

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

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.**

**Open to Public
Inspection**

Name of the organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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>400</u> %	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			415,913.	63,737.	352,176.	.15%
b Medicaid (from Worksheet 3, column a)		45,498	49847313.	37770995.	12076318.	5.13%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		45,498	50263226.	37834732.	12428494.	5.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		47,190	15504474.	753,396.	14751078.	6.27%
f Health professions education (from Worksheet 5)		3,500	19270228.	7777478.	11492750.	4.88%
g Subsidized health services (from Worksheet 6)		3,262	9899952.	9220306.	679,646.	.29%
h Research (from Worksheet 7)		18	47,919.		47,919.	.02%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		151,571	329,602.		329,602.	.14%
j Total. Other Benefits		205,541	45052175.	17751180.	27300995.	11.60%
k Total. Add lines 7d and 7j		251,039	95315401.	55585912.	39729489.	16.88%

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 THE WATERBURY HOSPITAL
64 ROBBINS STREET
WATERBURY, CT 06708

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 four 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 THE WATERBURY HOSPITAL

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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	1	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 checked="" 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 checked="" 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 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	3	X
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5	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 type="checkbox"/> Other (describe in Part VI)		
6 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 checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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)		
7 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	7	X
8a 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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c 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) THE WATERBURY 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 free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing discounted 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 type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input 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 type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input 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 checked="" type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input checked="" 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) THE WATERBURY 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

19 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?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 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?

21		X
22		X

If "Yes," explain in Part VI.

22 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?

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: N/A

PART II: AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES

IN THE GREATER WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

KEY PROGRAMS:

YOUTH PIPELINE INITIATIVES: THE WATERBURY HOSPITAL YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS: "TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED

Part VI Supplemental Information

STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE NATIONALLY FOR PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS". WATERBURY HOSPITAL IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. TO THIS END, DURING 2013, WATERBURY HOSPITAL PROVIDED 109 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD FOUR FOCUS AREAS DURING FY 2013, INCLUDING:

- PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) - SINCE ITS INCEPTION IN 2004, WATERBURY HOSPITAL'S PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) PROGRAM HAS ENGAGED ADMINISTRATORS, TEACHERS, AND STUDENTS FROM MIDDLE SCHOOLS IN GREATER WATERBURY TO ADDRESS PROJECTED SHORTAGES OF HEALTHCARE WORKERS AND TO CLOSE THE ACHIEVEMENT GAP FOR STUDENTS IN WATERBURY PUBLIC SCHOOLS. THROUGH THE PEACH PROGRAM, STUDENTS ENGAGE WITH HEALTHCARE WORKERS IN A NON-EMERGENCY SETTING AND ARE INFORMED OF THE VARIETY OF HEALTHCARE CAREER OPPORTUNITIES AVAILABLE IN OUR COMMUNITY. ANNUALLY, WATERBURY HOSPITAL ALSO OFFERS ITS PEACH SPRING BREAK EXPLORATION CAMP, THIS YEAR 47 MIDDLE SCHOOL STUDENTS FROM WATERBURY TOOK PART IN: SHADOWING AND HANDS-ON LEARNING ACTIVITIES AT THE HOSPITAL; CPR CERTIFICATION; AND EDUCATIONAL SESSIONS AT NORWALK'S MARITIME AQUARIUM.

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2013, SIXTEEN INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS.

Part VI Supplemental Information

WATERBURY HOSPITAL HAS HOSTED THE WATERBURY PLTI SINCE 2000, AND THE PROGRAM HAS TRAINED AND GRADUATED 209 AREA PARENTS. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS. EACH PARTICIPANT COMPLETES AND IMPLEMENTS A COMMUNITY PROJECT; EXAMPLES OF PROJECTS FROM 2013 INCLUDE: A "JUJI'S SENSORY FRIENDLY FILMS" PROGRAM - TO CREATE A SAFE AND ACCEPTING ENVIRONMENT FOR CHILDREN ON THE AUTISM SPECTRUM TO ATTEND FILMS AT THE MOVIE THEATER ON A MONTHLY BASIS AND "PADRE LATINOS" - A SUPPORT GROUP FOR SINGLE FATHERS TO LEARN KNOWLEDGE AND INFORMATION THROUGH THE LIFE EXPERIENCES OF THEIR PEERS.

- PARENTS SUPPORTING EDUCATIONAL EXCELLENCE (PSEE) - IN 2013, EIGHTEEN INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PSEE, A 13-WEEK CURRICULUM CO-CREATED BY THE CONNECTICUT CENTER FOR SCHOOL CHANGE AND THE CONNECTICUT COMMISSION ON CHILDREN FOR PARENTS (DEFINED BROADLY AS PARENTS, GUARDIANS, FAMILY MEMBERS AND GRANDPARENTS) TO INSTILL LEADERSHIP SKILLS IN EDUCATION AND TO FACILITATE PARTNERSHIPS BETWEEN SCHOOL STAFF AND PARENTS TO IMPROVE STUDENT LEARNING.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2013, TWENTY-EIGHT STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM.

STUDENTS COMPLETED THE FOLLOWING MODULES:

- 4 HOURS OF HOMEWORK AND STUDY SKILLS SESSIONS COMPLETED (LED BY STUDENT LEADERS), 12 HOURS OF MATH (PRE- ALGEBRA, ALGEBRA II, GEOMETRY AND

Part VI Supplemental Information

CALCULUS) REVIEW SESSIONS; 24.5 HOURS OF SAT WRITING AND VOCABULARY; 13.5 HOURS OF VIDEO PRODUCTION FOR HOSPITAL TEACHING VIDEOS; 23 HOURS OF PHOTOGRAPHY, FIELD TRIPS AND DISCUSSION TO CREATE A PHOTOVOICE PHOTO EXHIBITION; 11 HOURS OF POETRY INSTRUCTION AND PARTICIPATION IN THE INAUGURAL WH POETRY SLAM; 12 HOURS OF JOB SHADOWING SESSIONS (RADIOLOGY, NUCLEAR MEDICINE, NURSING, MRI, CASE MANAGEMENT, DR. S. ARONIN (ID INPATIENT ROUNDING), ICU MEDICAL ROUNDS, HEALTH INFORMATION MANAGEMENT, ACCESS REHAB, BEHAVIORAL HEALTH, RESPIRATORY THERAPY, FINANCE, WH ID CLINIC, SECURITY, ORTHOPEDICS, PHARMACY, INFECTION CONTROL AND SURGERY.)

- 4 HOURS OF MS OFFICE COMPUTER SESSIONS

- 2 FULL-DAY FIELD TRIPS COMPLETED: ONE TO WESLEYAN UNIVERSITY FOR AN ADMISSIONS INFO SESSION AND CAMPUS TOUR AND ONE TO HAMMONASSET STATE PARK INCLUDING THREE EDUCATIONAL SESSIONS AT MEIGS POINT NATURE CENTER

- 3 HOURS OF COLLEGE ADMISSIONS PRESENTATIONS COMPLETED BY UCONN WATERBURY & NAUGATUCK VALLEY COMMUNITY COLLEGE

- 1 HOUR OF INDIVIDUAL ACADEMIC ADVISING

- 2 HOURS OF HEALTH TOPICS PRESENTATIONS COMPLETED, INCLUDING HIV 101 AND HEALTH EATING/DIABETES.

SUPPORT GROUPS - DURING 2013, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH DEPARTMENT.

PART III, LINE 4: THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF

Part VI Supplemental Information

THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. THESE SERVICES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART III, LINE 8: COSTING METHODOLOGY USED TO COMPUTE THE MEDICARE SHORTFALL AND ANY ASSOCIATED COMMUNITY BENEFIT IS A COMBINATION OF THE AMOUNT REPORTED ON LINE 7 AS WELL AS THE HEALTH PROFESSION EDUCATION LINE. A TOTAL SHORTFALL OF \$6,275,009 WAS DERIVED FROM THE 2013 MEDICARE COST REPORT USING AN AHA APPROVED FORM FOR SCHEDULE H WORKSHEET B PPS AND IPF HOSPITALS. ALL OF THIS SHORTFALL SHOULD BE REPORTED AS A COMMUNITY BENEFIT. THE HOSPITAL COST ACCOUNTING SYSTEM SHOWS A SHORTFALL FROM ALL MEDICARE PROGRAMS (INCLUDING MANAGED MEDICARE) OF \$27,786,884 (NET OF BAD DEBT AND FREE CARE).

PART III, LINE 9B: WE HAVE SEVERAL CREDIT AND COLLECTION PROGRAMS GOVERNING PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE; PROMPT PAY DISCOUNT; SLIDING SCALE; PAYMENT ARRANGEMENTS; CHARITY CARE AND FREE BED FUNDS. ANY PATIENT EXPRESSING DIFFICULTY PAYING A BALANCE IS ENTITLED TO APPLY FOR FINANCIAL COUNSELING ASSISTANCE. CUSTOMER SERVICE REPRESENTATIVES WORK WITH THE PATIENTS TO DETERMINE PROGRAM QUALIFICATION BASED ON THE COMPLETION OF A FINANCIAL APPLICATION. CASES ARE PREPARED AND PRESENTED TO THE PATIENT ASSISTANCE COMMITTEE. APPROVED CASES WILL BE EITHER FULLY OR PARTIALLY WRITTEN OFF TO FREE BED FUNDS OR CHARITY CARE.

Part VI Supplemental Information

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 3: BACKGROUND & PARTNERS: ON JANUARY 26, 2012, THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, SAINT MARY'S AND WATERBURY HOSPITALS, STAYWELL HEALTH CENTER, NORTHWESTERN CT AREA HEALTH EDUCATION CENTER, THE CONNECTICUT COMMUNITY FOUNDATION, BRASS CITY HARVEST, AND THE UNITED WAY OF GREATER WATERBURY CAME TOGETHER TO FORM THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WHICH SERVES AS A STEERING COMMITTEE FOR THE GREATER WATERBURY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE GREATER WATERBURY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP ENGAGED HOLLERAN, A RESEARCH AND CONSULTING GROUP LOCATED IN LANCASTER, PA, TO FACILITATE THE CHNA.

PURPOSE: TO IDENTIFY HEALTHCARE NEEDS IN OUR COMMUNITY TO ENSURE THAT WE ARE PROVIDING SERVICES AND RESOURCES TO SUPPORT THESE IDENTIFIED NEEDS AND TO FULFILL REQUIREMENTS OF THE IRS 990 SCHEDULE H.

GOALS OF CHNA:

- IDENTIFY COMMUNITY HEALTH NEEDS AND PRIORITIES WITHIN THE GREATER WATERBURY AREA.
- PROVIDE A PLATFORM FOR COLLABORATION BETWEEN ORGANIZATIONS TO ADDRESS SOURCES OF POOR HEALTH OUTCOMES AND INEQUITY.
- PROVIDE A BASELINE MEASURE OF KEY HEALTH INDICATORS AND MONITOR TRENDS IN HEALTH STATUS FOR WATERBURY RESIDENTS.
- INFORM HEALTH POLICY AND STRATEGIES FOR DEVELOPING AND IMPLEMENTING A COMPREHENSIVE COMMUNITY HEALTH IMPROVEMENT PLAN.

TOTAL COST: \$72,850 & FUNDING PARTNERS: CONNECTICUT COMMUNITY FOUNDATION

Part VI Supplemental Information

(\$25,000), SAINT MARY'S HOSPITAL (\$10,000), WATERBURY HEALTH DEPARTMENT (\$20,000), WATERBURY HOSPITAL (\$10,000), AND UNITED WAY OF GREATER WATERBURY (\$7,850)

PREVIOUS NEEDS ASSESSMENTS: "VISIONS: COMMUNITY HEALTH NEEDS ASSESSMENT" (LAST COMPREHENSIVE NEEDS ASSESSMENT CONDUCTED IN 1995 BY WATERBURY HOSPITAL, ST. MARY'S HOSPITAL, AND THE UNITED WAY) AND "COMMUNITY NEEDS ASSESSMENT" (CONDUCTED IN 2007 BY THE UNITED WAY AND LEEVER FOUNDATION)

KEY COMPONENTS:

SECONDARY DATA PROFILE - DATA COLLECTION TO DEPICT WATERBURY'S DEMOGRAPHICS, HEALTH STATISTICS, MORBIDITY AND MORTALITY STATISTICS, EDUCATION AND ECONOMIC MEASURES, AND OTHER SOCIOECONOMIC MEASURES. (DECEMBER 2012 - JANUARY 2013)

HOUSEHOLD SURVEY/BRFSS - 1,100 RANDOM TELEPHONE SURVEYS OF AREA RESIDENTS; HOLLERAN USED THE CDC'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY ALONG WITH SOME CUSTOMIZED QUESTIONS. (DECEMBER 2012 - MAY 2013)

KEY INFORMANT SURVEYS - AN ONLINE SURVEY WAS CONDUCTED AMONG AREA "KEY INFORMANTS." KEY INFORMANTS WERE DEFINED AS COMMUNITY STAKEHOLDERS WITH EXPERT KNOWLEDGE INCLUDING PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, NON-PROFIT LEADERS, BUSINESS LEADERS, FAITH-BASED ORGANIZATIONS, AND OTHER COMMUNITY LEADERS. TWO-HUNDRED AND FIVE (205) COMPLETED SURVEYS WERE COLLECTED BETWEEN FEBRUARY AND APRIL 2013. A LISTING OF KEY INFORMANT PARTICIPANTS CAN BE FOUND IN APPENDIX D OF THE CHNA FINAL REPORT. (DECEMBER 2012 - MARCH 2013)

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FOCUS GROUPS - SIX FOCUS GROUPS WERE CONDUCTED FOCUSING ON KEY ISSUES DERIVED FROM THE PRIMARY AND SECONDARY RESEARCH. FOUR OF THE FOCUS GROUPS TARGETED COMMUNITY MEMBERS FROM THE WOW, HILLSIDE, BROOKLYN, AND SOUTH END NEIGHBORHOODS IN WATERBURY (AS IDENTIFIED BY THE MAYOR'S OFFICE); TWO FOCUS GROUPS TARGETED AREA PHYSICIANS (ONE GROUP FOR SAINT MARY'S HOSPITAL AND ONE GROUP FOR WATERBURY HOSPITAL). FIFTY SEVEN COMMUNITY RESIDENTS AND PHYSICIANS PARTICIPATED IN THE FOCUS GROUPS. (JANUARY 2013 - MARCH 2013)

PRIORITIZATION SESSION - ON JUNE 17, 2013, APPROXIMATELY 40 INDIVIDUALS REPRESENTING THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP GATHERED TO REVIEW THE RESULTS OF THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). AMONG THE ATTENDEES WERE REPRESENTATIVES FROM LOCAL HEALTH AND HUMAN SERVICES AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS, AND PUBLIC HEALTH REPRESENTATIVES. THE GOAL OF THE MEETING WAS TO DISCUSS AND PRIORITIZE KEY FINDINGS FROM THE CHNA AND TO SET THE STAGE FOR THE DEVELOPMENT OF THE HOSPITAL'S IMPLEMENTATION STRATEGY. A LIST OF ATTENDEES CAN BE FOUND AT APPENDIX G OF THE CHNA FINAL REPORT. (JUNE 17, 2013)

FINAL CHNA REPORT - PROVIDES COMPREHENSIVE OUTLINE OF THE PROCESS, METHODS, PARTICIPANTS, AND RESULTS. INCLUDES THE TOP FOUR IDENTIFIED HEALTH ISSUES: ACCESS TO CARE; MENTAL HEALTH & SUBSTANCE ABUSE; OVERWEIGHT & OBESITY; AND TOBACCO USE. (JUNE 2013 - JULY 2013)

IMPLEMENTATION PLANNING - AS REQUIRED BY THE IRS, HOLLERAN WORKED WITH WATERBURY HOSPITAL AND SAINT MARY'S HOSPITAL INDEPENDENTLY TO CREATE AN

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IMPLEMENTATION PLAN BASED ON THE GOALS, STRATEGIES, AND MEASUREMENTS THAT ARE IDENTIFIED THROUGH A PRIORITIZATION AND ASSET MAPPING SESSION. THIS INFORMATION IS DRIVING THE CREATION OF A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). (MAY 2013 - AUGUST 2013)

FINAL PRESENTATION - A FINAL REPORT OF THE CHNA AND IMPLEMENTATION STRATEGIES WERE DELIVERED TO HOSPITAL LEADERSHIP, BOARD OF DIRECTORS, AND THE COMMUNITY-AT-LARGE AT NAUGATUCK VALLEY COMMUNITY COLLEGE. THE CHIP WAS APPROVED BY THE WH BOARD AND COPIES OF THE WH IMPLEMENTATION PLAN AND IMPLEMENTATION PLAN SUMMARY WERE POSTED ON THE WH WEBSITE AS PER IRS REQUIREMENTS. (SEPTEMBER 2013)

ONGOING REPORTING TO IRS - WH IS REQUIRED TO RESPOND TO QUESTIONS RE: ANNUAL PROGRESS ON CHNA AS STATED ON SCHEDULE H OF 990 (SUBMITTED ANNUALLY IN AUGUST) (ONGOING)

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 4: ST. MARY'S HOSPITAL

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 7: IN 2013, WATERBURY HOSPITAL CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH NEEDS OF INDIVIDUALS LIVING IN THESE COMMUNITIES. THE CHNA WAS DONE IN COLLABORATION WITH THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. THE PARTNERSHIP CONSISTS OF WATERBURY HOSPITAL, SAINT MARY'S HOSPITAL, WATERBURY DEPARTMENT OF PUBLIC HEALTH, CITY OF WATERBURY,

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STAYWELL HEALTH CENTER, CONNECTICUT COMMUNITY FOUNDATION, UNITED WAY, AND OTHER COMMUNITY ORGANIZATIONS. WATERBURY HOSPITAL VIEWS COMMUNITY HEALTH IMPROVEMENT AS AN ONGOING EFFORT THAT REQUIRES LEADERSHIP THROUGH EXAMPLE AND PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS TO IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE OF COMMUNITY RESIDENTS.

THE PURPOSE OF THE ASSESSMENT WAS TO GATHER INFORMATION ABOUT HEALTH NEEDS AND BEHAVIORS. A VARIETY OF INDICATORS WERE EXAMINED INCLUDING RISKY HEALTH BEHAVIORS (ALCOHOL USE, TOBACCO USE) AND CHRONIC HEALTH CONDITIONS (DIABETES, HEART DISEASE). THE CHNA WAS COMPRISED OF BOTH QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS. A BRIEF SYNOPSIS OF THE RESEARCH COMPONENTS FOLLOWS:

QUANTITATIVE DATA:

- A STATISTICAL SECONDARY DATA PROFILE DEPICTING POPULATION AND HOUSEHOLD STATISTICS, EDUCATION AND ECONOMIC MEASURES, MORBIDITY AND MORTALITY RATES, INCIDENCE RATES AND OTHER HEALTH STATISTICS FOR WATERBURY, CONNECTICUT AND SURROUNDING CITIES WAS COMPILED.

- A HOUSEHOLD TELEPHONE SURVEY WAS CONDUCTED WITH 1,100 RANDOMLY-SELECTED COMMUNITY RESIDENTS. THE SURVEY WAS MODELED AFTER THE CENTER FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) WHICH ASSESSES HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES, AND HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASE AND INJURY.

QUALITATIVE DATA:

- SIX FOCUS GROUPS WERE HELD WITH 24 HEALTH CARE PROVIDERS AND 33 COMMUNITY RESIDENTS IN FEBRUARY 2013.

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- KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 205 COMMUNITY LEADERS AND PARTNERS BETWEEN FEBRUARY AND APRIL 2013.

REVIEW OF KEY FINDINGS

IN JUNE 2013, INDIVIDUALS FROM HEALTHCARE ORGANIZATIONS, COMMUNITY AGENCIES, SOCIAL SERVICE ORGANIZATIONS, AND AREA NON-PROFITS GATHERED TO REVIEW THE RESULTS OF THE CHNA DATA. THE PLANNING MEETING WAS INITIATED AND FACILITATED BY THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. THE GOAL OF THE MEETING WAS TO DISCUSS CHNA FINDINGS IN AN EFFORT TO PRIORITIZE KEY COMMUNITY HEALTH ISSUES.

THE OBJECTIVES FOR THE DAY WERE OUTLINED AS FOLLOWS:

- TO REVIEW RECENTLY COMPILED COMMUNITY HEALTH DATA AND HIGHLIGHT KEY RESEARCH FINDINGS;
- TO INITIATE DISCUSSIONS AROUND ADDITIONAL KEY HEALTH ISSUES NOT REPRESENTED IN THE CHNA;
- TO PRIORITIZE THE COMMUNITY HEALTH NEEDS BASED ON SELECT CRITERIA

PRIORITIZATION PROCESS & IDENTIFIED HEALTH PRIORITIES

THE PRIORITIZATION MEETING WAS FACILITATED BY HOLLERAN CONSULTING. THE MEETING BEGAN WITH AN ABBREVIATED RESEARCH OVERVIEW. THIS OVERVIEW PRESENTED THE RESULTS OF THE PRIMARY AND SECONDARY RESEARCH AND KEY FINDINGS OF THE CHNA.

FOLLOWING THE RESEARCH OVERVIEW, PARTICIPANTS WERE PROVIDED WITH INFORMATION REGARDING THE PRIORITIZATION PROCESS, CRITERIA TO CONSIDER WHEN EVALUATING KEY AREAS OF FOCUS, AND OTHER ASPECTS OF HEALTH

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IMPROVEMENT PLANNING, SUCH AS GOAL SETTING AND DEVELOPING STRATEGIES AND MEASURES. IN A LARGE-GROUP FORMAT, ATTENDEES WERE THEN ASKED TO SHARE OPENLY WHAT THEY PERCEIVED TO BE THE NEEDS AND AREAS OF OPPORTUNITY IN THE CITY. THROUGH FACILITATED DISCUSSION, ATTENDEES DEVELOPED A "MASTER LIST" OF POTENTIAL PRIORITY AREAS FOR THE IMPLEMENTATION PLANS.

ONCE THE MASTER LIST WAS COMPILED, PARTICIPANTS WERE ASKED TO RATE EACH NEED BASED ON TWO CRITERIA. THE TWO CRITERIA INCLUDED THE SERIOUSNESS OF THE ISSUE AND THE COMMUNITY'S ABILITY TO IMPACT THE ISSUE. RESPONDENTS WERE ASKED TO RATE EACH ISSUE ON A 1 (NOT AT ALL SERIOUS; NO ABILITY TO IMPACT) THROUGH 5 (VERY SERIOUS; GREAT ABILITY TO IMPACT) SCALE. THE RATINGS WERE GATHERED INSTANTLY AND ANONYMOUSLY THROUGH A WIRELESS AUDIENCE RESPONSE SYSTEM. EACH ATTENDEE RECEIVED A KEYPAD TO REGISTER THEIR VOTE. FOLLOWING THE RANKING OF THE HEALTH PRIORITIES, THE TOP FOUR PRIORITY AREAS WERE IDENTIFIED:

- A. ACCESS TO CARE
- B. MENTAL HEALTH/SUBSTANCE ABUSE
- C. OVERWEIGHT/OBESITY
- D. SMOKING

THE PRIORITIZATION SESSION PARTICIPANTS VOTED TO ADOPT THESE TOP FOUR PRIORITIES ON A COMMUNITY WIDE BASIS DUE TO A LACK OF RESOURCES TO ADDRESS ALL ISSUES. THEREFORE, WATERBURY HOSPITAL'S IMPLEMENTATION PLAN ADDRESSES THESE FOUR PRIORITY AREAS. WATERBURY HOSPITAL IS A FOUNDING MEMBER OF THE GREATER WATERBURY HEALTH IMPROVEMENT PLAN COMMITTEE AND CONTINUES TO SERVE BOTH ON THE STEERING COMMITTEE AND ON THE INDIVIDUAL PRIORITY AREA COMMITTEES.

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THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP CONTRACTED WITH HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM LOCATED IN LANCASTER, PENNSYLVANIA, TO CONDUCT RESEARCH IN SUPPORT OF THE CHNA. HOLLERAN HAS 21 YEARS OF EXPERIENCE IN CONDUCTING PUBLIC HEALTH RESEARCH AND COMMUNITY HEALTH ASSESSMENTS. THE FIRM PROVIDED THE FOLLOWING ASSISTANCE:

- COLLECTED AND INTERPRETED SECONDARY DATA
- CONDUCTED, ANALYZED, AND INTERPRETED DATA FROM THE HOUSEHOLD TELEPHONE SURVEY
- CONDUCTED FOCUS GROUPS WITH COMMUNITY MEMBERS
- CONDUCTED KEY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS AND PARTNERS
- FACILITATED A PRIORITIZATION AND PLANNING SESSION
- PREPARED ALL REPORTS

COMMUNITY REPRESENTATION

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP SOUGHT COMMUNITY INPUT THROUGH FOCUS GROUPS WITH HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS, KEY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS AND PARTNERS, AND INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

RESEARCH LIMITATIONS

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IT SHOULD BE NOTED THAT THE AVAILABILITY AND TIME LAG OF SECONDARY DATA MAY PRESENT SOME RESEARCH LIMITATIONS. ADDITIONALLY, LANGUAGE BARRIERS, TIMELINE, AND OTHER RESTRICTIONS MAY HAVE IMPACTED THE ABILITY TO SURVEY ALL COMMUNITY STAKEHOLDERS. THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP SOUGHT TO MITIGATE LIMITATIONS BY INCLUDING REPRESENTATIVES OF DIVERSE AND UNDERSERVED POPULATIONS THROUGHOUT THE RESEARCH COMPONENTS.

THE CURRENT ASSESSMENT WILL GUIDE WATERBURY HOSPITAL'S ONGOING WORK TO IMPROVE COMMUNITY HEALTH AND COMPLY WITH NEW REQUIREMENTS FOR TAX-EXEMPT HEALTH CARE ORGANIZATIONS TO CONDUCT A CHNA AND ADOPT AN IMPLEMENTATION STRATEGY ALIGNED WITH IDENTIFIED COMMUNITY NEEDS.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 20D: ALL PATIENTS ARE CHARGED THE SAME.

PART VI, LINE 2: WATERBURY HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS TO IDENTIFY HEALTHCARE NEEDS FOR UNDERSERVED PATIENTS THROUGHOUT THE WATERBURY COMMUNITY. THROUGH THESE COLLABORATIONS, WATERBURY HOSPITAL WORKS TO DEVELOP KEY PROGRAMMING FOR THE CITY'S VULNERABLE POPULATIONS, INCLUDING: THE WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC, WHICH PROVIDES COMPREHENSIVE HIV CARE TO 500 PEOPLE LIVING WITH HIV/AIDS; THE WATERBURY HEALTH ACCESS PROGRAM, WHICH PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO OVER 3,000 UNINSURED AND UNDERINSURED PATIENTS ANNUALLY; AND THE WATERBURY HOSPITAL CHASE DIABETES DISEASE MANAGEMENT CLINIC, WHICH PROVIDES >150 DIABETICS WITH SELF-MANAGEMENT SKILLS AND CLINICAL CARE.

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PART VI, LINE 3: WE HAVE SIGNAGE, PT HANDBOOK, STATEMENT BACKERS & HANDOUTS THAT INFORM PATIENTS OF FREE BED FUNDS ETC. THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART VI, LINE 4: LOCATED IN A CITY OF 109,000 RESIDENTS, WATERBURY HOSPITAL IS CENTRALLY LOCATED IN WESTERN CONNECTICUT. IT IS ONE OF TWO HOSPITALS THAT SERVES THE CITY OF WATERBURY AND ITS SURROUNDING TOWNS, INCLUDING BEACON FALLS, BETHLEHEM, CHESHIRE, MIDDLEBURY, NAUGATUCK, PROSPECT, SOUTHBURY, THOMASTON, WATERTOWN, WOLCOTT, AND WOODBURY. OVERALL, THE CITY OF WATERBURY LAGS BEHIND THE STATE OF CONNECTICUT AND THE U.S. IN KEY MEASURABLE STATISTICS, AS SEEN IN TABLE 1, BELOW:

TABLE 1: SELECTED CENSUS DATA, JULY 2012, QUICKFACTS.CENSUS.GOV:
WATERBURY, CT, & U.S.

	WATERBURY	CT	U.S.
MEDIAN HOUSEHOLD INCOME:	\$41,499	\$69,243	\$52,762
PER CAPITA MONEY INCOME:	\$22,004	\$37,627	\$27,915
% PERSONS BELOW POVERTY:	20.6%	9.5%	14.3%
% HOUSEHOLDS MARRIED COUPLE FAMILY:	35.4%	51.0%	49.7%

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% OF OWNER-OCCUPIED HOMES:	49.7%	69.5%	66.9%
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% FOREIGN-BORN PERSONS:	14.4%	13.3%	12.8%
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% LANGUAGE NOT ENGLISH SPOKEN

AT HOME, AGE 5+:	31.6%	20.8%	20.3%
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% HOUSEHOLDS WITH NO VEHICLE:	16.8%	8.3%	8.8%
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% MALE:	47.6%	48.7%	49.2%
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% FEMALE	52.4%	51.3%	50.8%
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% CAUCASIAN:	58.8%	77.6%	63.0%
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% AFRICAN-AMERICAN:	20.1%	10.1%	13.1%
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% HISPANIC:	31.2%	13.4%	16.9%
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% HIGH SCHOOL GRADUATES OR HIGHER:	79.4%	88.2%	84.6%
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% BACHELOR'S DEGREE OR HIGHER:	16.2%	35.1%	27.5%
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% OF PERSONS AGE 65 & OVER:	12.6%	14.2%	13.7%
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UNEMPLOYMENT RATE, MAY 2013:	10.8%	8.0%	7.6%
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INFANT MORTALITY

PER 1,000 RESIDENTS:	9.83	6.2	6.8
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CRIME RATE (VIOLENT & PROPERTY)

PER 100,000 RESIDENTS (2009):	6,379	2,981	3,466
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WATERBURY WAS ONCE A ROBUST MANUFACTURING CENTER. HOWEVER, OVER THE PAST 25 YEARS, THE INDUSTRIAL BASE THAT WAS THE CENTER OF WATERBURY'S ECONOMY FOR MOST OF THE 20TH CENTURY DWINDLED, LEAVING MANY UNEMPLOYED. ALTHOUGH THERE ARE JOBS AVAILABLE IN HEALTHCARE AND SERVICE SECTORS, HIGH UNEMPLOYMENT REMAINS A THREAT FOR MANY INDIVIDUALS IN THE GREATER WATERBURY AREA. THE CITY OF WATERBURY IS ALSO DESIGNATED A FEDERAL MUA (MEDICALLY UNDERSERVED AREA) AND HPSA (HEALTH PROFESSIONAL SHORTAGE AREA) FOR PRIMARY CARE, MENTAL HEALTH, AND DENTAL CARE.

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PART VI, LINE 5: REALIZING THE DIVERSE NEEDS OF RESIDENTS IN OUR COMMUNITY, WATERBURY HOSPITAL REMAINS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH SERVICES TO ENSURE EVERY INDIVIDUAL HAS ACCESS TO APPROPRIATE, QUALITY HEALTHCARE.

DURING 2013, WATERBURY HOSPITAL'S SPECTRUM OF SERVICES CONTINUED TO HAVE A POSITIVE IMPACT ON THE WELFARE OF WATERBURY'S CITIZENS. TO REMAIN CONSISTENT WITH WATERBURY HOSPITAL'S MISSION, MANY OF OUR SERVICES ARE TARGETED FOR VULNERABLE MEMBERS OF OUR COMMUNITY, INCLUDING THOSE WHO ARE UNINSURED OR UNDERINSURED.

KEY PROGRAMS:

WATERBURY HEALTH ACCESS PROGRAM: WATERBURY HOSPITAL IS AWARE OF THE ECONOMIC NEEDS MANY PATIENTS IN OUR COMMUNITY, AND, AS A RESULT, WE REMAIN COMMITTED TO THE WATERBURY HEALTH ACCESS PROGRAM. FOUNDED IN 2003 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL, ST. MARY'S HOSPITAL, STAYWELL HEALTH CENTER (FQHC), AND THE WATERBURY HEALTH DEPARTMENT, THE WATERBURY HEALTH ACCESS PROGRAM IMPROVES ACCESS TO HIGH-QUALITY MEDICAL CARE BY PROVIDING COMPREHENSIVE CASE MANAGEMENT, PHARMACY ASSISTANCE, AND ACCESS TO PRIMARY AND SUB-SPECIALTY MEDICAL CARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF THE GREATER WATERBURY REGION. DURING FY 2013, THE WATERBURY HEALTH ACCESS PROGRAM HAD OVER 4,841 ACTIVE CLIENTS. ADDITIONALLY, WATERBURY HOSPITAL PROVIDED \$434,559 WORTH OF DONATED SERVICES TO WHAP'S PATIENTS.

BEHAVIORAL HEALTH - WATERBURY HOSPITAL'S CENTER FOR BEHAVIORAL HEALTH IS ONE OF THE REGION'S LARGEST SERVICE PROVIDERS OFFERING A FULL CONTINUUM OF

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CARE FOR CHILDREN, ADOLESCENTS AND ADULTS. OUR SERVICES ALSO OUTREACH TO THE COMMUNITY THROUGH REGULAR PARTICIPATION IN HEALTH FAIRS, ELECTED MEMBERSHIP IN THE NORTHWEST REGIONAL MENTAL HEALTH BOARD, AS A HOST SITE TO NUMEROUS TWELVE-STEP MEETINGS AND THE PROVISION OF CASE MANAGEMENT AS WELL AS ACUTE SERVICES TO THE HOMELESS WITHIN THE CITY OF WATERBURY. BEHAVIORAL HEALTH CLINICIANS CAN ENGAGE CLIENTS TO HELP FACILITATE THEIR ENTRANCE INTO TREATMENT. WE PROVIDE PHONE SUPPORT, REFERRALS AND TRIAGING TEN HOURS A DAY SEVEN DAYS A WEEK. WITHIN OUR CRISIS CENTER WE OFFER SHORT TERM SERVICES TO HELP INDIVIDUALS OBTAIN MORE PERMANENT TREATMENT THAT BEST MEETS THEIR NEEDS. AMBULATORY SERVICES INCLUDE PARTIAL HOSPITAL PROGRAMS, INTENSIVE OUTPATIENT SERVICES, GROUP, INDIVIDUAL THERAPY AND MEDICATION MANAGEMENT TO PATIENTS EXPERIENCING MENTAL ILLNESS AND/ OR A SUBSTANCE USE DISORDER. FOR INDIVIDUALS EXPERIENCING ACUTE SYMPTOMS WE OFFER INPATIENT TREATMENT TO ADOLESCENTS AGED 12 AND UP AS WELL AS ADULT SERVICES. OUR EFFORTS ARE AIMED AT PROMOTING THE BENEFITS OF CLINICAL TREATMENT AS WELL AS POSITIVE LIFESTYLE CHOICES. EVERY EFFORT IS MADE TO EDUCATE CLIENTS, THEIR FAMILIES AND THE COMMUNITY ABOUT MENTAL ILLNESS AND THE IMPACT TREATMENT CAN HAVE ON ONE'S ILLNESS. THE ULTIMATE GOAL IS TO HELP PEOPLE FEEL BETTER, REDUCE OR RESOLVE SYMPTOMS AND TO MINIMIZE THE STIGMA OF MENTAL ILLNESS.

BE WELL BUS - IN ORDER TO ENSURE THAT PATIENTS HAVE ACCESS TO MEDICAL APPOINTMENTS, AT THE HOSPITAL AND AT LOCAL PHYSICIANS' OFFICES, WATERBURY HOSPITAL'S BE WELL BUS PROVIDES TRANSPORTATION SERVICES TO PATIENTS FROM WATERBURY AND ELEVEN OF ITS SURROUNDING TOWNS. DURING FY 2013, THE BE WELL BUS COMPLETED OVER 4,170 TRANSPORTS TO AND FROM MEDICAL APPOINTMENTS. WATERBURY HOSPITAL HAS CONTRACTED WITH A TRANSPORTATION PROVIDER TO OFFER THE BUS SERVICE, AND AREA PROVIDERS PAY A SMALL FEE TO PARTICIPATE.

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HEART CENTER OF GREATER WATERBURY - FORMED IN COLLABORATION WITH SAINT MARY'S HOSPITAL, THE HEART CENTER OF GREATER WATERBURY PROVIDES DIVERSE MEDICAL SUPPORT INITIATIVES TO HELP EDUCATE RESIDENTS IN THE GREATER WATERBURY COMMUNITY ABOUT PERTINENT HEALTH AND WELLNESS ISSUES. THIS PAST YEAR, THE HEART CENTER CONDUCTED A SERIES OF HEALTH FAIRS AND VARIOUS HEALTH AND WELLNESS EDUCATION SESSIONS, INCLUDING "ASK THE NURSE," WHICH PROVIDES PATIENTS WITH COMPLIMENTARY BLOOD PRESSURE SCREENINGS AND HEALTH AWARENESS EDUCATION AND A "FREEDOM FROM SMOKING" SERIES TO HELP OUR RESIDENTS KICK THE HABIT.

FAMILY BIRTHING CENTER - PROVIDING A CHILD-CENTERED FOCUS, WATERBURY HOSPITAL'S FAMILY BIRTHING CENTER OFFERS EXPECTANT PARENTS A VARIETY OF CLASSES INCLUDING: BREAST FEEDING, CHILDBIRTH, AND INFANT CARE CLASSES TO PREPARE THEM FOR THEIR BABY'S ARRIVAL.

THANK GOD I'M FEMALE - FOR THE PAST 20 YEARS, WATERBURY HOSPITAL'S "THANK GOD I'M FEMALE" HAS SERVED AS AN ANNUAL WOMEN'S WELLNESS FORUM THAT FEATURES 40 EDUCATIONAL BOOTHS AND HEALTH-RELATED GIVEAWAYS. THE ULTIMATE GOAL OF THE FORUM IS TO EDUCATE ATTENDEES ABOUT STRESS, MENTAL WELL-BEING, HEART HEALTH, DIET, OSTEOPOROSIS AND BONE HEALTH, CHANGE OF LIFE, AND MORE. IN 2013, OVER 500 AREA RESIDENTS ATTENDED THE EVENT.

EVERGREEN 50 CLUB - WATERBURY HOSPITAL'S EVERGREEN 50 CLUB IS AN ORGANIZATION COMPRISED OF OVER 15,000 MEMBERS OVER THE AGE OF 50. THE CLUB OFFERS WELLNESS PROGRAMMING, MEDICARE COUNSELING, AND HEALTH EDUCATION PRESENTATIONS ON A VARIETY OF TOPICS ARE PRESENTED BY HEALTH CARE PROFESSIONALS. PRESENTATION TOPICS INCLUDE: HOLISTIC HEALTH, VARICOSE

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VEIN TREATMENT, HEART DISEASE, SUMMER SKIN CARE, WEIGHT LOSS, BLOOD PRESSURE, BLADDER SCREENINGS, JOINT CARE AND REPLACEMENT, AND RESOLVING ADVERSE OUTCOMES WITH PATIENTS AND FAMILIES. ANNUALLY, THE EVERGREEN 50 CLUB HOSTS A HEALTH FAIR FOR ITS MEMBERS, WHICH PROVIDES FREE FLU SHOTS AND HEALTHCARE SCREENINGS.

WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC (WHIC) -

CURRENT SERVICES: THE WHIC OFFERS A COMPREHENSIVE "ONE-STOP SHOPPING" MODEL THAT PROVIDES PATIENTS WITH ON-SITE PRIMARY AND SPECIALTY SERVICES, MEDICAL CASE MANAGEMENT, INDIVIDUALIZED MEDICATION ADHERENCE SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, NUTRITION COUNSELING, INDIVIDUALIZED HIV EDUCATION, LABORATORY TESTING, AND RADIOLOGY SERVICES. WHIC'S PROVIDERS INCLUDE THREE BOARD-CERTIFIED/BOARD-ELIGIBLE INFECTIOUS DISEASE SPECIALISTS AS WELL AS AN ADVANCED PRACTITIONER NURSE AND A REGISTERED DIETICIAN, ALL WITH EXPERTISE IN THE MANAGEMENT OF PATIENTS WITH HIV/AIDS. IN FY 2013, WHIC SERVED AROUND 500 PEOPLE LIVING WITH HIV/AIDS (PLWHA).

WHIC'S STAFF MEMBERS ACTIVELY PARTICIPATE IN STATEWIDE AND AREA COLLABORATIVES, SUCH AS THE CONNECTICUT HIV PLANNING CONSORTIUM (CHPC) AND THE RYAN WHITE PART A PLANNING COUNCIL, AND WHIC FACILITATES THE GREATER WATERBURY HIV CONSORTIUM. WHIC HAS A VERY ACTIVE CONSUMER ADVISORY GROUP (CAG), WHICH ORGANIZES SOCIAL AND TESTING EVENTS FOR THE COMMUNITY AND FACILITATES THE WATERBURY HOSPITAL PHOTOGRAPHY GROUP.

THE WHIC ALSO HAS A HEPATITIS C CLINIC, RUN BY AN ADVANCED PRACTITIONER NURSE. FROM OCTOBER 2004 TO PRESENT, NEARLY 200 HEPATITIS C MONO AND CO-INFECTED (HEPATITIS C AND HIV) HAVE BEEN EVALUATED AT THE ID CLINIC.

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THE HEPATITIS C CLINIC PROVIDES A CONSULTATION WITH A NUTRITIONIST TO ADVISE ON HEALTHY EATING; COORDINATION WITH MENTAL HEALTH SERVICES; AND EDUCATIONAL SESSIONS ON SIDE EFFECT MANAGEMENT, THE IMPORTANCE OF HYDRATION AND ADHERENCE, AND POSITIVE COPING STRATEGIES.

FORGING COMMUNITY PARTNERSHIPS: SINCE 2009, THE WHIC HAS SERVED AS THE LEAD AGENCY FOR RYAN WHITE PART A FEDERAL FUNDING REGION 2 OF THE NEW HAVEN/FAIRFIELD ELIGIBLE METROPOLITAN AREA. THE WHIC WAS CHOSEN AS LEAD AGENCY BY THE CONSENSUS OF OTHER LOCAL RYAN WHITE PART A AGENCIES DUE TO ITS EXPERTISE IN PATIENT CARE AND FISCAL MANAGEMENT. AS THE LEAD AGENCY, THE WHIC HAS FORMED LONGSTANDING PARTNERSHIPS WITH STAYWELL HEALTH CENTER, INC., HISPANOS UNIDOS, INC., NEW OPPORTUNITIES, INC., RECOVERY NETWORK OF PROGRAMS, INC., CONNECTICUT COUNSELING CENTERS, INC., AND THE WATERBURY HEALTH DEPARTMENT, ALL OF WHOM WORK ALONGSIDE THE WHIC TO PROVIDE PATIENTS IN THE REGION WITH:

- PRIMARY HIV CARE;
- MEDICAL CASE MANAGEMENT;
- ORAL HEALTH CARE;
- INPATIENT AND OUTPATIENT SUBSTANCE ABUSE TREATMENT;
- HEALTH INSURANCE ASSISTANCE;
- MENTAL HEALTH;
- EARLY INTERVENTION SERVICES;
- HOUSING ASSISTANCE;
- EMERGENCY FINANCIAL ASSISTANCE;
- MEDICAL TRANSPORTATION; AND
- FOOD PANTRY.

IN JUNE 2013, WHIC COLLABORATED WITH THE WATERBURY HEALTH DEPARTMENT,

Part VI Supplemental Information

GRACE BAPTIST CHURCH, AND OTHER AREA AIDS SERVICE ORGANIZATIONS, TO ORGANIZE THE WATERBURY AIDS WALK AND RAISE AWARENESS ABOUT HIV/AIDS TREATMENT AND TESTING IN WATERBURY. 185 RESIDENTS PARTICIPATED IN THE EVENT.

FROM SEPTEMBER 2012 THROUGH AUGUST 2013, IN PARTNERSHIP WITH YALE UNIVERSITY, WATERBURY HOSPITAL CONDUCTED A CLINICAL TRIAL ENTITLED, "PROJECT NEW HOPE," TO TEST WHETHER EXTENDED-RELEASE NALTREXONE IS A VIABLE OPTION FOR IMPROVING OPIOID, ALCOHOL AND HIV TREATMENT OUTCOMES FOR RELEASED HIV-POSITIVE CRIMINAL JUSTICE SYSTEM POPULATIONS. THIS PROGRAM IS SUPPORTED BY THE NATIONAL INSTITUTE ON DRUG ABUSE OF THE NATIONAL INSTITUTES OF HEALTH UNDER AWARD NUMBER R01DA030762.

PART VI, LINE 6: N/A

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

PART VI, LINE 5 (CONTINUED):

RESHAPING HIV TESTING STATEWIDE: SINCE 2008, PATIENTS VISITING WATERBURY HOSPITAL'S EMERGENCY DEPARTMENT ARE OFFERED FREE HIV TESTING WHILE WAITING TO BE EVALUATED OR TREATED FOR OTHER SYMPTOMS. IN ORDER TO OPTIMIZE THE NUMBER OF PEOPLE SCREENED FOR HIV, THE EMERGENCY DEPARTMENT'S PROGRAM USES AN OPT-OUT APPROACH. THE PROGRAM HAS SUCCESSFULLY SERVED AS A MODEL FOR OTHER HEALTHCARE INSTITUTIONS ACROSS THE STATE. THANKS, IN PART, TO WHIC'S LEADERSHIP, THE STATE OF CONNECTICUT NO LONGER LEGALLY REQUIRES PROVIDERS TO HAVE A SEPARATE CONSENT FORM FOR HIV TESTING.

Part VI Supplemental Information

ENGAGING PATIENTS: IN 2009, THE WHIC ESTABLISHED ITS PEER ADVOCATE PROGRAM. THREE PATIENTS FROM THE CLINIC SERVE AS THE PEER ADVOCATES, WHO WORK WITH CLIENTS AT THE CLINIC AND USE A SOCIAL NETWORKS STRATEGY TO BRING DIFFICULT-TO-REACH CLIENTS IN FOR TESTING AND/OR CARE; THEY HAVE TRAVELED TO HIGH-RISK NEIGHBORHOODS ON THE WATERBURY HEALTH DEPARTMENT'S COMMUNITY HEALTH VAN TO OFFER COUNSELING AND TESTING AND HAVE PARTICIPATED IN AIDS AWARENESS DAYS TO FACILITATE THE LINKAGE OF NEWLY DIAGNOSED PATIENTS TO PRIMARY CARE. PEER ADVOCATES PARTICIPATE IN THE WHIC'S CARE TEAM AND CONTINUUM MEETINGS TO KEEP PROVIDERS AND LOCAL PARTNERS AWARE OF THE PATIENTS' ACTIVITIES AND NEEDS.

THIS YEAR ONE PEER ADVOCATE PARTICIPATED IN THE WATERBURY PARENT LEADERSHIP TRAINING INSTITUTE, COMPLETING A COMMUNITY PROJECT, "JOSE'S HAVEN," TO PROVIDE SUPPORT SERVICES, ENROLL CLIENTS IN INDIVIDUAL PHOT DIARY PROJECTS, AND ENCOURAGE VOLUNTEERISM.

THE WHIC OFFERS ITS PATIENTS NATIONALLY-RECOGNIZED PEER AND SUPPORT PROGRAMS, INCLUDING ITS PROJECT PHOTOGRAPHY, WHICH WAS ESTABLISHED IN 2007 TO ENCOURAGE NON-COMPLIANT HIV/AIDS PATIENTS IN THE GREATER WATERBURY AREA TO BECOME MORE PROACTIVE IN THE SELF-MANAGEMENT OF THEIR DISEASE. PROJECT PHOTOGRAPHY HAS POSITIVELY TRANSFORMED ITS PARTICIPANT'S SELF-ESTEEM AND CONFIDENCE. PATIENT PROJECTS HAVE INCLUDED: (1) ENROLLING IN PHOTOGRAPHY CLASSES AT NAUGATUCK VALLEY COMMUNITY COLLEGE, (2) TAKING FIELD TRIPS, (3) DONATING FRAMED PHOTOGRAPHS TO THE HOSPITAL'S ANNUAL FUNDRAISING GALA AND PATIENT FLOORS, (4) PRODUCING HOLIDAY GREETING CARDS FOR THE ID CLINIC, (5) CREATING TEAM PORTRAITS AT THE HOSPITAL'S FUNDRAISING GOLF TOURNAMENT,

Part VI Supplemental Information

AND (6) MOUNTING PHOTOGRAPHY EXHIBITS AT THE HOSPITAL, BARNES & NOBLE
BOOKSTORE, AND SILAS BRONSON LIBRARY IN WATERBURY.

Lined area for supplemental information.