



Living



Leading



Lasting

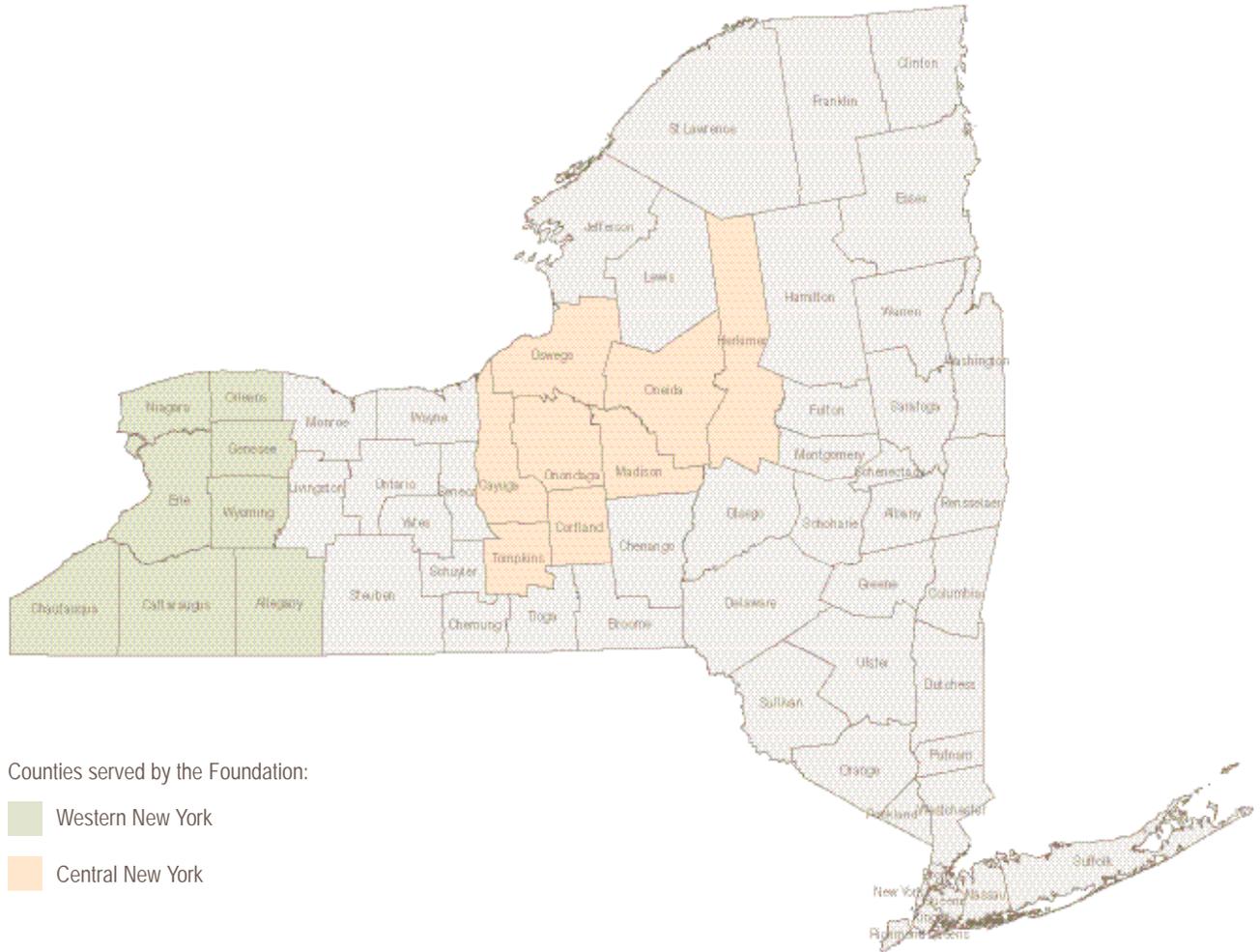


Learning



OUR FIRST REPORT *to the* COMMUNITY

2001 – 2006



Counties served by the Foundation:

- Western New York
- Central New York

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Community Health Foundation *of Western & Central New York*



The Community Health Foundation of Western & Central New York is dedicated to improving the health and health care of the people and communities of western and central New York, with an emphasis on frail elders and children in communities of poverty.

Based in Buffalo, with a second office in Syracuse, we serve these cities and surrounding counties. Now in our early years of operation, we are a highly interactive, practical organization that works with and through our local communities to support, develop and implement positive changes in health and health care. We made our first grants in April 2004.

We invite you to learn more about the Foundation on the pages of this report and by visiting our website at: www.chfwcny.org.

Our History

- 1973 Federal HMO Act passed; created a national wave of new health care financing and delivery organizations. Many were launched by idealistic leaders with public health or hospital backgrounds and shared commitments to universal, affordable and high quality health care.
- 1975 Health Care Plan (WNY) begun under Federal HMO Act
- 1978 Health Services Medical Corporation dba PHP (CNY) begun under Federal HMO Act
- 1998 Two plans merged into Univera Health Care
- 2001 Univera merged into Excellus, a Blue Cross/Blue Shield Plan based in Rochester
- 2001 As a result of the transaction, Foundation created and endowed with assets that will total approximately \$100 million
- 2003 Foundation begins operations with offices in Buffalo and Syracuse
- 2004 Foundation awards its first grants

Our Message to the Community

From the Past and Current Board Chairs

The Community Health Foundation of Western and Central New York (CHF) was founded and initially funded on October 1, 2001.

Although CHF is a relatively new organization, it has a rich history that comes from the leadership of the health plans that preceded and founded it. The major contributors (see sidebar) were and are non-profit organizations responsible for financing and managing health care. The shared public health mission of the two smaller plans, *HCP* in Buffalo and *PHP* in Syracuse, as well as the spirit of their many hundreds of dedicated and committed staff, will live on through the mission and objectives of this fully independent Foundation.

The initial challenges for the Trustees included learning all we could about similar health foundations, and deciding on a governance model and operating policies. There were also many legal and corporate issues to resolve before we could move on to actual grant making.

While it is a privilege to serve on such a Board, the early years were very demanding on each member's time and capabilities. We want to thank and recognize those former Trustees who contributed their time and talent

in these early years. We also thank the many individuals in both western and central New York who provided help, advice and technical support. *Grantmakers in Health* and its members have been, and continue to be, very generous and supportive as we grow and learn.

Among our founding principles is the belief that it takes the combined efforts of many stakeholders including providers, policymakers, individuals, non-profit organizations and the community-at-large to effect the changes necessary to improve health and health care in our regions.

The Board's vision is that the Foundation becomes highly respected as an innovative leader in addressing health issues and as a productive collaborator and resource in community-wide strategies for change.

The Foundation is working to help communities improve their overall health and bring accessible high-quality health care to all. Through this report, we can see the progress we've made. Through the continued involvement of our Trustees, the efforts of our talented staff and advisors, and the strength-ening partnerships with our communities, we anticipate having an even greater impact in the future. ▾



Edward J. Marine, M.D., F.A.C.P.
Executive Director 2002
Chairman 2003-2004



Robert M. Bennett
Chairman 2005-present

From the President



Ann F. Monroe
President

This, our first Report to the Community, presented a perfect opportunity for us to look back across the last four years and reflect on our progress and learnings. CHF was the beneficiary of the best lineage possible – a long-standing commitment to making a difference for both people and communities. This historical emphasis on person-centered care, quality improvement and measurable impact set a high bar for the foundation in its early years.

CHF's Board of Trustees' vision has been to achieve tangible and lasting improvement in the health and health care of the communities and people we serve. Therefore, we built our work around the philanthropic best practices most likely to help us achieve our goals which include: 1) focusing the Foundation's areas of interest; 2) having a willingness to stick with a direction for multiple years; and 3) utilizing a variety of strategies that go beyond funding of programs.

Over the last four years, themes reflecting our values and priorities began to emerge. While not explicitly stated up front, they flowed through our selected projects and initiatives. Among them, the Foundation's decision to focus primarily on frail elders and children in communities of poverty has kept us in touch with the people *living* in our communities and the impact of our funding decisions on them.

We also came to realize the importance of *learning* – not just for CHF but for the organizations and communities in our regions – learning from our individual and collective experiences and applying those

learnings to new problems, new collaborations and new program designs. Together with our partners we consciously set out to test our assumptions, stretch our thinking and learn from national best practices.

Another CHF priority is to make investments in the community that are *built to last*. In a time of shrinking dollars and even less opportunity for organizations to invest in R&D, it's important to focus on sustainability. That value led us to investing in infrastructure areas like technology and providing seed money to launch self-sustaining ventures. It also highlighted the importance of quality and performance improvement, strengthening existing organizations and seeking greater outcomes for the dollars spent.

Finally, we came to understand the importance of *leadership* in achieving overall change in our communities. Our foundation goals cannot be met without the full participation of community leaders, non-profits and providers and our investment in their capacity to lead important change will broaden, deepen and magnify the financial investments we make. We are, absolutely, all in this together.

So, it is in that spirit of collaboration, cooperation and excitement that we share the first years of our journey with you. By working together, it can only get better from here.

My sincere appreciation to our Board of Trustees, our staff and advisors and our partner organizations across the regions for their support, energy and passion for the people we serve.



Living



Today, more than 75 percent of Americans live past age 65. In western and central New York, the elderly comprise 17.7 percent of the population. In Erie County alone, in less than ten years that number is expected to reach 25 percent.

CHF's Vision for Frail Elders –

Frail elders will live out their lives in keeping with their wishes – with supportive family and community systems and high quality, appropriate health care.

What We're Working Toward

- Demonstrable improvements in quality of care for frail elders.
- More options for community-based care are available and utilized.
- Caregiver reports of increasing support, respect and value for their work.
- Increased numbers of frail elders have expressed their health care wishes and are having them followed.

PHOTOS: Cecelia Ciesielski is nearly 80 years old. She is a lifelong resident of Buffalo and has lived at ElderWood Health Care at Maplewood in Cheektowaga for three years. Julie Hayes, R.N., visits with Cecelia regularly.

The demographics for frail elders in the foundation's targeted regions are compelling. Based on 2000 U.S. Census data, western New York has the largest share of seniors of any Upstate region, while central New York is third. Erie County predicts that by 2015, the elderly will make up 25 percent of the population.

Currently, the elderly in western and central New York comprise 17.7 percent of the population. In five of our counties, roughly one of every five residents is 60 years of age or older.

The demographics alone called out for our attention, and upon further study, other compelling reasons emerged. The rate of increase in the numbers of frail elders in our regions is among the steepest in the nation. Additionally, our current health care system is not designed to meet the

long-term needs of this increasingly fragile group, particularly the poor. And finally, as costs increase and services are cut, they are among the most vulnerable and voiceless, with little chance of being heard or considered.

In our programmatic investments, we try to improve care for the currently frail and also support strategies designed to prevent or reduce frailty in the future. The grantees featured in this section represent a mix of our investments. Our journey together is a long one but early signs of positive change are promising. ▼

Powerful Tools for Caregivers

Caregiver Resource Center
Erie County Senior Services
Buffalo, NY

According to the Family Caregiver Alliance, 65 percent of older adults rely exclusively on family and friends to support their long-term care needs.



Care provided by family and friends is important to help elders avoid institutional living. However, caregivers often neglect to care for themselves in the process, leading to debilitating physical and emotional issues of their own.

In 2004 the Erie County Caregiver Coalition and the University at Buffalo, School of Public Health and Health Professions received \$84,868 from the Foundation to bring *Powerful Tools for Caregivers* to Western New York.

Miriam Callahan, project coordinator for Erie County Senior Services reports, "the county has never had a program like this; it was accepted much better than we could have imagined." Caregivers are reporting that not only do they benefit from the training but they are seeing significant reductions in depression and disruptive behavior on the part of those for whom they care.



Caregiver comments:

"You will feel guided, cared for, comforted, listened to, relaxed, supported, and affirmed."

"PTC has allowed me to be more confident in my caregiver decision making – I was beginning to feel burned out, helpless and was questioning my decisions. I feel a sense of empowerment."

"Sharing personal experiences with others made me more confident and made my situation seem less difficult, I truly looked forward to every class."



Since the program began in Erie and Niagara counties, more than 250 caregivers have attended the training, and the response has been overwhelmingly positive.

The program's success in Erie County has been the catalyst for expansion into other counties. Erie is currently training class leaders to implement the program in other counties throughout CHF's regions, and program sustainability is ensured through the train-the-trainer model.

The Foundation believes in advancing strategies based on scientific evidence and with the capacity to report outcomes. *Powerful Tools for Caregivers* has been evaluated with hundreds of family caregivers across the country. Results have shown overwhelmingly positive outcomes for caregivers.

Investing in *Powerful Tools for Caregivers* provides frail elders with the compassionate care they deserve and gives caregivers the tools they need to take care of themselves in the process of caring for others. ■

For more information about programs discussed in this section:

Powerful Tools for Caregivers
www.chfwcnyc.org

Erie County Senior Services
www.erie.gov

Sharing Your Wishes
www.sharingyourwishes.org

Hospice of Buffalo
www.hospicebuffalo.com

Elderwood Senior Care
www.elderwood.com

Catholic Health System
www.chsbuffalo.org

Crouse Hospital, Syracuse
www.crouse.org

Home Aides of Central New York
www.eldercarecny.org

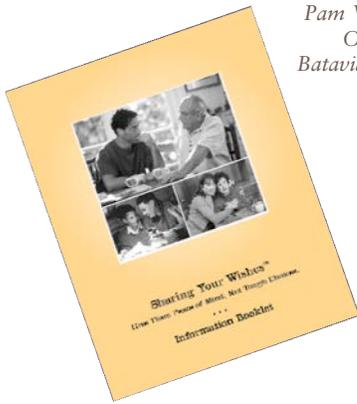
Living

"In Tompkins County one of the biggest challenges we had was just getting people to *think* about health care planning in advance, rather than waiting until they are sick."

*Betty Falcao, director,
Health Planning Council
Ithaca*

"In Genesee County we've incorporated the principles from *Sharing Your Wishes* into our other senior care programs to ensure sustainability and to institutionalize the practices we've learned."

*Pam Whitmore, director
Office for the Aging
Batavia, Genesee County*



Sharing Your Wishes

Tompkins County, Ithaca
Genesee County, Batavia

Sharing Your Wishes is a program designed to make older adults aware of the importance of planning in advance for their health care in the event that they experience an illness or condition that prevents them from making or communicating decisions. This is the best way to ensure that their choices are known, understood, and honored.

As of December 2006, *Sharing Your Wishes* programs were operating through six coalitions in Allegany, Cayuga, Erie, Genesee, Niagara and Tompkins counties.

Each community has a coalition of people committed to improving care for older adults. The effort is supported by the Foundation with the goal of increasing awareness of advance care planning and the importance of health care decision-making for older adults.

Both Tompkins and Genesee counties have taken steps to ensure the sustainability of their *Sharing Your Wishes* programs. In Genesee County, the Office of Aging is working with Genesee Community College to integrate *Sharing Your Wishes* into their nursing curriculum.

In Tompkins County, the Health Planning Council is working to incorporate the SYW planning documents as part of a routine visit with retirement and financial planners or attorneys.

In April 2005, each coalition received a two-year grant to support project coordination and related project activities. All grants were \$70,000 except for Erie County which received \$86,500. In late 2006, the CHF Board approved a third year of funding for all of the coalitions, and added a coalition in Onondaga County. ■



Quality Improvement Collaboratives



Care for frail elders is provided by hundreds of organizations and people across the region. In an effort to improve care in as many places as possible and build the quality improvement capacity of local organizations, CHF sponsored a Quality Improvement Collaborative in 2005-06. In this first collaborative we had eight teams, each comprised of at least two organizations. Each team chose to work on one of two concerns: how to improve the transition process for elders moving from one care setting to another or how to improve palliative care for those near end-of-life. Each team worked on its own improvement project with assistance from skilled national experts and had the benefit of learning from all

the other teams in the collaborative. Working and learning together, each team was able to achieve much more than they could working alone.

The teams met with each other periodically, sharing what they'd learned and what improvement had been made. In between learning sessions, they worked within their own care settings with help from experts to track the effect of the changes the team made. Each team was able to demonstrate what improvement occurred from start to finish.

Hospice of Buffalo and Crouse Hospital are two of the teams that participated in the first QIC; their experience is featured on the next page. CHF launched a second QIC with thirteen teams in early 2007.

Programs of All-Inclusive Care for the Elderly (PACE)

PACE is a federally-sponsored benefit program that is funded by Medicare and Medicaid and is a successful example of an alternative to nursing home care that was developed to support the whole person.

PACE organizations provide and manage the medical, social, and rehabilitative services their enrollees need to preserve or restore their independence, remain in their homes and communities, and maintain their quality of life. Their success depends on an interdisciplinary team and a daycare facility.

Current best practice in elder care says it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. PACE organizes and

coordinates the health care needs of frail elders with an emphasis on community-based care and maintaining personal dignity. This approach is consistent with the Foundation's commitment to person-centered care.

To support PACE expansion in our regions, CHF provided funding support to Weinberg Campus in Amherst, PACE CNY at Loretto in Syracuse, and Catholic Health Systems in Lackawanna (see next column). CHF also funded two developing PACE organizations: Health Association of Niagara County, Inc. and the Dale Association; and Community Care of Western New York in Olean. ■

Catholic Health System Our Lady of Victory Renaissance Corporation, Lackawanna

Our Lady of Victory Renaissance Corporation received \$300,000 for implementation and expansion of its PACE program as part of the redevelopment of the former Our Lady of Victory Hospital.

The new program is projected to serve approximately 150 to 180 participants in the Lackawanna and southern Erie County region when it opens in 2007. ■



Our Lady of Victory home of the Program for All-inclusive Care for the Elderly (PACE) program.



Hospice of Buffalo / Elderwood Senior Care, Cheektowaga

In Erie county this QIC team is comprised of Hospice of Buffalo and Elderwood. The goal for this collaborative was to increase the appropriate recognition and transition of nursing home patients to hospice care. Since inception, this QIC team has had a 24 percent increase in the number of patients appropriately referred for hospice care and no hospitalizations of patients since the start of the project.

Crouse Hospital and St. Camillus Health and Rehabilitation Center, Syracuse

Crouse Hospital together with the staff of St. Camillus Health and Rehabilitation Center comprise another QIC team which they call "Care Bridges." The goal for this collaborative was aimed at eliminating delays in care due to incomplete, missing and hard to find information accompanying patients transferred between the hospital and the nursing facility.

To measure their progress, the team tracked the number of patients who arrived at St. Camillus with the right medical information and did not experience a delay in care, and those

readmitted to Crouse with streamlined information.

During the year long project, Care Bridges was able to increase the number of patients transferred with complete information. Patients who experienced no delays when returned to St. Camillus increased from 55 percent to over 90 percent.

This innovative approach has improved timeliness, efficiency, safety and continuity of care of our frail elders as they move between health care settings. ■

A copy of each team's project, improvements and tools is available at: www.chfwcny.org.

Living



Poverty touches children living in many areas. Its effects, however, are magnified in communities where poverty is the dominant cultural influence. In Western New York, poverty rates are disproportionately higher among children under 18 than among adults over 65, a trend especially evident in communities of color.

CHF's Vision for Children Living in Communities of Poverty

Children in communities of poverty will reach their full physical, emotional and academic potential.

What We're Working Toward

- Chronic disease management that supports optimal school performance and quality of life.
- Slowing in the rise in significant health risk factors (i.e., obesity, diabetes).
- Schools, health systems, neighborhoods and families working closely with each other to support the development of the whole child and ensure a safe and healthy environment.

PHOTO: (above far left) Lyndon Clark, age 13 and Shafe Abdallah age 14, after school fun at Polonia Hall.

PHOTO: (center) At the T.J. Dulski Community Center, Kaitlyn Fountaine and Sara Szukala.

PHOTO: (far right) A father picks up his son after school at Mary Queen of Angels in Cheektowaga.

In addition to the obvious effects of poverty on children and families, there are complicating and exacerbating factors when those children and families live in communities of concentrated poverty.

In such communities, the lack of basic resources has a direct and negative impact on health, general well being and overall quality of life.

Resources that are deficient often include jobs, safe and affordable housing, access to fresh food, access to quality health care, good school systems, well-stocked libraries, lack of cultural outlets and transportation.

Living in these communities can impact a child's perception of what is possible, and can negatively affect their life choices.

More than 70 percent of students in the Buffalo Public Schools and Syracuse City School District live in poverty. ▼

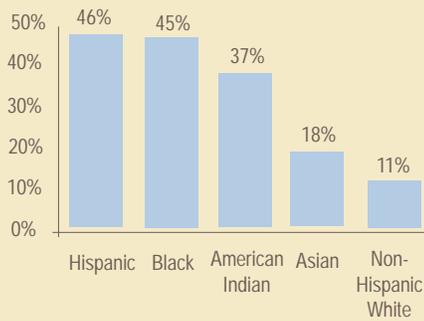
Nuts & Bolts: Improving Fundamentals of Care for Children in Communities of Poverty

Nuts & Bolts is a \$2.2 million, three-year initiative encompassing multiple programs designed to improve outcomes in physical, mental and oral health for children in selected



Two cousins visit the library at Mary Queen of Angels School, Cheektowaga

Percent of children living in poverty in western New York, by ethnicity



communities of poverty in western and central New York. The Foundation is committed to making these improvements with its partners through strategic investments in organizations committed to and capable of increased accountability for outcomes.

In April 2005 a request for proposals was issued targeting organizations that could meet two important criteria: 1) they had to already be serving children in zip codes with the highest concentration of children living in poverty; and, 2) they had to be working toward a culture and infrastructure driven by outcomes, quality and ongoing evaluation and improvement.

The Foundation believes that by investing in organizations already engaged in working to improve the lives of children living in poverty, we can help move these organizations to higher levels of effectiveness and generate a greater return on our investment both for the children and the future of our community. ▼

LeRoy Favors, 14 and Rondell Evans, 13 spend most afternoons at Polonia Hall in East Buffalo.



Safe Schools Program Diocese of Buffalo

As part of the Foundation's *Nuts & Bolts* initiative, the Diocese of Buffalo received \$73,043 to provide training to decrease bullying and increase cultural competency in the Diocese's 20 most impoverished schools.

The Diocese developed the *Safe Schools Program* utilizing the ten best practices in bullying prevention recommended by the federal government. The Program's goal is to reduce instances of school violence and bullying and to improve interaction between and among principals, teachers, students and parents. Prevention is the number one goal.

"Bullying doesn't end at the schoolyard anymore – it's a pervasive 24/7 experience for children today. Technology has taken bullying to a whole new level – instant messaging, text messaging, online flaming, and cell phones expand bullying far beyond the classroom," according to Diane Vigrass, Superintendent of Schools for the Diocese of Buffalo.

"The bullying issue has been escalating for years – and the problem was that no one knew how to deal with it; zero tolerance policies were not the answer – schools, kids and parents needed help.

Children who bully or threaten violence at school come from all socio-economic backgrounds and all age groups. There is no single profile of a "bully" anymore.

The Safe Schools program is a proactive response to this issue and is giving teachers, parents and children the resources, training and intervention skills to manage bullying incidents and mitigate any escalating situations.

"Our Nuts & Bolts grant is supporting training for our principals and teachers along with development of standardized language and policies that are being disseminated across the Diocese," says the Superintendent.

The Diocese is committed to sustaining this program after the Nuts & Bolts grant period by adopting and disseminating anti-bullying policies and integrating the components of the project into their religious and social values curriculum. ■



Fourth-graders, Christopher and Julie help put away gym equipment in Coach Mike's class at Mary Queen of Angels school in Cheektowaga.

Living

Polish Community Center The Matt Urban Center, Buffalo



Melvin Merritt, age 16, enjoys playing basketball after school at Polonia Hall.

Safety is a concern for all children, particularly for children in communities of poverty. Polonia Hall and the T.J. Dulski Center provide a haven for children after school, evenings and weekends.

The *Polish Community Center of Buffalo, Inc.* was renamed for Lt. Col. Matt Urban, a decorated combat veteran.

It provides a variety of human services for children, families and seniors living in the neighborhoods of east Buffalo.

Safety is a concern for all children and particularly for children in communities of poverty. Polonia Hall and Dulski Center provide a haven for children after school, evenings and weekends.

Many of these children and youth live in single parent homes where parents may work late into the evening. Both centers offer children a safe and friendly atmosphere and a warm dinner meal each weekday.

The Matt Urban Center received a grant of \$49,658 to implement KidTrax software in two of the community centers it operates, Polonia Hall and T.J. Dulski Community Center. These two community centers provide a variety of activities designed for children and youth K-12.

The KidTrax software provides several necessary benefits to both the children and staff. Children carry ID cards that allow them access to the center and to various activities within each of the center locations. The ID cards allow for high-tech tracking of attendance, participation in activities and volume of use which helps staff plan and manage the activities of the center including budgeting and meal preparation and delivery.

Both centers also offer after-school tutoring and help with homework. The ability to track and manage these activities is critical to managing the limited financial resources of these centers. ■



Tanya Kulesza and Elizabeth Hansen (background) at the T.J. Dulski Center.



Stephanie Hallman is a frequent after-school visitor to the T.J. Dulski Community Center.

Nuts & Bolts Initiative Anticipated Outcomes

- ▼ By using best practices, grantees are able to show improvement in physical, oral and/or mental health of the children served.
- ▼ Grantees get better at using resources and are able to keep the program going after the *Nuts & Bolts* grant period.
- ▼ Services across the community are better integrated and less duplicative.
- ▼ The *Nuts & Bolts* grantees learn from one another to improve their own projects and the larger community.
- ▼ The Foundation strengthens its relationship with community partners.

McMahon Ryan Child Advocacy Center, Syracuse

The McMahon Ryan Child Advocacy Center received a grant \$149,997 as part of the *Nuts & Bolts* initiative to develop a web-based tracking system of abused children in Onondaga County, and to hire a case manager to coordinate services for the children.

The mission of the McMahon Ryan Child Advocacy Center is to provide a comfortable, private, and child-friendly setting for the support of child advocacy efforts in the community.

The Center has a long history in the community and is viewed by many as a "sanctuary" providing a safe haven for children and families.

The Center also serves as the coordination point for multiple agencies tasked with responding to reports of child abuse. Coordinating the needed services is complicated by a complex county government structure.

The Center's director, Jennifer Parmalee, recognized the need for a child advocacy case manager to identify and coordinate the appropriate services for children and families in need and approached the foundation.

Coordinating the effort required to manage a child abuse allegation is challenging at best, as multiple agencies respond to an allegation for a variety of reasons – all with the sole purpose of ensuring the child is protected.

Ann Phelps, the Center's interim director describes the Center's challenges this way. "Many social services exist but the challenge lies in coordinating the appropriate services to ensure the child receives the needed help." All families in the county are eligible to use the services of the McMahon Ryan Center.

According to Ann Phelps, "child abuse knows no economic boundaries – abuse occurs at all socio-economic levels." The Center is currently managing 150 children ages 0 -13 from low-income families.

The role of the Child Advocate and the tracking systems being put in place at the McMahon Ryan Center are in the earliest stages of development. Over time, Center staff believe they will have the ability to identify and coordinate the necessary services for a child in crisis in a more consistent and child-focused manner. ■

"Many social services exist but the challenge lies in coordinating the appropriate services to ensure the child receives the needed help."

*Ann Phelps, interim director,
McMahon/Ryan Child Advocacy Center*



The McMahon Ryan House dates to 1880s.

For more information about the organizations featured in this section:

Matt Urban Center, Buffalo
www.urbanctr.org

McMahon Ryan House, Syracuse
www.mcmahonryan.org

Diocese of Buffalo
www.buffalodiocese.org

Lasting



We take a long view of our investments and projects, tracking change along the way, and supporting programs with the greatest likelihood of sustainability and self-sufficiency.

We value quality improvement and sustainability of effort. We focus more on improving the performance of existing systems and less on creating new programs that might not be sustainable over time.

excerpt from CHF Funding Philosophy



left to right: Dainein Carmichael age 15, Eric Grey age 14, Diviner Moore age 15 enjoying an after school game of basketball at Polonia Hall.

Because of our investment in the communities and people we serve and our desire to have impact through our work, we place a high priority on programs that are sustainable over time.

Starting a new program, with all its bells, whistles and attention, can bring short-term satisfaction to a funder; however, in our current fiscal reality, there's little "sustainability money" available to maintain new programs over time. At the same time, we recognize that sustainability of effort can be a significant challenge for even the most promising programs.

Non-profit organizations are subject to many variables over which they have little or no control such as changes in public policy, shrinking governmental dollars, changing philanthropic priorities, workforce

shortages or unexpected crises that drain operating dollars.

While CHF understands that there are no guarantees, we have deliberately pursued three funding strategies which enhance the chances of sustainability over time:

- ▼ quality improvement in ongoing programs;
- ▼ facilitation of collaborative planning; and
- ▼ startup dollars for programs with ongoing mechanisms for sustainability.

In earlier sections of this report, we talked extensively about quality improvement. In this section, we share examples of the latter two strategies.

Facilitating collaborative planning

Even with its substantial endowment, CHF cannot financially support the full costs of needed health infrastructure changes such as health information technology. However, if CHF can help those programs attract outside dollars to our communities, we want to do that.

In both central and western New York, there were multiple groups interested in and looking to lead huge, community-wide health IT projects. The lack of a coordinated approach was hurting both regions' chances of being successful at attracting competitive funding. All parties knew that a single coordinated

approach would not only be more attractive to funders, it was also best for community providers who could not afford duplicative systems.

CHF's contribution in both cases was to provide facilitation services and a neutral table around which all interested parties could sit and negotiate a common strategy. ▼



Western New York Health Care Information Coordinating Council, Buffalo

In early 2005 several groups approached CHF to ask for support to become the lead agency in designing the health IT infrastructure for western NY. All of the groups brought important constituencies to the issue. One group was primarily comprised of hospitals and health plans; one had strong support from urban physicians; and a third group had very important ties to rural communities. Rather than pick a single partner, CHF offered to provide an experienced facilitator to explore and implement a coordinated regional effort among all of the groups.

This six-month facilitation process, with all the key players at the table including the university and public health, resulted in a set of agreements which did not involve merger of initiatives, but rather a process for determining which group

would take the lead on which part of the project and/or funding request.

In addition, the local foundations agreed to only fund individual requests for IT improvements if the Council agreed that a particular improvement was consistent with the community plan. Since then, the Council has evolved to be the advisory arm of Health-e-Link, a confederation of health care organizations, physicians and hospital systems. Health-e-link focuses on improving the exchange of health and

medical information, reducing medical errors, and increasing the use of health information technology in the region.

It has attracted significant state and federal dollars and key member organizations are providing funding as well. It is now poised to be the architect and implementer of a region-wide approach to this complex problem. ■



Lasting

Seed money for ongoing projects

We stress outcomes and want to invest in activities that actually improve the lives of the people with whom we're concerned. We emphasize best practices and evidence-based interventions.

excerpt from CHF Funding Philosophy



Few non-profits have the discretionary cash to start a program, even with the promise of long-term funding once it is up and running. For example, even when a community health center has a dentist, a waiting list of patients and reimbursement funding for treating those patients, if it doesn't have the capacity to build and equip the dental office, nothing will happen. In the past four years, CHF has supported dental treatment capacity expansion at three sites (Northwest Community Health Center, Buffalo; Family Health Network, Cortland; and East Hill Family Medical, Auburn) by providing the initial dollars to bring up the service.

CHF has found that providing such a resource (called “seed money” or “start-up funding”) where there is a strong business model for long-term sustainability can be a wise investment of foundation resources. In our first RFP in 2003, we focused our funding on projects where our financial investment would provide the impetus needed to take a program to the next level – “over the hump” – and sustain its new service.

Home Aides of Central New York and Jamestown Community College two projects that specifically demonstrate the potential of this funding strategy, are described on these pages. ▼

Home Aides of Central New York, Syracuse

Home Aides of CNY received a one-year grant of \$75,000 to support an innovative mobile recruitment program for nursing aides who live in rural areas of Oswego and Onondaga counties

Home Aides approached the Foundation with a request for funding of the recruitment program because the shortage of home health workers was reaching a tipping point – the organization could not meet the growing demand for services without increasing its staff.



Specifically, the program changes the way home health aides are recruited by bringing the recruitment office to the underserved, outlying communities and targeting prospective home health aides in those communities. Outreach efforts are intense within a given community and

are designed to promote the idea of “Neighbors Caring for Neighbors” in their own community.

The mobile office enables applicants to apply for work in their own community, rather than coming into the city, and serves as a billboard in the visible locations where it is parked.

The premise of Home Aides' business model was that by being able to recruit and retain more home aides, the agency would be able to provide more service, thereby enhancing its revenues. From these increased revenues, the recruitment program could be sustained. This has proven to be the case. ■

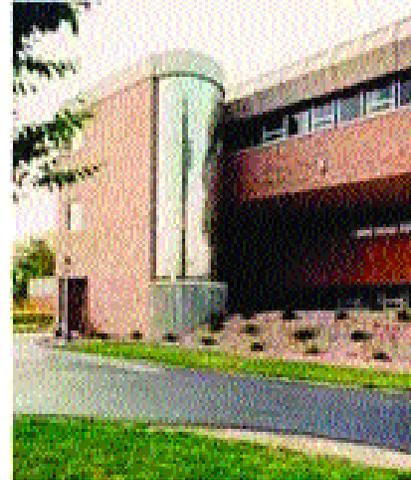
Jamestown Community College, Jamestown

Jamestown Community College (JCC) received a grant of \$70,000 in early 2004 to implement a strategy intended to increase the number of allied health professionals working in the Southern Tier's health workforce shortage area.

The project was designed to build collaborations between rural community colleges and more urban schools which are already offering the relevant programs. The project requested support for a program coordinator to negotiate memoranda of agreement between the colleges and design an effort across programs and across institutions to either, bring the urban programs to JCC or, to minimize the courses for which a student would have to travel.

Under this grant, JCC partnered with Corning Community College to train and graduate 10 paramedics over a 10-month period. They also partnered with Monroe Community College to train and graduate 16 dental hygienists. CHF provided scholarship support for these dental hygiene students.

In their original proposal, JCC pointed to the additional government revenue that comes with increased enrollment. The program's operating costs are currently supported by a number of funding sources and all parties are hopeful that such support will be ongoing. ■



We use all the tools at philanthropy's disposal to advance our goals. In addition to grantmaking the Foundation also uses other valid, less traditional means such as facilitation, convening, publications, independent evaluation, advocacy, and public education.

excerpts from CHF Funding Philosophy

Health Advancement Collaborative of Central New York

The mission of the *Health Advancement Collaborative of Central New York* is to bring together employers, hospitals, physicians, insurers and consumers to address ways to advance high-quality health care, access and safety in Central New York while decreasing or maintaining costs.

It is the result of a merger between two prior initiatives with similar missions, one supported by the Metropolitan Development Association of Syracuse and CNY

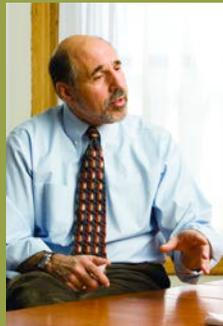
and a second supported by the Manufacturing Association of Central New York (MACNY).

CHF had funded the beginning of MACNY's effort through our first RFP in 2003; in 2005 both organizations were asking individually for support to develop a full-blown health IT effort for central New York.

However, recognizing that the groups shared similar missions and geography, the Foundation encouraged the consolidation of their initiatives by funding a nationally recognized expert to facilitate the merger process.

Today, the Collaborative is successfully attracting funding from several sources and focusing its energy on developing a community-wide electronic clinical information system which will improve the quality and efficiency of medication management, radiology and laboratory services. They are also instituting a technology review process intended to reduce duplication of expensive services in the community and assure high quality care. ■

Leading



FAR LEFT: David Dunkelman
CENTER L-R: Marlene Schillinger, Executive Director, Jewish Family Services; Mary Craig, President Area Health and Education Center; Stephanie Malinenko, Director of LIFE program American Red Cross; Kendra Washington, Program Director, Child and Family Services; James Caslon, Executive Director Baker-Victory Services; Kathy Murray, Kaleida Health System, Quality Assurance.
FAR RIGHT: Helen Stepowany

As a foundation committed to improving the health and health care of the communities we serve, we believe it is imperative to invest in developing collaborative leadership capable of implementing the changes needed to improve the health of our communities.

Our strategies invest in the strength of the safety net's leadership and management capacities to address a wide range of management and workforce development needs.

A CHF Founding Principle

Institute of Medicine Five Key Competencies

The IOM recommends that all educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in these five core areas:

1. Delivering patient-centered care
2. Working as part of interdisciplinary teams
3. Practicing evidence-based medicine
4. Focusing on quality improvement
5. Using information technology

The CHF Health Leadership Fellows Program is designed to improve the critical skills of leaders in health care organizations by providing them with a collaborative learning experience.

The overarching goal of the program is to develop and support a cadre of diverse, highly skilled, collaborative leaders from the health care and “safety-net” organizations of western and central New York.

The eighteen-month long program offers individual leadership development and the opportunity to apply the core competencies needed to improve health outcomes for frail elders and children in communities of poverty. It specifically includes skill development in the Institute of Medicine’s five key competencies for health care in the 21st century.

Program participants come from across our service areas and currently hold positions of influence within organizations that impact the health of frail elders and children of poverty.

In addition to developing the leadership strengths of individuals in positions of influence within our health care and social services sector, the Foundation recognizes that it also plays a critical leadership role as a catalyst for change in the community.

■
To learn more about the CHF Health Leadership Fellows Program visit: www.chfvcny.org

Helen Stepowany, Utica

Upstate Cerebral Palsy, Associate Executive Director of Program Services
Health Leadership Fellows Program 2005-2007

"I have gained a much deeper understanding of my role and responsibility as a leader and believe this has been a 'transformational' experience for me."

Helen Stepowany



We are in the business of people's lives – our organization oversees the health care needs of more than 10,000 people in upstate New York. The Community Health Foundation's Leadership Fellows program gave me new tools for decision making, for developing my staff and for reaching out to the community – I believe it has elevated me as a leader.

The Fellows program also reinforced my belief that true systems change can only come through collaboration. I've gained new tools for reaching out to establish the kinds of collaborative relationships necessary to bring about change; and that includes reaching out to all those stakeholders who influence change.

Within my own organization, I was able to quickly apply lessons from the Leadership Program to our work with the frail elders population. We were able to establish the necessary collaborative approach to caring for the elders in our program in a relatively short period of time.

My Fellows program experience and exposure to the work of the Foundation served as a catalyst for change within my own organization. For example, Mohawk Valley is a resettlement area for immigrants from Bosnia and Africa. We were able to work with the Utica school district to establish a school-based health center at the Donovan school which opened last October. I think some of the success we had was a direct result of my experience in the program.

I also gained new insight into the value of storytelling as a vehicle for sharing our organization's vision and mission with our stakeholders. The lessons I learned from my peers and the skilled faculty who led

the session have cascaded through our entire leadership team at Upstate Cerebral Palsy. For me, this was an extremely powerful experience, I might even go so far as to call it the "most powerful" part of my residential experience.

Our organization is facing complex challenges that demand effective solutions; we have an aging population, fewer resources, and the demand for services is growing. The Fellows program experience has helped me think through ways to address these issues and build the foundations we need to support the entire continuum of people served by Update Cerebral Palsy.

My participation in the fellows program enabled me to reach beyond geographic boundaries in order to access resources. It also helped me to "step back" in my perspective, in order to look at a systems level approach to collaboration and change initiatives.

I found the fellows experience to be invaluable in re-affirming what I already knew and re-focusing my efforts to meet the challenges ahead for my organization and the community. I am much better positioned and prepared to bring about systems change through community collaborations.

The true effectiveness of a leader is grounded in how that leader thinks, focuses and directs resources in a way that optimizes outcomes for people. I have gained a much deeper understanding of my role and responsibility as a leader and believe this has been a "transformational" experience for me. ■



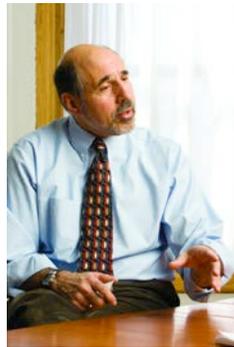
Leading

David Dunkelman, Buffalo

President & CEO, Weinberg Campus, a multifaceted organization providing everything for aging all in one place.
Health Leadership Fellows Program 2006-2008

"This program has fundamentally changed my relationship with Buffalo – it has given me a new perspective – I now can see Buffalo through others' eyes."

David Dunkelman



Buffalo is at a crossroads – we are facing explosive growth in our elderly population while losing our youth. We are a traditional, blue collar, industrial city, and while we are proud of our roots, it is our "industrial past" that threatens our future; it is keeping our city frozen in time.

Resources are not integrated and the New York state political structure further complicates attempts to address resource issues. As leaders in the social sector, we face enormous pressure and challenges. The solutions are outside and beyond the existing organizations and current civic framework, which means the burden of leadership is to reach beyond the existing framework in a way that has not happened before. We must reach across the socio-economic and political boundaries to integrate solutions.

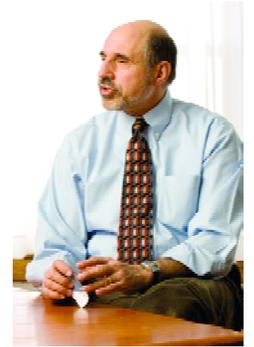
The Foundation's Health Leadership Fellows program is trailblazing to effect solutions and facilitate the necessary relationships that can make change happen. It has brought me together with thoughtful and insightful individuals of superior intellect. The program also supports us as leaders, recognizing the tremendous pressure we feel, and helping us understand that the burden is not "mine" alone.

On a personal level, the program has helped me understand myself as a leader and my emotional patterns. After experiencing the self-

assessment, I began thinking about how that kind of assessment might help my organization. I brought a national expert to help me and my staff assess where we were as an organization and that experience helped us adopt some necessary changes at Weinberg Campus.

Participating in the Fellows program with other leaders has helped to contextualize the problems we are all facing in health care. The program has given us a forum to articulate some of the frustration we feel as leaders and I must admit it has been a bit comforting to hear others articulate variants of the same challenges I am facing.

I am gratified to meet and interact with so many bright committed people grappling with similar issues. This program has fundamentally changed my relationship with Buffalo – it has given me a new perspective – I now can see Buffalo through others' eyes. ■



CHF is a Catalyst

In addition to developing leaders on an individual basis, CHF also sees itself as a catalyst for helping communities think beyond daily issues. We join with stakeholders in a leadership role to facilitate issue resolution and positive outcomes. The *Buffalo School Nurses* are an example of how CHF was able to facilitate the collaboration of a variety of stakeholders to achieve a positive outcome benefitting the children of Buffalo Public Schools. ▼

Buffalo School Nurses

For over five decades Erie County provided and funded most school health services in the city of Buffalo. In March 2005 Erie County eliminated all funding for school health services and subsequently laid off all school nurses leaving 41,000 vulnerable school children without any health services at school.

While there is no state mandate requiring



the city to provide school health services, without funding the children of Buffalo would become the first in the state to go without the benefit of school nurses.

The Board of Education and the City came together with emergency funding to cover costs through the end of the 2005 school year; however, long-term funding was not guaranteed and a lasting solution had to be found.

The Foundation became involved and provided the funding to facilitate the Work Group on Student Health Services which consisted of more than 35 representatives of Buffalo's health and education community.

In June 2005 the Work Group issued recommendations to the Buffalo Board of Education. The Buffalo Board of Education adopted some of the key recommendations and provided budgeting to cover the cost of onsite school nurses for the remainder of the school year. The limited funding

allowed nurses to provide medication administration and treatments (in New

York state it is illegal for anyone other than a registered nurse to administer prescription drugs in a school setting); however, each school nurse had to support at least two schools.

Foundation involvement increased community awareness of the issues and influenced people to act. Individuals and organizations lobbied New York state for additional funding for school health. The State has currently allocated \$5.3 million annually for health services in Buffalo schools. ■

To view the Work Group on Student Health report visit: www.chfwcn.org.

We will be a catalyst to help stakeholders think beyond daily issues, work toward achieving positive outcomes, and develop flexible, innovative models for service delivery.

A CHF Founding Principle



Health Leadership Fellows Program Anticipated Outcomes

- ▼ A vocal collective of advocates for improved health care delivery
- ▼ A network of leaders with collaboration and communication skills built from common experiences
- ▼ Concrete integration of core competencies among organizations represented by the Fellows
- ▼ Leaders with enhanced self-awareness, personal and reflective skills
- ▼ A core group of change agents for their respective communities
- ▼ New partnerships for managing change and creating systemic quality improvement
- ▼ Increased integration of informatics, evidence-based outcomes, and interdisciplinary teams in the practice of health care

Learning



As a new foundation we have been on a journey, fueled by the need for, and benefit from, continuous learning.

Our investments are primarily foundation-initiated based on our learnings, best-practice evidence and gaps we identify. We look for vital issues or ideas and then seek partners to work with us to address those issues or advance those ideas.

excerpt from CHF Funding Philosophy



Stephanie Hallman and Tanya Kulesza spend a little "fun time" together at the T.J. Dulski Community Center.

PHOTOS: (left) Damein Carmichael, Eric Grey, and Diviner Moore, Polonia Hall. (middle) Brian and Tom Doh. (right) Cecelia Ciesielski.

Since our inception, Foundation trustees and staff placed a high priority on learning. In our earliest years, we went through a Discovery Phase, where our primary focus was learning about the communities in our region, their assets and needs, gaps we might fill and organizations with which we might partner. During this Discovery Phase our communities began to learn about us as well – our priorities, our communication style and our funding philosophy.

Stimulating our own learning

To discover what was on the minds of our communities, we issued our first request for proposals (RFPs), entitled "One Step at a Time." We received 161 Letters of Intent (LOIs) and a crash course in community needs and priorities. Our Trustees, all capable people but new to health philanthropy, were learning as well.

They participated in each step of the RFP process beginning with the Announcement, LOI and proposal review, narrowing the list of finalists, choosing grantees, making awards, and lastly, writing grant agreements.

For later projects, we did extensive background research on national best practices and sought evidence to support our recommendations before the Trustees were asked to approve an initiative. Some examples include an environmental scan of issues relating to frail elders and a feasibility study for our leadership program (see these reports at www.chfwcnny.org).

Throughout program implementation, we tap both local and national experts to advise us. Our *Quality Improvement Collaboratives* (page 8) include a Clinical Advisory Council and CHF frequently convenes ad hoc groups to help shape our work. We contract with external evaluators to

help us answer questions about outcomes and the impact of our initiatives.

Supporting the learning of our partners

Our priority for learning doesn't stop at our own organizational boundaries, however. Early on, our grantee partners expressed a strong desire and need to learn collaboratively. The *Sharing Your Wishes* Coalitions (page 8) were the earliest group to describe the value of their meeting together to learn from each other.

From these early experiences, the Foundation developed a deep belief in the importance of continuous learning and continuous improvement. We began to formally build "learning communities" into our initiatives. The QICs certainly reflect the importance of mutual learning. In the *Leading* section of this report, you will see that CHF's *Health Leadership Fellows Program* is also built upon the principles of collaborative learning – learning not just for oneself, but learning which grows from and contributes to the larger community.

Grantees in our *Nuts & Bolts* initiative agree to participate in periodic residential learning sessions devoted to sharing their individual learnings with each other and developing collaborative approaches to address mutual concerns. Columbia University, the *Nuts & Bolts* initiative evaluator, is also facilitating connections among those grantees with similar learning needs on an ad hoc basis. Several *Nuts & Bolts* grantees focused on information technology have taken the initiative to create their own learning circle, where they are sharing progress and challenges.

Fostering community learning

In addition to CHF's larger, multi-year initiatives, the Foundation frequently invests in processes or forums to build community learning across our regions; Buffalo School Nurses and several Health IT projects have already been discussed. Other examples include:

Creating Options for Dignified Aging (CODA) (2006) – a forum was held in each region to highlight community-based programs that offer alternatives to nursing home care.

Institute for Healthcare Improvement's National Conference Broadcast (2005 and 2006) – a simulcast of this highly respected national conference was made available at no cost to individuals and non-profit organizations in each region.

Health Literacy Roundtable (2006) – CHF convened this event in Buffalo to stress the important of health literacy and generate interest among stakeholders for continuing action. As a result, an ongoing group is designing and implementing community-wide strategies as part of a larger literacy effort.

Oral health planning group (2006) – where CHF has funded expanded treatment services for the poor, the local stakeholders are now coming together to examine options for improving and expanding preventive care in Syracuse schools. ■

Our Commitment to Learning Anticipated Outcomes

CHF makes every effort to create a positive learning climate; we intentionally design our work to foster:

- ▼ Improved learning skills and capacity of individuals
- ▼ More effective and innovative organizations
- ▼ Increased and sustained collaborative activity among organizations
- ▼ Communities and systems that embrace continuous learning and improvement



Coach Mike goes over the "game plan" with fourth graders, Katie and Rachael at Mary Queen of Angels in Cheektowaga.

Financials

Community Health Foundation of Western and Central New York
Financial Summary
December 31, 2003 - 2006
(Dollars in Thousands)

	2003	2004	2005	2006
Balance Sheets				
Investments, including cash	\$ 54,504	\$ 62,981	\$ 69,576	\$ 81,484
Pledge receivable	40,431	36,735	32,858	28,792
Property and equipment, net	14	48	40	31
Other assets	-	12	28	45
	<u>94,949</u>	<u>99,776</u>	<u>102,502</u>	<u>110,352</u>
Accounts payable	3	3	22	4
Other liabilities	-	12	28	45
	<u>3</u>	<u>15</u>	<u>50</u>	<u>49</u>
Unrestricted net assets	<u>94,946</u>	<u>99,761</u>	<u>102,452</u>	<u>110,303</u>
	<u>94,949</u>	<u>99,776</u>	<u>102,502</u>	<u>110,352</u>
Activities				
Revenue:				
Net realized and unrealized gains on investments	6,937	4,953	3,266	8,516
Investment income	927	644	1,022	1,285
Amortization of discount on contributions	1,957	1,805	1,624	1,434
	<u>9,821</u>	<u>7,402</u>	<u>5,912</u>	<u>11,235</u>
Expenses:				
Grants	1,753	1,800	2,212	2,391
Administrative and program management expenses	409	538	700	710
Investment management	169	238	270	206
Taxes	2	11	38	77
	<u>2,333</u>	<u>2,587</u>	<u>3,220</u>	<u>3,384</u>
Increase in unrestricted net assets	<u>7,488</u>	<u>4,815</u>	<u>2,692</u>	<u>7,851</u>

Grantees

American Red Cross, Greater Buffalo Chapter: \$25,000 to support the Life Project that engages young people as volunteers through their schools to help seniors that require assistance to remain in their homes.

Alzheimer's Association of WNY, Williamsville: \$100,000 to develop a practical DVD to assist nursing home staff and family caregivers in preventing and managing the behavioral problems of Alzheimer's patients and to pilot test it in several Buffalo nursing homes.

American Federation for Aging Research, New York: \$25,000 to support research by medical student's interested in pursuing geriatrics.

ARISE, Syracuse: \$149,945 for counseling for children and families at two Syracuse School District elementary schools.

Boys & Girls Clubs of Buffalo, Buffalo: \$150,000 to provide dental services in partnership with the Buffalo Community Health Center to youth and families.

Buffalo Academy of Medicine, Buffalo: \$7,500 for a facilitator to help solidify the planning and development needed to design a Regional Health Information Organization (RHIO) for Western New York.

Buffalo Ensemble Theatre, Buffalo: \$88,000 to develop an interactive theater program for inner-city high-risk Buffalo teens focusing on health careers and health risks.

C-Match, Syracuse: \$149,995 to establish a Fetal and Infant Mortality/Morbidity Review/Registry (FIMMRR) for Onondaga County, providing critical feedback to healthcare providers, which can be used for Continuous Quality Improvement.

Catholic Charities of Buffalo, Buffalo: \$150,000 to implement software and hardware system to streamline billing, records, and appointment scheduling.

Center for Health Improvement, Sacramento, CA: \$53,515 to identify current models of care for children living in communities of poverty.

Center for Hospice & Palliative Care, Cheektowaga: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Center for Hospice & Palliative Care for the WNY Advance Care Planning Coalition (Erie County), Buffalo: \$86,500 to support a two year county-wide effort to improve health-care decision-making for frail elders.

Child & Family Services, Buffalo: \$92,840 to implement Anasazi software to increase staff time to provide direct services to clients.

Columbia University, New York: \$150,000 to evaluate the Community Health Foundation's Nuts & Bolts initiative and provide technical assistance to the initiative's sixteen grantees.

Commission for a Healthy Central New York, Syracuse: \$67,000 to support the eight county health departments in CNY efforts to organize and lead regional advocacy and development in four priority areas; obesity, mental health, dental health and stroke.

Community Care of WNY, Olean: \$150,000 to support the early development for the first rural PACE site in New York State.

Community Foundation of Tompkins County, Ithaca: \$25,000 to expand and relocate the Family Health Network (Cortland, NY) Dental Clinic.

Concept Systems, Ithaca, NY: \$17,650 to engage stakeholders from three neighborhoods in the City of Buffalo in a consensus building process that will identify priorities and guide the development of strategies to assist frail elders to age in place in the identified neighborhoods.

Continuing Care Foundation (an organization of the Catholic Health System), Buffalo: \$300,000 from the Community Health Foundation's donor advised fund at the Community Foundation for Greater Buffalo for development of a Program of All-Inclusive Care of the Elderly (PACE) in Lackawanna, NY.

Cornell Institute for Translational Research on Aging, Ithaca: \$107,646 to provide an objective evaluation of the cost-effectiveness and feasibility of the Project Home pilot at Loretto in Syracuse, NY – a three year demonstration program designed to respond to the wishes of an aging population to receive care in home and community based settings.

Council on Aging of Niagara County, Inc. for the Niagara Caregivers Network, Niagara Falls: \$69,519 to support a two year county-wide effort to improve health-care decision-making for frail elders.

Crouse Hospital, Syracuse: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Grantees

Diocese of Buffalo, Buffalo: \$73,043 to provide training to decrease bullying and increase cultural competency in the Diocese's 20 most impoverished schools.

Erie 1 BOCES, West Seneca: \$200,000 for planning and implementation of the Centers for Disease Control's Coordinated School Health Model in the Buffalo Public Schools.

D'Youville College, Buffalo: \$15,210 to plan and implement a conference designed to disseminate the results of the 2004 Health Risk Assessment to appropriate organizations, individuals and other interested parties.

East Hill Family Medical, Auburn: \$35,000 Expand dental services capacity by 20% through a combination of the grant from CHFWCNY and a \$65,000 loan from the Primary Care Development Corporation.

Genesee County Office for the Aging, Batavia: \$42,533 to implement a county-wide process collaborative process with key organizations and constituencies designed to integrate the county's long term care providers into a more coordinated system of care and improve access to these services.

Genesee County Office for the Aging, for the Genesee County Long Term Care Task Force, Batavia, NY: \$70,000 to support a two year county-wide effort to improve health care decision-making for frail elders.

Grantmakers Forum of New York, Rochester, : \$5,000 in matching funds to support a New York State-wide effort to educate Grantmakers in issues related to aging and provide information on how to effectively support efforts related to aging and elders.

Health Association of Niagara County, Niagara Falls: \$150,000 to develop the first PACE site in Niagara County.

Health for All of WNY, Buffalo: \$100,000 to repeat a household survey to show changes since 1998 in health status and health behaviors in western New York communities.

Home Aides of CNY, Syracuse: \$75,000 to support an innovative mobile recruitment program for nursing aides who live in rural areas of Oswego and Onondaga counties.

Horizon Village, Inc., Sanborn: \$100,000 to help build a clinic for mental health and primary care services on the site of residential facility for substance-abusing individuals.

Jamestown Community College, Jamestown: \$70,000 in scholarships funds for students enrolling a one-time program offering for dental hygienists in the rural areas of WNY.

The program is a collaboration between Jamestown, Monroe and Jefferson Community Colleges.

Mental Health Assoc. of Onondaga County, Syracuse: \$11,675 to support a strategic planning process designed to reinvigorate the agency to provide quality services which are more closely aligned with expressed community needs.

Onondaga-Cortland-Madison BOCES, Syracuse: \$104,015 to hire a Wellness Coordinator to facilitate implementing the Year One goals of the Syracuse City School District's Wellness Policy adopted by the District School Board.

P2 Collaborative, Buffalo: \$16,800 to sponsor attendance at 2007 National Institute for Children's Health Care Annual Forum of nine key individuals from western NY that play a significant role in the health care safety-net for children.

Planned Parenthood of Buffalo & Erie County, Buffalo: \$50,000 to support the intended outcomes of the merger of Planned Parenthood of Buffalo and Erie County and Planned Parenthood of Niagara County - cost savings, provision of more services, more efficient use of revenue and greater long term stability/capacity and sustainability

Hospicare & Palliative Care Service of Tompkins County, Ithaca: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Hospice Foundation of WNY for St. John Hospice/Bufalo House Initiative, Buffalo: \$100,000 to provide community outreach and recruit and train staff for hospice work in inner-city neighborhoods in Erie County

Hospice of the Finger Lakes, Auburn: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Human Services Coalition of Tompkins County, Inc. for the Long Term Care Committee of the Health Planning Council, Ithaca: \$70,000 to support a two-year county-wide effort to improve health-care decision-making for frail elders.

Ithaca Breast Cancer Alliance, Ithaca: \$50,500 to evolve an agency serving Tompkins and surrounding counties from one that is primarily staff-driven to one that is volunteer-driven, thus making it more sustainable over time.

Jamestown Community College, Jamestown: \$65,000 to set up arrangements among rural community colleges to share allied health professional training to make it more accessible to rural students.

Jewish Family Services, Buffalo: \$139,489 for expanding mental health services to children.

Kaleida Health's Deaconess Skilled Nursing Facility, Buffalo: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Kaleida Health Foundation, Buffalo: \$43,345 to develop a standardized curriculum for medical interpreters for use in multiple health delivery systems in Erie County.

Kaleida Health Long Term Care Facility, Buffalo: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Kaleida Health, Buffalo: \$207,872 to develop and implement a Quality Assurance Program for school based health centers at Kaleida and Catholic Health systems and Jamestown School District. (The Catholic Health System's and The Resource Center, on behalf of the Jamestown School District each received \$30,000 of this award the support their efforts in this project.)

Loretto, Syracuse: \$100,000 to support evaluation of a three year demonstration program designed to respond to the wishes of an aging population to receive care in home and community based settings.

Loretto, Syracuse: \$300,000 from the Community Health Foundation's donor advised fund at the Community Foundation for Greater Buffalo for construction of a 10 bed facility to support the housing needs of current and future frail elders enrolled in Loretto's Program of All-Inclusive Care of the Elderly (PACE).

Lutheran Home of CNY, Clinton: \$40,246 for a van to allow expansion of their ActiveDay Project in rural Oneida County.

Manufacturer's Association of CNY, St. Joseph's Hospital and SyraHealth, Syracuse: \$60,000 to fund a project involving hospitals, physicians, health plans and employers who are developing a cross-system patient-safety initiative in Onondaga County.

Grantees

McMahon Ryan Child Advocacy, Syracuse: \$149,997 to develop web-based tracking system of abused children in Onondaga County, hire a case manager to coordinate services for these children.

Mid-Erie Counseling & Training Services, Cheektowaga: \$106,000 to assess vulnerable children/families in their service area to develop an outreach program and improve cultural competency of staff to provide needed mental health services.

National Hospice & Palliative Care Organization, Alexandria, VA: \$165,000 for project direction and technical assistance to participants in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

New York State Association of County Health Officials (NYSACHO) for the WNY Public Health Alliance, Buffalo: \$50,000 to create a governance and program structure to allow the eight public health departments in WNY to do collaborative programming.

Northwest Buffalo Community Health Center, Buffalo: \$100,000 to expand dental and oral health services in Buffalo.

Pioneer Camp & Retreat Center, Angola: \$120,900 to train staff to better address the needs of foster children and recruit advanced social work students to better serve these children.

Polish Community Center, Buffalo: \$49,658 to implement Kid Trax software to increase staff time to provide direct services to children.

Research Center for Stroke & Heart Disease, Buffalo: \$98,895 to develop and train up to 50 faith-based teams to work in inner-city communities of Buffalo in prevention and management of chronic disease.

Rural Area Health Education Center (R-AHEC), Batavia: \$9,000 for regional geriatric education and training needs-interest assessment.

Southern Tier Community Health Care Network: \$34,800 to purchase equipment to implement an electronic medical record system in a new health center serving Allegany and Cattaraugus counties.

St. Joseph's Hospital Health Center, Syracuse: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

SUNY Upstate for Commission for a Health CNY, Syracuse: \$80,000 to create a forum and collaborative working arrangement among central New York's eight county health departments to gather and track health-indicator data and use the data for program planning.

Syracuse Community Health Center, Syracuse: \$51,953 to implement and provide training for an automated immunization tracking system.

Syracuse City School District, Syracuse: \$150,000 for construction of a school-based health center at Delaware Elementary School.

Syracuse University, Syracuse: \$21,175 for faculty in the Community Health Foundation's Health Leadership Fellows Program.

The Resource Center, Jamestown: \$100,000 to provide start-up funds for a school-based clinic at Jamestown High School.

Total Aging in Place, Amherst: \$300,000 from the Community Health Foundation's donor advised fund at the Community Foundation for Greater Buffalo for expansion of the Program of All-Inclusive Care of the Elderly (PACE) to accommodate 80-100 new participants.

University of Buffalo and Erie County Senior Services, Buffalo: \$84,868 to purchase a curriculum and training program to implement "Tools for Caregivers," a support program for family members and others who informally care for frail elders in Erie County.

University of Buffalo and Kaleida Center of Asthma & Environmental Exposure, Buffalo: \$65,000 to purchase a nitrous-oxide monitor for early detection of asthmatic inflammation and include such testing in an ongoing asthma intervention program in Buffalo schools.

United Way of Cayuga County for the Human Services Coalition of Cayuga County, Auburn: \$70,000 to support a two-year county-wide effort to improve health-care decision-making for frail elders.

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University of Buffalo Foundation, Buffalo: \$36,689 for project direction and administrative support of the Community Health Foundation's Health Leadership Fellows Program.

UNYNET, Buffalo: \$150,000 to improve asthma treatment by augmenting office visits with a physician- and telephone-based case management, monitoring and tracking system.

Upstate Cerebral Palsy, Utica: up to \$4,000 for successful participation in the Community Health Foundation's Quality Improvement Collaborative to Benefit Frail Elders.

Upstate Alliance for Nonprofit Excellence through Cornell Cooperative Extension, Ithaca: \$101,200 for project direction and administrative support of the Community Health Foundation's Health Leadership Fellows Program.

Westfield Memorial Hospital, Westfield: \$49,020 to start up a diabetes self-management program in northwest Chautauqua County.

Women & Children's Hospital of Buffalo, Buffalo: \$150,000 to assess the needs and services currently provided to Bantu refugees and develop cultural competency training for providers.

CHF direct support for Program Initiatives (2003-06)

Sharing Your Wishes Coalition: \$160,590

Quality Improvement Collaboratives: \$168,113

CHF Health Leadership Fellows: \$447,883

Nuts & Bolts Learning Community: \$49,118

IHI Forum Simulcast: \$36,591

Creating Options for Dignified Aging: \$75,880

Other short-term activities: \$56,172

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