

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **GRIFFIN HOSPITAL** Employer identification number **06-0647014**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		307	1477742.	0.	1477742.	1.14%
b Medicaid (from Worksheet 3, column a)		11,886	12780807.	8827233.	3953574.	3.05%
c Costs of other means-tested government programs (from Worksheet 3, column b)		110	160,935.	119,507.	41,428.	.03%
d Total Financial Assistance and Means-Tested Government Programs		12,303	14419484.	8946740.	5472744.	4.22%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)		46,723	1026737.	7,210.	1019527.	.79%
f Health professions education (from Worksheet 5)		4,539	7256619.	5062395.	2194224.	1.69%
g Subsidized health services (from Worksheet 6)		40,995	21100488.	21303418.	-202,930.	.00%
h Research (from Worksheet 7)			1247810.	0.	1247810.	.96%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		2,186	48,878.	0.	48,878.	.04%
j Total Other Benefits		94,443	30680532.	26373023.	4307509.	3.48%
k Total. Add lines 7d and 7j		106,746	45100016.	35319763.	9780253.	7.70%



Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418
GRIFFINHEALTH.ORG

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first seven columns.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group GRIFFIN HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	<b>1</b> X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b> X	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<b>4</b>	X
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>5</b> X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	<b>7</b>	X
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>8a</b>	X
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued) GRIFFIN HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information** (continued) GRIFFIN HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
  - d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
<b>21</b> During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.		
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? .....		X
If "Yes," explain in Part VI.		



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

**PART I, LINE 3C: GRIFFIN HOSPITAL CRITERIA FOR DETERMINING**

**ELIGIBILITY FOR FREE CARE OR DISCOUNTED CARE INCLUDE ELIGIBILITY**

**REQUIREMENTS. ALL GUARANTORS WITH FAMILY INCOME EQUAL TO OR BELOW TWO**

**HUNDRED PERCENT OF THE FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE**

**SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR CHARITY**

**SPONSORSHIP FOR THE FULL AMOUNT OF HOSPITAL CHARGES RELATED TO APPROPRIATE**

**HOSPITAL-BASED MEDICAL SERVICES THAT ARE NOT COVERED BY PRIVATE OR PUBLIC**

**THIRD-PARTY SPONSORSHIP. ALL GUARANTORS WITH FAMILY INCOME BETWEEN TWO**

**HUNDRED ONE PERCENT (20%) AND FOUR HUNDRED PERCENT (400%) OF THE FEDERAL**

**POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO BE**

**INDIGENT PERSONS QUALIFYING FOR DISCOUNTS FROM CHARGES RELATED TO**

**APPROPRIATE HOSPITAL BASED MEDICAL SERVICES IN ACCORDANCE WITH THE**

**HOSPITAL'S SLIDING FEE SCHEDULE AND POLICIES REGARDING INDIVIDUAL**

**FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA: A. ELIGIBILITY SHALL**

**BE BASED ON FIANCIAL NEED AT THE TIME OF APPLICATION BY COMPARING TOTAL**

**FAMILY INCOME WITH THE CURRENT FEDERAL POVERTY GUIDELINES. IF A FAMILY'S**

**TOTAL INCOME IS GREATER THAN 100% OF THE FEDERAL POVERTY GUIDELINE FAMILY**

**ASSETS, OTHER THAN EXEMPT ASSETS LISTED BELOW, MAY BE CONSIDERED AS A**

**Part VI** Supplemental Information

SOURCE OF PAYMENT. B. EXEMPT ASSETS (BASED ON MEDICARE EXEMPTED ASSETS) LISTED BELOW SHOULD NOT BE ADDED TO FAMILY WORTH FOR CHARITY REVIEW: I. FAMILY PRINCIPAL RESIDENCE; II. NECESSARY MOTOR VEHICLES REQUIRED FOR EMPLOYMENT, REQUIRED FOR ACCESS TO TREATMENT, OR MODIFIED FOR OPERATION OR TRANSPORT OF A DISABLED PERSON; III. PERSONAL EFFECTS AND HOUSEHOLD GOODS; IV. RESOURCES NECESSARY FOR SELF-SUPPORT. ALL RESOURCES OF BOTH SPOUSES ARE CONSIDERED TOGETHER. C. CHARITY WILL BE ASSIGNED USING THE MOST RECENTLY PUBLISHED FEDERAL POVERTY STANDARDS AND EVALUATED ON THE ADJUSTED FAMILY INCOME AS EXPLAINED ABOVE FOR THOSE ABOVE 201% OF SUCH STANDARDS. D. DOCUMENTATION WILL BE REQUESTED AND IN MOST CASES WILL BE REQUIRED TO ESTABLISH ELIGIBILITY FOR CHARITY CARE. IN THE EVENT THAT THE GUARANTOR IS NOT ABLE TO PROVIDE THE DOCUMENTATION DESCRIBED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FROM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON.

## PART I, LINE 6A:

GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR YEAR ENDING 2013, WHICH WAS INCLUDED AS PART OF OUR ANNUAL REPORT.

## PART I, LINE 6B:

GRIFFIN HOSPITAL POSTS ITS COMMUNITY BENEFIT REPORT AND INFORMATION ON THE HOSPITAL WEBSITE GRIFFINHEALTH.ORG.

## PART I, LINE 7:

CHARITY CARE AND OTHER COMMUNITY BENEFITS WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COSTS TO INDIVIDUAL

**Part VI** Supplemental Information

SERVICES.

PART III, LINE 4: SEE PAGE 11 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

PART III, LINE 2:

GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO.

GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY.

CHARTIY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE. THE APPROVED CHARITY PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES. ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN IT'S ESTABLISHED AND CONTRACTUAL RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS FREE CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE.

GRIFFIN HOSPITAL DOES NOT ATTRIBUTE ANY BAD DEBT TO COMMUNITY BENEFIT EXPENSE. UNCOLLECTED BALANCES ARE REVIEWED AT MANY STAGES TO DETERMINE IF THEY FALL UNDER UNINSURED OR FREE CARE ASSISTANCE.

PART III, LINE 8: THE \$7.107 MILLION MEDICARE SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD

**Part VI** Supplemental Information

INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS.

MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR MEDICARE ACCOUNTED FOR 5.5% OF HOSPITAL EXPENSES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

PART III, LINE 9B: GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT AMOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES AT TIME OF BILLING. GRIFFIN WILL PROVIDE TO ALL LOW INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL. FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY. IF A PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE AMOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES AN OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES DIRECTOR. THE UNCOLLECTED DEBT WILL BE TRANSFERRED TO UNINSURED OR FREE CARE ASSISTANCE BY THE SUPERVISOR AFTER REVIEW.

**Part VI** Supplemental Information

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 3: REGIONAL COOPERATION ON HEALTH ISSUES - REGIONAL COOPERATION, THE LEADERSHIP OF GRIFFIN HOSPITAL ON COMMUNITY HEALTH IMPROVEMENT AND THE EFFECTIVENESS OF EFFORTS WAS POSITIVELY NOTED IN FOCUS GROUPS, FORUMS AND SURVEYS. OF PARTICULAR NOTE WAS THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS (VCHHSO). GRIFFIN HOSPITAL WAS A LEADER IN ESTABLISHING THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS WHICH HAS BECOME A MODEL FOR OTHER COMMUNITIES. THE VALLEY COUNCIL IS A COOPERATIVE VENTURE FOUNDED OVER TWENTY YEARS AGO LINKING APPROXIMATELY 50 NON-PROFIT HEALTH & HUMAN SERVICE PROVIDERS THROUGHOUT THE VALLEY. ITS MISSION IS TO IDENTIFY, PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SYSTEM OF HUMAN SERVICE DELIVERY AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY. DECISION MAKERS FROM EACH OF THE ACTIVE MEMBERS MEET MONTHLY. THE COUNCIL'S OBJECTIVES ARE TO:

1. ENGAGE IN PERIODIC ASSESSMENT AND IDENTIFICATION OF LOCAL SERVICE NEEDS, INCLUDING CLIENT INPUT.
2. COLLABORATIVELY EVALUATE CURRENT SERVICES, IDENTIFY GAPS, AND STRATEGIZE ON HOW TO FILL GAPS IN SERVICES.
3. SERVE AS THE PRIMARY PLANNING AND COORDINATING BODY FOR THE REGIONS' SERVICE PROVISION SYSTEM.
4. PROVIDE A PLACE FOR SUPPORT AND NETWORKING AMONG THE VALLEY HUMAN SERVICES COMMUNITY.
5. ADVOCATE FOR THE NEEDS OF LOCAL RESIDENTS AND FOR RESOURCES TO MEET THOSE NEEDS ON A LOCAL, STATE, AND FEDERAL LEVEL.
6. SEEK TO DEVELOP PARTNERSHIPS WITH OTHER COMMUNITY SYSTEMS (I.E. SCHOOLS, BUSINESSES, STATE AND LOCAL GOVERNMENTS, PUBLIC SAFETY) TO ENHANCE SERVICE DELIVERY.

GRIFFIN REMAINS AN ACTIVE MEMBER OF THE COUNCIL. NOT ONLY IS GRIFFIN HOSPITAL A CONTINUING MEMBER, THE VALLEY PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS. THE COMMUNITY ADVISORY COUNCIL ENGAGED THE PATIENTS AND THE

**Part V** Supplemental Information

COMMUNITY TO GET MEANINGFUL FEEDBACK ABOUT THE HOSPITAL'S SERVICES. THROUGHOUT ITS HISTORY, GRIFFIN'S MOST INNOVATIVE PROGRAMS HAVE BEEN DEVELOPED USING INSIGHTS GLEANED FROM PATIENTS AND FAMILY MEMBER FOCUS GROUPS. THE COMMUNITY ADVISORY COUNCIL WAS A NATURAL NEXT STEP FOR GRIFFIN AS A WAY TO SOLICIT THE PATIENT'S PERSPECTIVE OF CARE, PROGRAMS AND SERVICES AND TO IDENTIFY COMMUNITY NEEDS ON AN ONGOING BASIS.

THE VALLEY CARES TASKFORCE BETH PATTON COMERFORD, MS, YALE-GRIFFIN PREVENTION RESEARCH CENTER (TASKFORCE CO-CHAIR) MARY S. NEScott, MPH, BIRMINGHAM GROUP HEALTH SERVICES, INC. (TASKFORCE CO-CHAIR) HEIDI ZAVATONE-VETH, PHD, VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES (VALLEY COUNCIL COORDINATOR) KAREN N. SPARGO, MA, MPH, NAUGATUCK VALLEY HEALTH DISTRICT JESSE REYNOLDS, MS, (CURRENTLY YALE UNIVERSITY) ANN HARRISON, THE WORKPLACE, INC. (CURRENTLY WORKFORCE ALLIANCE). THE MATERIAL IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT WILL DOCUMENT GRIFFIN'S COMMITMENT TO THE SIX TOWN VALLEY COMMUNITIES THAT HAS BEEN ITS PRIMARY SERVICE AREA FOR OVER A CENTURY. MUCH OF THE RESEARCH REFERENCED AND USED IN THE CHNA HAS BEEN DONE OVER A TWO DECADE PERIOD OF TIME AND HAS BEEN A COLLABORATIVE EFFORT BETWEEN THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER.

**GRIFFIN HOSPITAL:**

PART V, SECTION B, LINE 5C: THE CHNA REPORT IS WIDELY AVAILABLE ON THE GRIFFIN HOSPITAL WEBSITE [HTTP://WWW.GRIFFINHEALTH.ORG/](http://www.griffinhealth.org/) AND THE STATE OF CONNECTICUT'S WEBSITE [HTTP://WWW.CT.GOV/DPH/CWP/](http://www.ct.gov/dph/cwp/). ALSO THE CHNA IS AVAILABLE AT THE FACILITY.

Part VI Supplemental Information

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 7: GRIFFIN'S CHNA IDENTIFIED OUR COMMUNITY NEEDS AS AWARENESS OF HEALTH AND HUMAN SERVICES, TRANSPORTATION, OBESITY, PRIMARY CARE ACCESS, COMMUNITY POPULATION BASED MEDICAL ISSUES, CLINICAL SERVICES, SUBSTANCE ABUSE, PRE-NATAL CARE AND REGIONAL COOPERATION ON HEALTH ISSUES. GRIFFIN PLANS TO ADDRESS PRIORITY AREAS WITH IMPLEMENTATION PLANS ON ALL BUT ONE OF THE SUGGESTED NEEDS. THERE WAS A PERCEPTION THAT PRE-NATAL CARE WAS LOW AND THAT AN INTERVENTION WAS NEEDED. RESEARCH, HOWEVER, REVEALED THAT PRENATAL CARE FOR MOTHERS-TO-BE IN THE VALLEY WAS SIGNIFICANTLY BETTER WHEN COMPARED TO THE STATE AND NEW HAVEN COUNTY AS REPORTED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH. BASED ON THE ACTUAL DATA THERE IS NO ACTION REQUIRED RELATED TO PRE-NATAL CARE. THE INFORMATION WILL BE WIDELY SHARED WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS AND OTHER COMMUNITY LEADERS TO ENSURE THAT THERE IS INCREASED KNOWLEDGE OF THE VALLEY DATA AS COMPARED TO NEW HAVEN COUNTY AND THE STATE OF CONNECTICUT.

PART VI, LINE 2: GRIFFIN HAS A HISTORY OF COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY DATING BACK TO ITS FOUNDING 100 YEARS AGO, AND OF PROVIDING EDUCATIONAL, PREVENTION AND SCREENING PROGRAMS AND SERVICES. IN 1970, FUNDED BY A GRANT FROM THE KELLOGG FOUNDATION, GRIFFIN ESTABLISHED ONE OF THE FIRST HOSPITAL DEPARTMENTS OF COMMUNITY HEALTH IN THE COUNTRY TO FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY IT SERVES. OVER THE PAST FIFTEEN YEARS, GRIFFIN'S REACH HAS BEEN EXPANDING INTO THE COMMUNITY. IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO

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THE PUBLIC AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS, GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNITIES WHERE PATIENTS LIVE AND WORK. BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOURCES AND ACTIVITIES, AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED ITS MISSION FAR BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES.

COMMUNITY LEADERSHIP RECOGNIZED THE NEED TO RESPOND TO THE CHANGING COMMUNITY DEMOGRAPHICS AND THE DIFFERENT SOCIOECONOMIC AND HEALTH NEEDS AND EXPECTATIONS OF THE MORE DIVERSE POPULATION. THREE MAJOR NEW STRUCTURES WERE CREATED. IN 1993, THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATION (VCHHSO) WAS FOUNDED. MORE THAN 55 ORGANIZATIONS THAT PROVIDE MOST OF THE HEALTH AND HUMAN SERVICES ARE MEMBERS. VCHHSO'S VISION IS A PROVIDER NETWORK THAT WORKS COLLABORATIVELY TO CREATE AN INTEGRATED HUMAN SERVICES DELIVERY SYSTEM THAT MEETS THE NEEDS OF ALL RESIDENTS. "HEALTHY VALLEY 2000", THE STATE'S FIRST HEALTHY COMMUNITY EFFORT, WAS LAUNCHED IN 1994. WITH FOUNDATION GRANT SUPPORT, THE NATIONAL CIVIC LEAGUE WAS ENGAGED TO GUIDE STAKEHOLDERS THROUGH THE PROCESS. THE VISION OF THE BROAD-BASED, VOLUNTEER INSPIRED AND MANAGED EFFORT WAS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND ITS RESIDENTS BY MAKING THE COMMUNITY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP, RAISE A FAMILY AND ENJOY LIFE. BASED ON RESEARCH, INCLUDING USE OF THE NATIONAL CIVIC LEAGUE INDEX, A S.W.O.T ANALYSIS, AND BRAINSTORMING, 175 STAKEHOLDERS IDENTIFIED ARTS & RECREATION, COMMUNITY INVOLVEMENT, ECONOMIC DEVELOPMENT, EDUCATION AND HEALTH AS PRIORITIES. A TASK FORCE DEVELOPED A WORK PLAN FOR EACH OF THE PRIORITIES AND AN HONOR ROLE WAS DEVELOPED TO RECOGNIZE INITIATIVES UNDERTAKEN INDEPENDENTLY BY INDIVIDUALS OR

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ORGANIZATIONS RELATED TO THE IDENTIFIED PRIORITIES.

THE BOARD ADOPTED STRATEGIC PLAN FOR THE 2010 - 2013 PERIODS, WHICH INCLUDED A PROVISION TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPT A STRATEGY TO MEET COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT. THE PROVISION INCLUDED OBTAINING INPUT FROM A BROADLY DIVERSE CROSS SECTION OF THE COMMUNITY THE HOSPITAL SERVES. IT ALSO INCLUDED THE POSTING OF THE ASSESSMENT ON THE CORPORATE SOCIAL RESPONSIBILITY SECTION OF THE HOSPITAL'S WEBSITE.

PART VI, LINE 3: GRIFFIN HOSPITAL'S BUSINESS SERVICES OFFICE IS AVAILABLE TO HELP YOU UNDERSTAND YOUR BILL AND PAYMENT OPTIONS. IF YOU HAVE A QUESTION ABOUT A BILL YOU RECEIVED, OR YOU WOULD LIKE TO MEET WITH A FINANCIAL ADVISOR, PLEASE CALL THE BUSINESS OFFICE AT (203) 732-7360. GRIFFIN HOSPITAL MAINTAINS A PROFESSIONAL STAFF OF SPECIALISTS TO HELP YOU RESOLVE FINANCIAL PROBLEMS REGARDING YOUR BILL. A REPRESENTATIVE WILL BE ASSIGNED TO YOU WHO WILL HELP OBTAIN BILLING INSTRUCTIONS, ASSIST YOU IN COMPLETING FORMS AND ADVISE YOU OF YOUR FINANCIAL RESPONSIBILITY.

POLICY & PROCEDURE:

ANY PATIENT REQUESTING FINANCIAL ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE ASSISTANCE PROGRAM BY CONTACTING THE HOSPITAL'S FINANCIAL ADVISORY STAFF. THE FINANCIAL ADVISOR WILL BE CONTACTED BY THE PATIENT TO COMPLETE THE FREE CARE APPLICATION PROCESS. THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION: PATIENT'S W-2 FORM (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR); THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT; DEPENDENT INFORMATION (FAMILY

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SIZE); AND ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS. THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE. THIS IS BASED ON THE FEDERAL POVERTY INCOME GUIDELINES (SLIDING SCALE AVAILABLE UPON REQUEST). THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF FREE CARE ELIGIBILITY STATUS. IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE. IF A PATIENT BALANCE REMAINS, THE FINANCIAL ADVISOR WILL PURSUE ONE OF THE FOLLOWING WITH THE PATIENT: REQUIRE PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE. IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO: OBTAIN PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE. IN SOME CASES, IT IS NECESSARY TO OVERRIDE THE POLICY GUIDELINES ON INCOME DUE TO "SPECIAL" CIRCUMSTANCE REQUIREMENTS, I.E., SOCIAL ADMITS, MAXED OUT DAYS, DECEASED PATIENTS. AN OVERRIDE CAN BE OBTAINED BY THE SUPERVISOR AND DIRECTOR OR CFO ALLOWING FOR CONSIDERATION OF ELIGIBILITY. THE COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

PART VI, LINE 4: GRIFFIN HOSPITAL, LICENSED BY THE STATE OF CONNECTICUT FOR 160 BEDS AND 15 BASSINETS, IS A GENERAL ACUTE CARE HOSPITAL SERVING A PRIMARY SERVICE AREA (PSA) OF SIX TOWNS: ANSONIA, BEACON FALLS, DERBY, OXFORD, SYMOUR AND SHELTON, CONNECTICUT. THE SIX TOWN REGION HAS COME TO BE KNOWN AS THE LOWER NAUGATUCK VALLEY. THE SIX

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TOWNS, WITH AN AREA OF A LITTLE MORE THAN 100 SQUARE MILES, HAVE A COMBINED POPULATION OF OVER 107,000 BASED ON CURRENT ESTIMATES.

THE VALLEY'S DEMOGRAPHICS IN TERMS OF POPULATION BY AGE GROUP MIRROR THOSE OF THE STATE OF CONNECTICUT. THE VALLEY'S AFRICAN AMERICAN POPULATION IS 4% COMPARED TO 10.1% FOR THE STATE, AND THE HISPANIC POPULATION IS 6% COMPARED TO 13.4% FOR THE STATE. THE AFRICAN AMERICAN POPULATION IS CENTERED PRIMARILY IN ANSONIA (11.6%), AND THE HISPANIC POPULATION IS CENTERED PRIMARILY IN ANSONIA (16.7%) AND DERBY (14.2%). POPULATION BY ETHNIC BACKGROUND REMAINS PRIMARILY ITALIAN - 23%, POLISH/RUSSIAN/UKRAINIAN - 17%, AND IRISH - 11%. THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010.

MEDIAN HOUSEHOLD INCOME (2007-2011) IN ALL VALLEY TOWNS HAS BEEN INCREASING, BUT ANSONIA (\$55,259) AND DERBY (\$55,478) REMAIN ALMOST \$15,000 BELOW THE STATE MEDIAN. THE REMAINING TOWNS, SEYMOUR (\$65,036), BEACON FALLS (\$70,228), SHELTON (\$79,176), AND OXFORD (\$95,710), WERE CLOSE TO OR CONSIDERABLY ABOVE THE CONNECTICUT MEDIAN (\$68,055), AN INDICATION OF THE ECONOMIC DISPARITIES WITHIN THE VALLEY. THE NUMBER OF FOOD STAMP RECIPIENTS IN ANSONIA (2,998 - 16%) AND DERBY (1,612 - 12%) WERE HIGHER THAN THE CONNECTICUT RATE (10%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE. THE OVERALL POVERTY RATE WAS THE HIGHEST IN THE VALLEY (YEAR 2009) IN DERBY (11.5%) AND ANSONIA (10.7%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE (11.9%) WITH OXFORD THE LOWEST (2.1%). ANSONIA AND DERBY EXPERIENCED INSIGNIFICANT POPULATION DECLINES BETWEEN THE 2000 AND 2010 CENSUS. IN ALL OTHER TOWNS THE POPULATION GREW BETWEEN 4% AND 31% IN OXFORD WHICH WAS THE FASTEST GROWING

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TOWN IN THE STATE PERCENTAGE WISE. THE TOTAL VALLEY POPULATION IS PROJECTED TO BE 109,510 IN 2017 UP FROM THE CURRENT 107,000.

UNDER 18 YEARS OLD: 23,701 (22%)

ABOVE 65 YEARS OLD: 16,353 (15%)

HISPANIC OR LATINO: 9,227 (9%)

NON-HISPANIC WHITE: 88,855 (83%)

NON-HISPANIC BLACK: 4,412 (4%)

NON-HISPANIC ASIAN: 2,834 (3%)

NON-HISPANIC OTHER: 1,638 (2%)

BACHELOR'S DEGREE OR HIGHER: 20,565 (28%)

NUMBER OF PEOPLE IN POVERTY: 5,831 (6%)

PART VI, LINE 5: GRIFFIN HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH MANY PROGRAMS AND ASSOCIATIONS INCLUDING:

-DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING- 5 EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES.

-THE MOBILE HEALTH RESOURCE CENTER- FOCUSES ON PREVENTATIVE HEALTH SERVICES AND PROVIDING HEALTH EDUCATION AND SCREENING SERVICES TO NEIGHBORHOODS, COMMUNITY EVENTS, HEALTH FAIRS, SHOPPING CENTERS AND BUSINESSES.

-COMMUNITY OUTREACH SERVICES- IN FISCAL YEAR 2013, THE DEPARTMENT OF COMMUNITY OUTREACH AND THE VALLEY PARISH NURSE PROGRAM SERVED 39,054 PEOPLE. SERVICES INCLUDED 4,411 HEALTH SCREENINGS WHICH CONTRIBUTED TO 14,915 REFERRALS TO NEEDED SERVICES. IN ADDITION, 30,709 PEOPLE ATTEND 1,388 EDUCATIONAL PROGRAMS AND 3,540 PEOPLE WERE TRAINED IN CPR. THE

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PROGRAM ALSO PROVIDED AND PLACED AUTOMATED EXTERNAL DEFIBRILLATORS (AED'S) AT COMMUNITY SITES BRINGING THE TOTAL TO 67.

-STARTING 6 YEARS AGO GRIFFIN HOSPITAL'S DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING JOINED WITH ANSONIA COMMUNITY ACTION, THE NON-PROFIT AGENCY PROVIDING SERVICES TO THE AFRICAN AMERICAN COMMUNITY, FOR AN OUTREACH PROGRAM TO PROVIDE FREE CHOLESTEROL, DIABETES, AND HYPERTENSION SCREENING AND HEALTH EDUCATION FOR PEOPLE WHO ARE 60 AND OLDER.

-GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER- ESTABLISHED IN MARCH 2005 BY THE VALLEY PARISH NURSE PROGRAM. GRIFFIN HOSPITAL, THE VALLEY PARISH NURSE PROGRAM, THE VALLEY N.A.A.C.P., THE CITY OF ANSONIA AND THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN SPONSORED THE ANNUAL COMMUNITY HEALTH AND SAFETY.

-CERTIFIED CPR TRAINING CENTER- GRIFFIN HOSPITAL HAS BEEN A CERTIFIED COMMUNITY AMERICAN HEART ASSOCIATION CPR TRAINING CENTER SINCE 2006.

-GRIFFIN BREAST HEALTH INITIATIVE- PROVIDES OUTREACH AND EDUCATION TO WOMEN, INCLUDING THE UNINSURED OR UNDERINSURED, ABOUT THE IMPORTANCE OF BREAST WELLNESS AND EARLY BREAST CANCER DETECTION, AND PROVIDES SCREENING MAMMOGRAMS TO WOMEN WHO MAY NOT BE ABLE TO AFFORD ONE.

-VALLEY WOMEN'S HEALTH INITIATIVE

-AED PLACEMENT AT PUBLIC SITES- THE GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM COORDINATED OBTAINING FUNDING FOR THE PURCHASE OF AED'S AND HAS PLACED 65 AED'S AT PUBLIC NON-PROFIT PUBLIC ACCESS DEFIBRILLATOR SITES IN THE COMMUNITY.

-HOMELESS SHELTER FOOD BANK DONATIONS

-PATIENT AND COMMUNITY SUPPORT GROUPS AND EDUCATIONAL MEETINGS

-BY YOUR SIDE. CAREGIVER SUPPORT GROUP

-BEREAVEMENT SUPPORT GROUP

-BEREAVEMENT SUPPORT GROUP FOR PARENTS

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-THE WIDOW AND WIDOWER SUPPORT GROUPS

-COPING WITH LOSS THROUGH THE HOLIDAYS

-CIRCLE OF FRIENDS BREAST CANCER SUPPORT GROUP

-GRIFFIN HOSPITAL DIABETES EDUCATION AND SUPPORT GROUP

-FIBROMYALGIA SUPPORT GROUP

-H.U.G.S (HELP UNLIMITED GRIFFIN SUPPORT)

-MOM 2 MOM

-NURSING MOMS

-SLEEP APNEA SUPPORT GROUP

-MULTIPLE SCLEROSIS SUPPORT GROUP

-ALZHEIMER'S CAREGIVER SUPPORT GROUP

-VALLEY HEART CLUB

-SHARING HEARTS OF GRIFFIN HOSPITAL

-LOOK GOOD...FEEL BETTER

-ALL ABOUT BABY

-BABY & ME FOR SIBLINGS-TO-BE

-BABYSITTER TRAINING

-BREASTFEEDING FOR BEGINNERS

-EARLY PREGNANCY

-GRAND PARENTING 101

-LAMAZE REFRESHER

-PREPARED CHILDBIRTH

-TOT SAVER INFANT SAFETY & CPR

-WEIGHT-LOSS SURGERY SEMINARS

-MEDICATION MANAGEMENT PROGRAM

-PARKINSON'S SUPPORT GROUP

-SKILL TRAINING WORKSHOPS. REIKI, SOFT TOUCH, AND THERAPEUTIC TOUCH

-GRIFFIN HOSPITAL COMMUNITY HEALTH RESOURCE CENTER PROVIDES AN ARRAY OF

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OUTREACH SERVICES IN THE COMMUNITY AND MAKES EXTENSIVE HEALTHCARE RESOURCES AVAILABLE TO THE PUBLIC ON THE MAIN CAMPUS. THE GRIFFIN HOSPITAL CHNA IS AVAILABLE FOR REVIEW AT THIS LOCATION IN THE HOSPITAL.

-HEALTHY U PROGRAM/MINI-MED SCHOOL. EDUCATIONAL OFFERINGS AT THE HOSPITAL AND COMMUNITY SITES INCLUDING: ANATOMY, PHYSIOLOGY, PRIMARY CARE, CARDIOLOGY, ENDOCRINOLOGY, ORTHOPEDICS, PULMONARY DISEASE, GASTROENTEROLOGY, NEPHROLOGY, NEUROLOGY, ONCOLOGY, HEMATOLOGY, OTOLARYNGOLOGY, OPHTHALMOLOGY, GYNECOLOGY, UROLOGY, RHEUMATOLOGY, DERMATOLOGY, AND GENERAL SURGERY. HEALTHY U PROGRAMS ARE FREE AND OPEN TO THE PUBLIC, AND FEATURE GRIFFIN HOSPITAL MEDICAL EXPERTS AND COMMUNITY PARTNERS WHO PROVIDE TRUSTED HEALTH INFORMATION AND ANSWERS TO QUESTIONS.

-YALE-GRIFFIN PREVENTION RESEARCH CENTER (PRC). ESTABLISHED IN 1998, THE YALE-GRIFFIN PRC IS COLLABORATION BETWEEN YALE UNIVERSITY AND GRIFFIN HOSPITAL. ONE OF ONLY 35 SUCH CENTERS ACROSS THE COUNTRY, GRIFFIN'S IS THE ONLY ONE BASED AT A HOSPITAL. FUNDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE NATIONAL INSTITUTES OF HEALTH, FOUNDATIONS, AND PRIVATE INDUSTRY, THE PRC'S RESEARCH PORTFOLIO IS DIVERSE, WITH THE EMPHASIS ON COMMUNITY-BASED ISSUES. ITS MANY AREAS OF FOCUS ARE NUTRITION, PREVENTIVE CARDIOLOGY, AND PHYSICAL ACTIVITY. IT ALSO CONDUCTS RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM), CHRONIC DISEASE MANAGEMENT AND OBESITY PREVENTION. THE WORK OF THE PRC EXTENDS BEYOND THE GRIFFIN HOSPITAL SERVICE AREA TO INCLUDE PROGRAMS AND SERVICES IN BRIDGEPORT, NEW HAVEN AND HARTFORD, THE STATE'S 3 LARGEST CITIES.

-YALE-GRIFFIN PREVENTION RESEARCH CENTER COMMUNITY HEALTH PROFILE. THE YALE-GRIFFIN PRC PRODUCES A BI-ANNUAL COMMUNITY HEALTH PROFILE FOR THE SIX TOWN REGION SERVED BY GRIFFIN HOSPITAL.

-VALLEY COMMUNITY ASSESSMENT, RESEARCH & EDUCATION FOR SOLUTIONS (CARES). GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER SUPPORT A

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COLLABORATIVE INITIATIVE "VALLEY CARES", A COMMUNITY ASSESSMENT AND PLANNING EFFORT SPONSORED BY THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS.

-YALE-GRIFFIN PRC NUTRITION PROGRAM DETECTIVES PROGRAM. PROGRAM TO ADDRESS THE INCIDENCE OF CHILDHOOD OBESITY.

-NUVAL NUTRITIONAL FOOD SCORING SYSTEM. INTRODUCED IN THE DERBY SCHOOL DISTRICT'S MIDDLE SCHOOL AND HIGH SCHOOL, SCHOOLS ON THE SAME CAMPUS WITH SIMILAR SNACKS AND MENUS. THE SCORING SYSTEM WILL BE APPLIED TO FOODS SERVED IN THE CAFETERIA AND VENDING MACHINES. THE GOAL IS TO INFORM STUDENTS ABOUT THE VARIATION IN NUTRITIONAL QUALITY AND THE RANGE OF SCORES WITHIN EACH FOOD CATEGORY TO GET THEM THINKING ABOUT THE POWER OF CHOICE, AND TO MAKE HEALTHIER FOOD CHOICES. THE PROJECT WILL BE EVALUATED BY ASSESSING CHANGES IN STUDENT'S ATTITUDES, KNOWLEDGE AND ABILITY TO MAKE POSITIVE CHOICES, ALONG WITH CHANGES IN FOOD PRODUCTS PURCHASED AT SCHOOL.

-SCHOOL-BASED HEALTH CENTER. GRIFFIN HOSPITAL PERSONNEL, THE ANSONIA BOARD OF EDUCATION, AND ANSONIA HIGH SCHOOL STAFF WORKED COLLABORATIVELY TO CREATE THE CHARGER HEALTH CLINIC TO PROVIDE COMPREHENSIVE PHYSICAL AND MENTAL HEALTH SERVICES TO THE SCHOOL'S STUDENTS.

-HEALTHY BEGINNINGS RETURN VISIT PROGRAM. GRIFFIN'S CHILDBIRTH CENTER NURSES ESTABLISHED A POST DISCHARGE FREE RETURN VISIT PROGRAM. PROBLEMS FROM LACTATION ISSUES, BLEEDING, JAUNDICE AND OTHERS ARE IDENTIFIED IN 20-30% OF MOTHERS AND BABIES, AND EDUCATION, CARE AND REFERRAL TO OTHER PRACTITIONERS OF SERVICES IS PROVIDED.

-GO GREEN INITIATIVE. GRIFFIN'S PATIENT CENTERED CARE COUNCIL IN 2009 UNDERTOOK A NUMBER OF INITIATIVES TO PROMOTE SOCIAL RESPONSIBILITY TO THE COMMUNITY.

-VOLUNTEER SERVICES DEPARTMENTS. WHILE GRIFFIN HOSPITAL'S VOLUNTEER FORCE OF 430 COMMUNITY RESIDENTS IS AN ESSENTIAL COMPONENT OF GRIFFIN'S

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CAREGIVER TEAM, THIS PROGRAM ALSO PROVIDES A SOCIAL EXPERIENCE THAT THE VOLUNTEERS ENJOY AND FONDLY LOOK FORWARD TO.

-GRIFFIN HOSPITAL SENIOR MEALS CHOICE PROGRAM. IN PARTNERSHIP WITH TEAM, INC., THE COMMUNITY'S ANTI-POVERTY AGENCY, THE GRIFFIN HOSPITAL "SENIOR MEALS CHOICE" NUTRITION PROGRAM IS AVAILABLE TO INDIVIDUALS 60 YEARS OF AGE OR OLDER, OR THE SPOUSE OF AN ELIGIBLE INDIVIDUAL, REGARDLESS OF AGE.

-VITAHLS (THE VALLEY INITIATIVE TO ADVANCE HEALTH AND LEARNING IN SCHOOLS). MISSION IS TO DEVELOP, IMPLEMENT, EVALUATE AND SUSTAIN A COMPREHENSIVE VALLEY-WIDE SCHOOL-BASED CHILDHOOD AND ADOLESCENT OBESITY PREVENTION PROGRAM THAT FOCUSES ON NUTRITION AND PHYSICAL ACTIVITY TO REDUCE THE PREVALENCE OF OBESITY AND TO PROMOTE HEALTH AND ACADEMIC READINESS IN STUDENTS PRE-K TO GRADE 12.

-HIM (THE HEALTH INITIATIVE FOR MEN). LAUNCHED BY GRIFFIN HOSPITAL IN 2011 TO HELP INSPIRE MEN TO HAVE AN ANNUAL PHYSICAL AND RAISE AWARENESS ABOUT MEN'S HEALTH ISSUES, SUCH AS PROSTATE CANCER AND COLORECTAL CANCER.

-WOMEN AND HEART DISEASE PROGRAM

-WOMEN'S DAY OF HEALTH

-AARP DRIVER SAFETY PROGRAM

-FALL PREVENTIVE PROGRAM

-CLOTHES CLOSET FOR BARIATRIC PATIENTS

-CANCER BASICS 101: EVERYTHING YOU NEED TO KNOW

-PASTORAL CARE & EDUCATION DEPARTMENT. OFFERS EXTENDED UNITS OF CLINICAL PASTORAL EDUCATION (CPE) FOR AREA CLERGY, SEMINARIANS AND LAY PERSONS. THE CPE FOR HEALTHCARE PROGRAM WILL PROVIDE NURSES AND OTHER CLINICAL STAFF WITH CLINICAL AND CLASSROOM TRAINING ON HOW TO INCLUDE SPIRITUALITY INTO THE CARE THEY PROVIDE.

-JUNIOR ACHIEVEMENT (JA). 2 HOSPITAL MANAGEMENT MEMBERS PARTNERED WITH

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DERBY HIGH SCHOOL TO BRING THE JA PROGRAM TO AN ENTERPRISE MARKETING CLASS  
IN THE 2012-2013 SCHOOL YEAR.

PART VI, LINE 6: N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

PART VI, LINE 7:

STATE FILINGS OF COMMUNITY BENEFIT REPORT

AS PART OF THE ANNUAL REPORTING FILINGS GRIFFIN HOSPITAL SUBMITS THEIR  
IRS FORM 990 - COMMUNITY BENEFIT REPORT TO CT STATE OFFICE OF THE  
HEALTH CARE ADVOCATE.

[HTTP://WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&Q=538810](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=538810)