent Health, Omaha, Nebraska
Dominican Sisters of Peace, Columbus, Ohio
Franciscan Health System, Tacoma, Washington
Good Samaritan Behavioral Health, Dayton, Ohio
Good Samaritan Hospital Foundation, Cincinnati, Ohio
Holy Rosary Medical Center, Ontario, Oregon
Jewish Hospital & St. Mary’s HealthCare, Louisville, Kentucky
LakeWood Health Center, Baudette, Minnesota
Memorial Health Care System, Chattanooga, Tennessee
Mercy Medical Center, Des Moines, Iowa
Mercy Medical Center, Nampa, Idaho
Mercy Medical Center, Roseburg, Oregon
Saint Clare’s Health System, Denville, New Jersey
Saint Francis Medical Center, Grand Island, Nebraska
Saint Joseph Health System, Lexington, Kentucky
St. Catherine Hospital, Garden City, Kansas
St. Francis Healthcare Campus, Breckenridge, Minnesota
St. Gabriel’s Hospital, Little Falls, Minnesota
St. Joseph Regional Health Network, Reading, Pennsylvania
St. Joseph’s Area Health Services, Park Rapids, Minnesota
St. Mary’s Community Hospital, Nebraska City, Nebraska
St. Mary’s Healthcare Center, Pierre, South Dakota