

2007 - 2008 Connecticut Community Health Benefits Report Appendix II Survey Answers

2007 2008 Connecticut Community Benefit Report Data on Hospitals

Question Number	Waterbury Hospital 06721	Yale-New Haven Hospital 06510	Greenwich Hospital 06830	Norwalk Hospital 03850	Hospital for Special Care 06053	Silver Hill Hospital 06840	Hospital of Saint Raphael 06511	Saint Francis Hospital and Medical Center of Conn. 06105	John Dempsey - Health Center 06030	Danbury Hospital 06810	William W. Backus Hospital 06360	MidState Medical Center 06451	Lawrence & Memorial Hospital 06320	Charlotte Hungerford Hospital 06790	Griffin Hospital 06418	The Hospital of Central Connecticut 06051	Saint Mary's Hospital 06706	St. Vincent's Medical Center 06606	Manchester Memorial Hospital 06040	Rockville General Hospital 06066	Windam Memorial Hospital 06226	Community Bridgeport Hospital 06610	Connecticut Children's Medical Center 06106	Sharon Hospital 06069	Hartford Hospital 06102	New Milford Hospital 06776	Johnson Memorial Hospital 06076	Hebrew Home and Hospital 06117	Natchaug Hospital, Inc. 06250	Middlesex Hospital 06457	Bristol Hospital and Medical Group 06011	
NA The organization listed above has a community benefits program in place as defined in section (a)1) of Section 19a-127k, CGS	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes	
1. Does your organization have a distinct program for its community benefit activities in CT as defined by Section 19a-127k, CGS?	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes	
2. Does your organization have a formal community benefits policy statement. If yes, please include it as Attachment A.	No	No	No	No	No	No	Other - Explain	Yes	No	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	No	Yes	No	No	Yes	No	Yes	Yes	Yes	
3. If your organization does not have a formal community benefits policy statement, is your organization's approach to community service addressed in your mission statement? If yes, please include it as Attachment B.	Yes	Yes	Yes	Yes	Yes	Yes	Other - Explain	No	Yes	Yes	Yes	Yes	No Response	No	Yes	Yes	No Response	Yes	Yes	Yes	Yes	Yes	Other - Explain	Yes	Other - Explain	Yes	No Response	Other - Explain	Yes	No Response	No	
4. Did your organization utilize a community needs assessment in developing your community benefits program. Please include a copy of your needs assessment as Attachment C	No	Yes	Yes	No	No Response	No Response	Other - Explain	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Other - Explain	No	No	No	No	Yes	Other - Explain	No	Yes	No	No	Yes	No	Yes	No Response	
5. Does your organization's governing board have a committee with formal responsibilities for overseeing community benefit activities in Connecticut? Include a copy of the section of your board's by-laws concerning the committee with responsibility for the organization's community benefit report as Attachment D	No	No	No	No	No Response	No Response	Yes	Yes	No	No	No	Yes	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	
6. Does your community benefit program have a formal budget?	No	Other - Explain	Yes	Yes	No Response	No Response	Other - Explain	Yes	No	No	Yes	No	Other - Explain	No	No	No	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	
OHCA Charity Care OHCA FY07	\$ 2,019,940	\$ 15,690,901	\$ 14,259,114	\$ 9,336,375	\$ -	\$ -	\$ 4,898,589	\$ 4,572,101	\$ 741,685	\$ 9,945,753	\$ 3,473,395	\$ 850,136	\$ 2,064,407	\$ 1,120,766	\$ 2,135,179	\$ 7,084,626	\$ 704,410	\$ 547,806	\$ 1,555,301	\$ 600,038	\$ 10,897,000	\$ 294,708	\$ 438,669	\$ 21,870,985	\$ 2,004,589	\$ 178,176	\$ -	\$ -	\$ 3,830,903	\$ 1,253,957		
OHCA Bad Debts OHCA FY07	\$ 21,806,478	\$ 48,636,474	\$ 8,706,380	\$ 19,226,799	\$ -	\$ -	\$ 19,981,016	\$ 21,944,891	\$ 4,843,833	\$ 13,131,942	\$ 12,419,674	\$ 88,326,211	\$ 13,840,182	\$ 2,359,177	\$ 7,779,681	\$ 17,358,846	\$ 9,114,889	\$ 22,654,037	\$ 6,075,976	\$ 2,653,240	\$ 26,581,552	\$ 3,476,113	\$ 2,496,357	\$ 25,982,437	\$ 3,451,187	\$ 7,642,263	\$ -	\$ -	\$ 15,972,374	\$ 10,522,424		
OHCA Total Uncompensated Care Charges FY07	\$ 23,826,418	\$ 64,327,375	\$ 22,965,494	\$ 28,563,174	\$ -	\$ -	\$ 24,879,605	\$ 26,516,992	\$ 5,585,518	\$ 23,077,695	\$ 15,893,069	\$ 9,686,347	\$ 15,904,589	\$ 3,479,943	\$ 9,914,860	\$ 24,443,472	\$ 9,819,299	\$ 28,132,103	\$ 7,631,277	\$ 3,253,278	\$ 37,478,552	\$ 3,770,821	\$ 2,935,026	\$ 47,853,422	\$ 5,455,776	\$ 7,820,439	\$ -	\$ -	\$ 19,803,277	\$ 11,776,381		
OHCA Uncompensated Care Cost FY07	\$ 7,696,214	\$ 21,814,064	\$ 8,412,549	\$ 14,904,837	\$ -	\$ -	\$ 9,687,040	\$ 12,487,008	\$ 3,309,932	\$ 9,919,306	\$ 7,260,956	\$ 4,575,133	\$ 8,722,241	\$ 2,038,883	\$ 3,629,172	\$ 9,438,991	\$ 4,423,166	\$ 12,688,863	\$ 3,303,619	\$ 1,511,074	\$ 11,959,917	\$ 2,100,336	\$ 1,357,809	\$ 22,272,022	\$ 2,302,322	\$ 2,902,401	\$ -	\$ -	\$ 8,364,034	\$ 3,929,667		
7. Please enter the budget for the community benefit program for 2007	No Response	\$ 12,083,002	\$ 0	No Response	No Response	No Response	\$ 0	\$ 85,832	\$ 0	\$ 0	\$ 44,855	\$ 0	\$ 31,668,733	\$ 0	No Response	No Response	\$ 0	\$ 5,215,000	No Response	No Response	\$ 59,705	\$ 12,827,180	No Response	No Response	\$ 250,000	\$ 0	No Response	\$ 0	\$ 100,680	\$ 192,968	No Response	
8. How much staff time (# of FTE's) is involved in the community benefit program. Please include a copy of your needs assessment as Attachment C	No Response	120.8	5.0	No Response	No Response	No Response	19.0	4.0	0.0	1000.0	1.0	197.0	1.0	0.3	No Response	18.0	0.5	3.0	1.5	1.5	\$ 460,376	\$ 19,275,654	No Response	No Response	\$ 200,000	\$ 10,000	No Response	7.1	1.4	0.5	No Response	
9. Operational Community. Please identify the geographic area encompassing the communities that you serve, i.e., your service area. Please check all that apply.	No	Yes	Yes	Yes	No	No	No	No	No	Yes	No	No	No	Yes	No	No	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes	No	No	No	
Hartford County	Yes	No	No	No	No	No	No	Yes	No	No	No	Yes	No	No	No	Yes	No	Yes	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes		
Litchfield County	Yes	No	No	No	No	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	Yes		
Middlesex County	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No		
New Haven County	Yes	Yes	No	No	No	No	Yes	No	No	No	No	Yes	No	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	Yes		
New London County	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No		
Tolland County	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	Yes	No	No	No	No		
Windham County	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No		
Statewide	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes	No		
10. Within your service area, how frequently do you target your community benefit activities to neighborhoods with limited incomes (Greater than 20% of population living in poverty)?	Always	Always	Always	Always	No Response	No Response	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Rarely	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Unable to Determine	
11. Within your service area, how frequently do you target your community benefit activities to neighborhoods with high immigrant populations? (Greater than 20% of residents are recent immigrants)	Often	Always	Always	Always	No Response	No Response	Often	Sometimes	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Often	Often	Sometimes	Sometimes	Often	Often	Often	Rarely	Sometimes	Rarely	Rarely	Sometimes	Rarely	Unable to Determine	Unable to Determine	
12. Within your service area, how frequently do you target your community benefit activities to neighborhoods with populations at risk of particular illness?	Often	Often	Always	Always	No Response	No Response	Often	Often	Often	Often	Often	Often	Often	Often	Often	Unable to Determine	Sometimes	Sometimes	Sometimes	Sometimes	Often	Often	Often	Sometimes	Always	Often	Sometimes	Often	Often	Sometimes	Unable to Determine	
13. Within your service area, how frequently do you target your community benefit activities to populations living in inner cities?	Often	Always	Sometimes	Always	No Response	No Response	Often	Often	Often	Often	Often	Often	Often	Often	Often	Unable to Determine	Sometimes	Often	Often	Sometimes	Sometimes	Sometimes	Often	Often	Never	Often	Never	Never	Sometimes	Sometimes	Never	Unable to Determine
14. Within your service area, how frequently do you target your community benefit activities to populations who live in federally designated medically underserved communities?	Sometimes	Rarely	Rarely	Always	No Response	No Response	Rarely	Rarely	Often	Often	Often	Often	Often	Sometimes	Often	Often	Never	Rarely	Rarely	Rarely	Rarely	Often	Never	Rarely	Often	Rarely	Always	Rarely	Never	Often	Sometimes	Unable to Determine
15. Within your service area, how frequently do you target your community benefit activities to populations who live in federally designated medically underserved communities?	Always	Always	Often	Always	No Response	No Response	Often	Often	Often	Often	Often	Often	Often	Unable to Determine	Unable to Determine	Rarely	Often	Often	Sometimes	Always	Always	Unable to Determine	Often	Often	Rarely	Often	Never	Never	Sometimes	Rarely	Never	Unable to Determine
16. Within your service area, how frequently do you target your community benefit activities to neighborhoods with concentrated racial minorities? (Greater than 20% of population is composed of people of color)	Always	Always	Often	Always	No Response	No Response	Often	Often	Often	Sometimes	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Rarely	Often	Often	Never	Rarely	Sometimes	Rarely	Sometimes	Unable to Determine	

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17. Does your organization have programs or policies that allow residents in Connecticut to receive free or subsidized health services under some circumstances? Include a copy of your policies on free/subsidized care, including an application form as Attachment H	Yes	Yes	Yes	Yes	No Response	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Other - Explain	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
18. Approximately how many residents received free or subsidized services in Connecticut under the auspices of your program?	15000	3963		0	No Response	No Response	No Response	80000	237379	557	187738	3000	5635	20000	1076	388	1288	6871	8823	2055	626	31054	102930	0	480	1992	12588	45	0	17.5	82720	562
19. Which of the following clinical services are provided on a free or subsidized basis? Check all that apply.	Immunizations	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No
	Prenatal or Perinatal Care	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	
	Physical Exams for Adults	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	
	Mental Health Services	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	
	Substance Abuse Treatment	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	No	
	Clinical Preventive Services such as Hypertension Screening	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	
	Other Preventive Services (Breast, Colorectal Cancer)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	
	Other Outpatient Medical or Surgical Services	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	
	Other Clinical Services Not Listed																															
	Above Well Child Care	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No	No	No	
	Dental Services	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No	No	No	Yes	No
	Pharmaceuticals	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No
	In Patient Care	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	
20. In Connecticut, has your organization, either independently or in collaboration with others, such as local health departments, conducted programs aimed at reducing transmission of infectious diseases in the community and the population at large - not just among members?	Yes	Yes	Yes	Yes	No Response	No Response	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	
21. Which of the following prevention activities has your organization made available to the general public? Check all that apply.	Immunization Programs	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No	
	Sexually Transmitted Disease Prevention Programs	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No	
	Clean Needle or Bleach Programs for Injecting Drug Users	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	
	Animal Vected Disease Prevention Programs	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	No	No	No	
	Tuberculosis Identification Programs	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	
22. Has your organization provided financial, technical, or other support for any community mental health centers in Connecticut?	Yes	Yes	Yes	No	No Response	No Response	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	Other - Explain	Yes	Yes
23. Has your organization provided financial, technical, or other support for any community health centers in Connecticut?	Yes	Yes	Yes	No	No Response	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Other - Explain	Yes	Yes	
24. Has your organization provided financial, technical, or other support for any local health departments or regional health districts in Connecticut?	Yes	Yes	Yes	No	No Response	No Response	Other - Explain	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	Other - Explain	Yes	Yes

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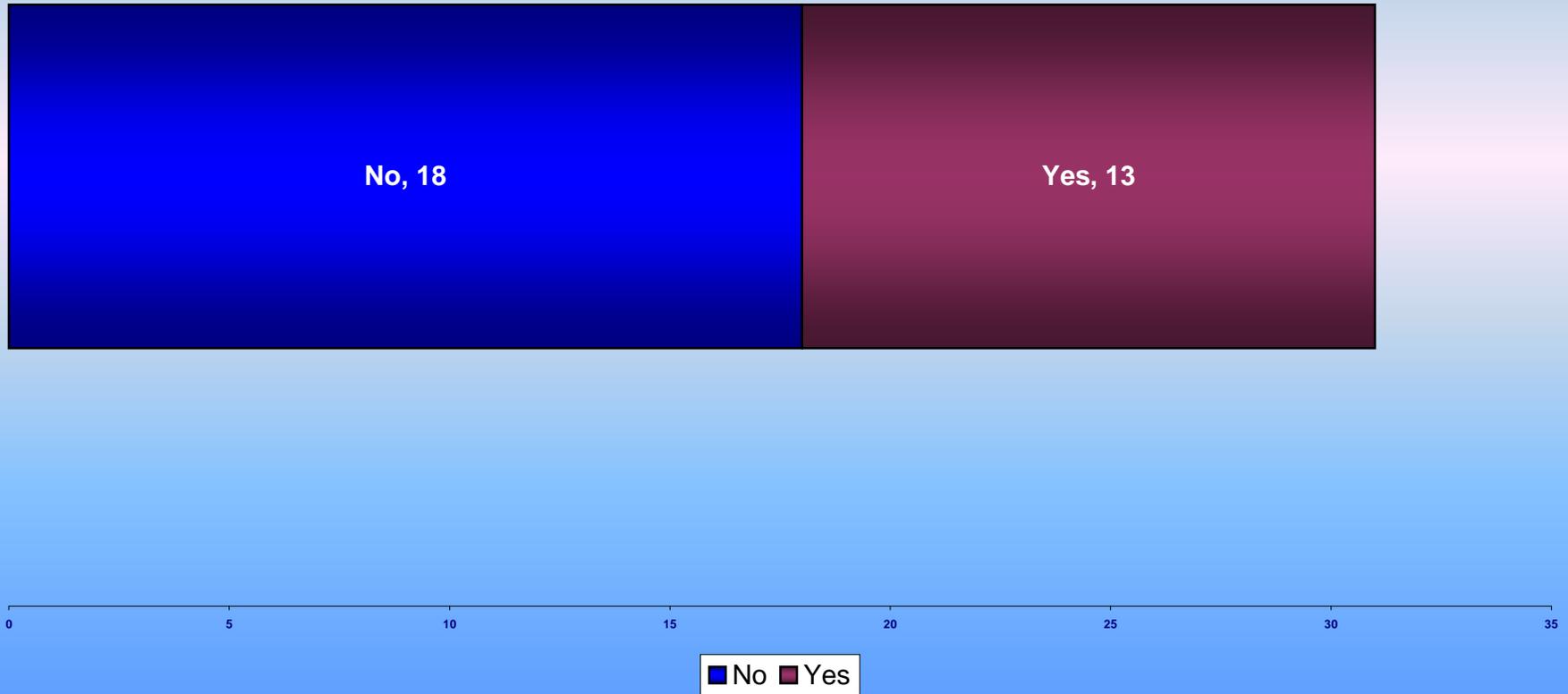
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25. Was your organization involved with either homeless shelters or victim assistance programs in Connecticut?	Yes	Yes	Yes	Yes	No Response	No Response	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Other - Explain	Yes	Yes		
26. Did your organization operate any healthcare programs in elderly housing projects in Connecticut?	No	No	No	Yes	No Response	No Response	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Yes	Other - Explain	Yes	No	
27. Did your organization provide support or technical assistance to school-based health centers or clinics or health education programs in the schools? Note: Technical assistance may include supplies, how-to manuals, etc., but does not include the provision of funds.	Yes	Yes	Yes	Yes	No Response	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Other - Explain	Yes	Yes	
28. Has your organization engaged in health educational efforts aimed at the public, either independently or in collaboration with other organizations in Connecticut?	Yes	Yes	Yes	Yes	No Response	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
29. Which of the following issues were addressed over the past year?																																
a. Addressing domestic violence and other abuse issues	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	
b. Abuse of alcohol or other illicit drugs	2007	Yes	Yes	Yes	No	No	No Response	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	
c. Identifying depression	2007	Yes	Yes	Yes	No	No	No Response	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	
d. Health promotion for adolescents	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	
e. Encouraging safer sexual behavior	2007	Yes	Yes	Yes	No	No	No Response	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	
f. Reducing Smoking and other tobacco use	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	
g. Addressing diet and other forms of cholesterol control	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	
h. Encouraging weight control	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
i. Cancer Screening	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	
j. Hypertension detection and control	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
k. Need for prenatal care	2007	Yes	Yes	Yes	No	No	No Response	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	
l. Reducing unintentional injury	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	
m. Encouraging exercise	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	
n. Encouraging better nutrition	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
30. Did your organization provide a site for graduate medical education?	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
31. Did your organization provide a clerkship rotation or site for medical education?	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	No	
32. Did your organization participate in providing a training site for nursing internships or educational training sites for students in other programs in the past year in Connecticut?	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	No	
33. Did your organization provide internships or educational training sites for students in other programs in the past year in Connecticut?	2007	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
34. Did your organization provide training sites for students in other programs in the past year in Connecticut?	2007	Yes	Yes	Yes	Yes	No	No	No Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
35. Has your organization operated or subsidized any of the following programs in the past year in Connecticut?																																
a. Health literacy programs	2007	No	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes	No	No	Yes	No	No	Yes	No	No	No	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	
b. Health education programs for immigrants	2007	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	No	
c. Information programs about eligibility for social welfare	2007	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	
d. Health Fairs	2007	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	
36. What are your organization's practices regarding informal caregivers - that is, friends and family who provide care to patients?																																
a. created policies for referring caregivers to support groups	2007	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	No	No	
b. provided financial or in-kind support to support groups for care-givers	2007	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	
c. established support groups for patients' families	2007	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
d. provided respite care	2007	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	Yes	No	No	No	No	
37. Has your organization carried out the following types of activities in Connecticut? For each activity, indicate either, "not at all," "Sometimes," or "A Great deal if you have..."																																
a. worked with police or neighborhood groups to reduce crime	2007	Not at All	Sometimes	Sometimes	Not at All	No Response	No Response	A Great Deal	A Great Deal	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Not at All	Sometimes	Not at All	A Great Deal	Not at All	Not at All	Not at All	Sometimes	A Great Deal	Not at All	A Great Deal	Not at All	No Response	Not at All	Sometimes	Not at All	No Response	
b. encouraged employers to provide wellness programs	2007	Not at All	Sometimes	Sometimes	Not at All	No Response	No Response	A Great Deal	A Great Deal	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Not at All	Sometimes	Not at All	A Great Deal	Not at All	Not at All	Not at All	Sometimes	A Great Deal	Not at All	A Great Deal	Not at All	No Response	Not at All	Sometimes	Not at All	No Response	
c. worked to reduce traffic-related injuries	2007	A Great Deal	Sometimes	A Great Deal	A Great Deal	No Response	No Response	Sometimes	A Great Deal	Sometimes	Sometimes	A Great Deal	Sometimes	Sometimes	Not at All	A Great Deal	Sometimes	Sometimes	Not at All	Not at All	Not at All	Sometimes	A Great Deal	A Great Deal	Not at All	A Great Deal	Not at All	No Response	Not at All	Not at All	No Response	
d. worked to address indoor air quality problems	2007	Not at All	Sometimes	A Great Deal	A Great Deal	No Response	No Response	Not at All	Not at All	Sometimes	Sometimes	Not at All	Sometimes	Sometimes	Not at All	A Great Deal	Sometimes	Sometimes	Not at All	Not at All	Not at All	Sometimes	A Great Deal	A Great Deal	Not at All	A Great Deal	Not at All	No Response	Not at All	Not at All	No Response	
38. Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?																																
a. Environmental Tobacco Smoke	2007	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No	No	Yes	No	
b. Fire Safety	2007	No	No	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	
c. Lead Paint	2007	No	No	Yes	No	No	No	Yes	No	No	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	Yes	No	No	No	No	No	No	No	No	
d. Poison Control	2007	No	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No	
39. Were grants made available to any of the following types of organizations?																																
a. Community Health Centers	2007	No	Yes	No	No	No	Yes	No	No	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	No	

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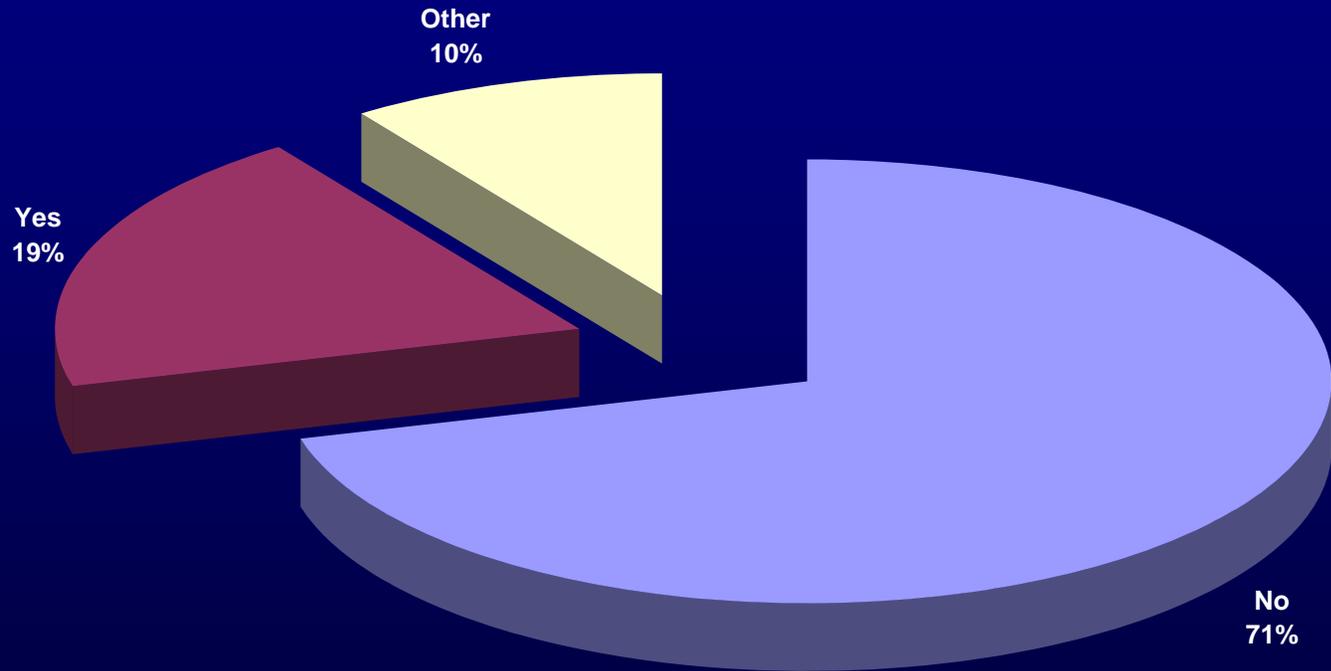
2007 2008 Connecticut Community Benefit Report Data on Hospitals

Question Number	Year	Waterbury Hospital	Yale-New Haven Hospital	Greenwich Hospital	Norwalk Hospital	Hospital for Special Care	Silver Hill Hospital	Hospital of Saint Raphael	John Dempsey - Hospital and Health Center	Danbury Hospital	William W. Backus Hospital	MidState Medical Center	Lawrence & Memorial Hospital	Charlotte Hungerford Hospital	Griffin Hospital	The Hospital of Central Connecticut	Saint Mary's Hospital	St. Vincent's Medical Center	Manchester Memorial Hospital	Rockville General Hospital	Windam Community Memorial Hospital	Bridgeport Hospital	Connecticut Children's Medical Center	Sharon Hospital	Hartford Hospital	New Milford Hospital	Johnson Memorial Hospital	Hebrew Home and Hospital	Natchaug Hospital, Inc.	Middlesex Hospital	Bristol Hospital and Medical Group	
b. Community Mental Health Centers	2007	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	Yes	No	
c. Hospice Programs	2007	No	Yes	No	No	No	No	No	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	Yes	No	
d. Long Term Care Organizations	2007	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	Yes	No	
e. patient Advocacy Groups	2007	No	Yes	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	No	
f. Local Public Health Districts or Departments	2007	No	Yes	No	No	No	No	No	No	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	No	
g. Social Service Agencies	2007	No	Yes	No	No	No	No	Yes	No	Yes	No	Yes	No	No	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	Yes	No	
h. Universities	2007	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	Yes	No	
i. Primary or Secondary Schools	2007	No	Yes	No	No	No	No	Yes	No	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No	No	Yes	No	No	No	Yes	No	
j. School Health Programs	2007	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No	Yes	No	
k. United Way or Other Federated Giving Programs	2007	No	No	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes	No	
l. Arts Organizations (Visual or Performing)	2007	No	Yes	No	No	No	No	Yes	Yes	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	No	
40. Does your organization evaluate the success of its community benefit	2007	Yes	Yes	Yes	No	No Response	No Response	No Response	Yes	No	Yes	Other - Explain	Yes	Other - Explain	No	No	No	Other - Explain	Yes	No	No	No	Other - Explain	No	No	Yes	No	No	No	Yes	No	No Response
41. Does your organization conduct surveys of health care providers to	2007	Yes	No	Yes	No	No Response	No Response	Yes	No	Yes	Other - Explain	Other - Explain	No	Other - Explain	No	No	Other - Explain	Other - Explain	Yes	Yes	No	No	Other - Explain	No	Yes	No	No	No	No	Other - Explain	No Response	
42. Does your organization conduct surveys of those using community	2007	Yes	Yes	Yes	No	No Response	No Response	Other - Explain	Yes	No	Yes	Other - Explain	Yes	Yes	No	No	Yes	No	No	No	Yes	Other - Explain	No	No	No	No	No	No	Yes	Other - Explain	No Response	
43. Does your organization conduct surveys of the general public in the	2007	No	No	No	No	No Response	No Response	Other - Explain	Yes	No	Yes	Other - Explain	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Other - Explain	No	No	No	No	No	Yes	Other - Explain	No Response	
44. Concerning community participation in the development of policies related to community benefit activities. Which of the following mechanisms are used by your organization to allow for community involvement? Please check each year you utilized these methods.	2007	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	
a. Advisory boards drawn from the local community, please include a	2008	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	
b. Town meetings with the public, please include a list of dates and	2008	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	
c. Reports to city or town boards of selectmen	2007	Yes	Yes	No	No	No Response	No Response	No	No	Yes	No	No	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	
d. Public dissemination of community benefits reports	2007	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No	
e. Open Board meetings	2007	No	No	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	
45. Is your community benefit report regularly sent to any of the following groups or organizations? Check all that apply and include names as Attachment O.	2007	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	
a. State regulatory agencies	2008	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	
b. State or local government officials	2007	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No	
c. Community Groups	2007	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	Yes	No	Yes	No	No	
d. Patients	2007	Yes	Yes	No	No	No	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes	No	Yes	No	Yes	No	No	
e. Major employers in the community	2007	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	Yes	
f. Hospital and health services in the community	2007	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	No	No	Yes	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	
g. Management at the regional or national level	2007	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	No	
h. Local health departments or districts	2007	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	
	2008	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	Yes	

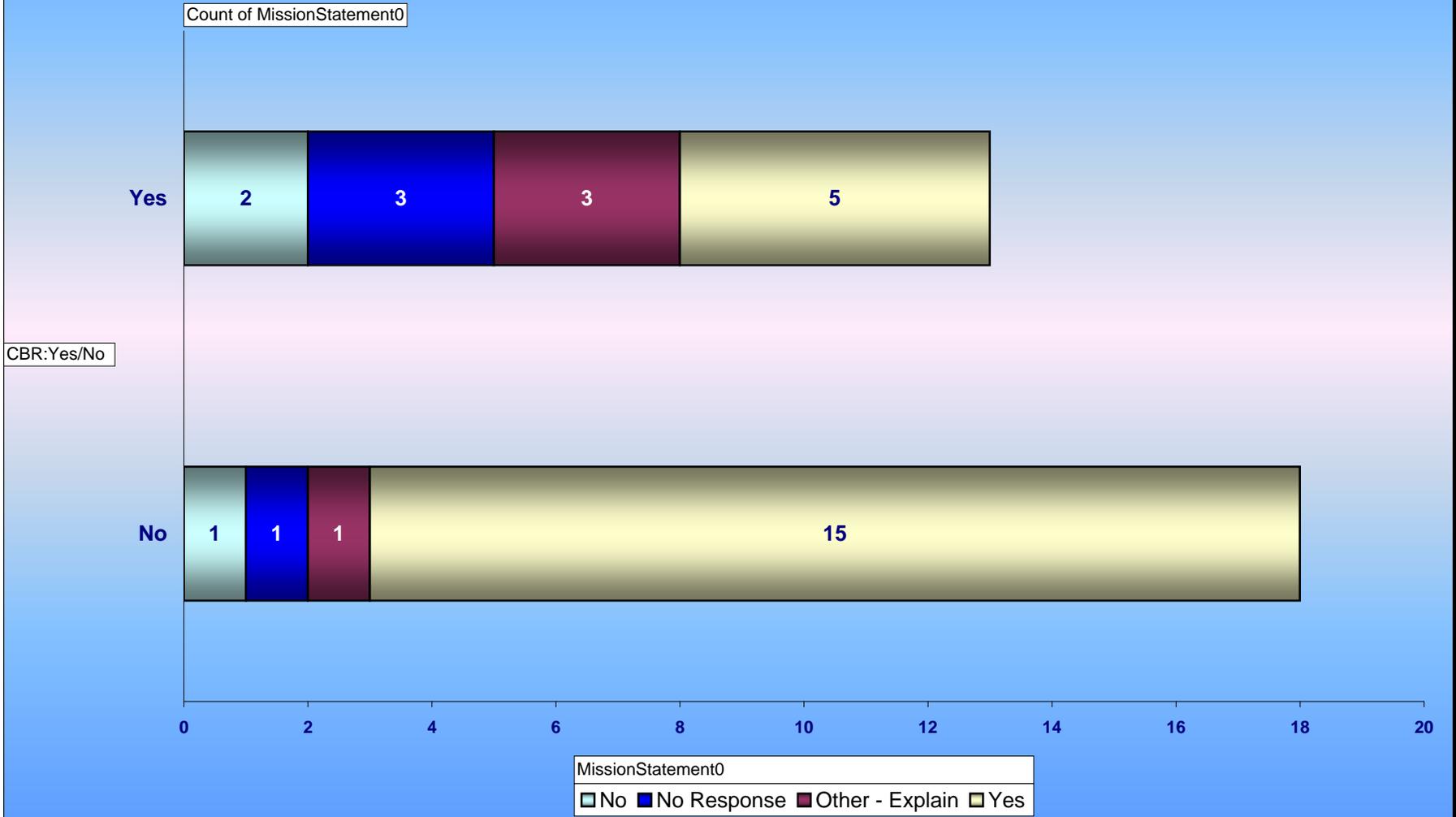
Question 1: Does your organization have a distinct program for its community benefit activities in CT as defined by Section 19a-127k, CGS?



Percentage of Total Reporting Hospitals with Community Benefit Policy Statements.

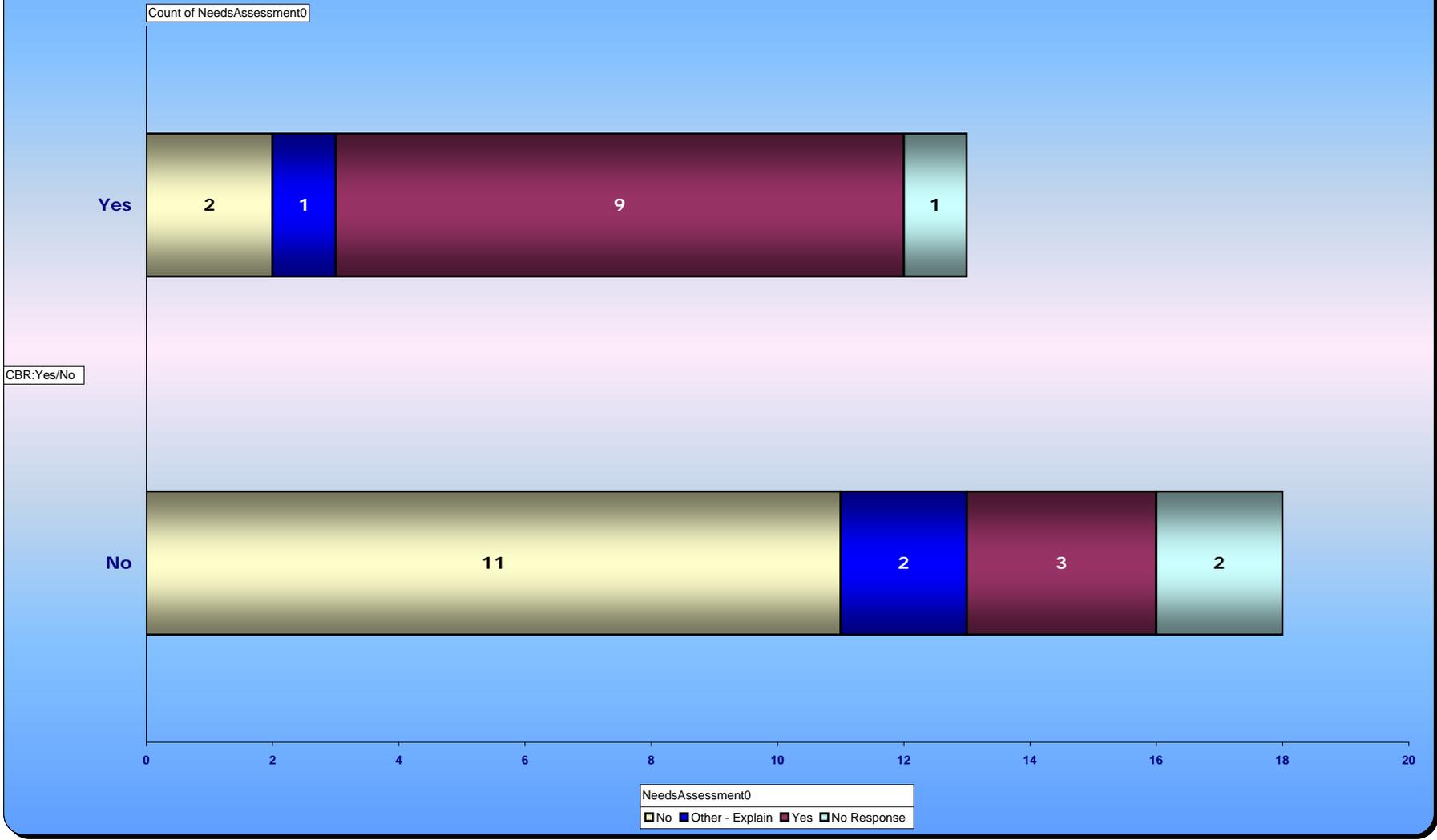


Question 3: If your organization does not have a formal community benefits policy statement, is your organization's approach to community service addressed in your mission statement?

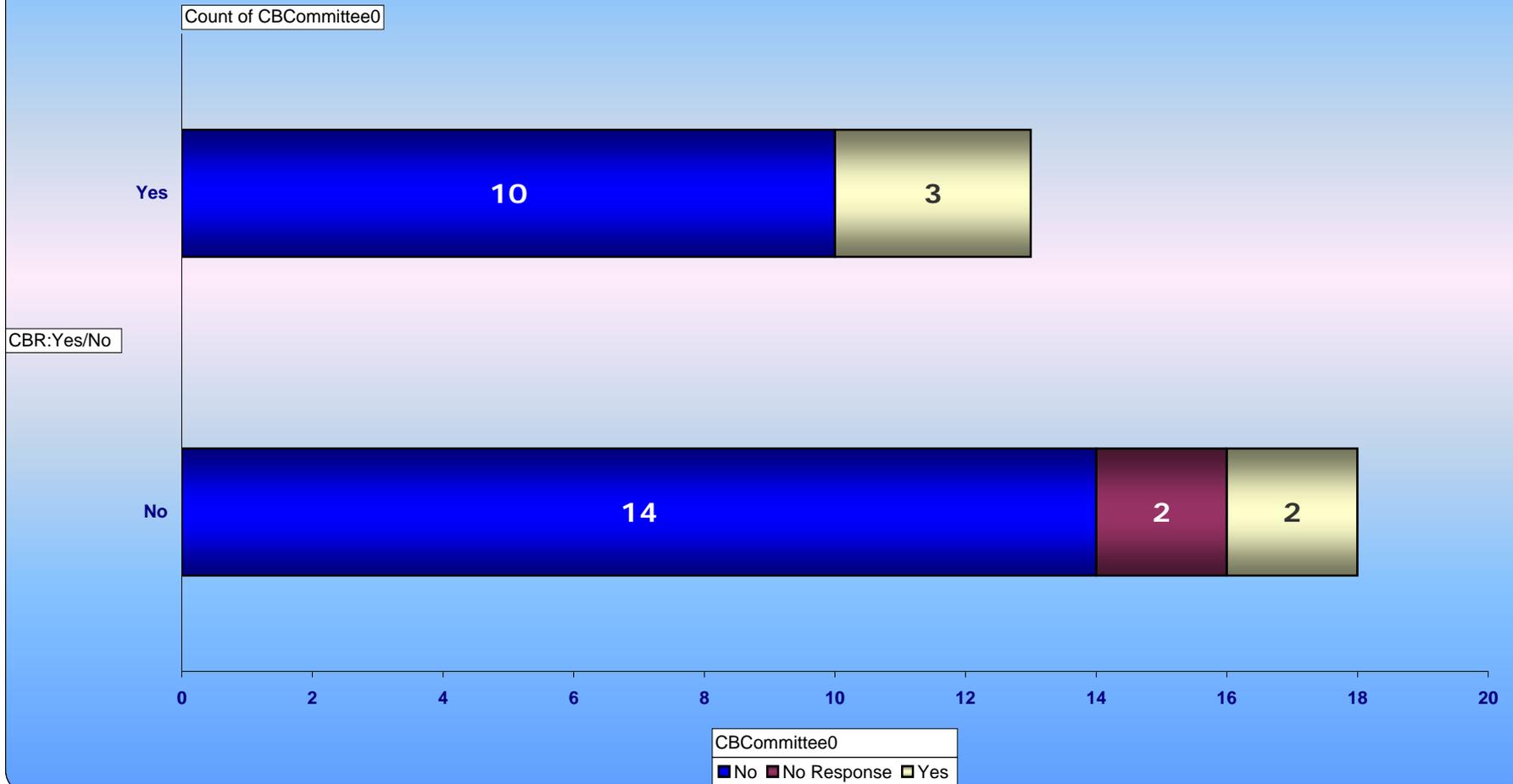


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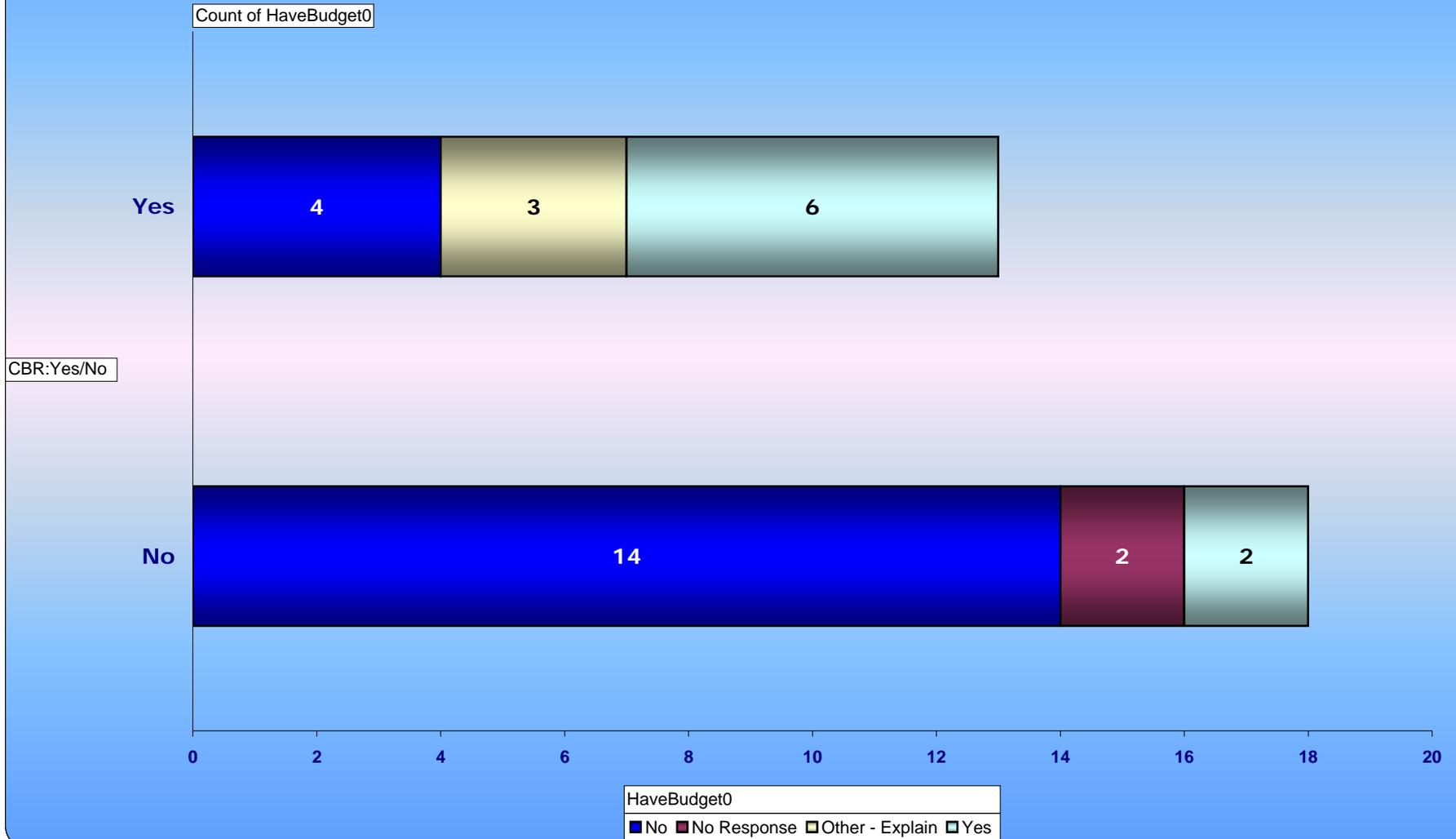
Question 4: Did your organization utilize a community needs assessment in developing your community benefits program?



Question 5: Does your organization's governing board have a committee with formal responsibilities for overseeing community benefit activities in Connecticut?

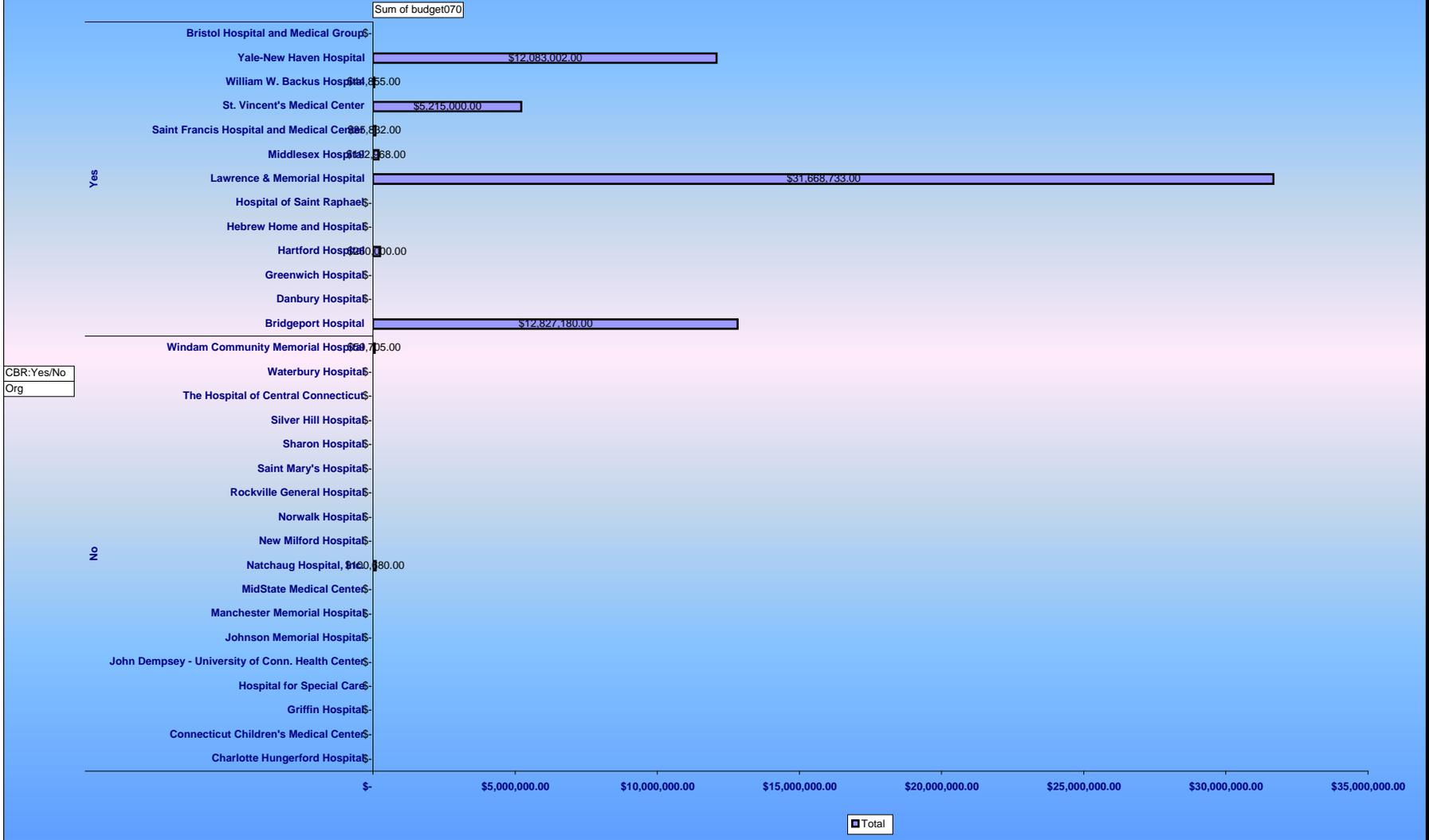


Question 6: Does your community benefit program have a formal budget?



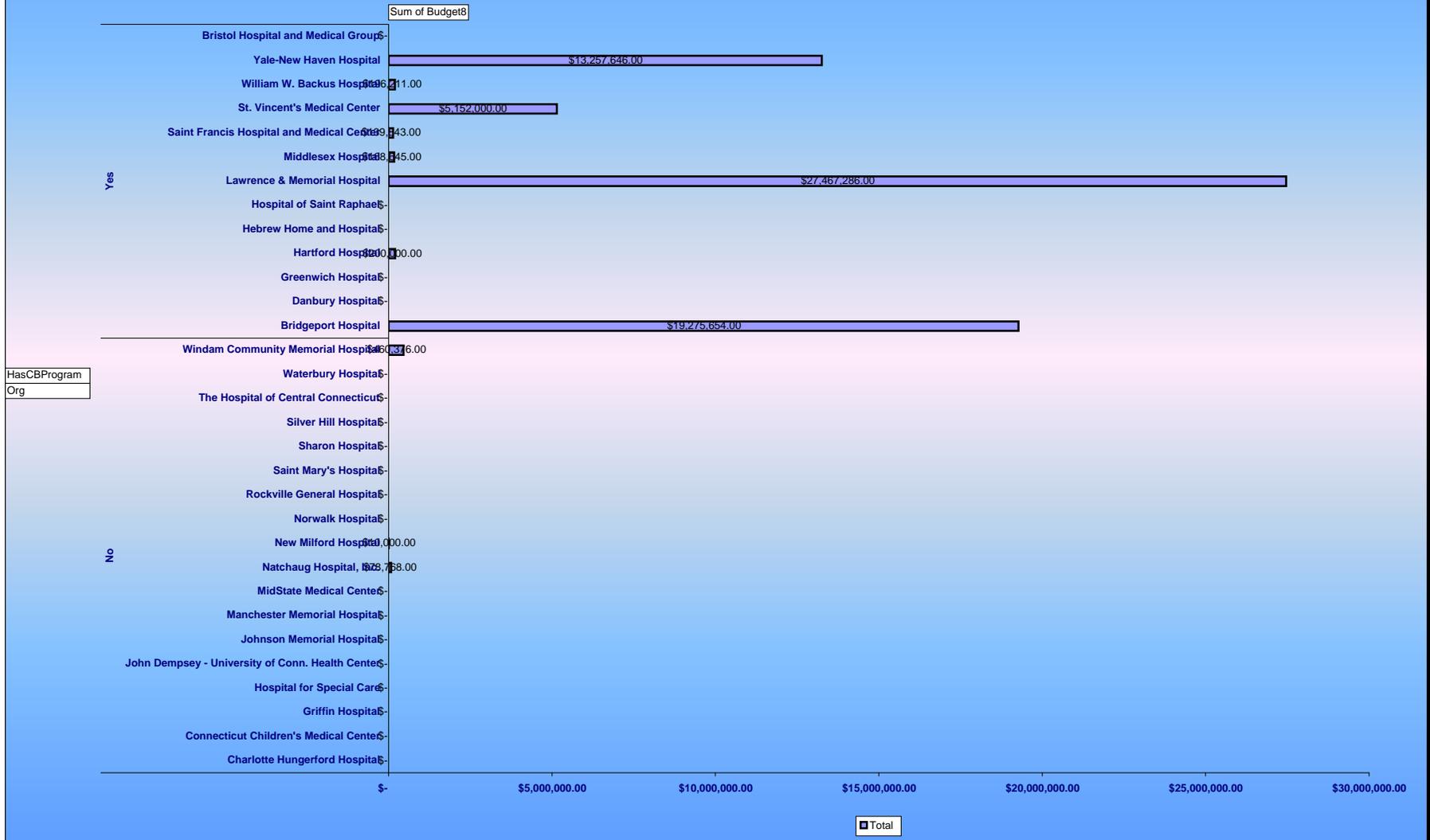
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Question 7: Actual Community Benefit Program Budget for 2007



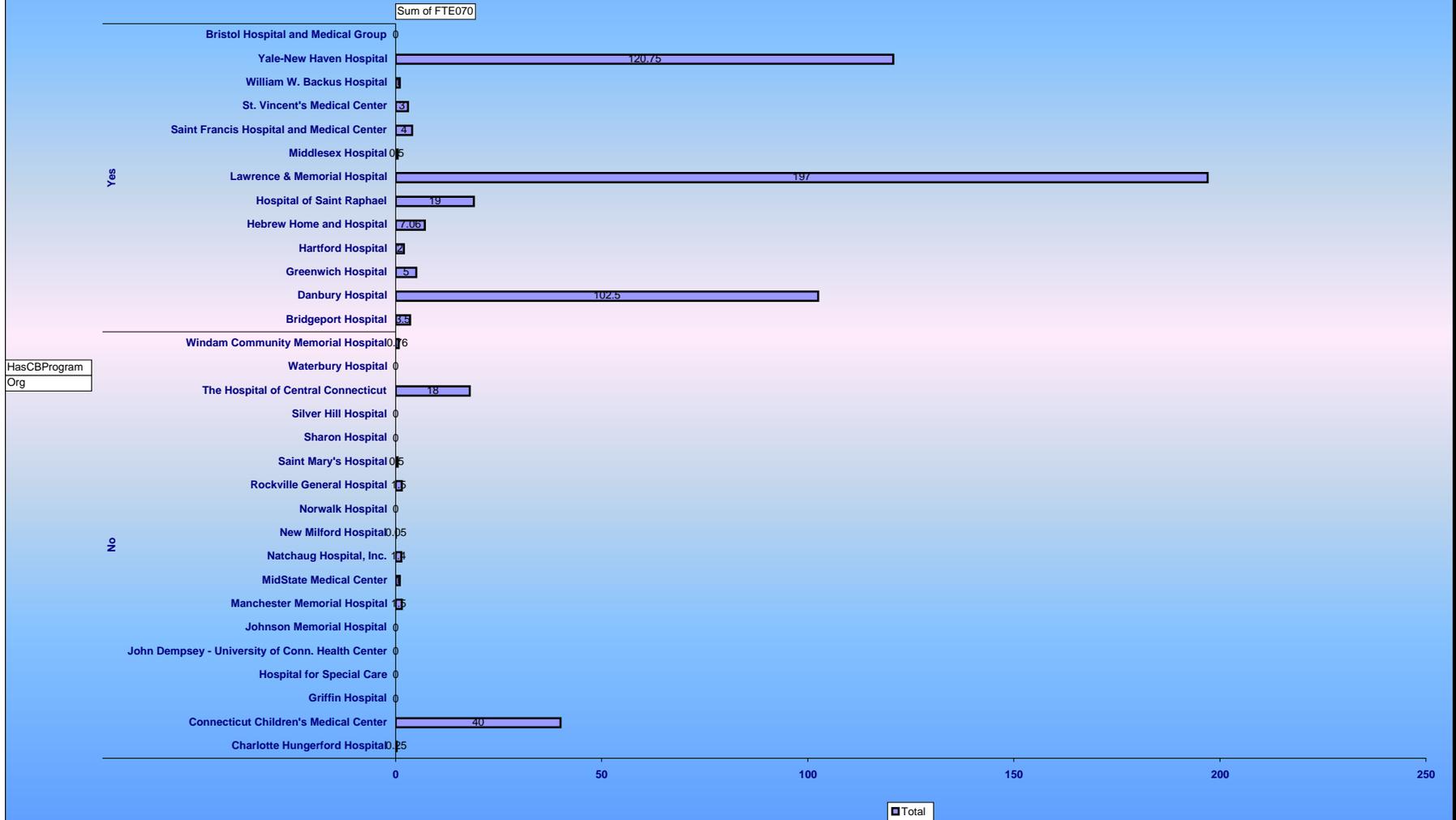
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Question 7: Estimated Community Benefit Program Budget for 2008



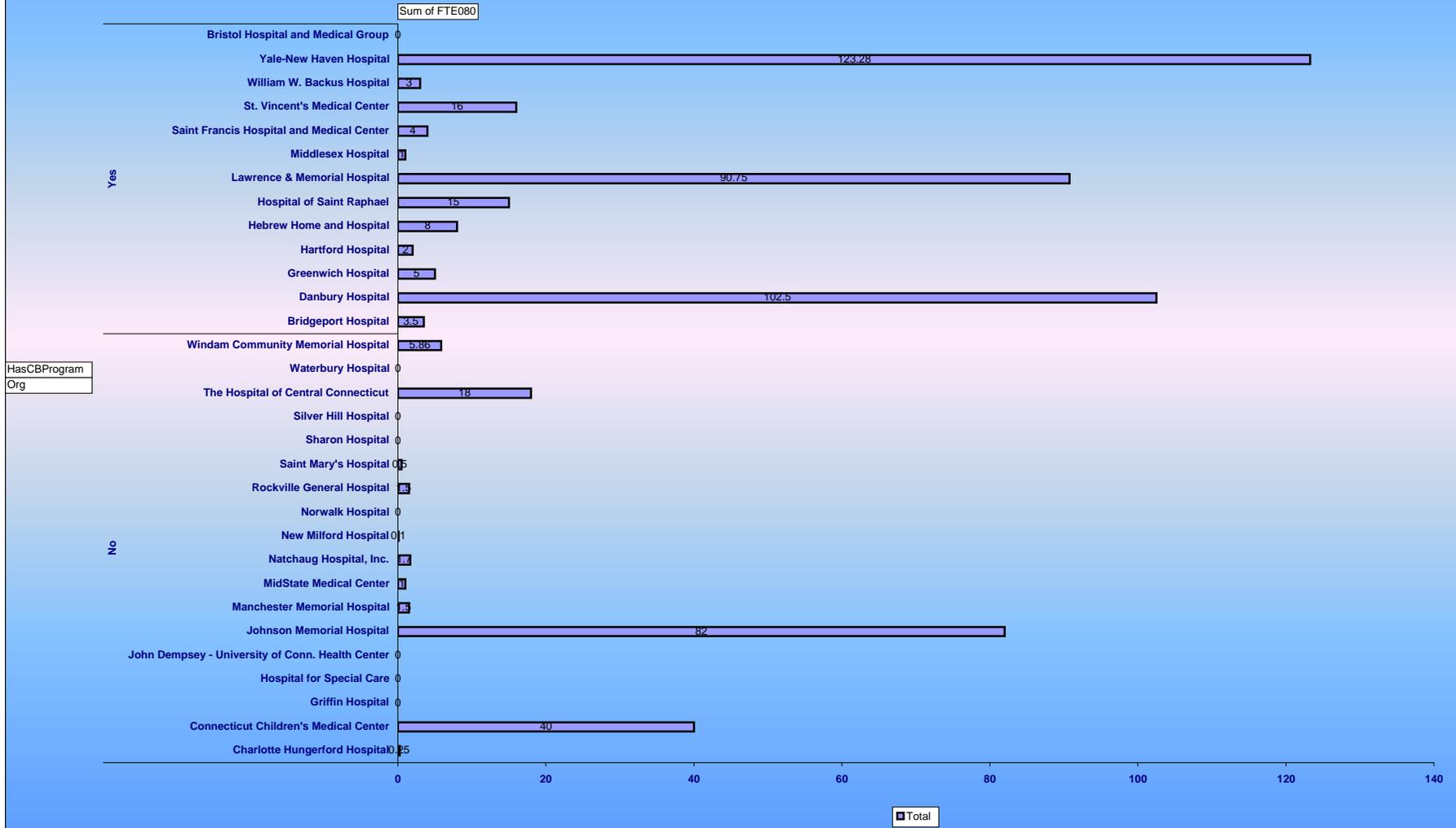
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Question 8: How much staff time (# of FTE's) is involved in the community benefit program and its activities? (2007)

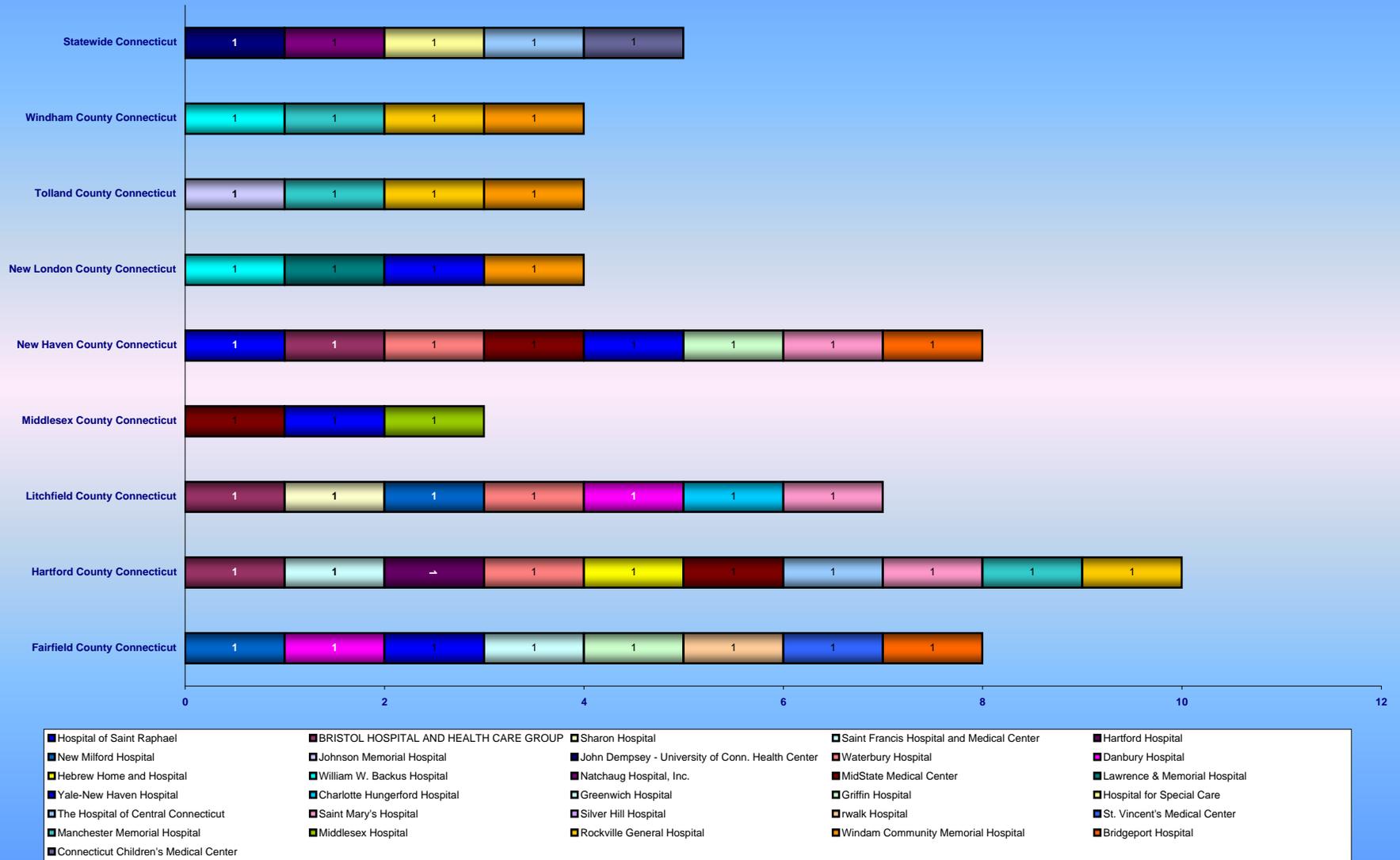


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Question 8: How much staff time (# of FTE's) is involved in the community benefit program and its activities? (2008)

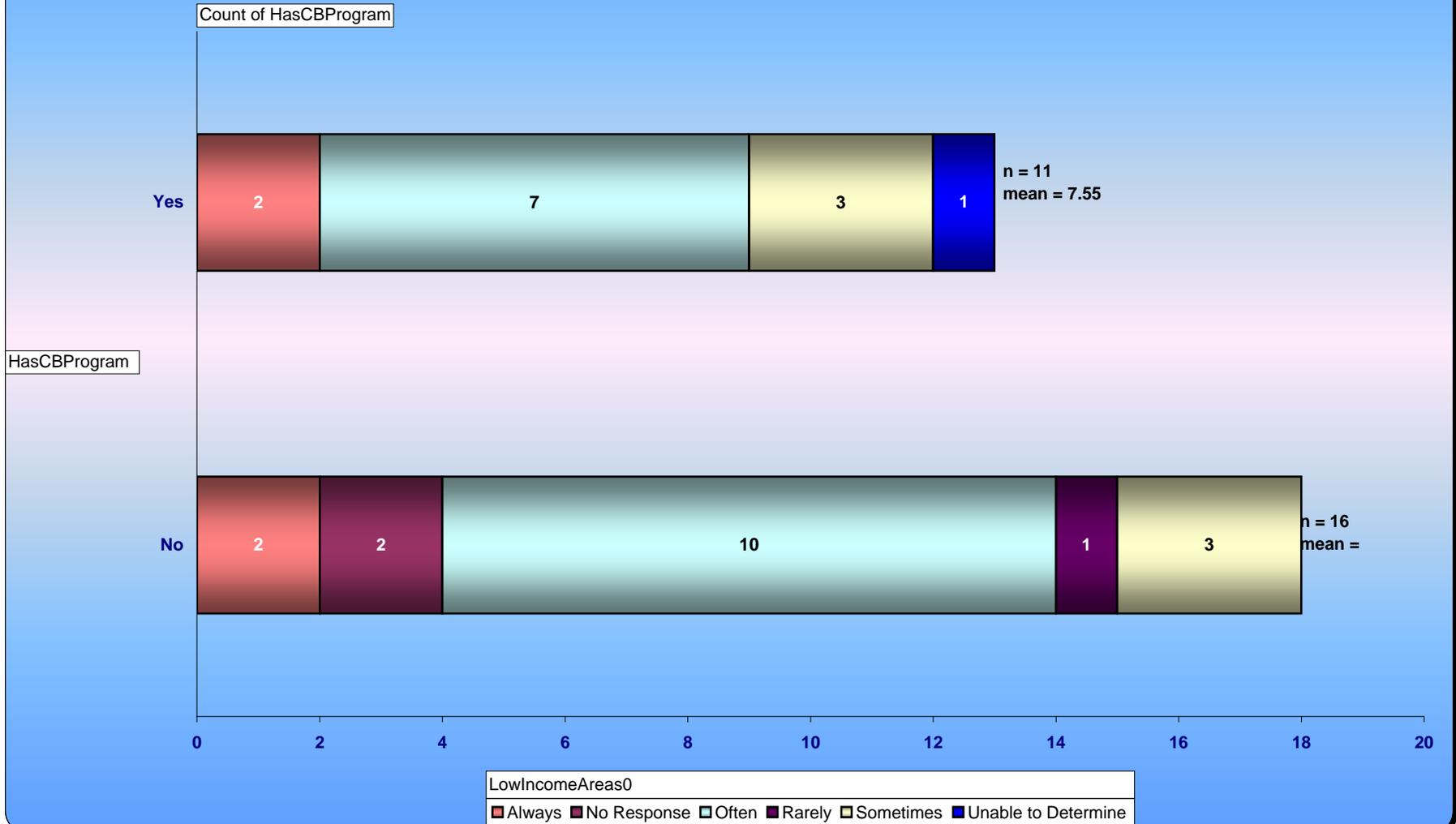


Question 9: Hospital Service Areas by County and Statewide



Question 10: Within your service area, how frequently do you target your community benefit activities to neighborhoods with limited incomes (Greater than 20 % of population living in poverty)?

rate your actions on a scale from 0 to 10, 0 = Never, 10 = Always, 1-3 = Rarely, 4-6 = Sometimes, 7-9 = Often



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Question 11: Within your service area, how frequently do you target your community benefit activities to neighborhoods with high immigrant populations? (Greater than 20 % of residents are recent immigrants)

rate your actions on a scale from 0 to 10, 0 = Never, 10 = Always, 1-3 = Rarely, 4-6 = Sometimes, 7-9 = Often

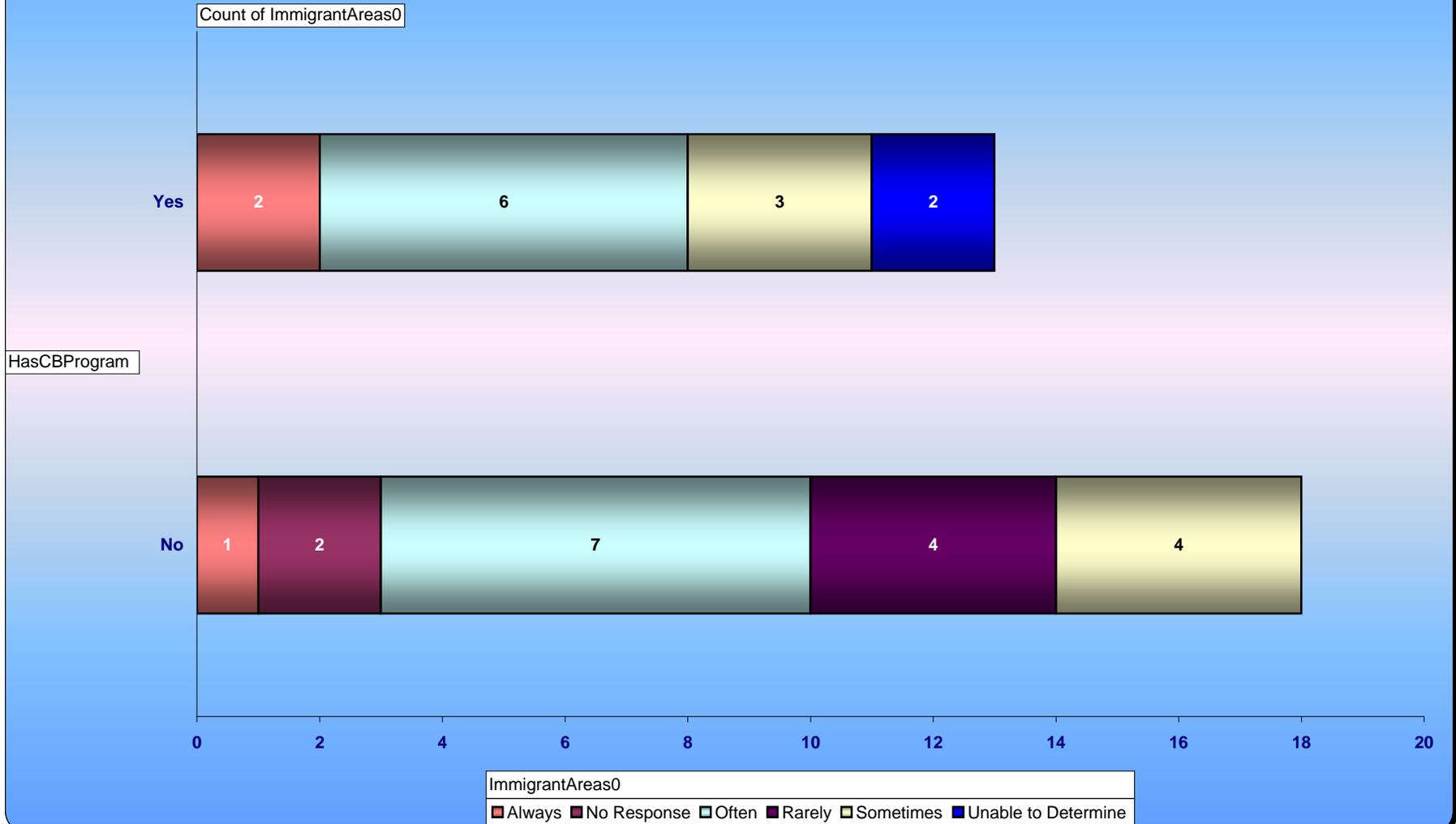
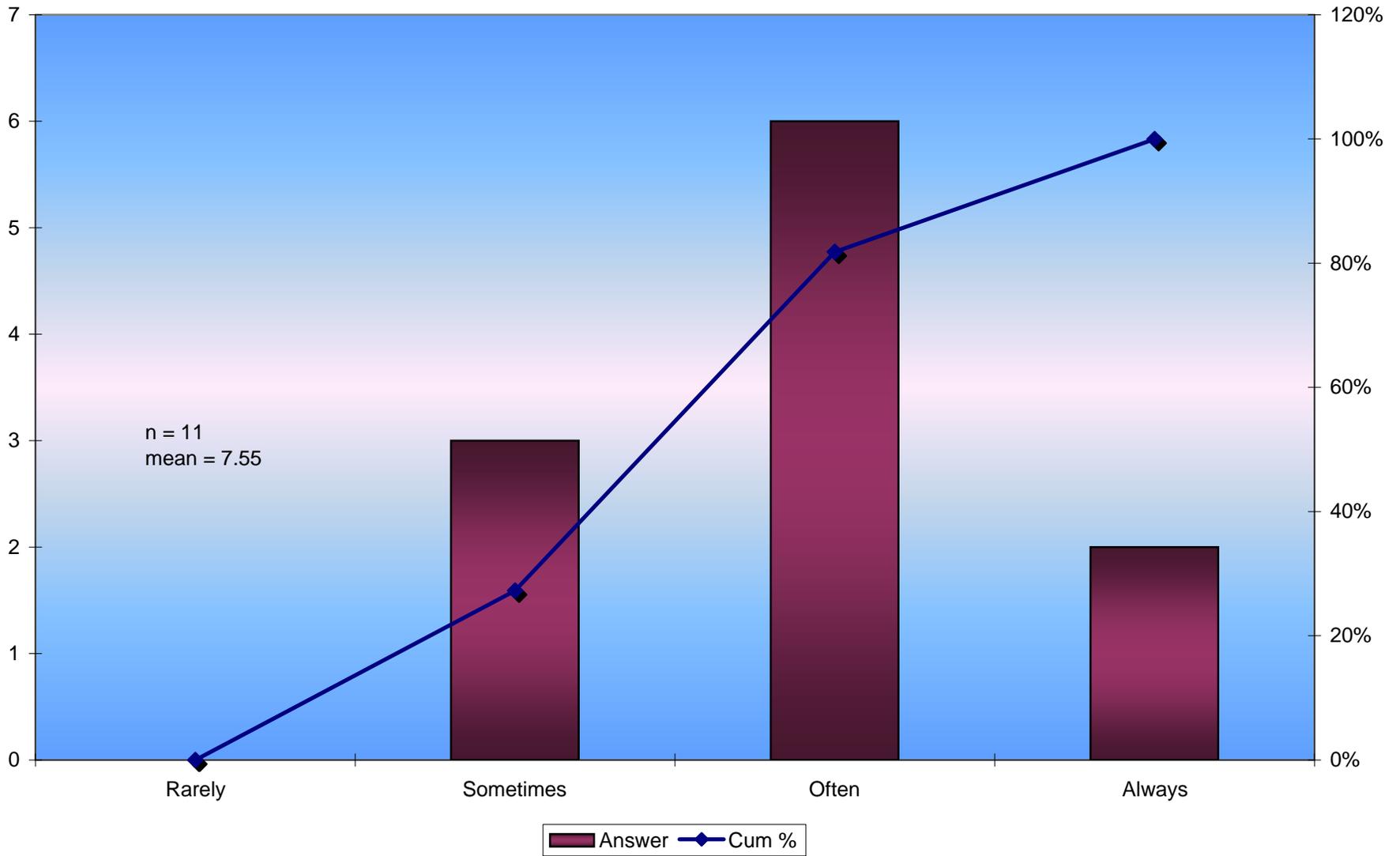
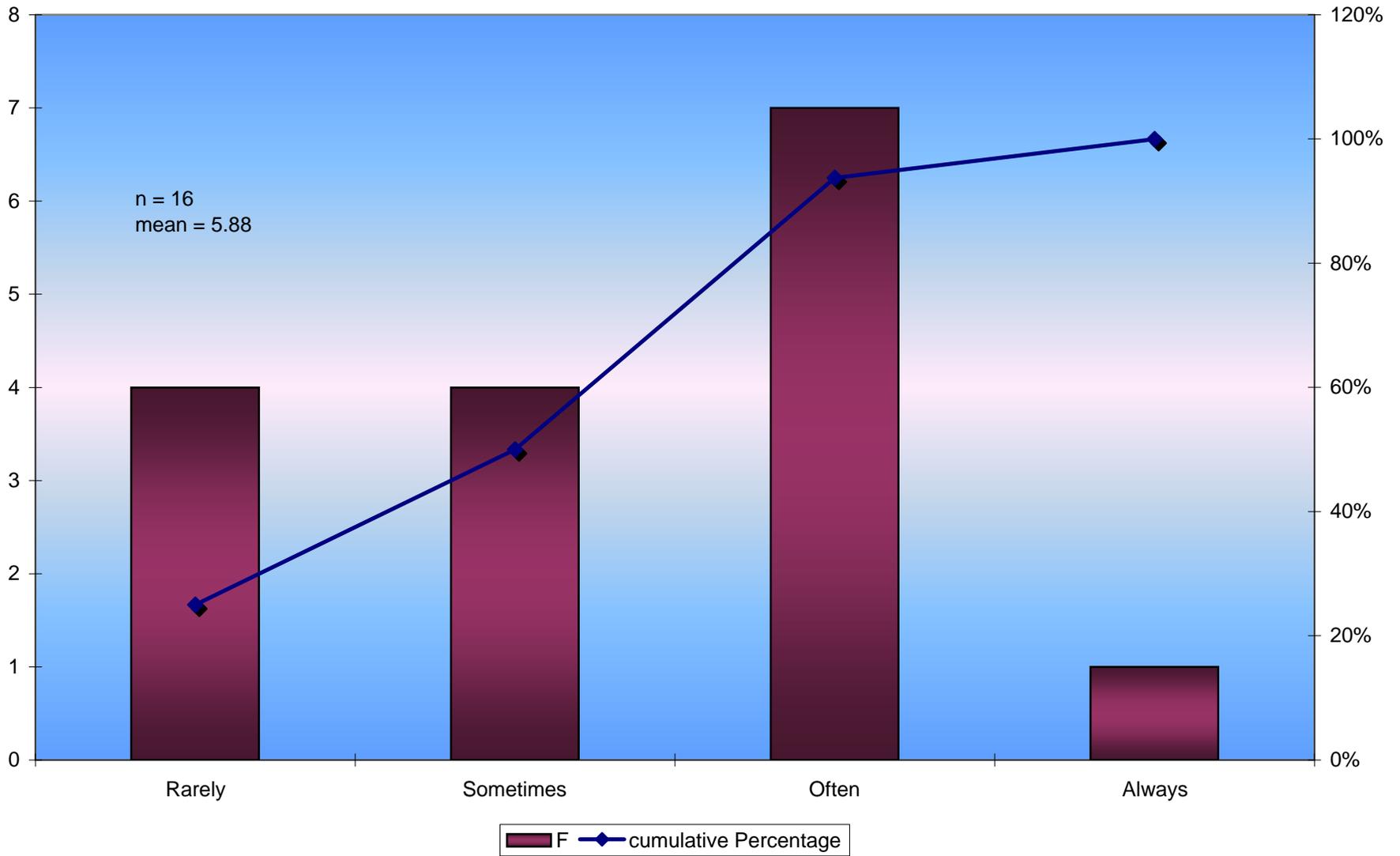


Chart Low Income CBP Histogram

Frequency of Targeting Low Income Areas for Hospitals with a Formal CBP

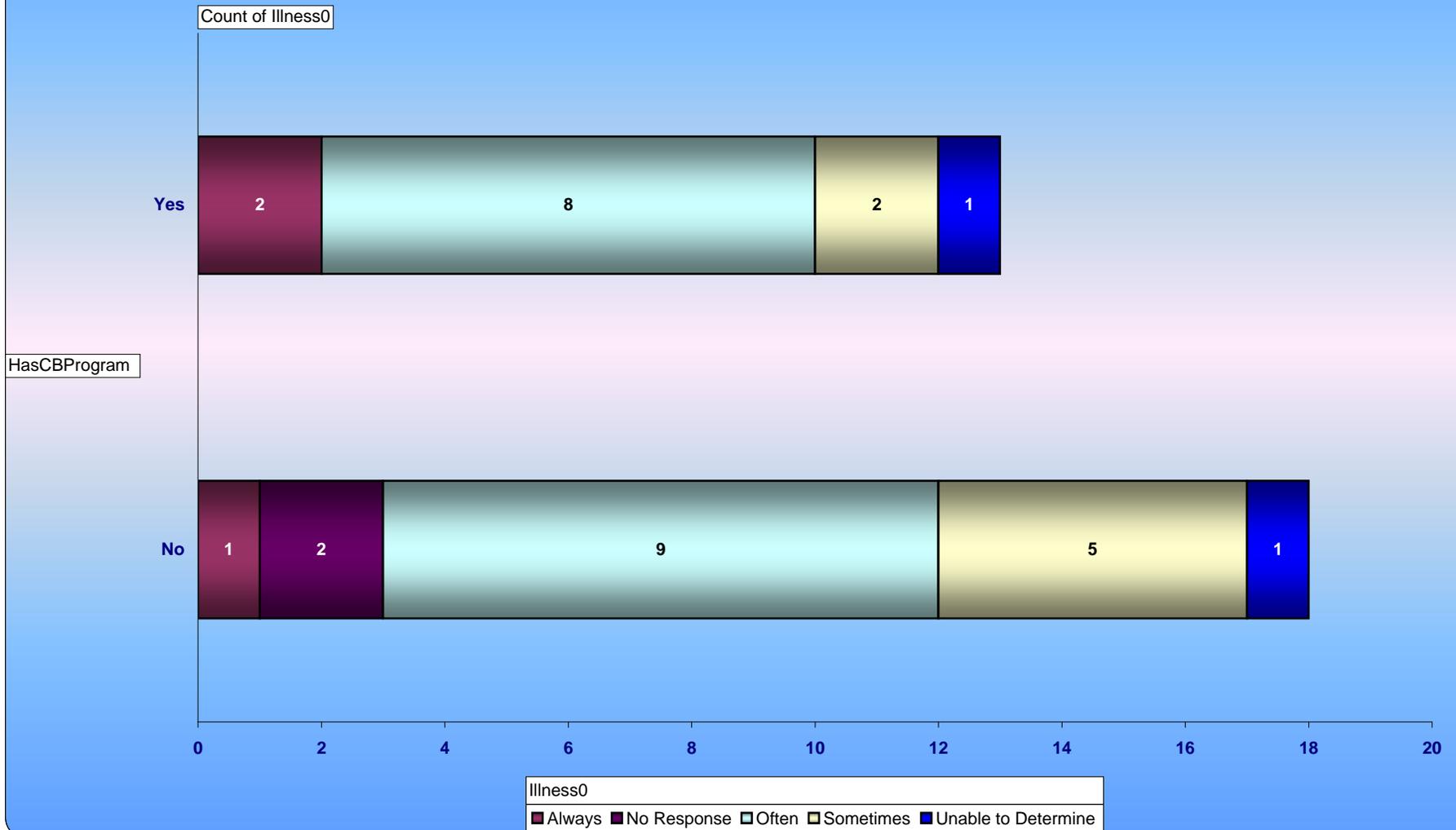


Frequency of Targeting Low Income Areas for Hospitals without a Formal CBP

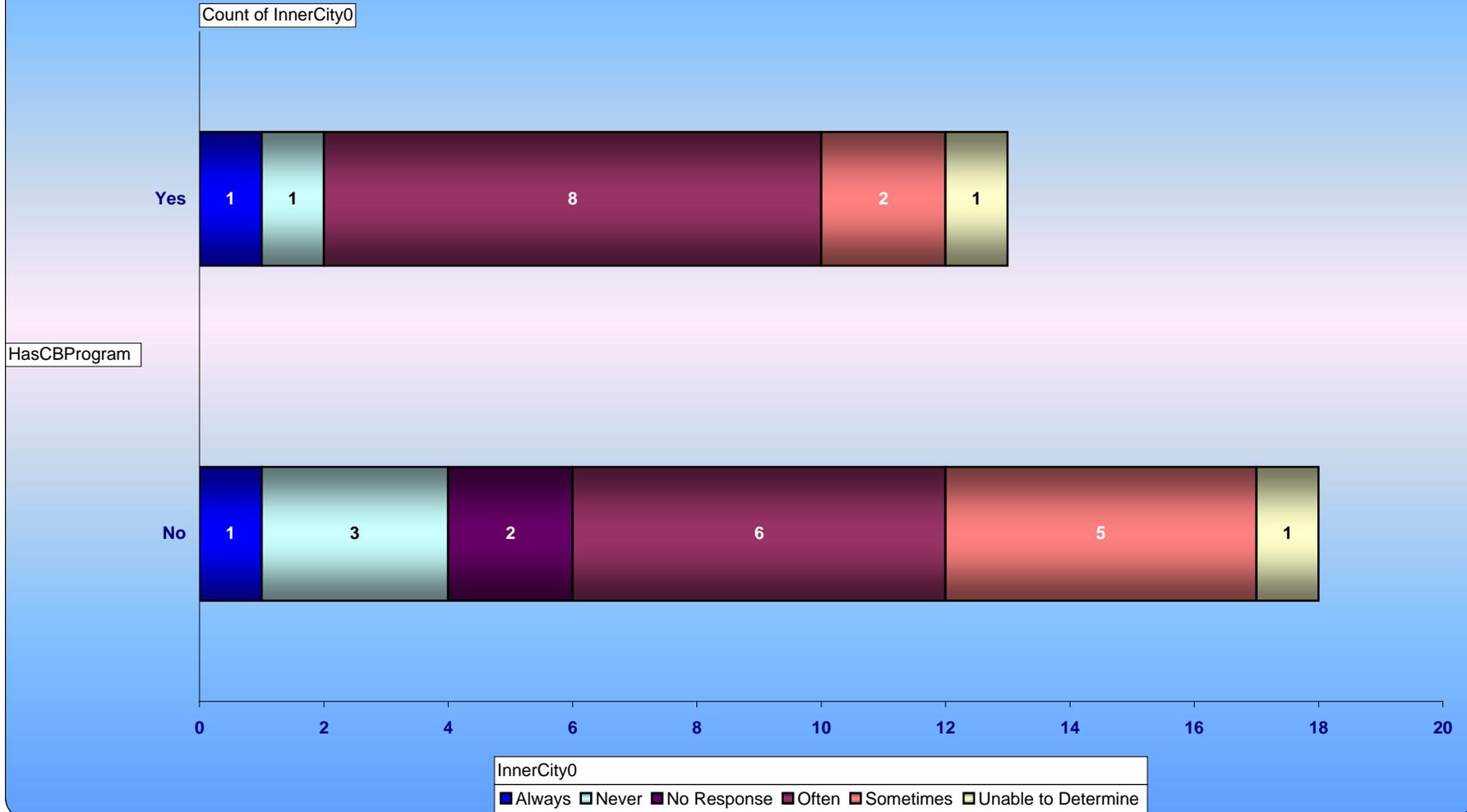


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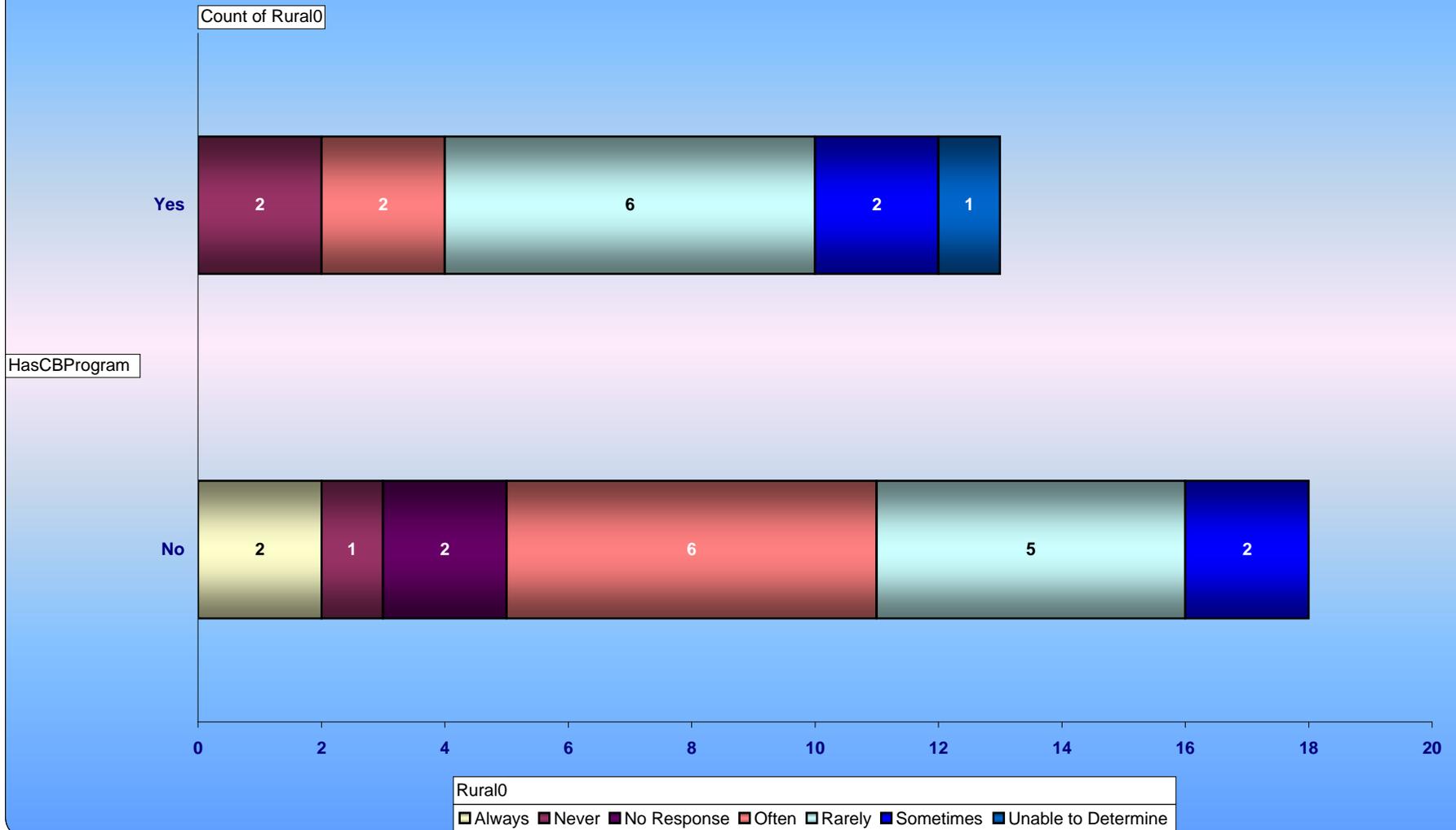
Question 12: Within your service area, how frequently do you target your community benefit activities to neighborhoods with populations at risk of particular illness?



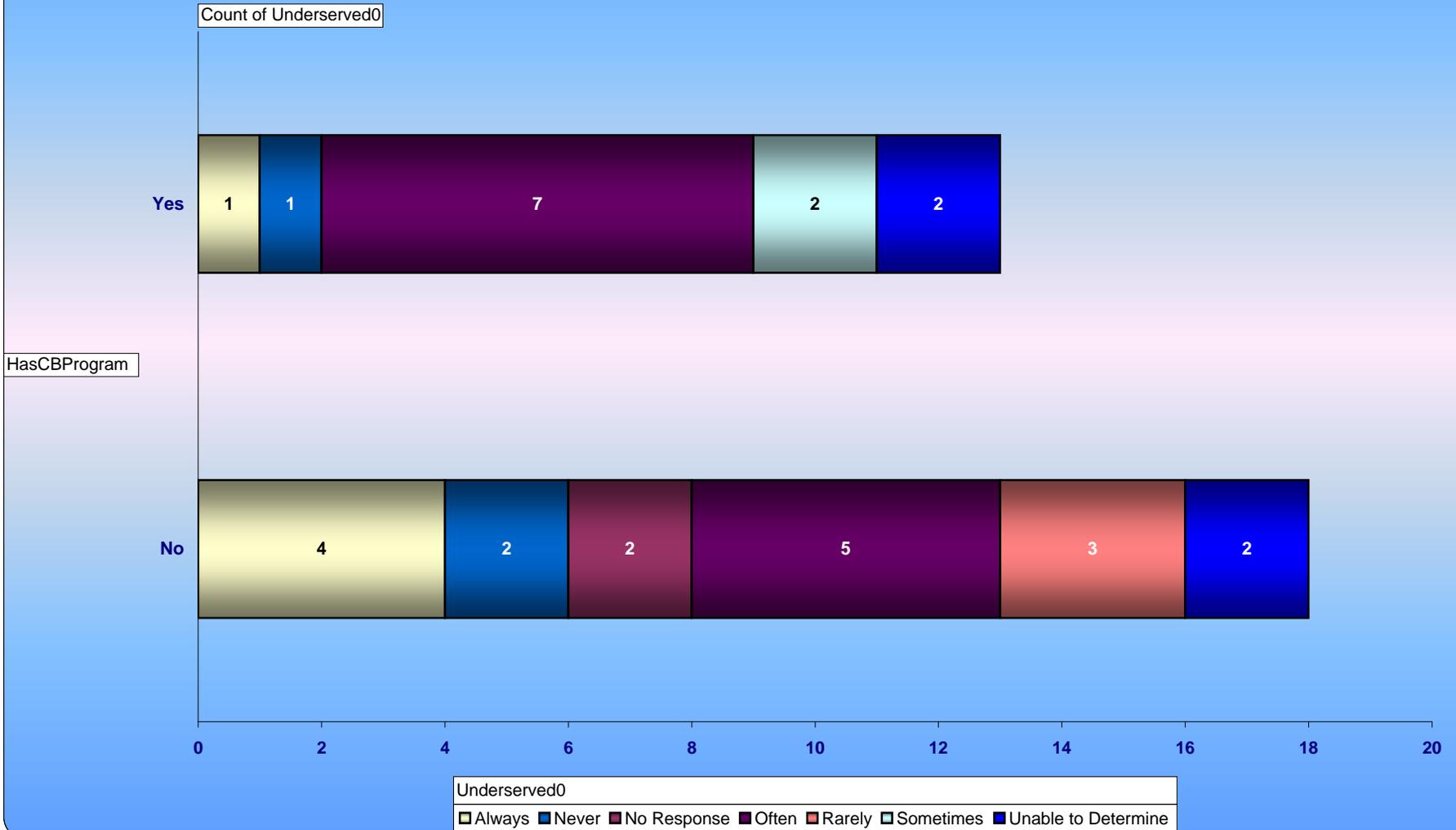
Question 13: Within your service area, how frequently do you target your community benefit activities to populations living in inner cities?



Question 14: Within your service area, how frequently do you target your community benefit activities to populations who live in rural areas? (Areas outside of metropolitan statistical areas)

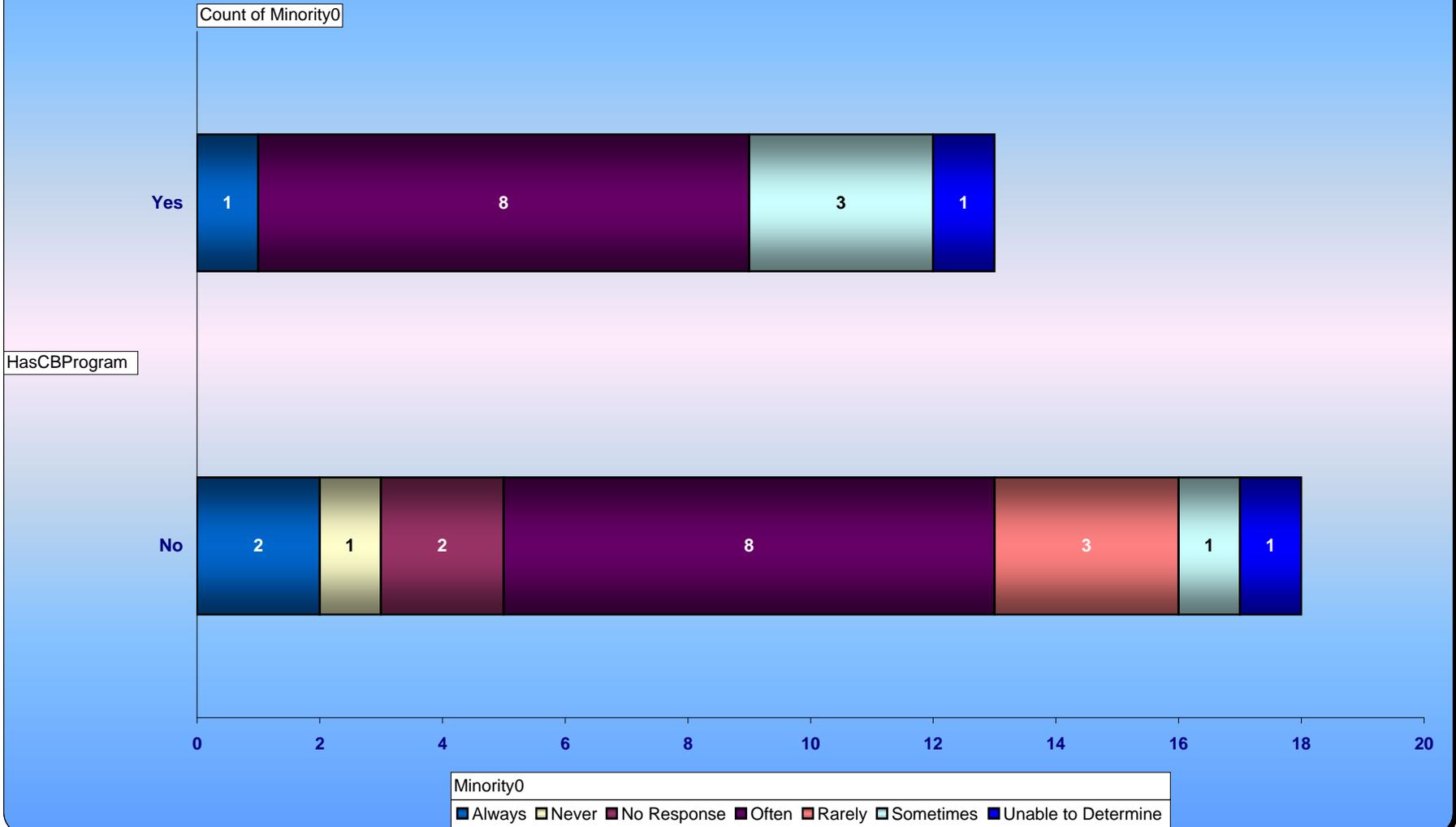


Question 15: Within your service area, how frequently do you target your community benefit activities to populations who live in federally designated medically underserved communities?

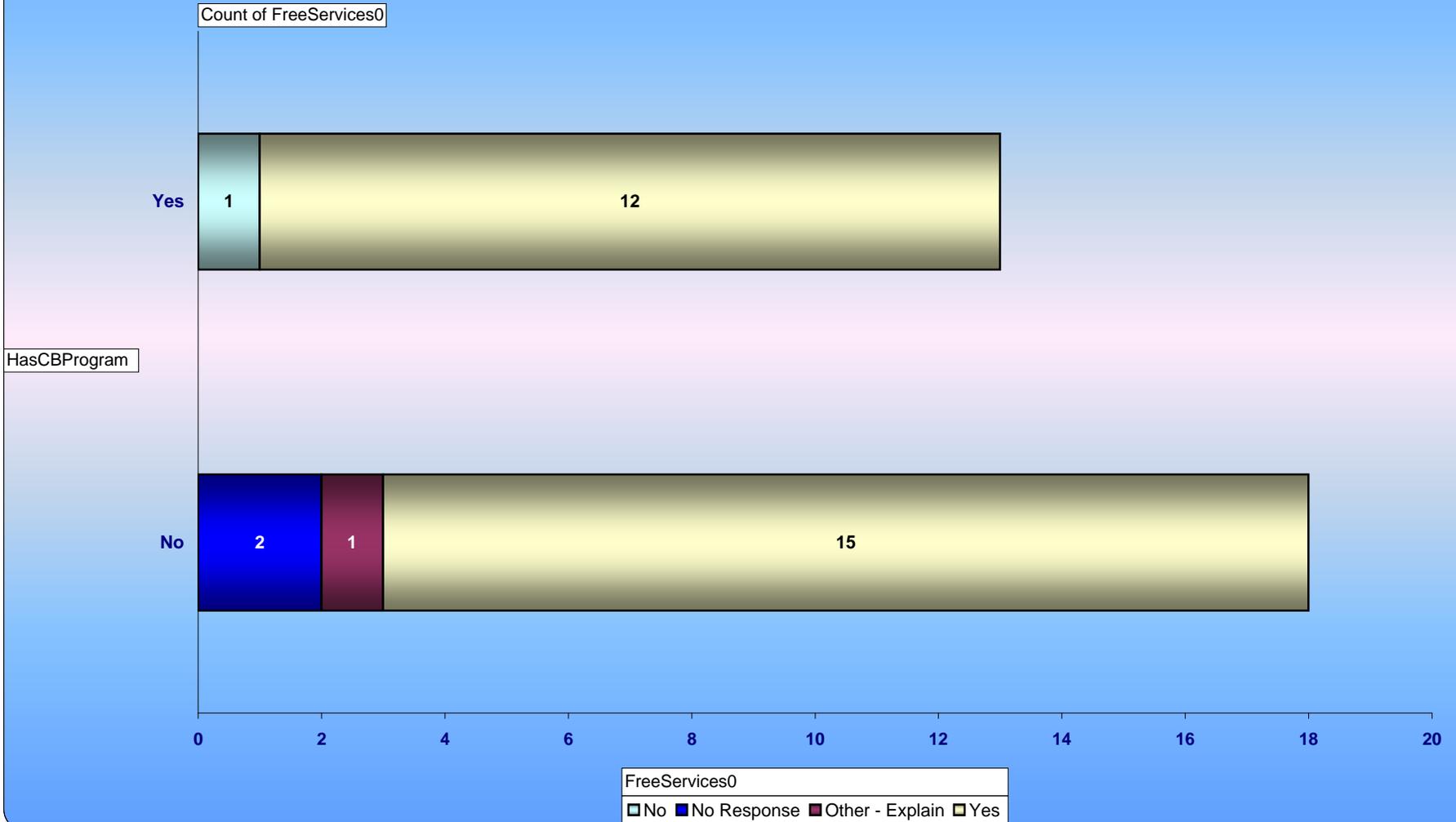


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Question 16: Within your service area, how frequently do you target your community benefit activities to neighborhoods with concentrated racial minorities? (Greater than 20 % of population is composed of people of color)

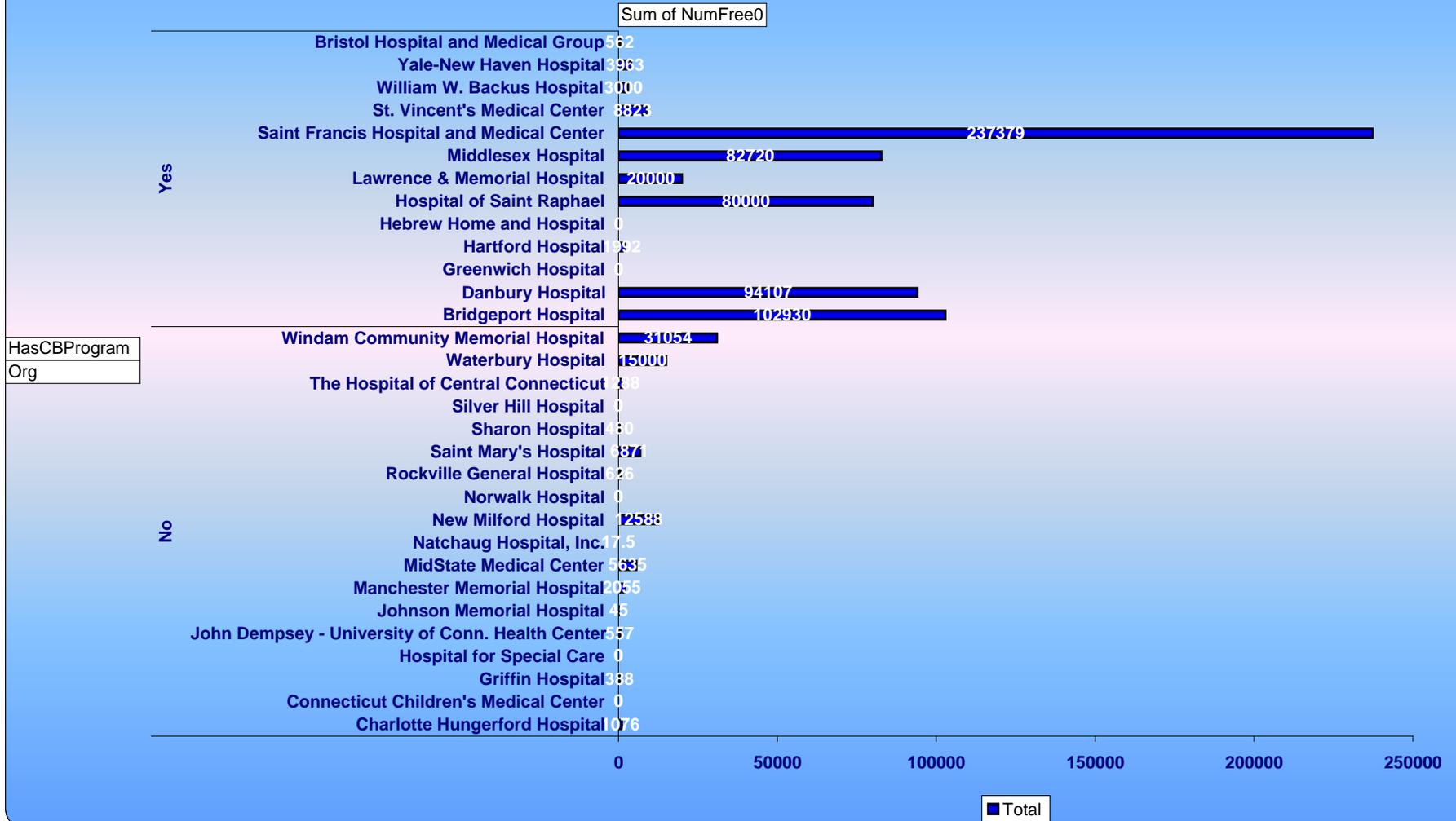


Question 17: Does your organization have programs or policies that allow residents in Connecticut to receive free or subsidized health services under some circumstances

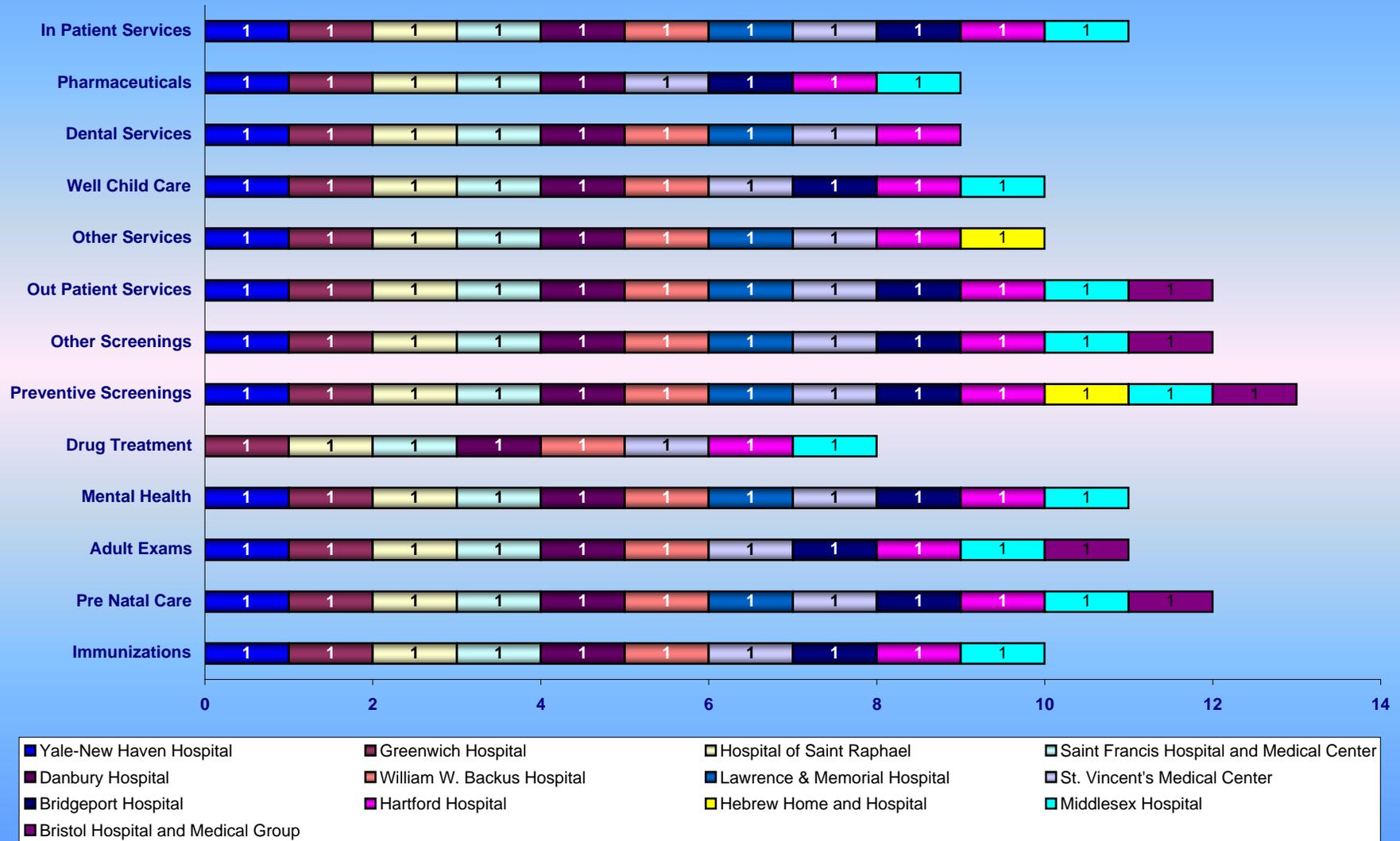


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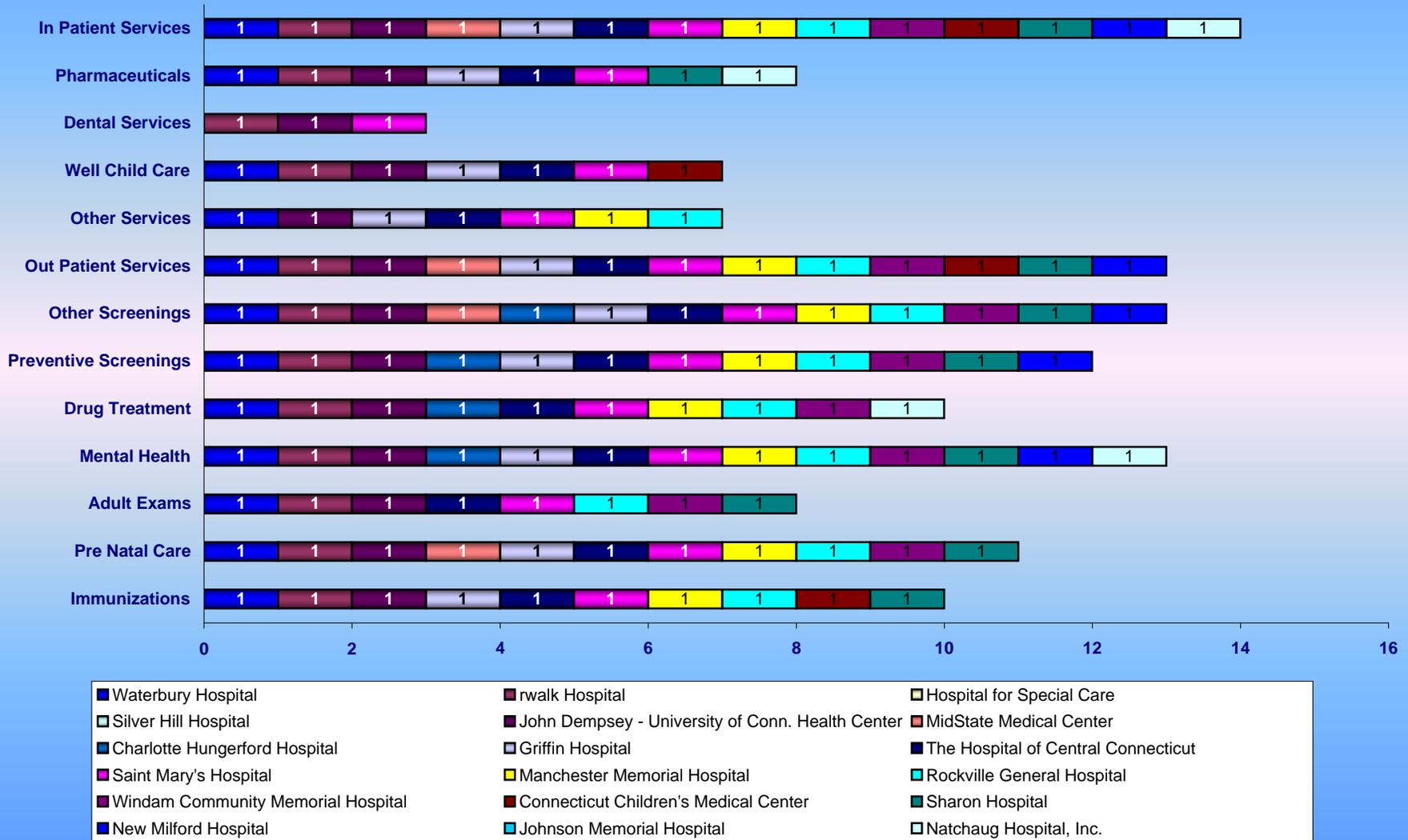
Question 18: Approximately how many residents received free or subsidized services in Connecticut under the auspices of your program?



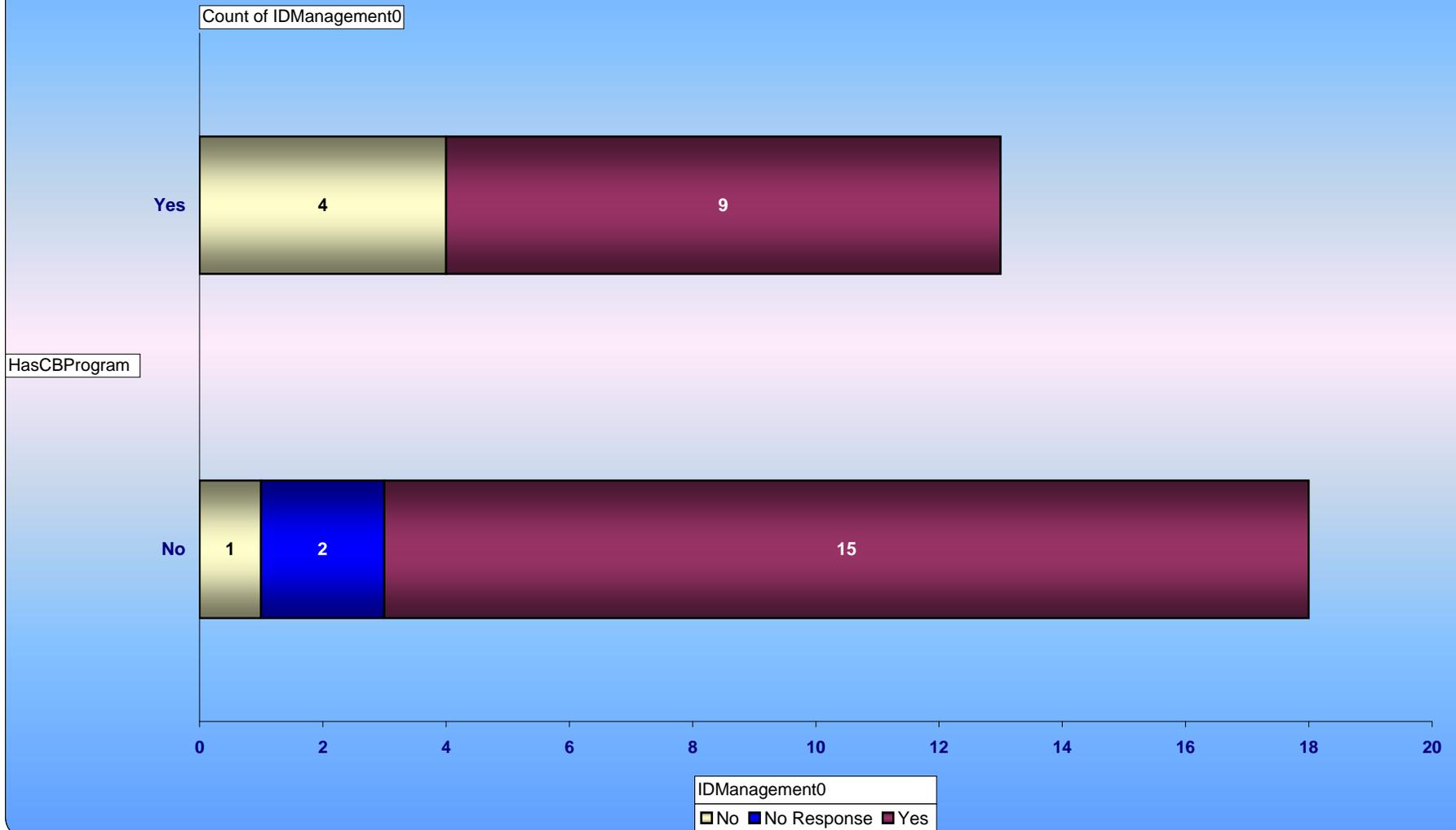
Question 19 (b): Hospitals with a Formal Community Benefit Program and Free Services Reported for overseeing community benefit activities in Connecticut?



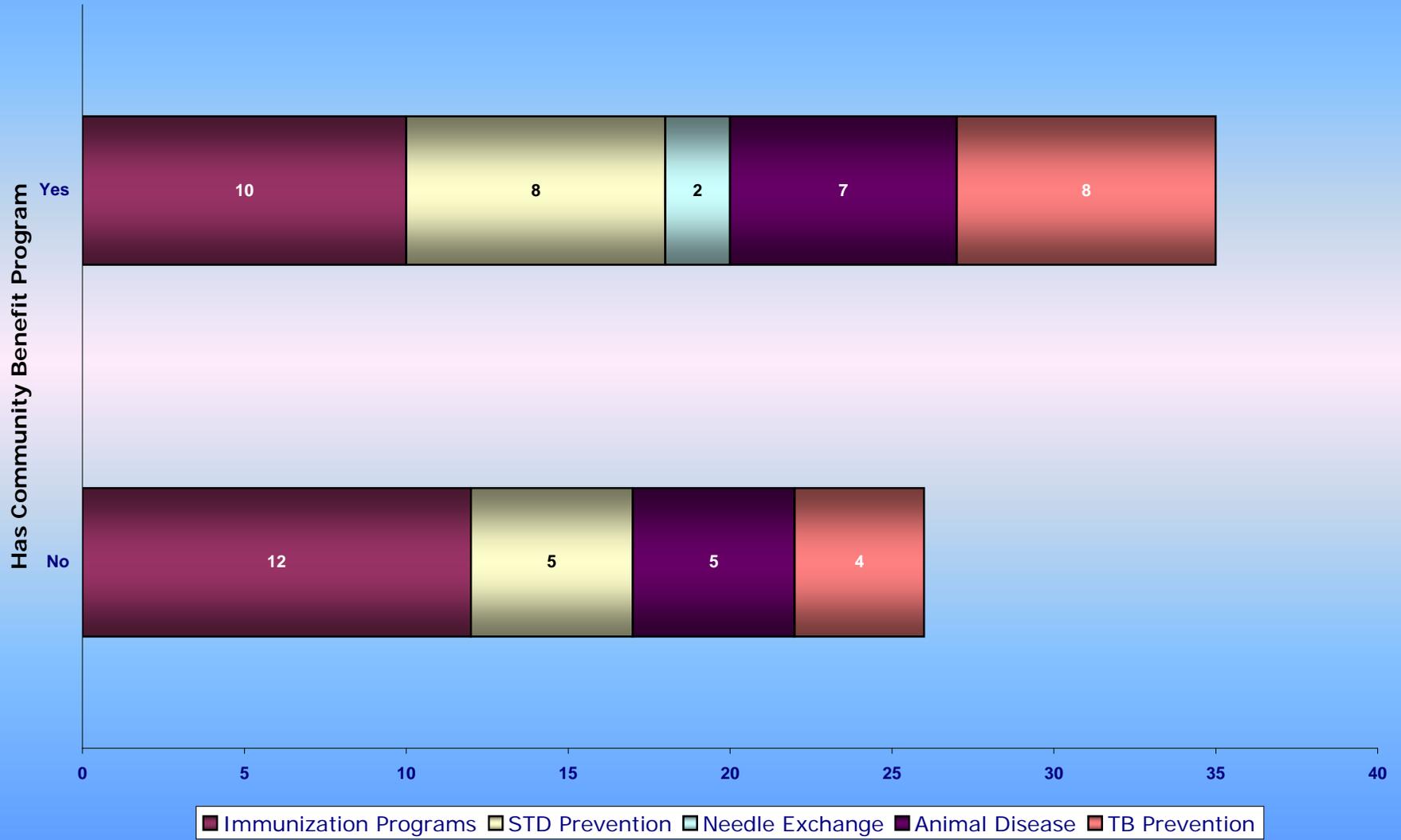
Question 19 (a): Hospitals with no formal Community Benefit Program and the Free Services they Reported.



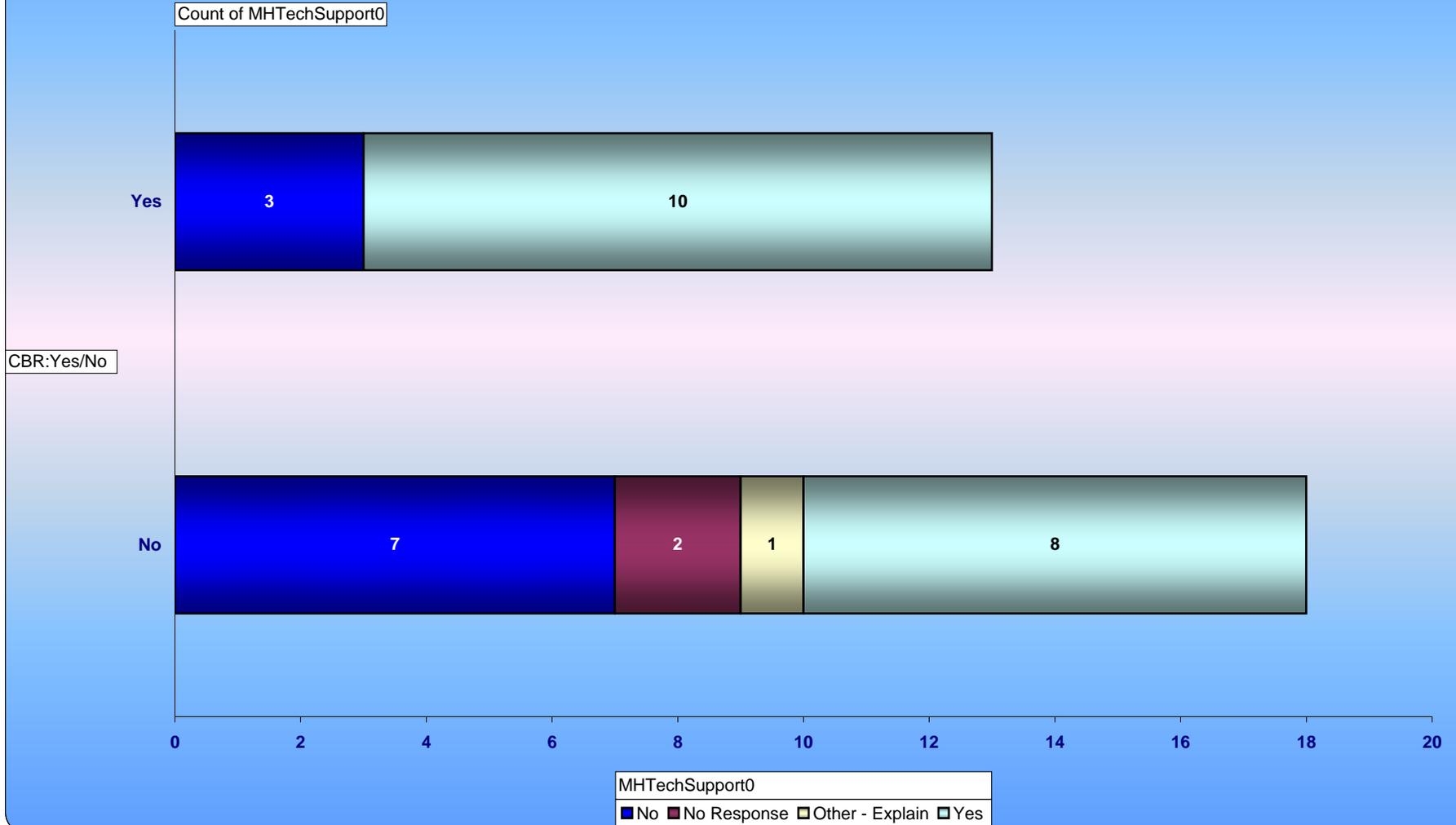
Question 20: ...has your organization conducted programs aimed at reducing transmission of infectious diseases in the community and the population at large - not just among members.



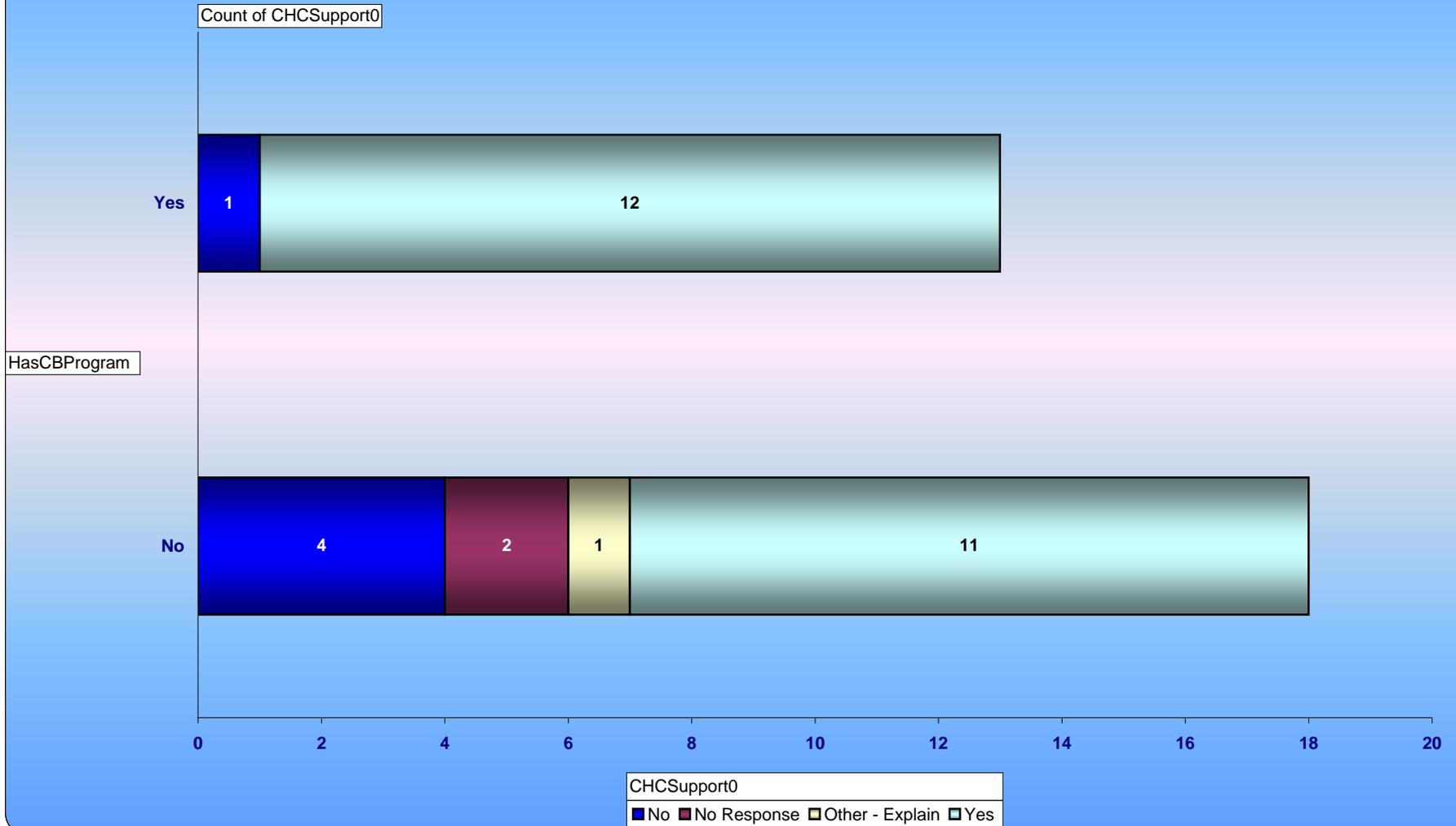
Question 21: Which of the following prevention activities has your organization made available to the general public? Check all that apply.



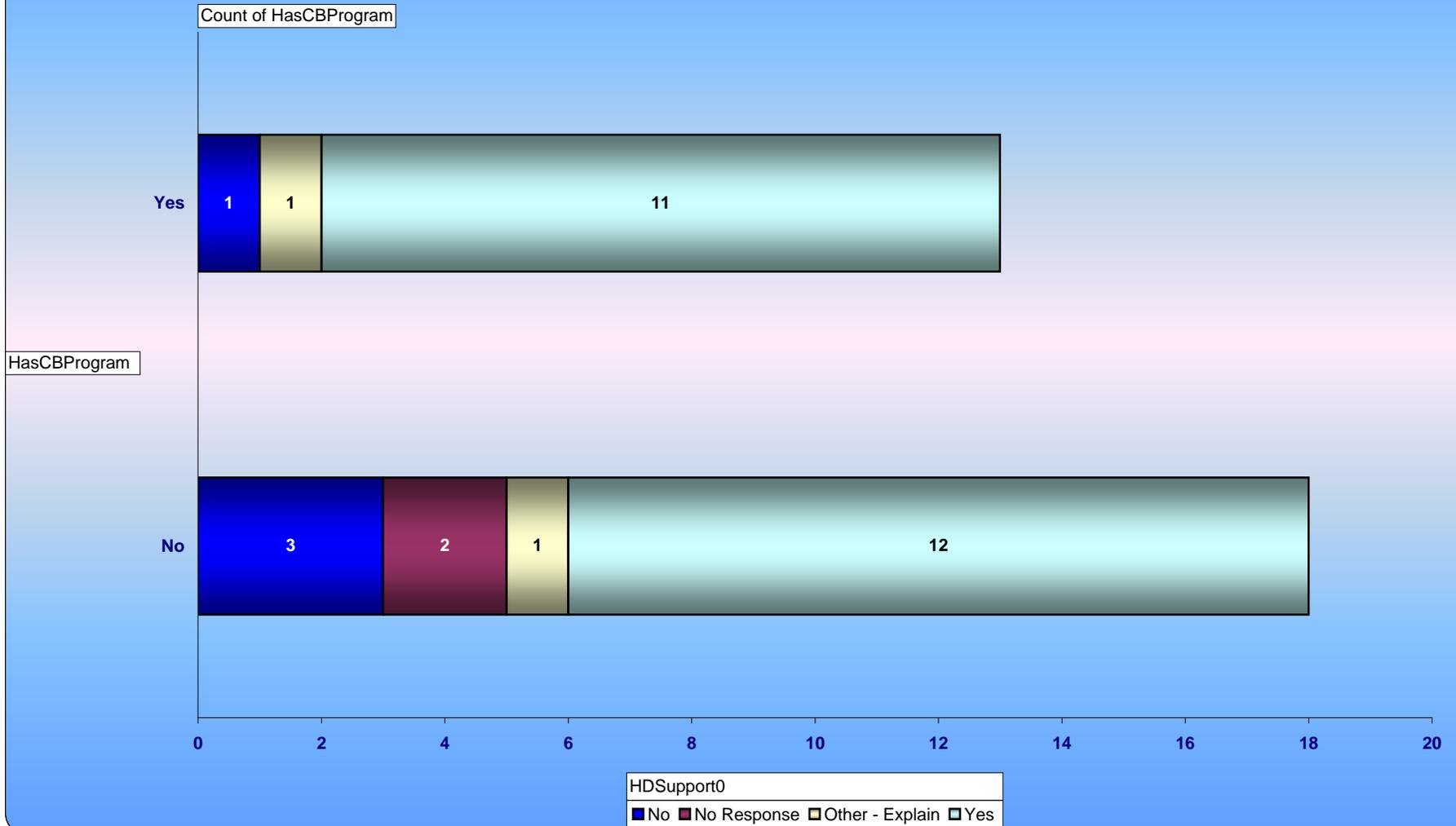
Question 22: Has your organization provided financial, technical, or other support for any community mental health centers in Connecticut?



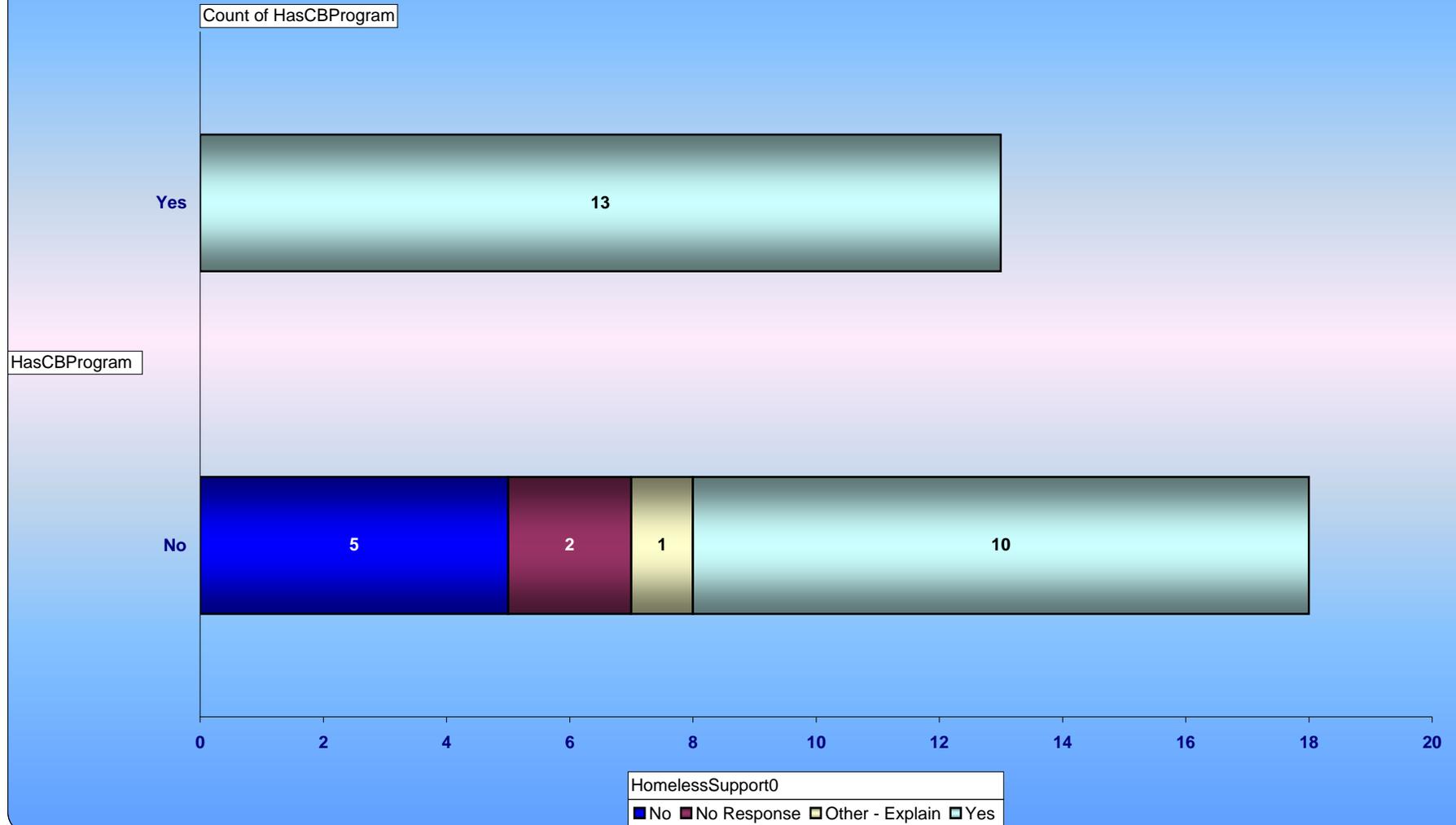
Question 23: Has your organization provided financial, technical, or other support for any community health centers in Connecticut?



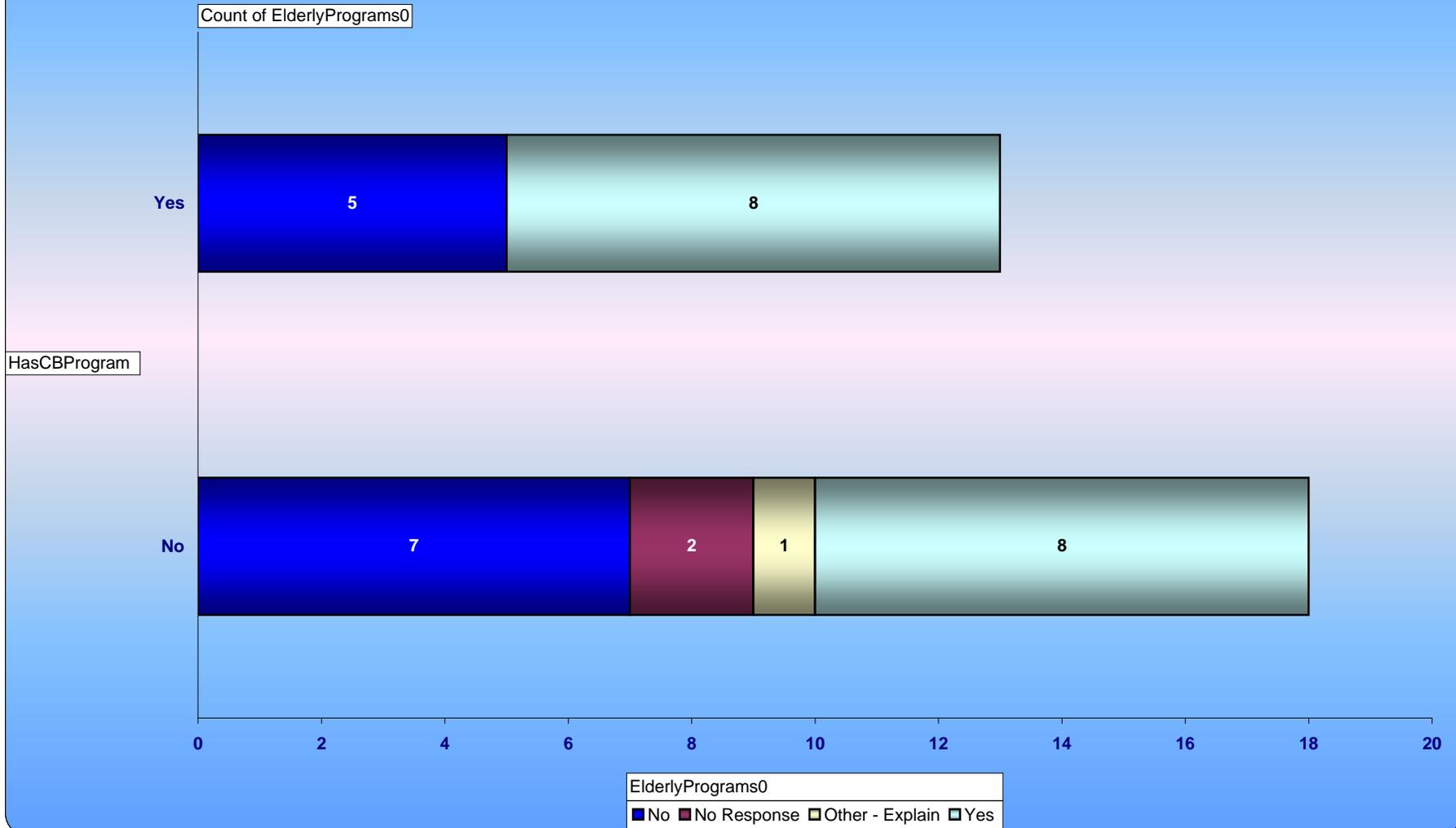
Question 24: Has your organization provided financial, technical, or other support for any local health departments or regional health districts in Connecticut?



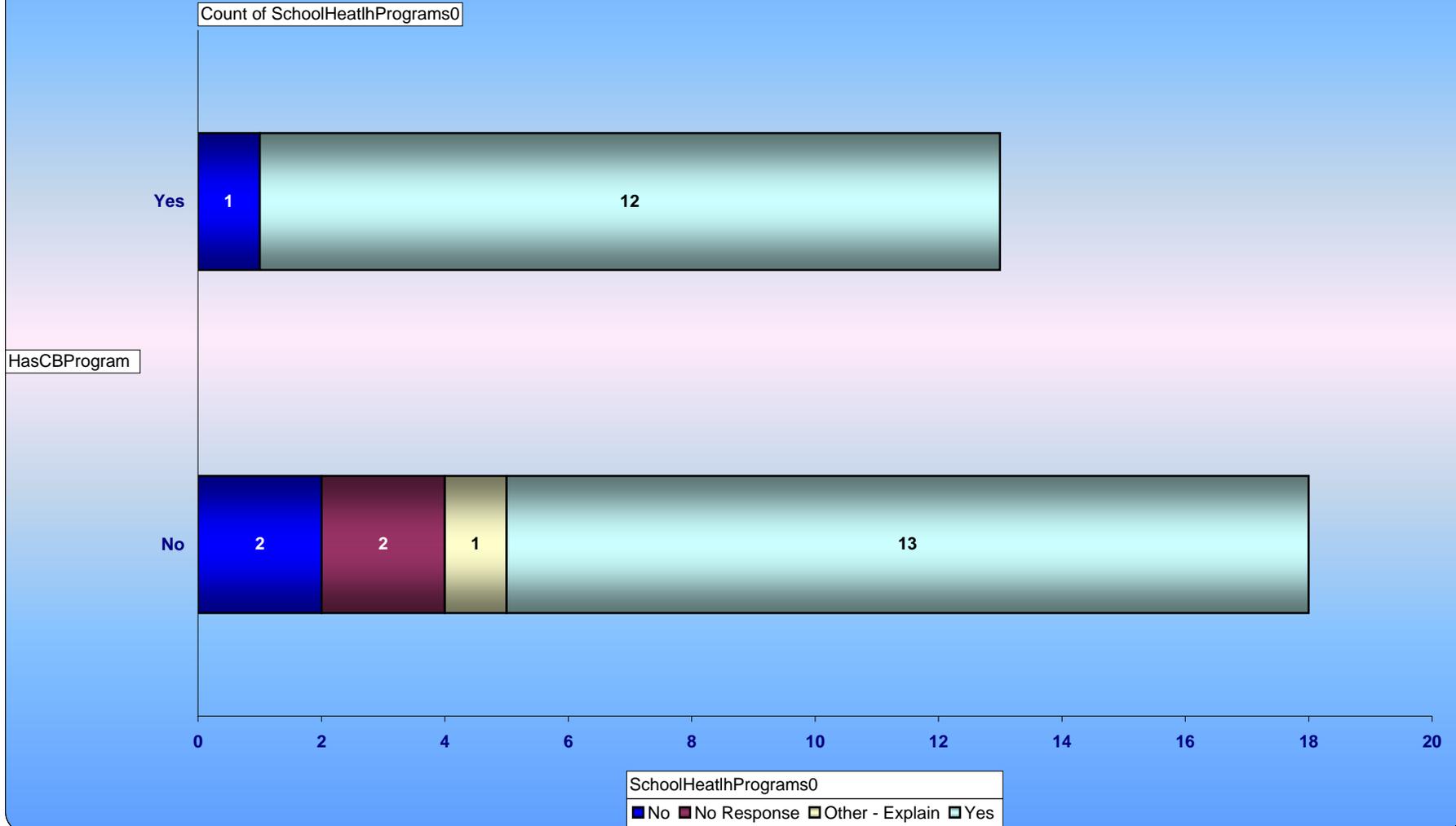
Question 25: Was your organization involved with either homeless shelters or victim assistance programs in Connecticut?



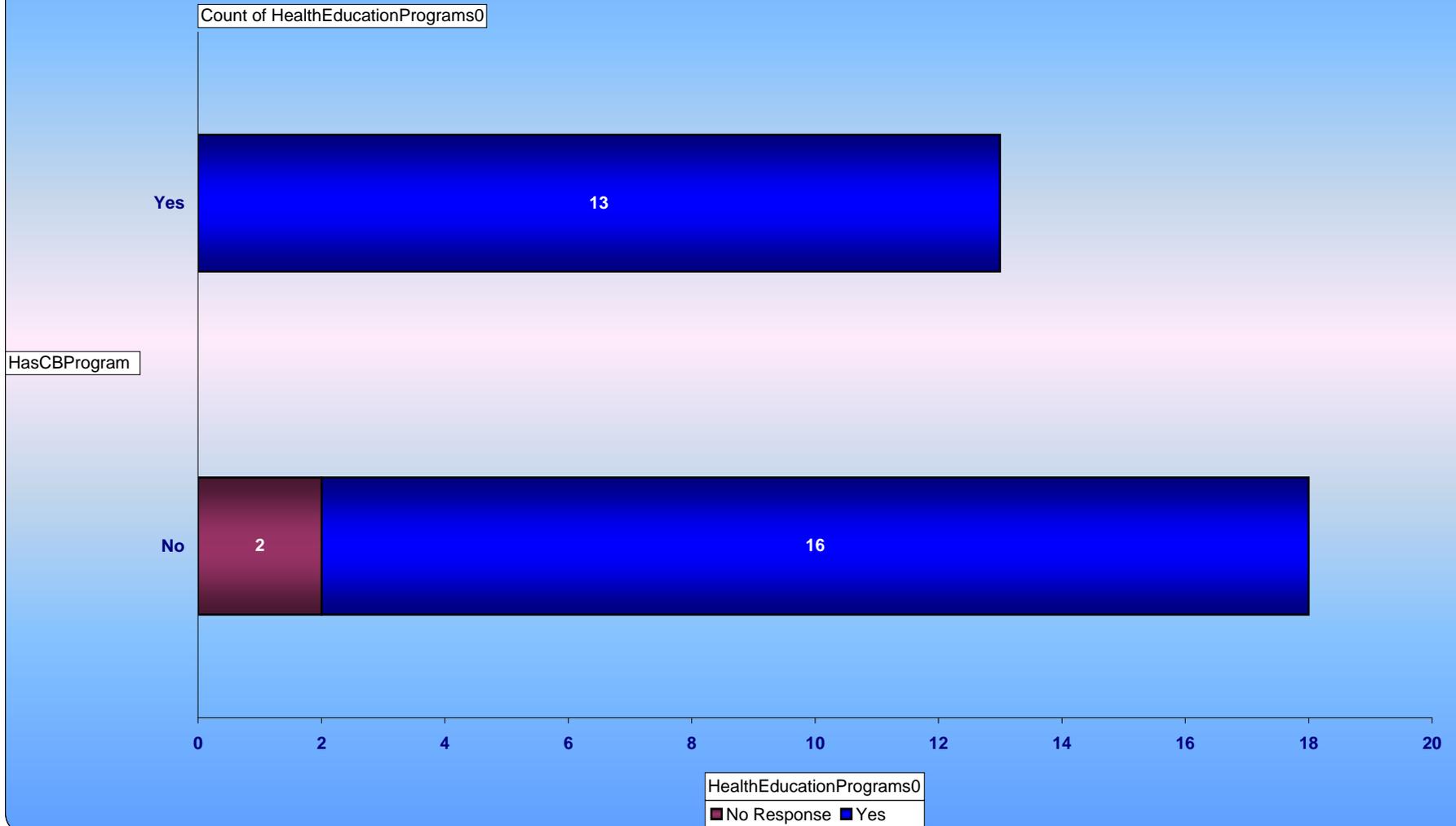
Question 26: Did your organization operate any healthcare programs in elderly housing projects in Connecticut?



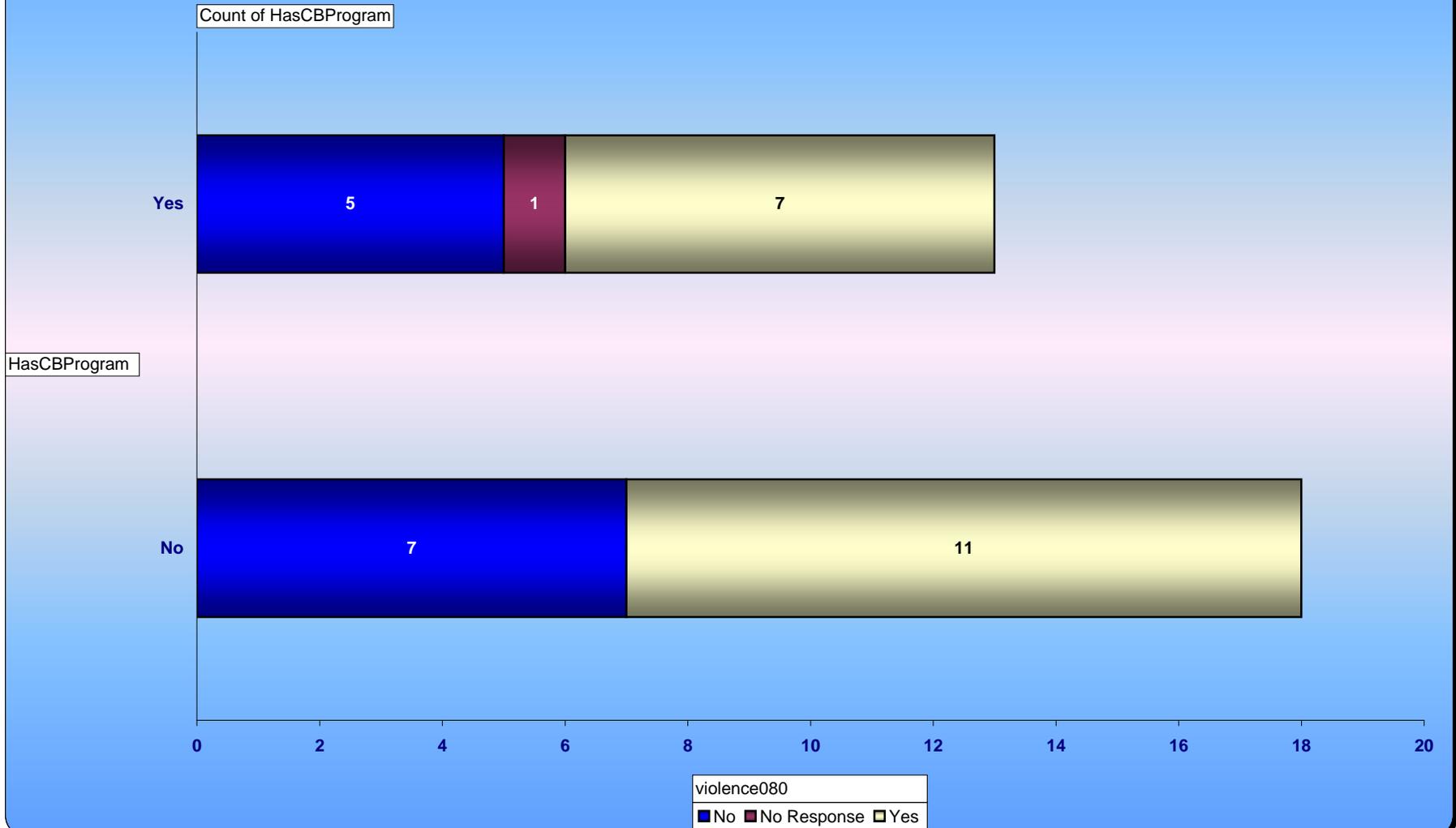
Question 27: Did your organization provide support or technical assistance to school-based health centers or clinics or health education programs in schools?



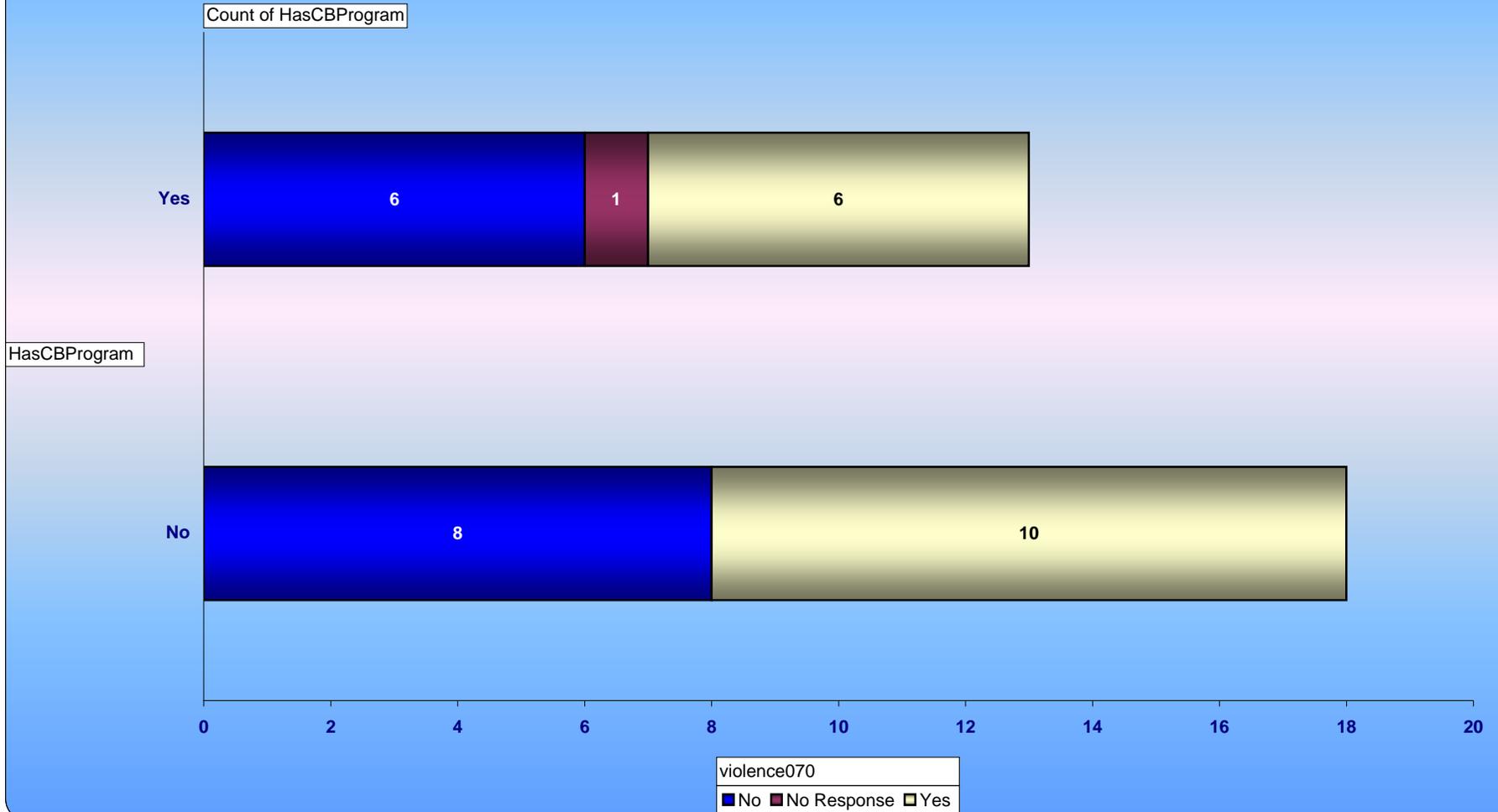
Question 28: Has your organization engaged in health educational efforts aimed at the public, either independently or in collaboration with other organizations in Connecticut?



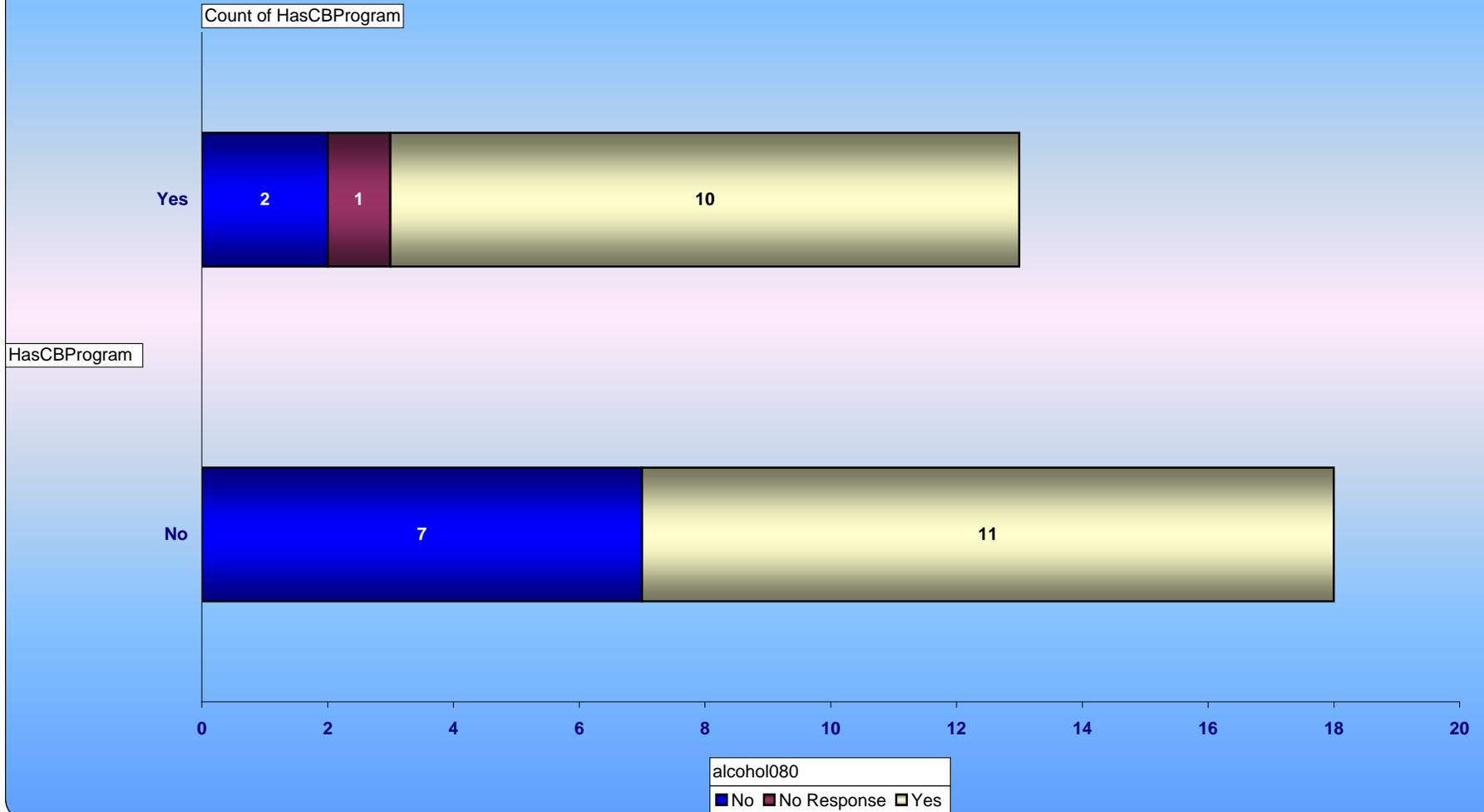
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? a. Addressing domestic violence and other abuse issues



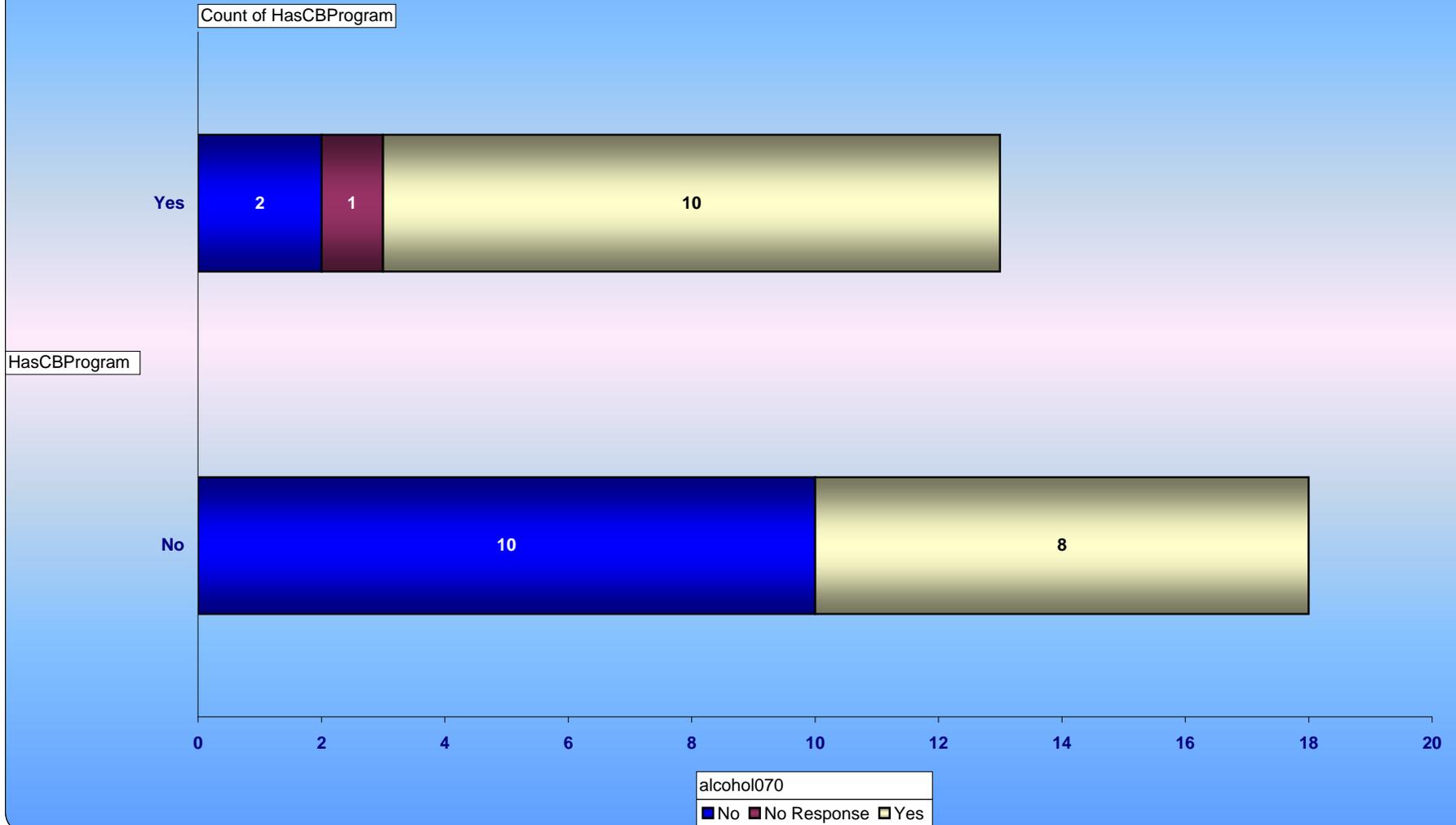
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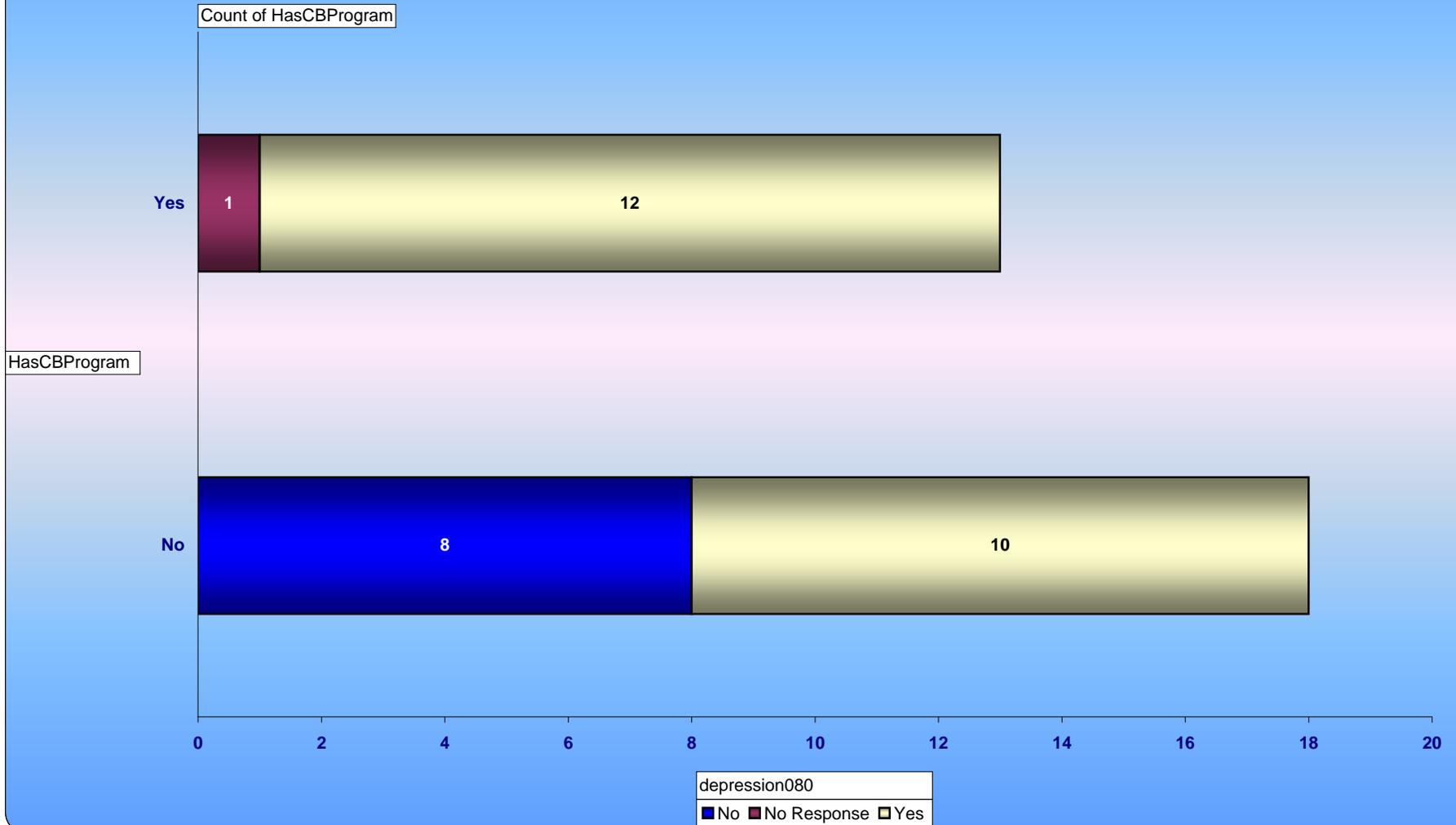
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? b. Abuse of alcohol or other illicit drugs



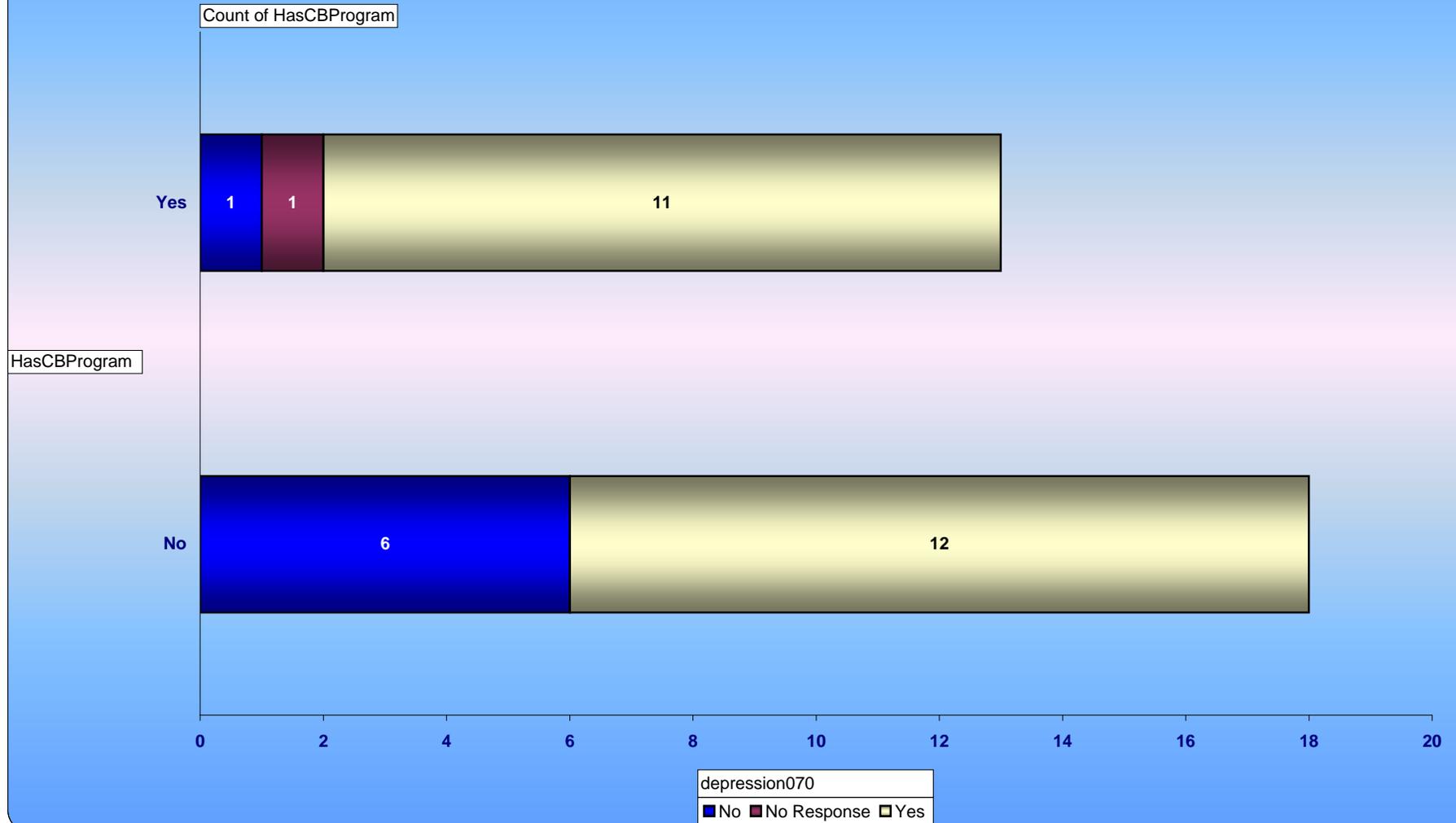
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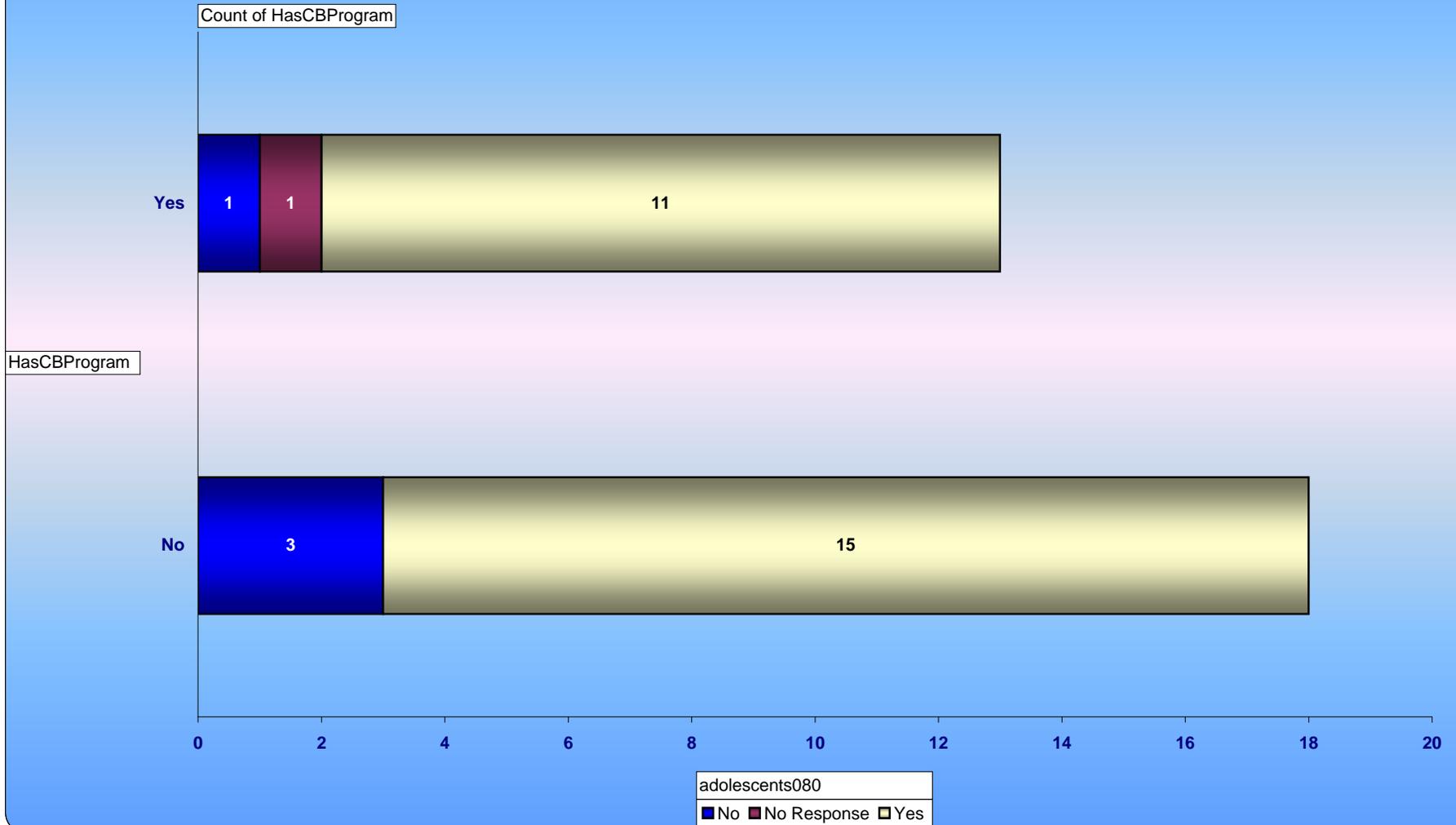
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? c. Identifying depression



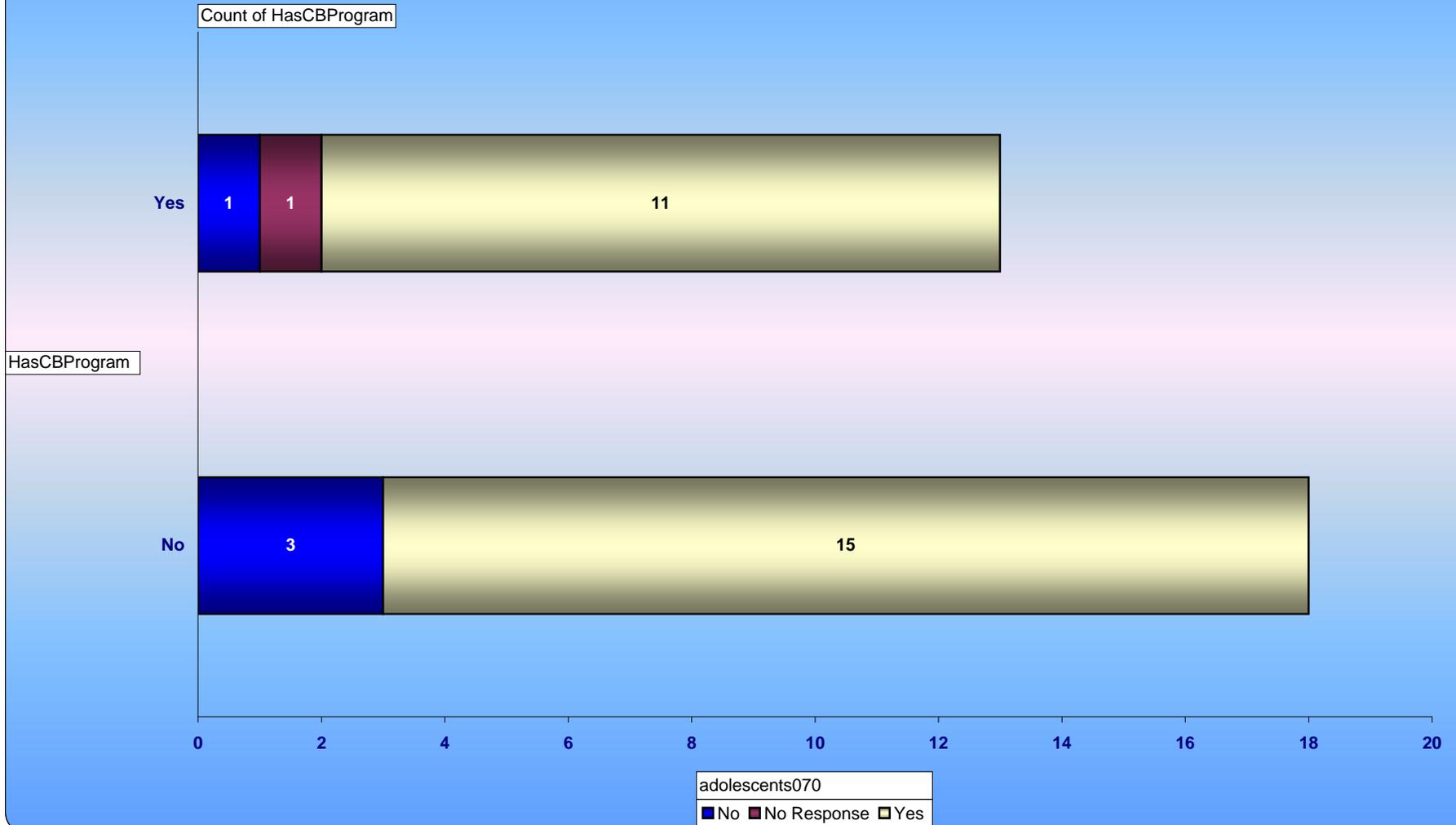
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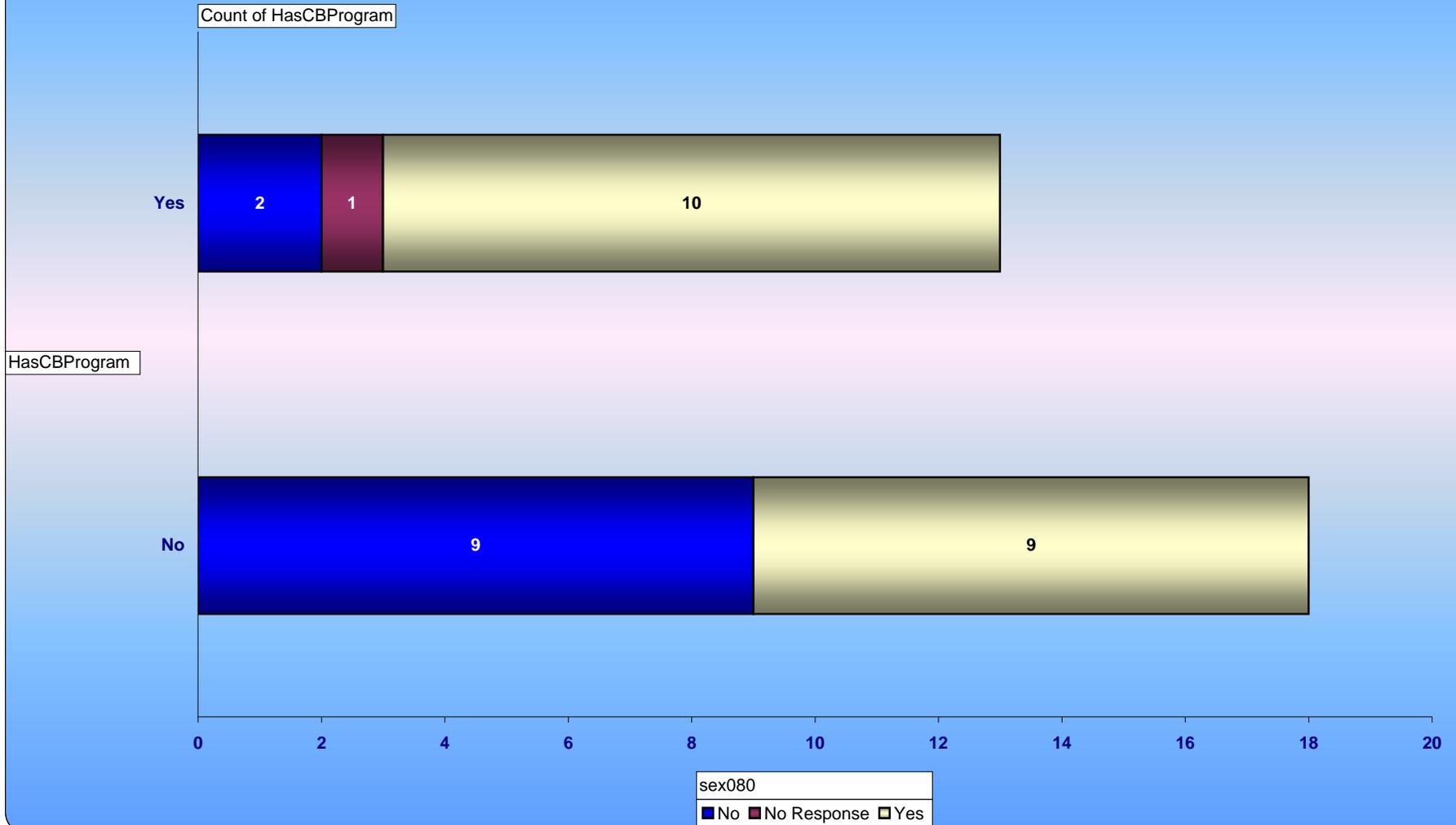
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? d. Health promotion for adolescents



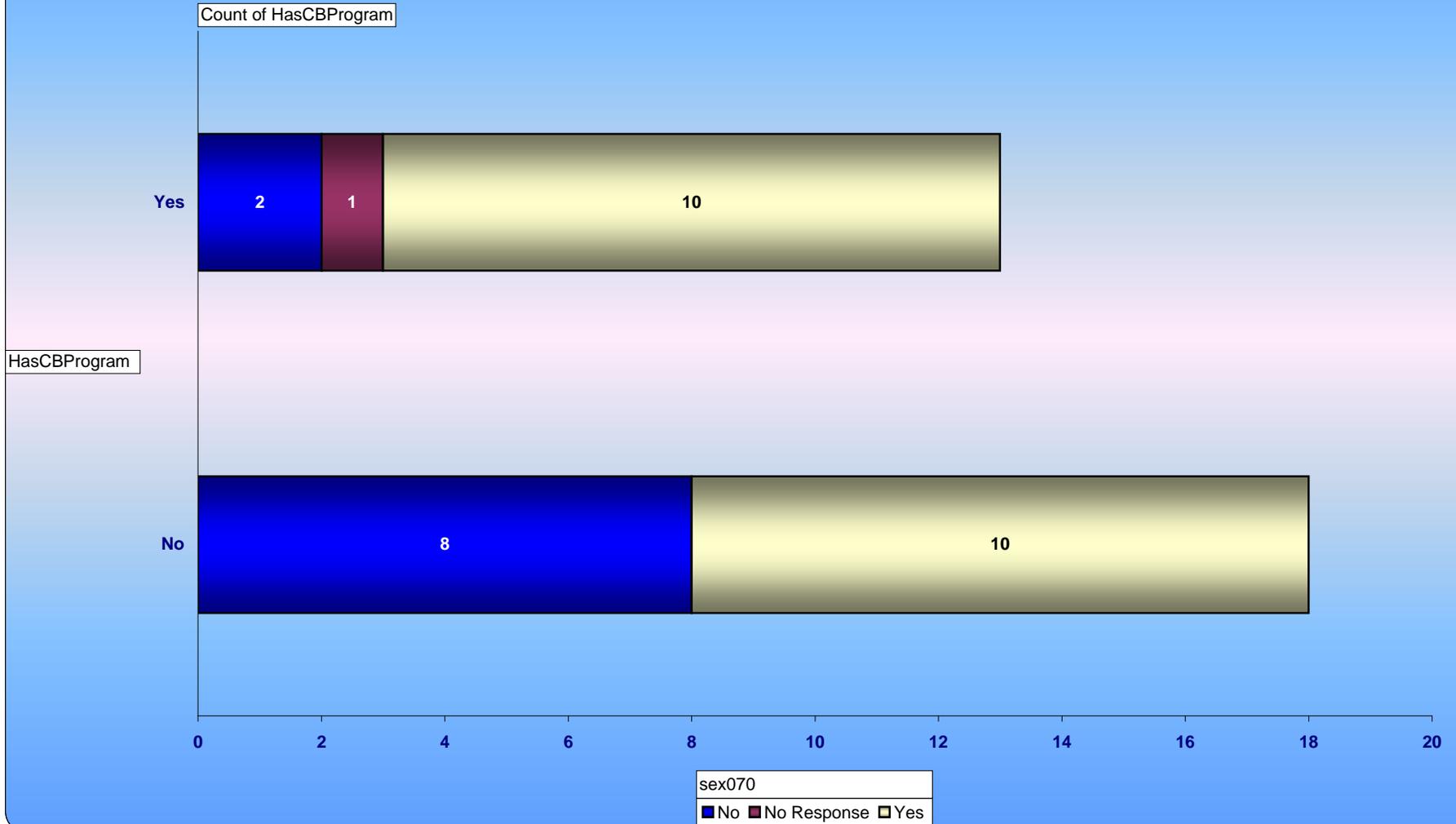
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? d. Health promotion for adolescents



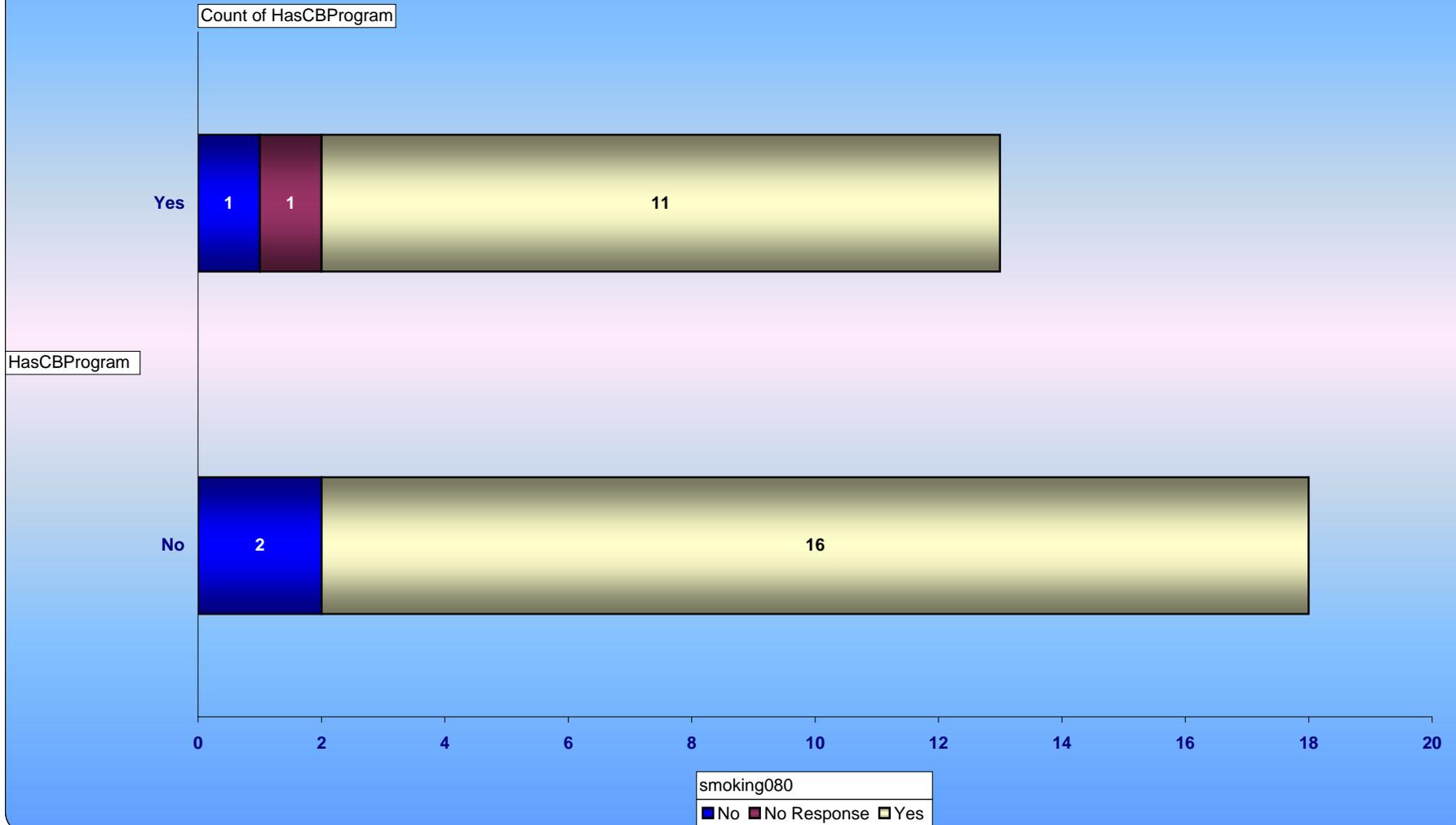
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? e. Encouraging safer sexual behavior



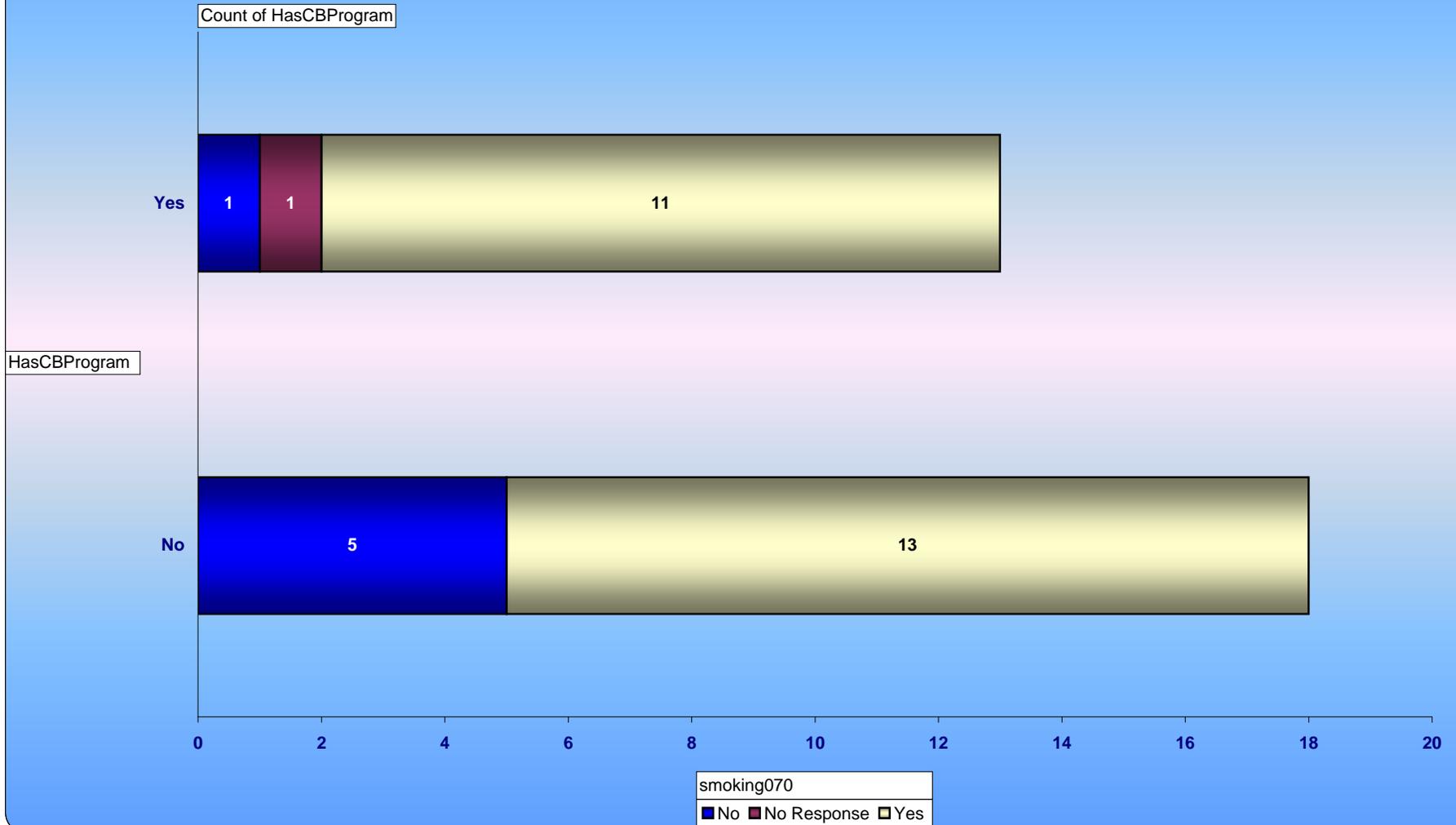
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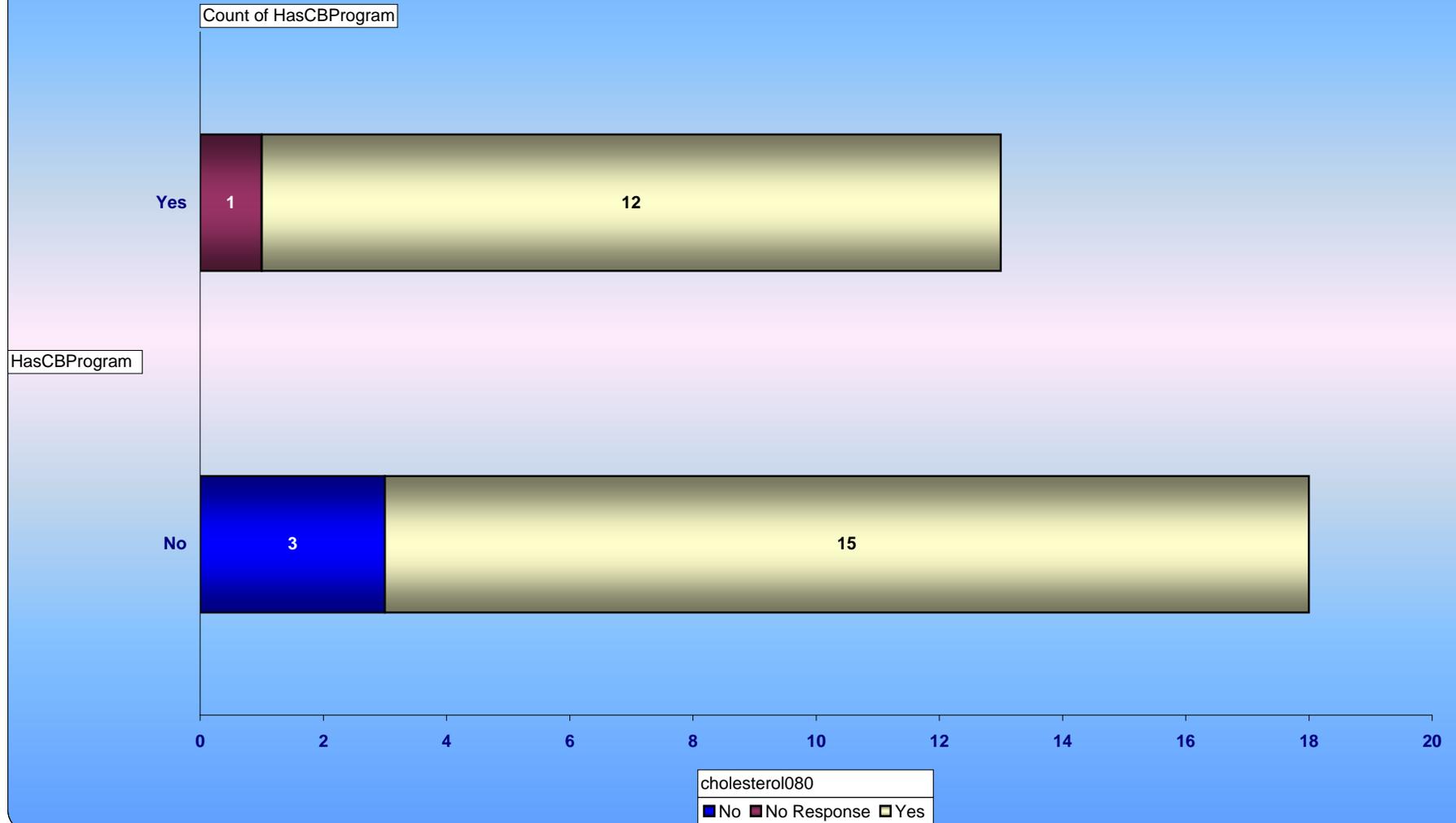
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? f. Reducing smoking and other tobacco use



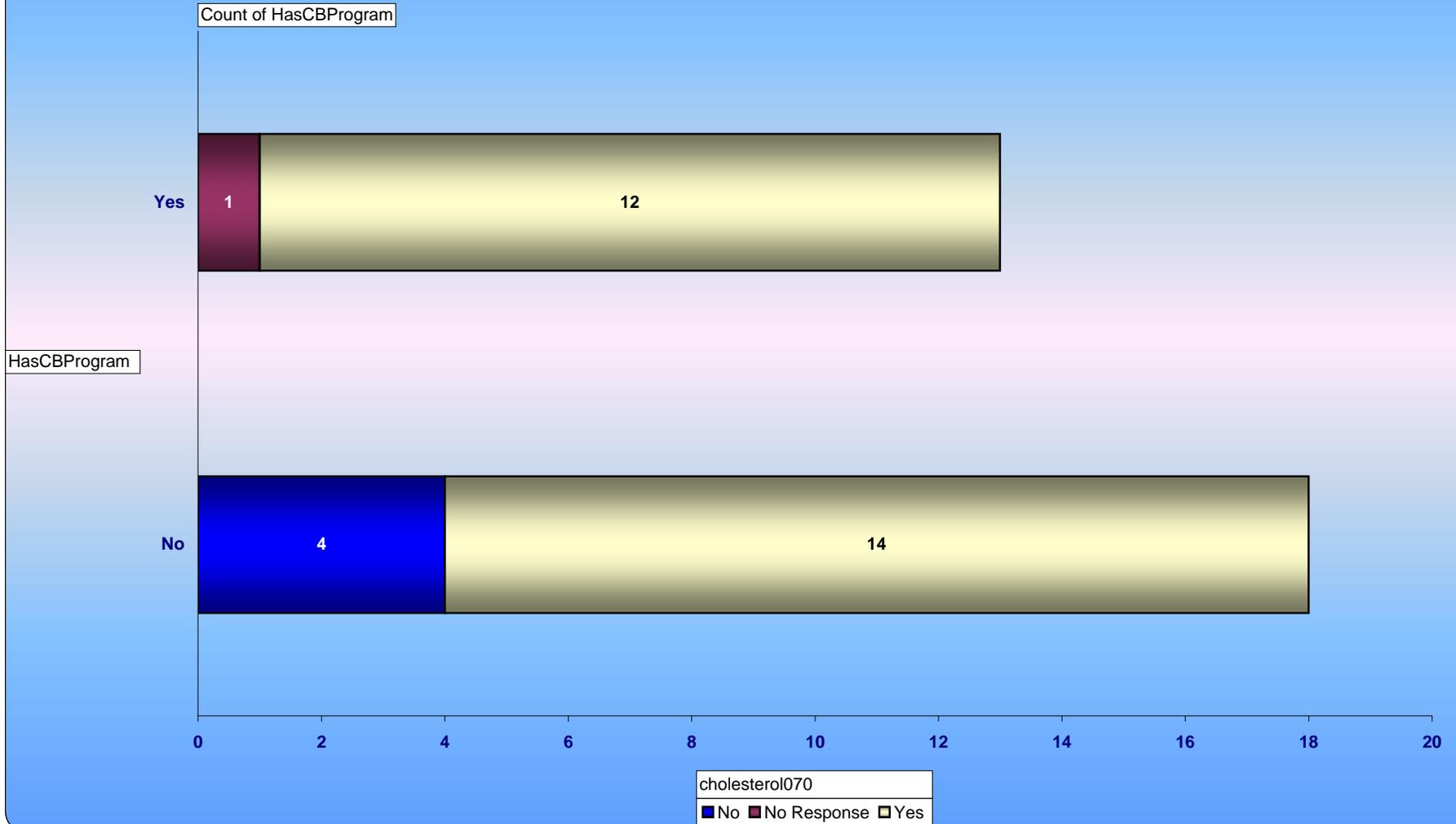
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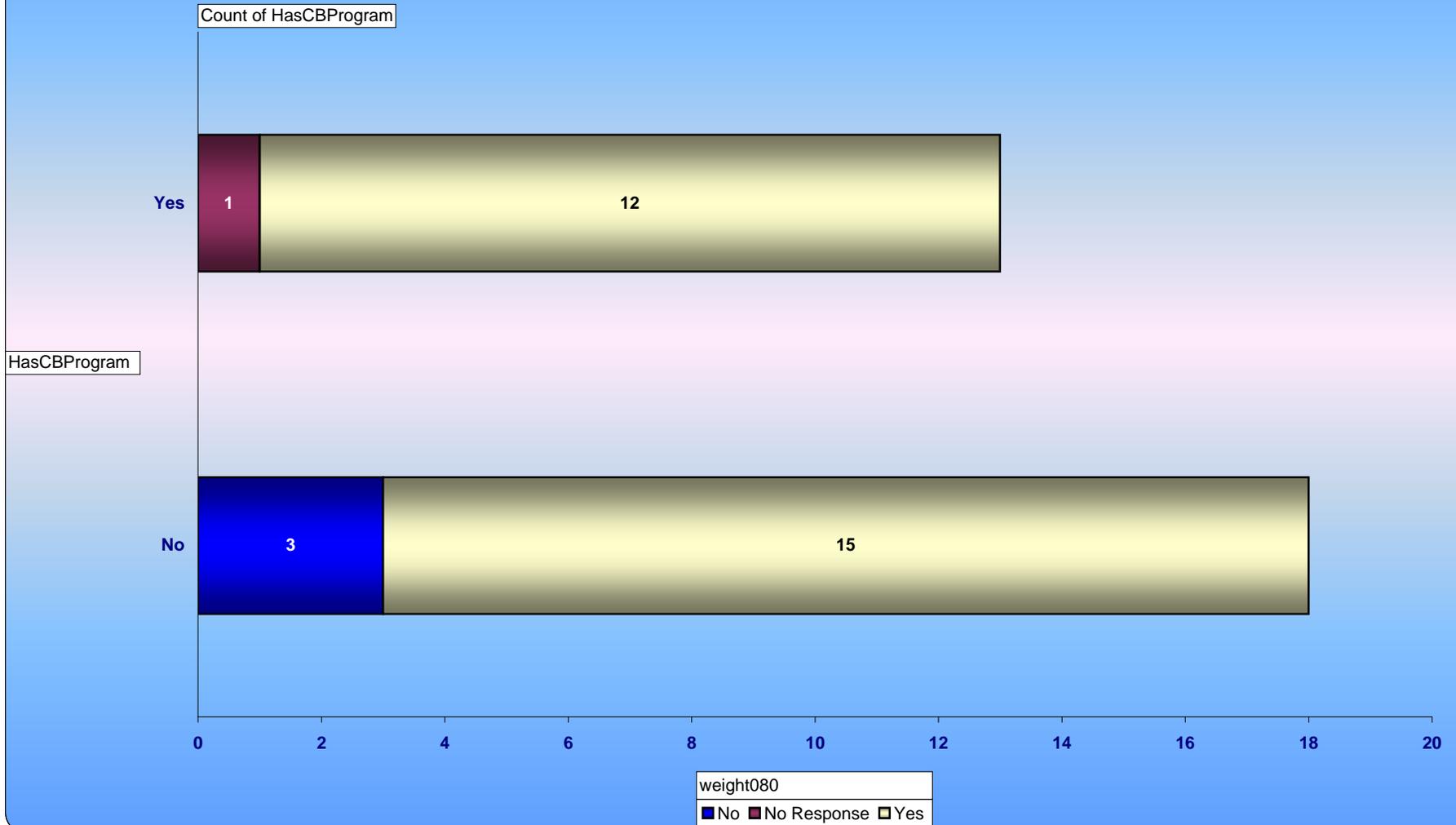
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? g. Addressing diet and other forms of cholesterol control



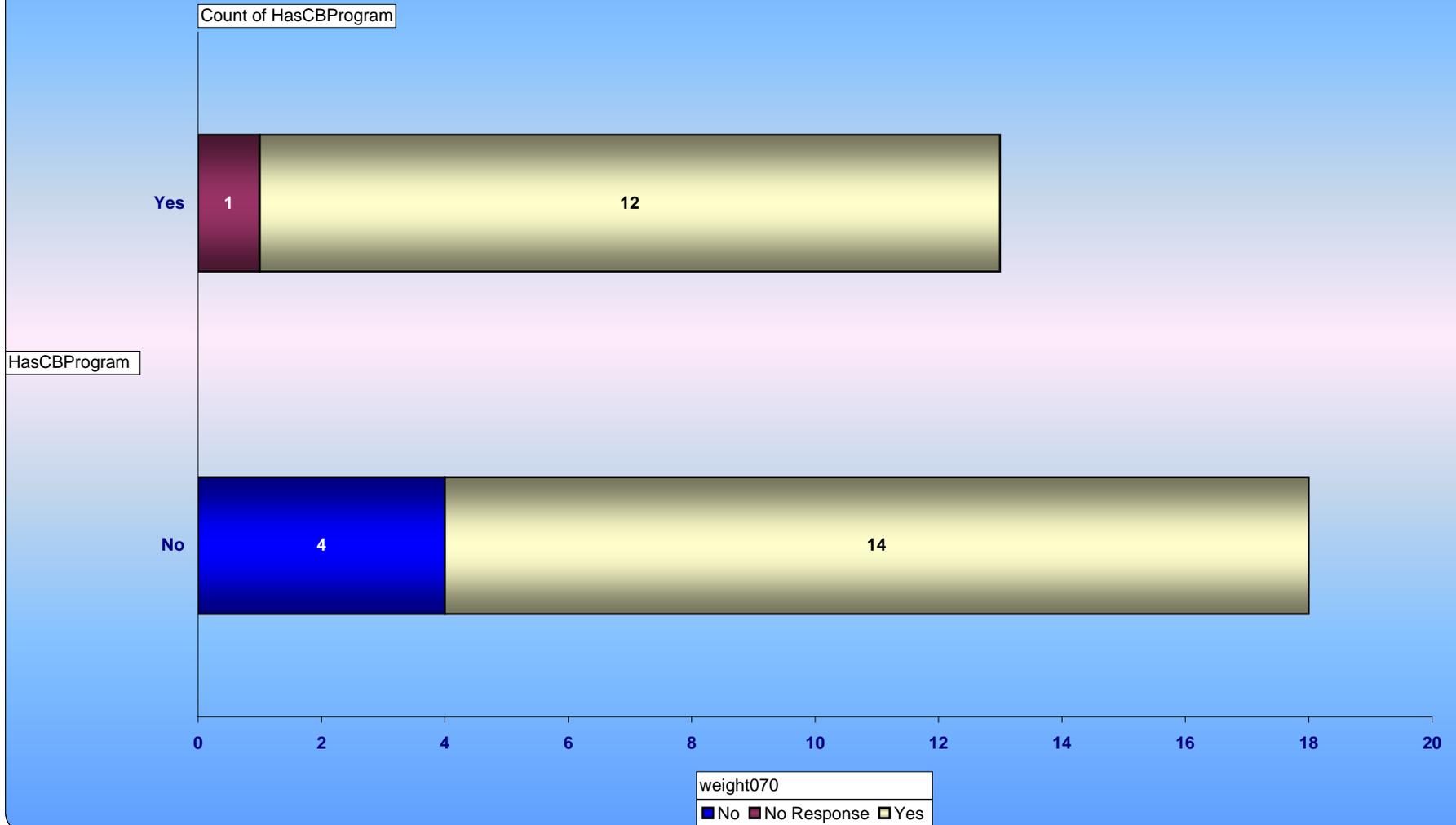
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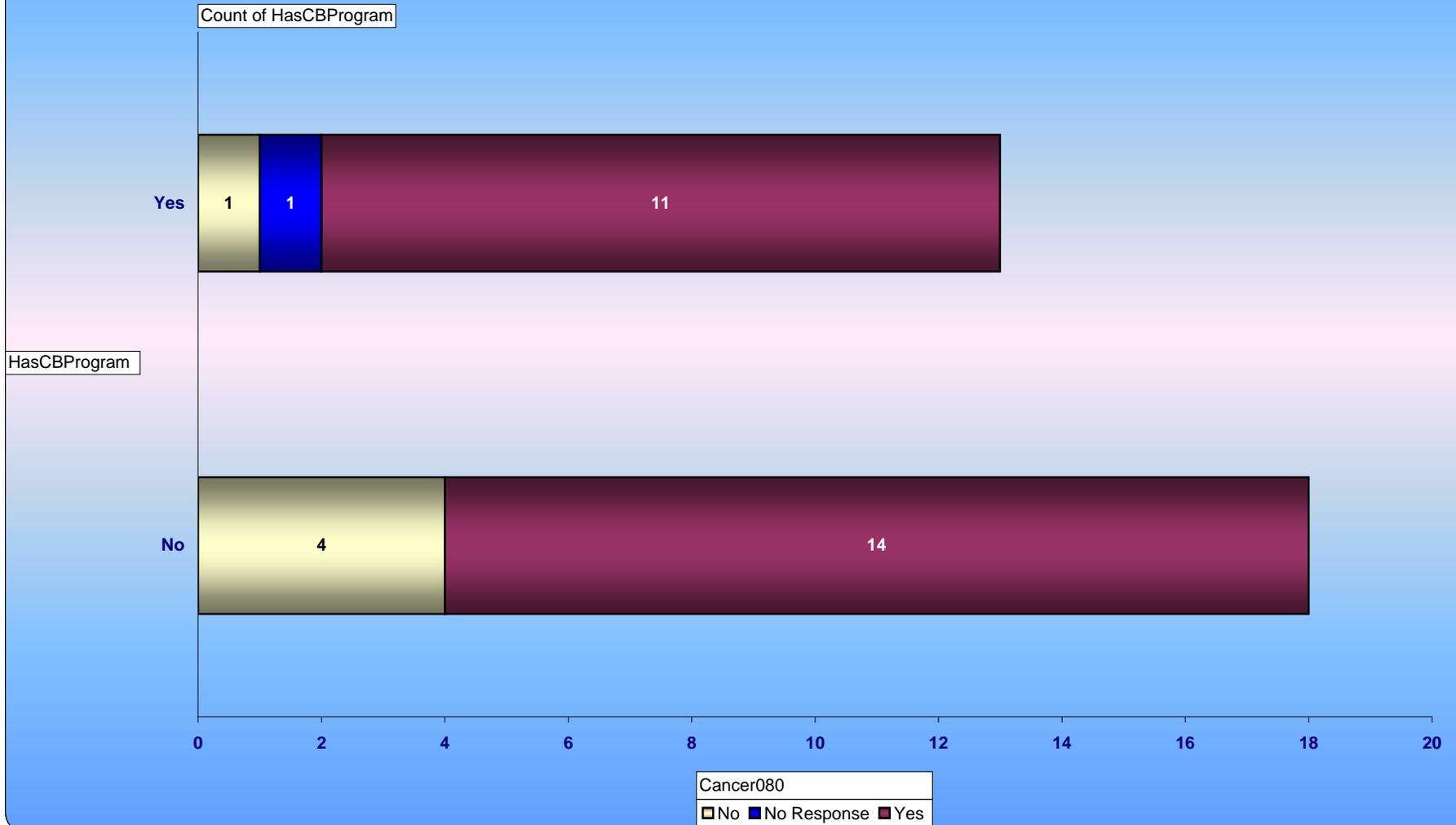
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? h. Encouraging weight control



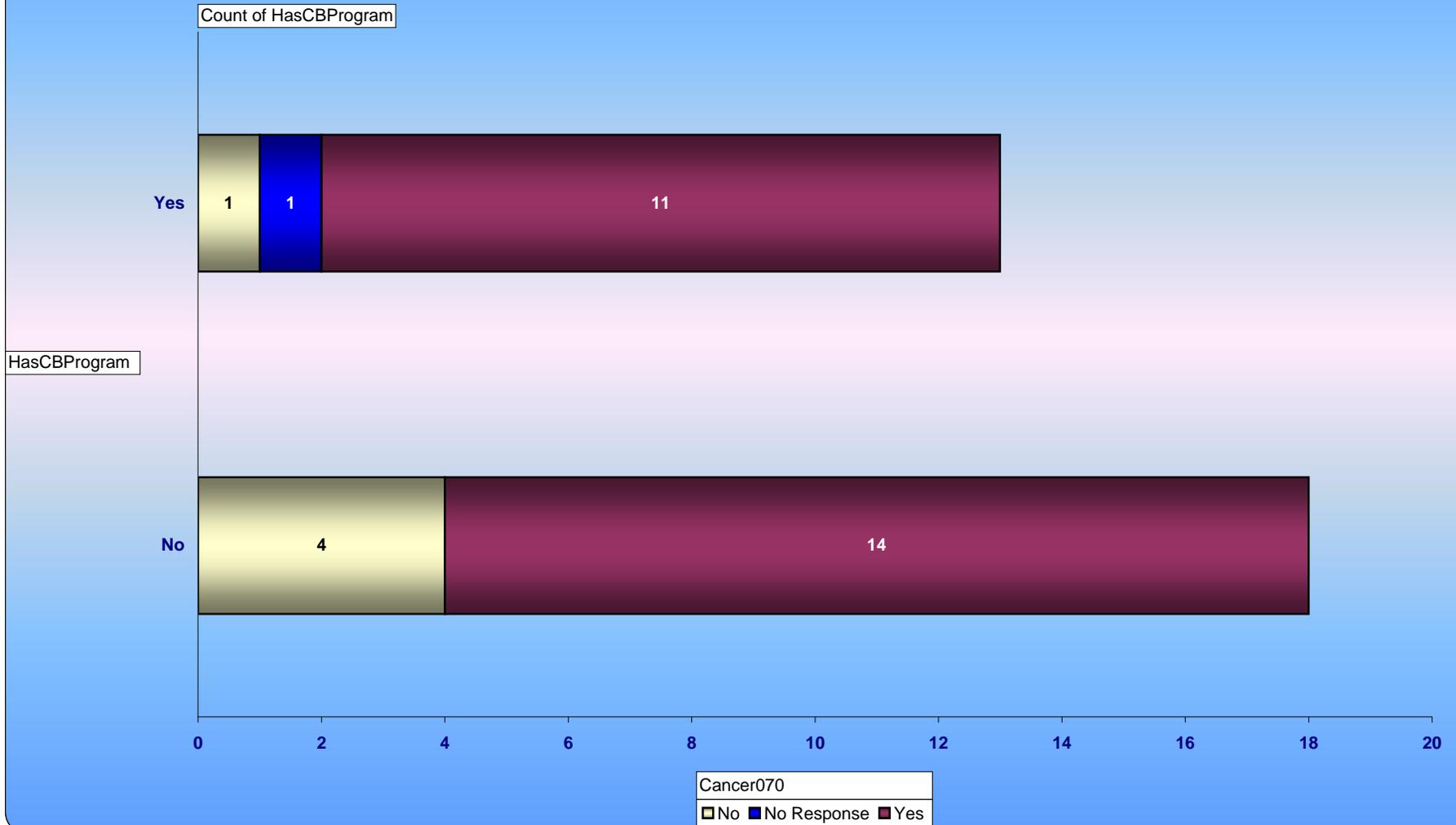
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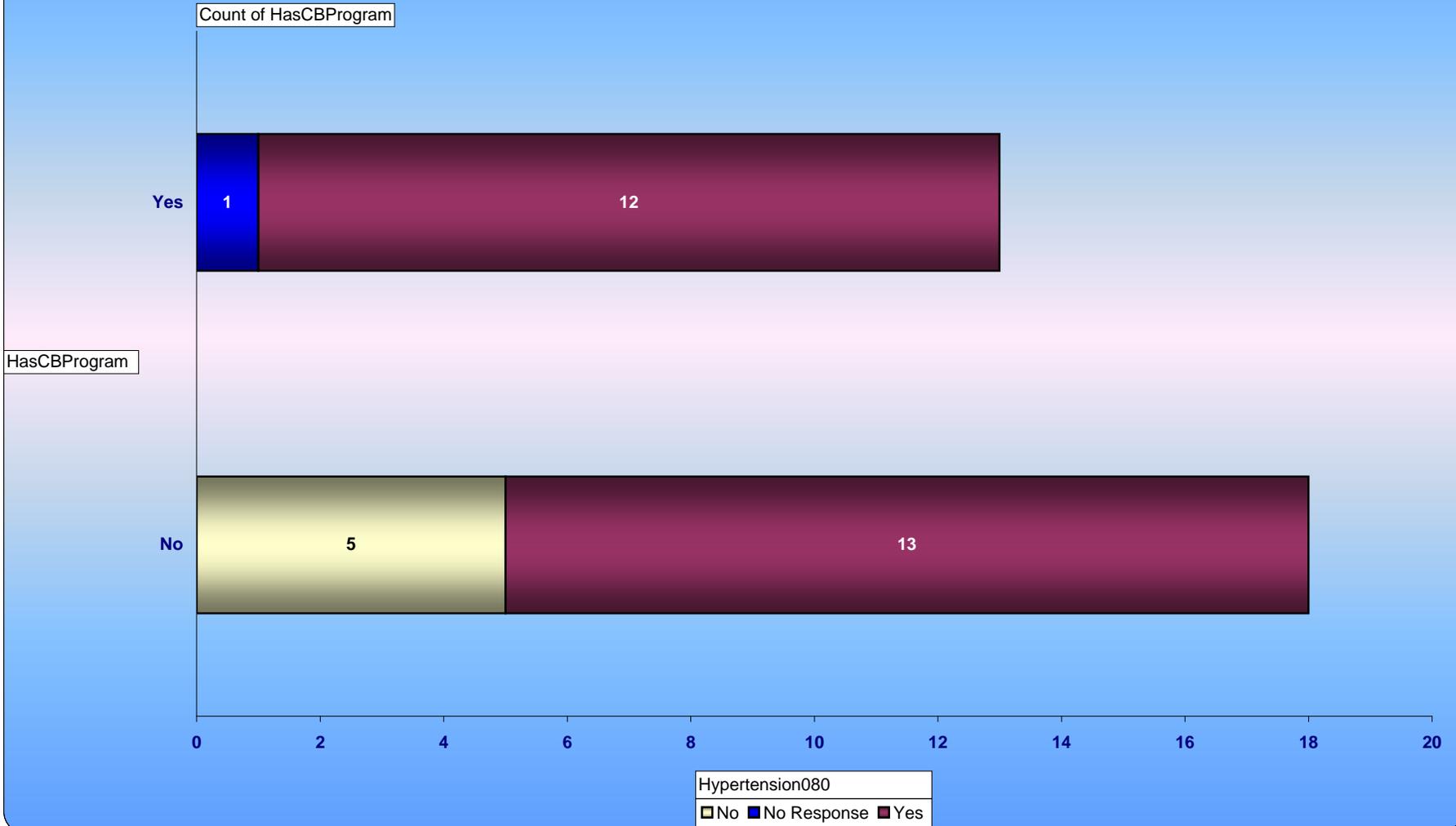
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? i. Cancer screening



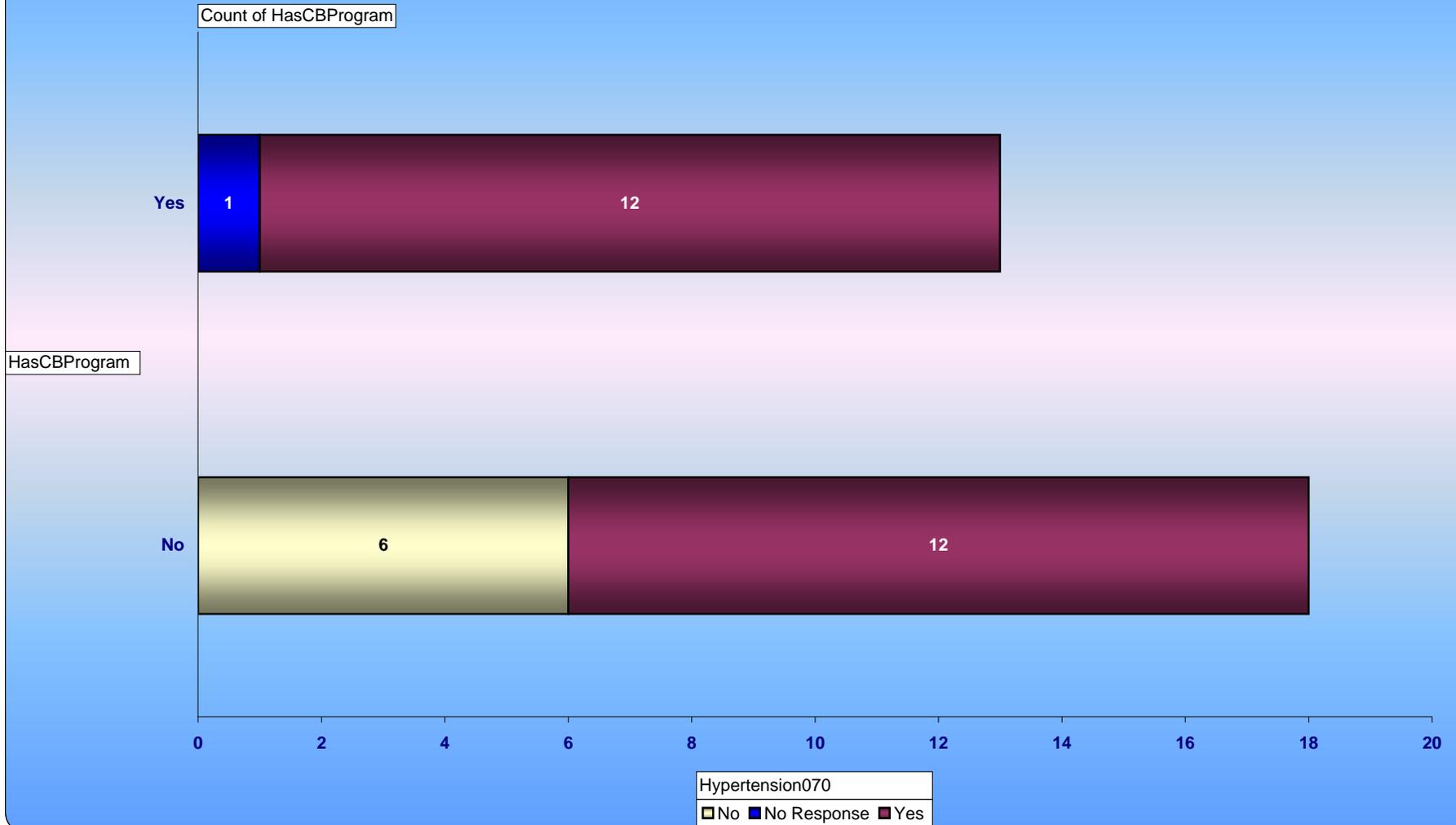
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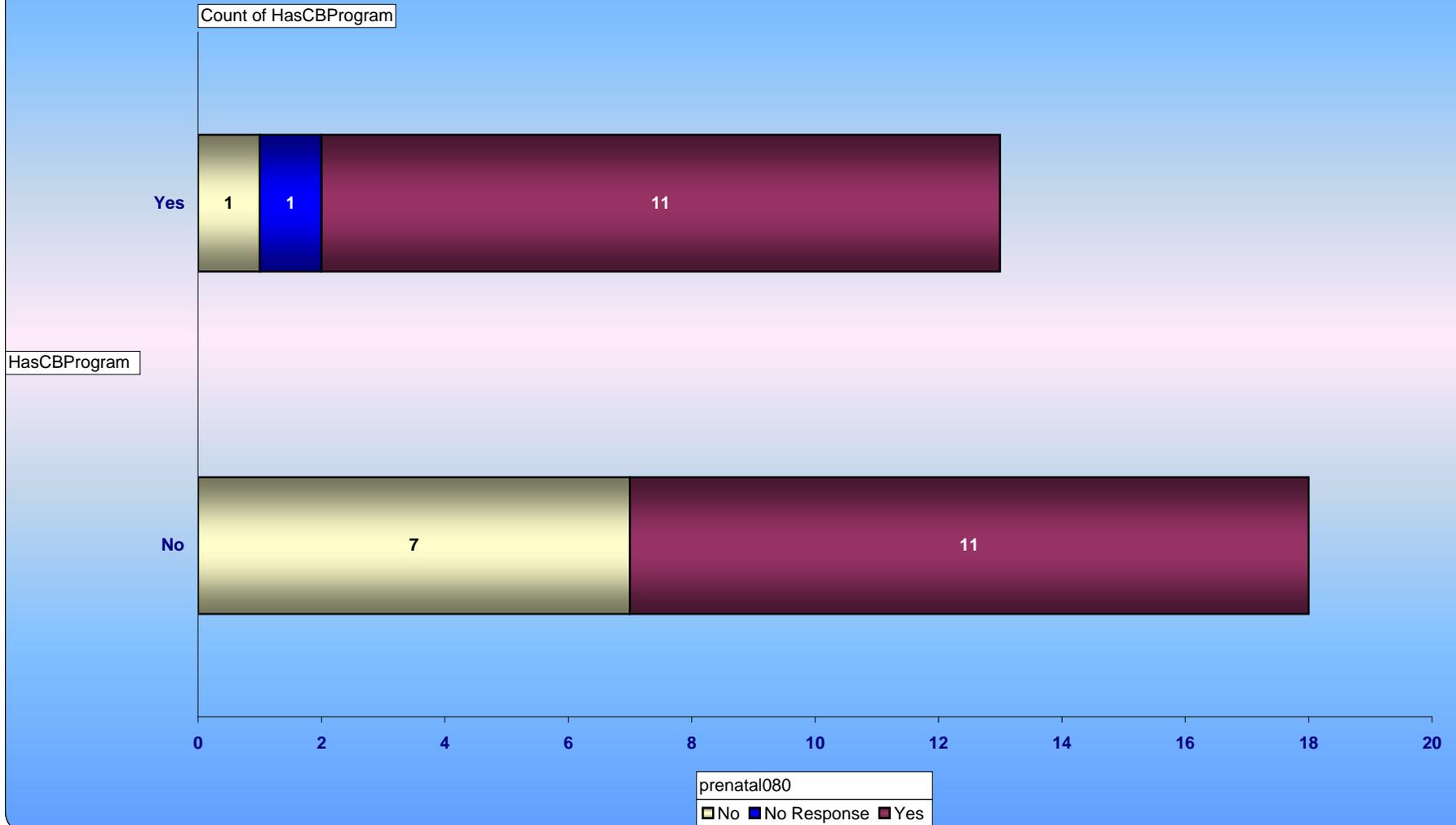
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? j. Hypertension detection and control



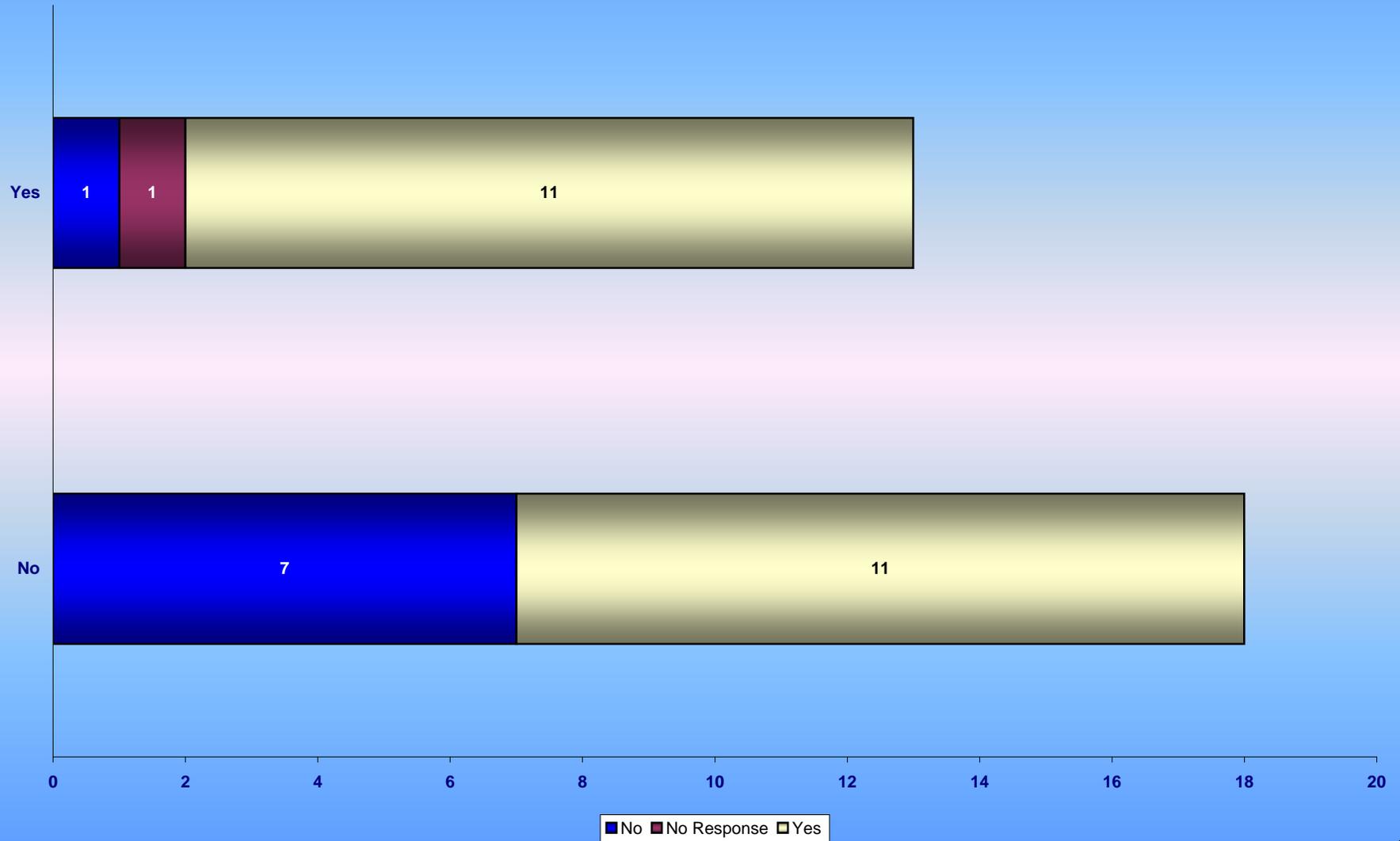
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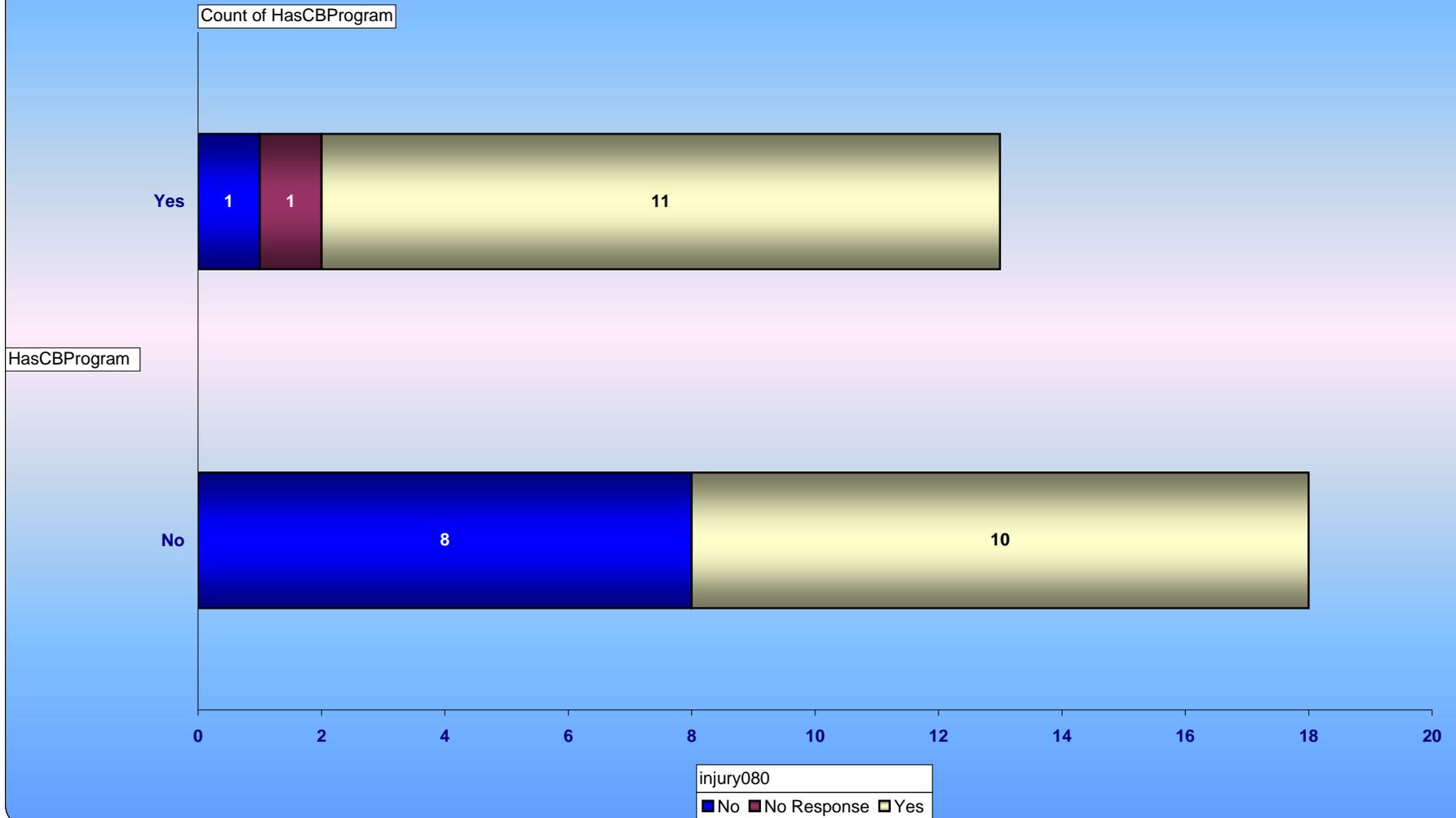
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? k. Need for prenatal care



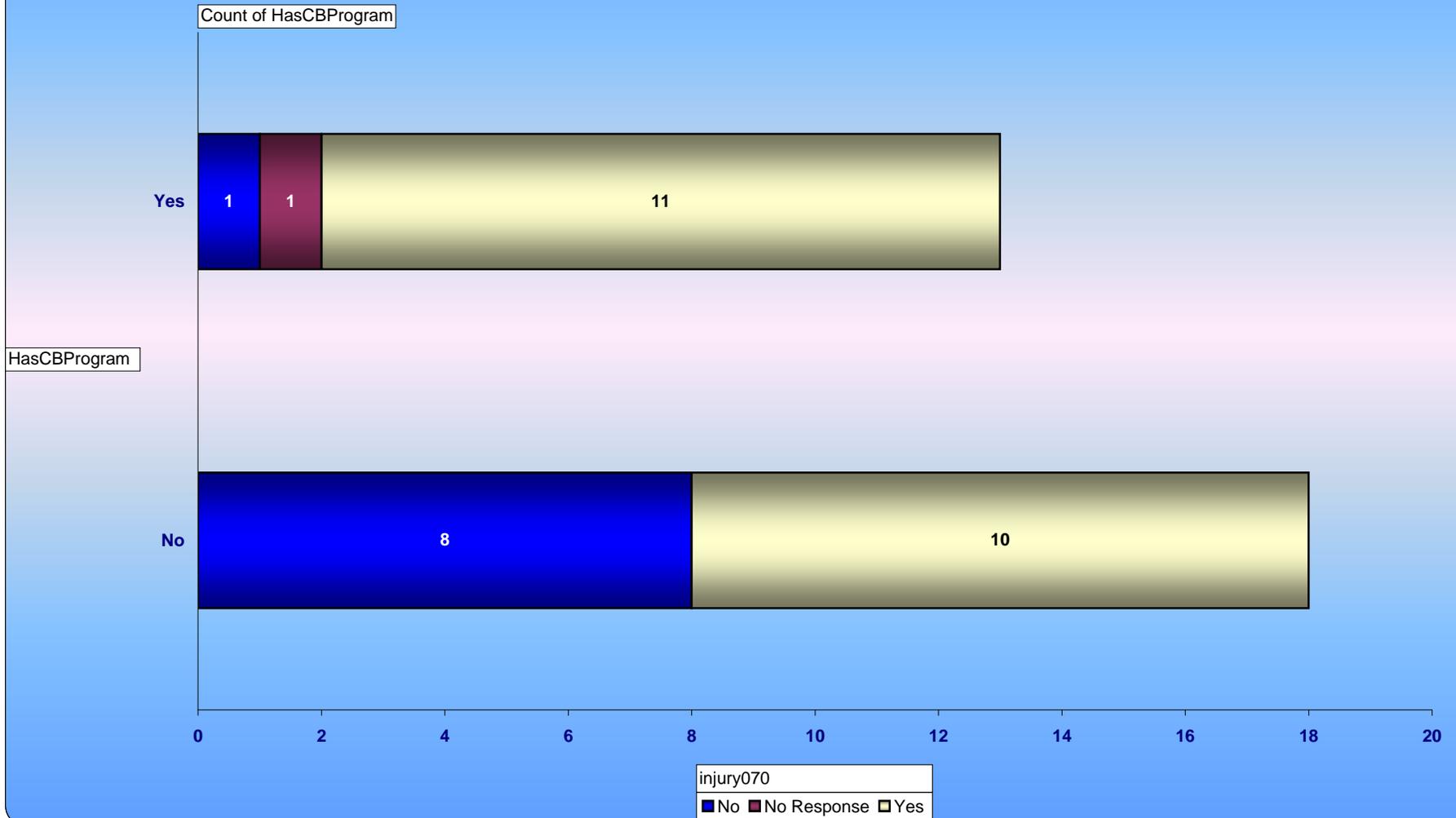
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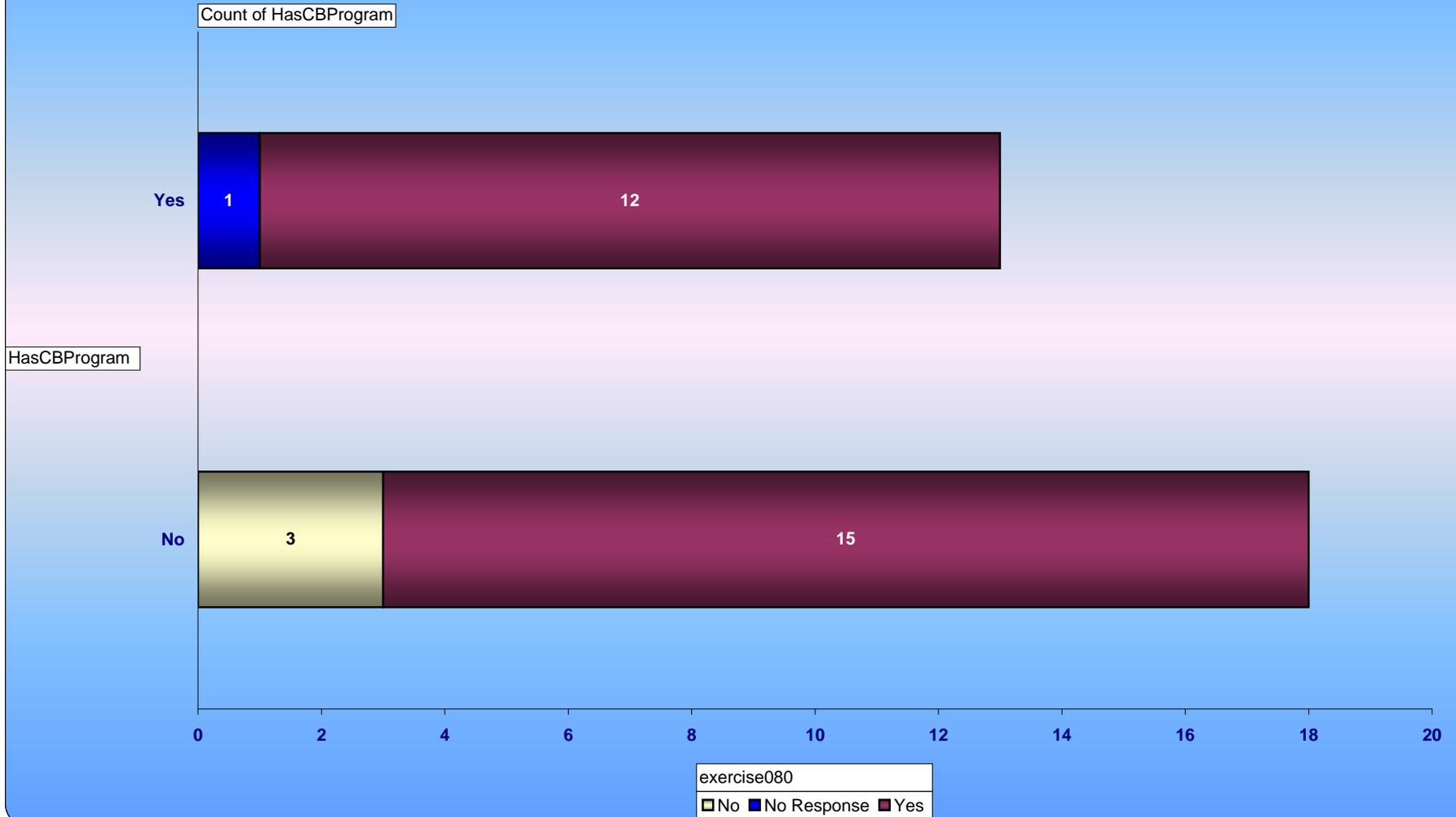
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? I. Reducing unintentional injury



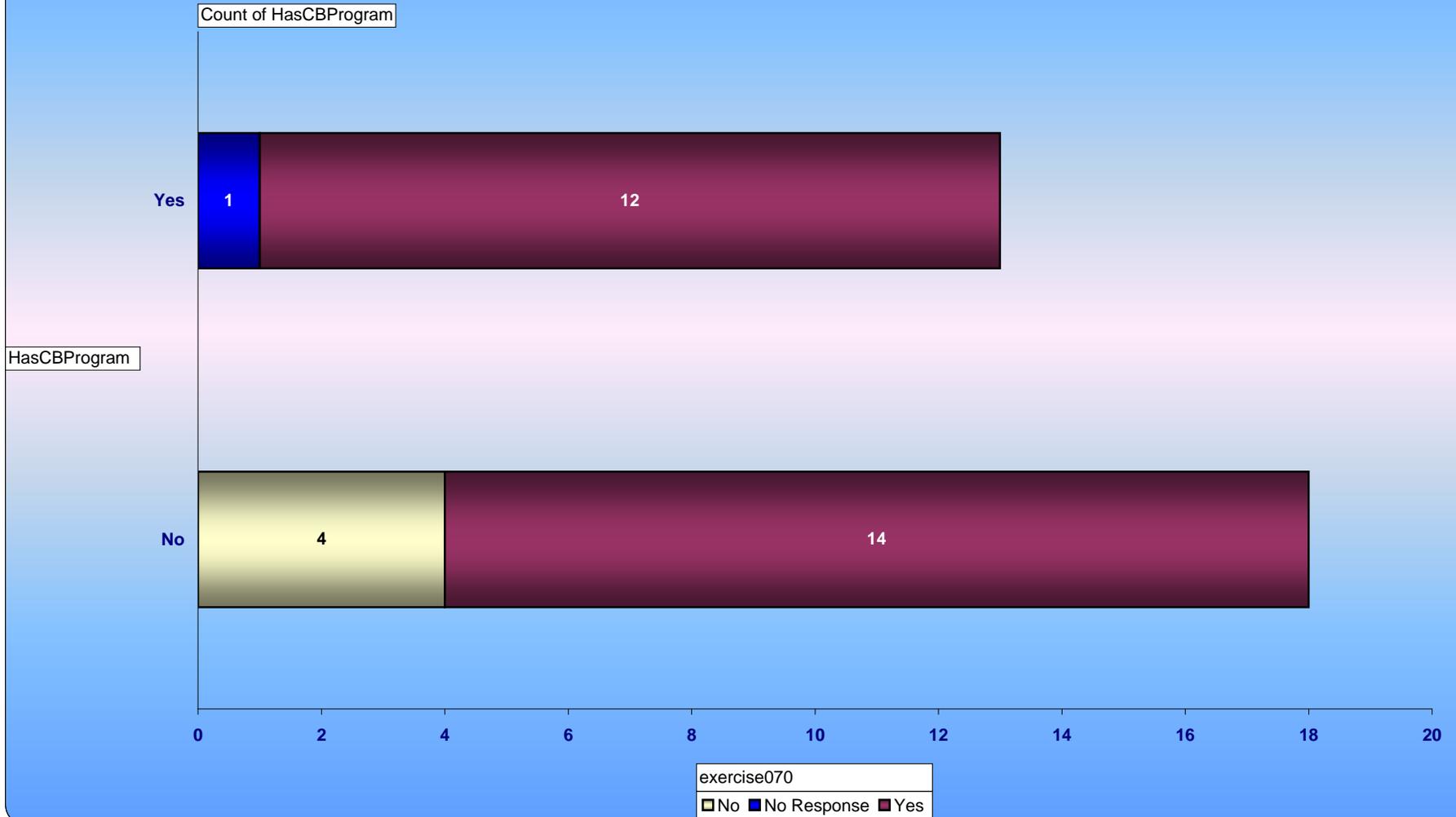
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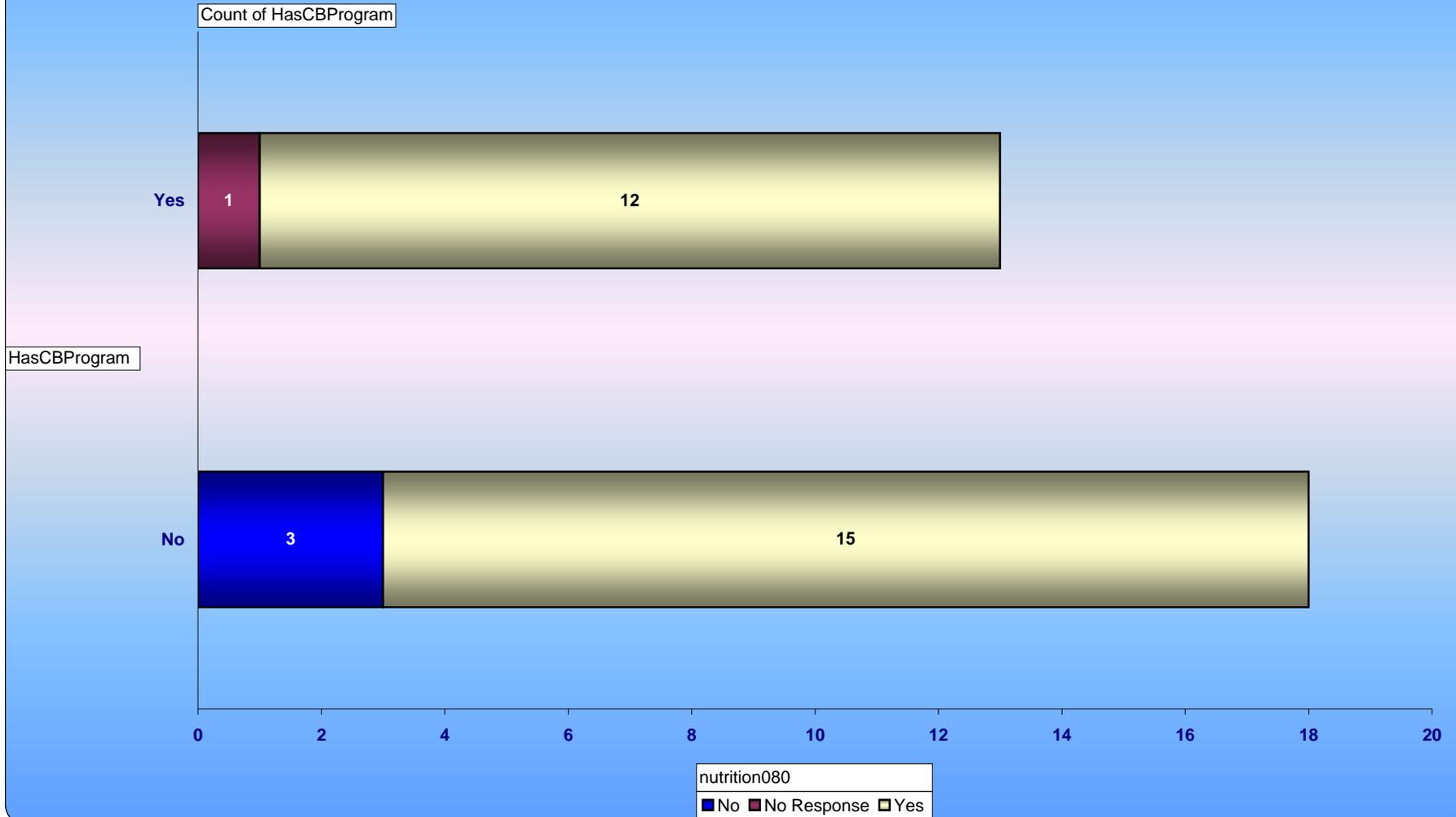
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? m. Encouraging exercise



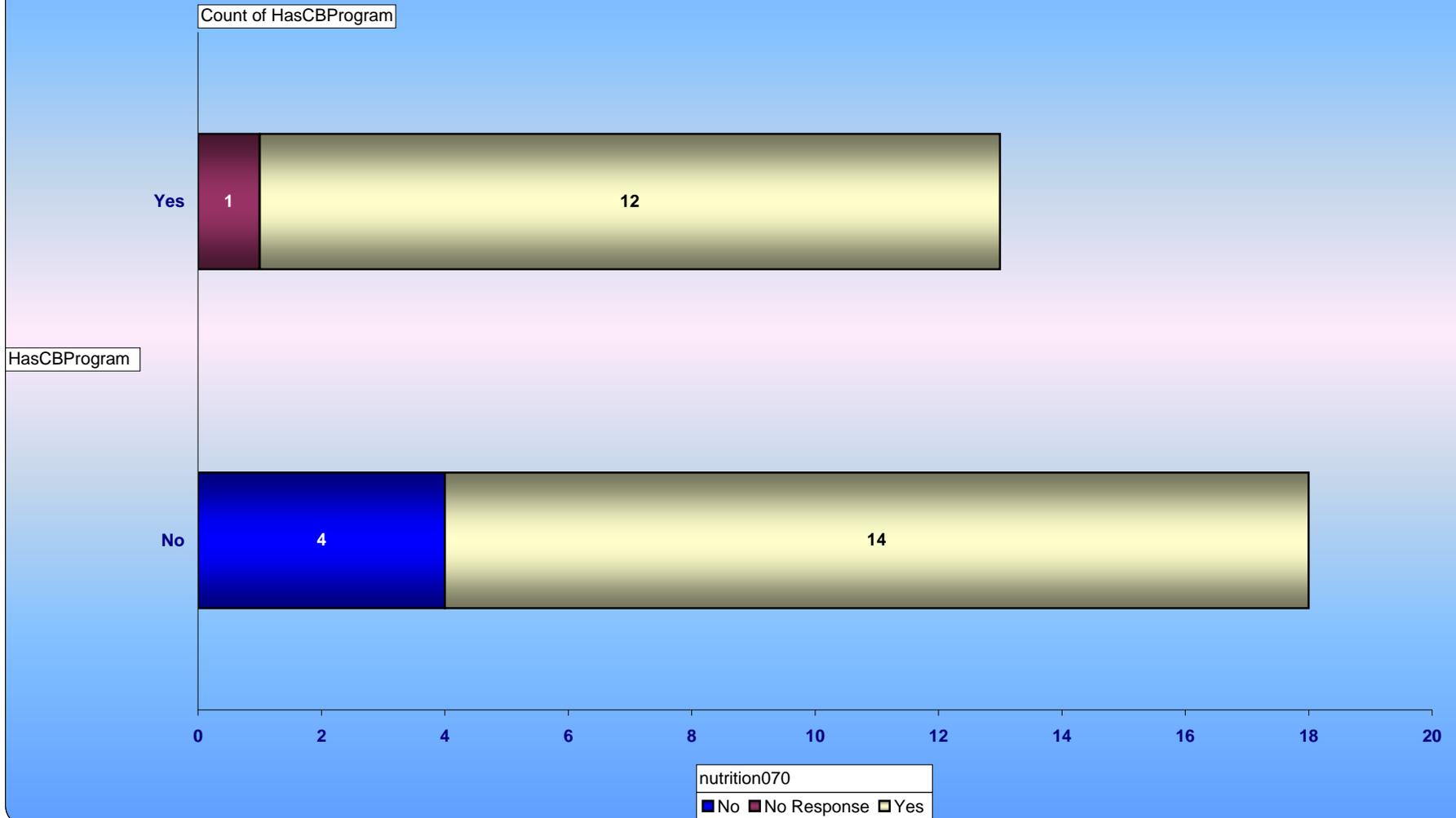
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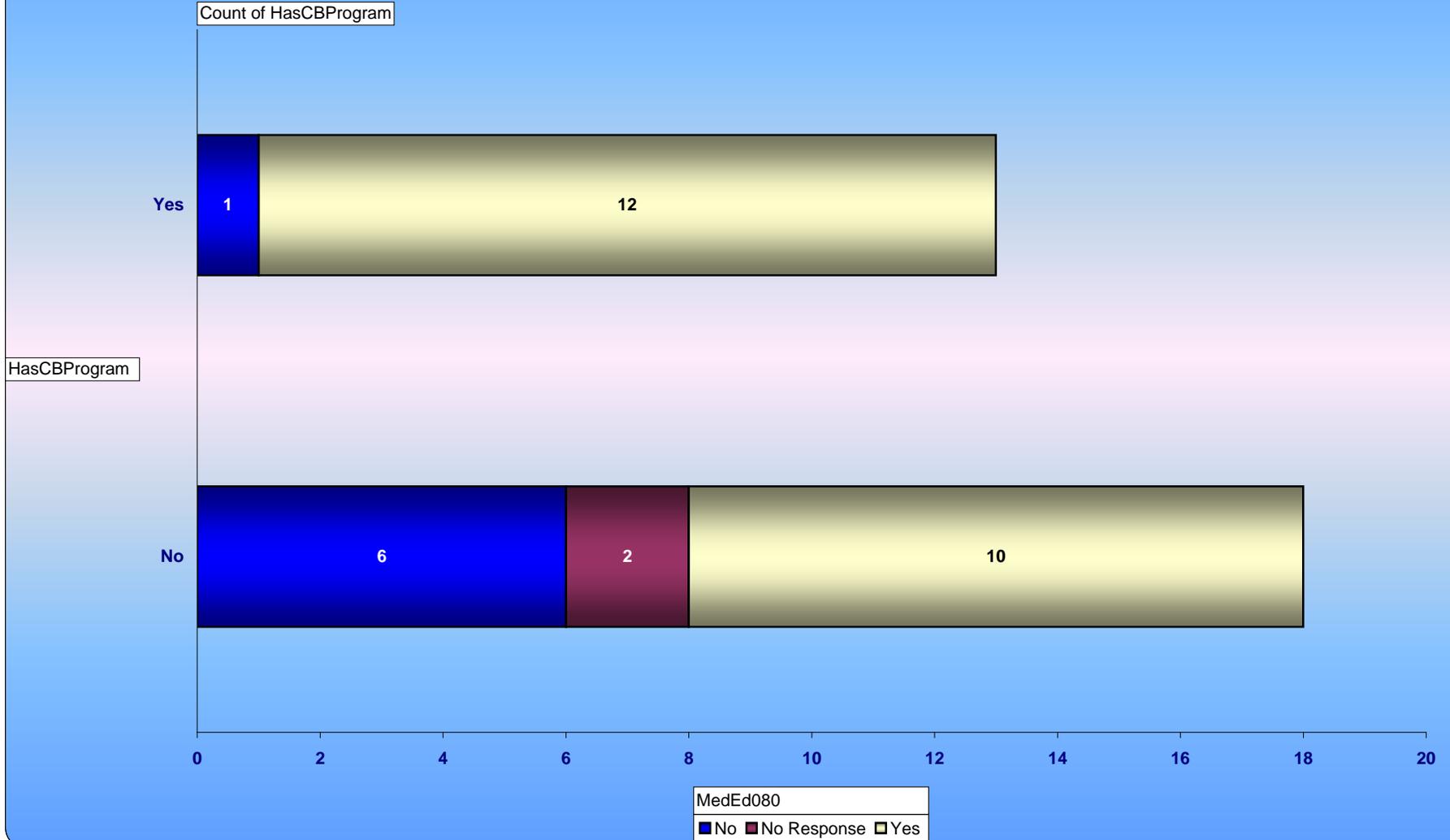
Question 29: Which of the following issues were addressed over the past year in your community based health education programs in the state? n. Encouraging better nutrition



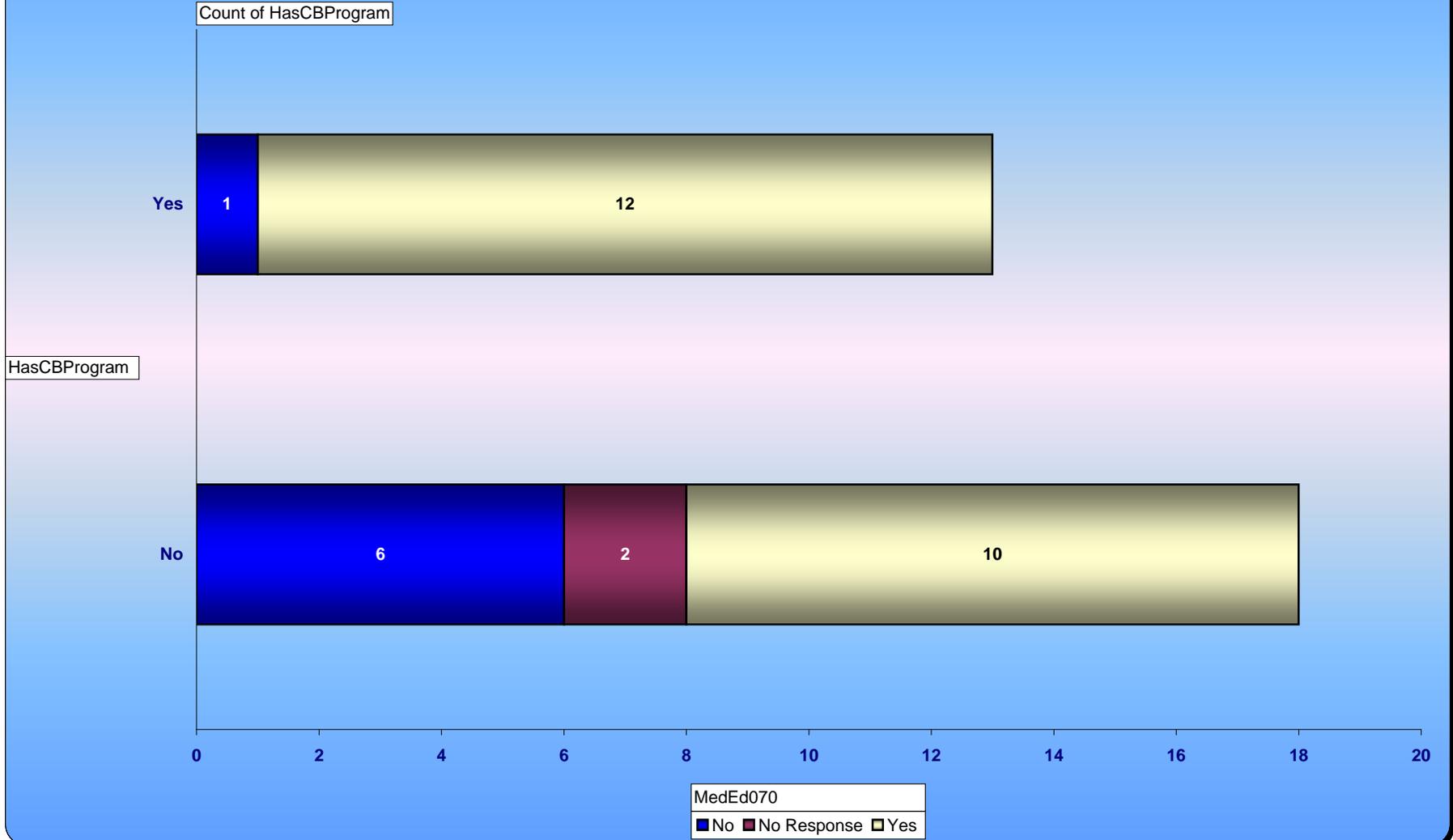
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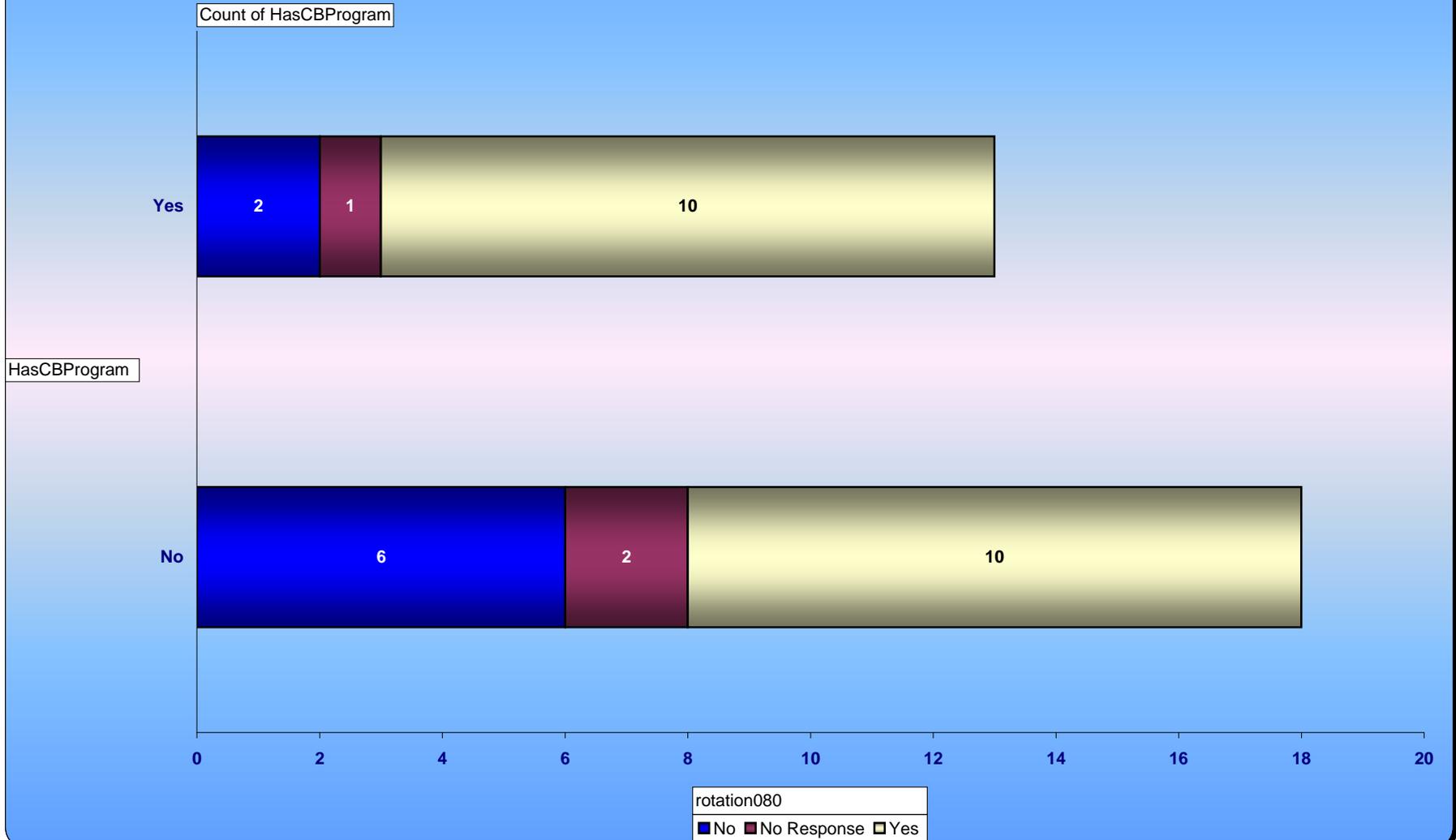
Question 30: Did your organization provide a site for graduate medical education?



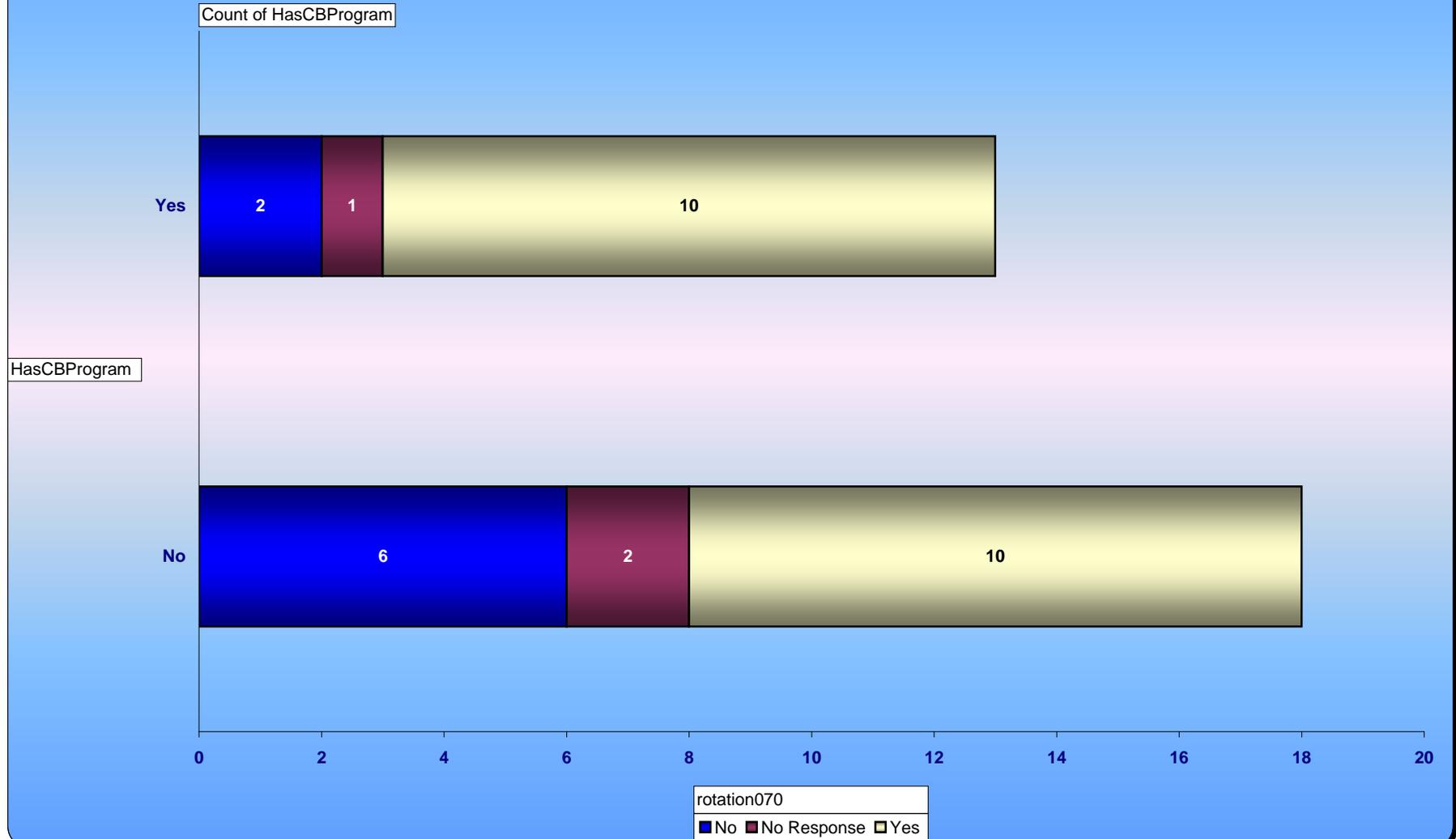
Question 30: Did your organization provide a site for graduate medical education?



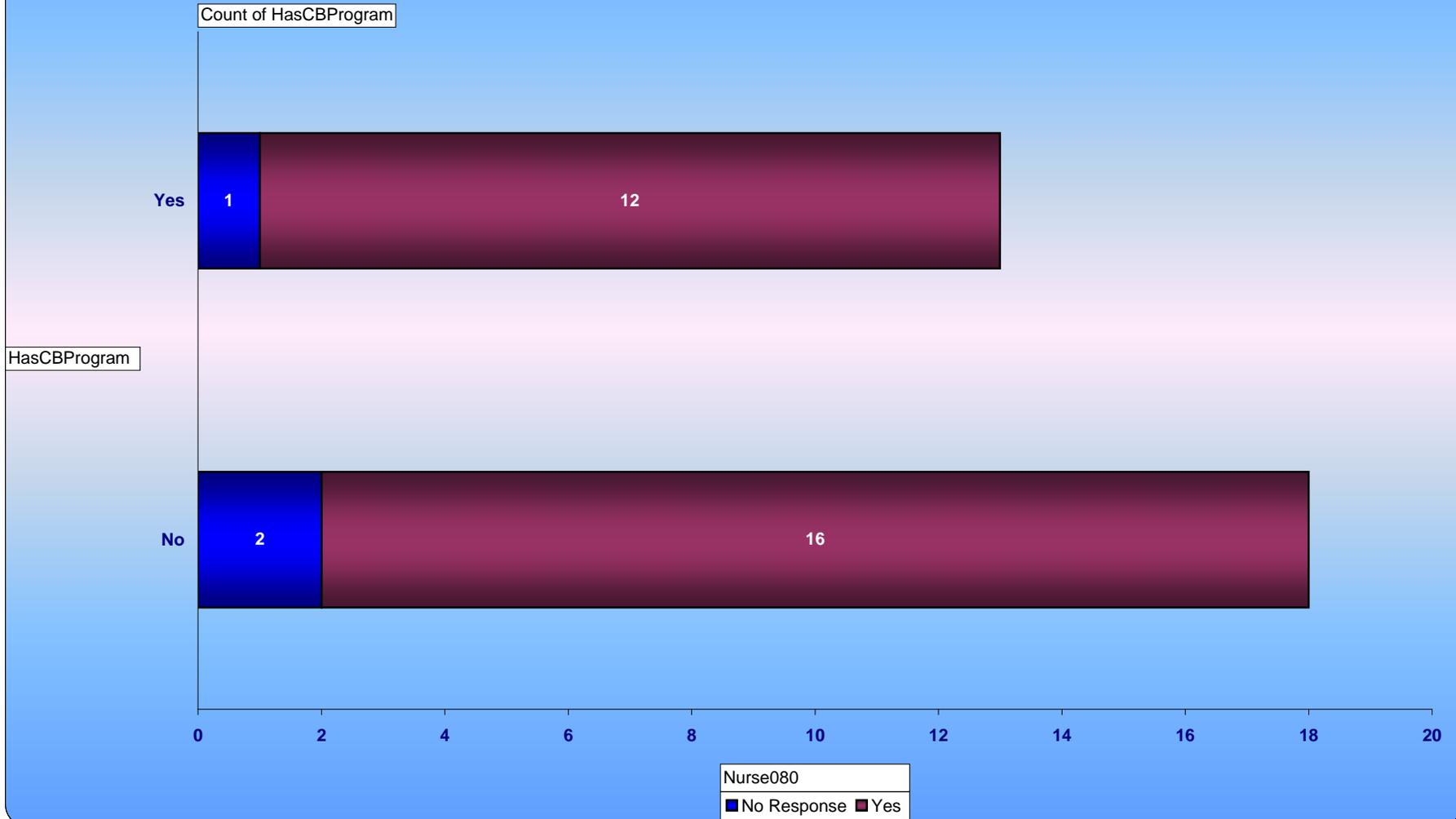
Question 31: Did your organization provide a clerkship rotation or site for medical students?



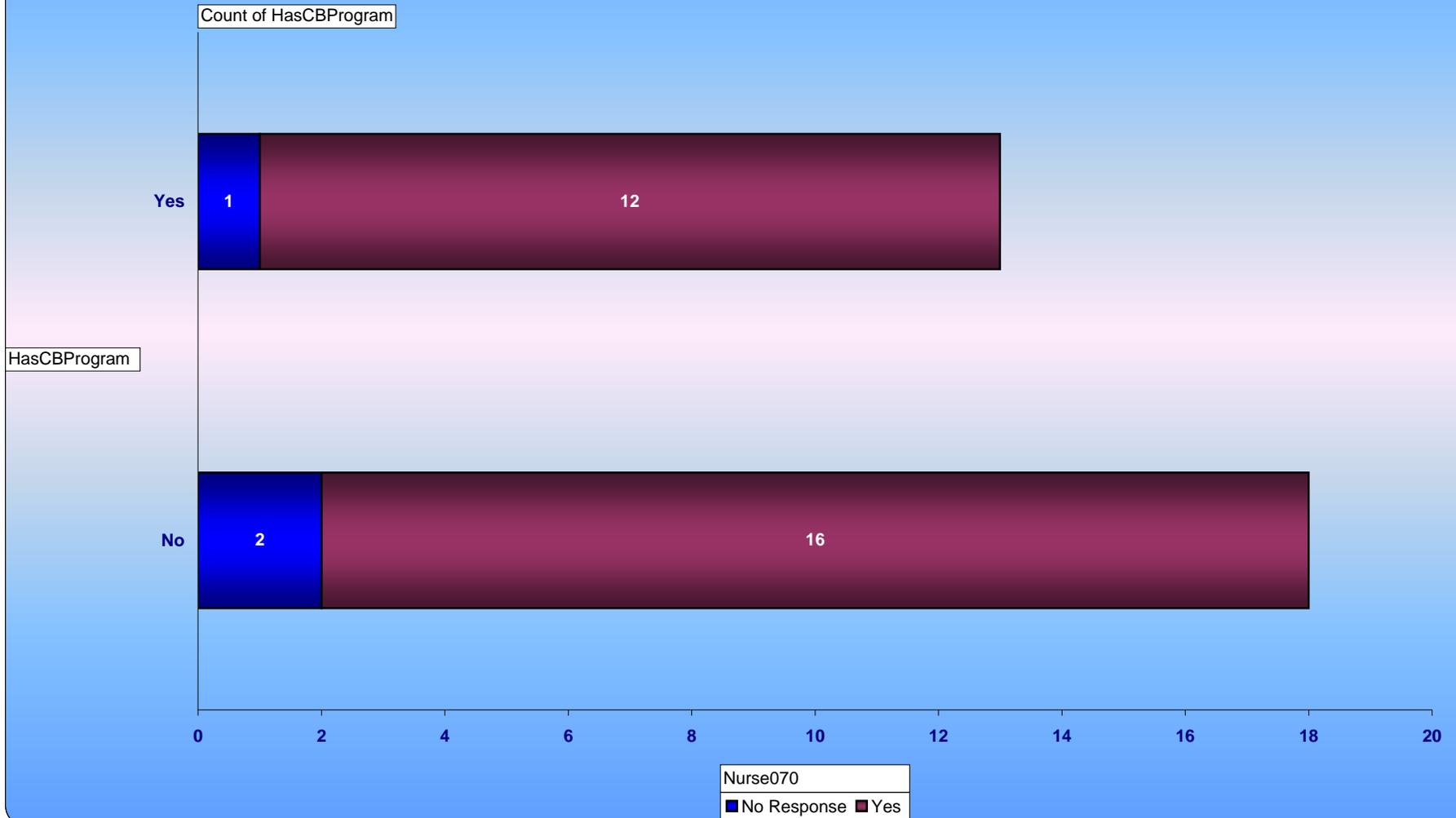
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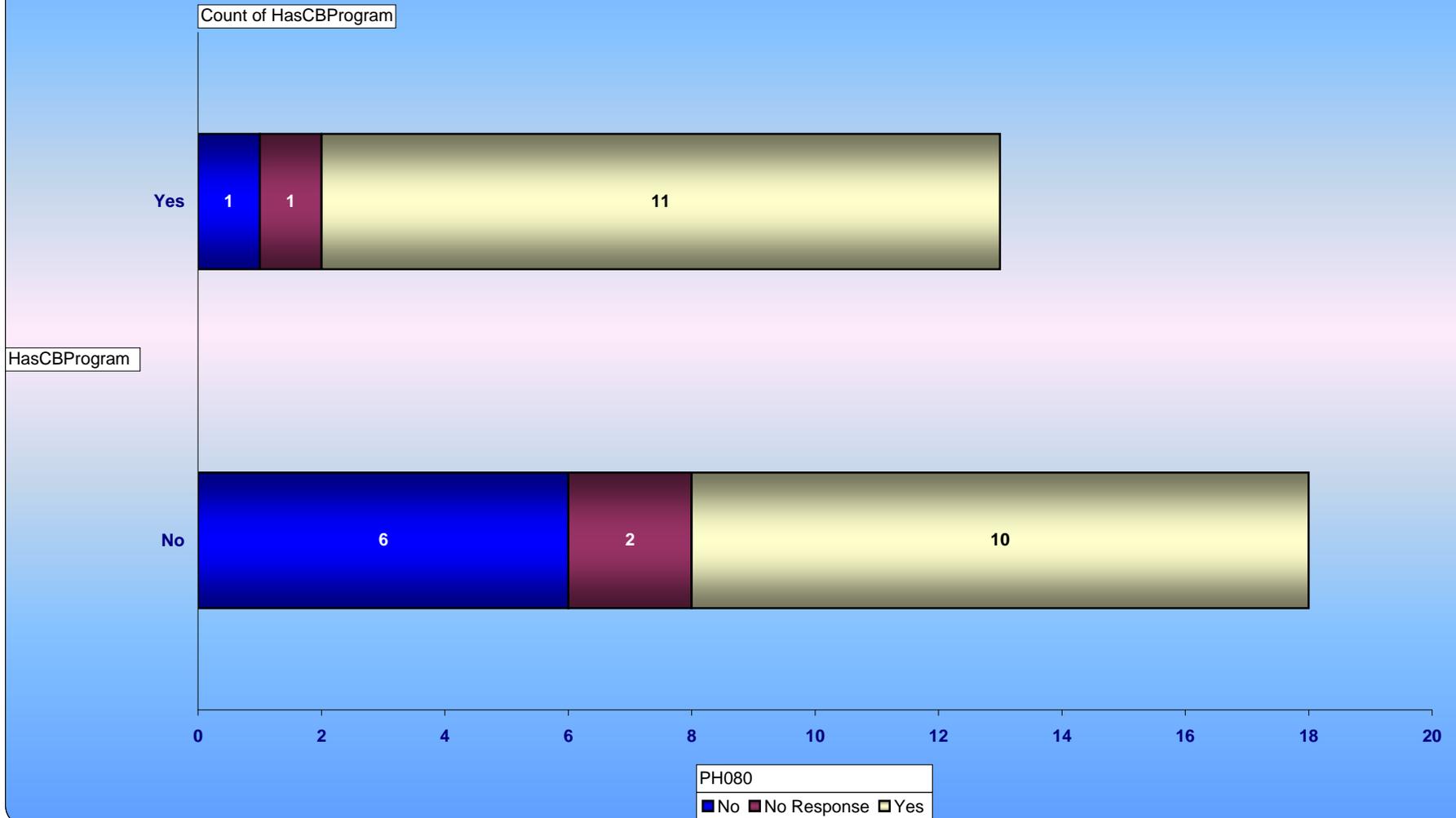
Question 32: Did your organization participate in or provide a training site for nursing students or graduate nurses in advanced practice nursing or other programs?



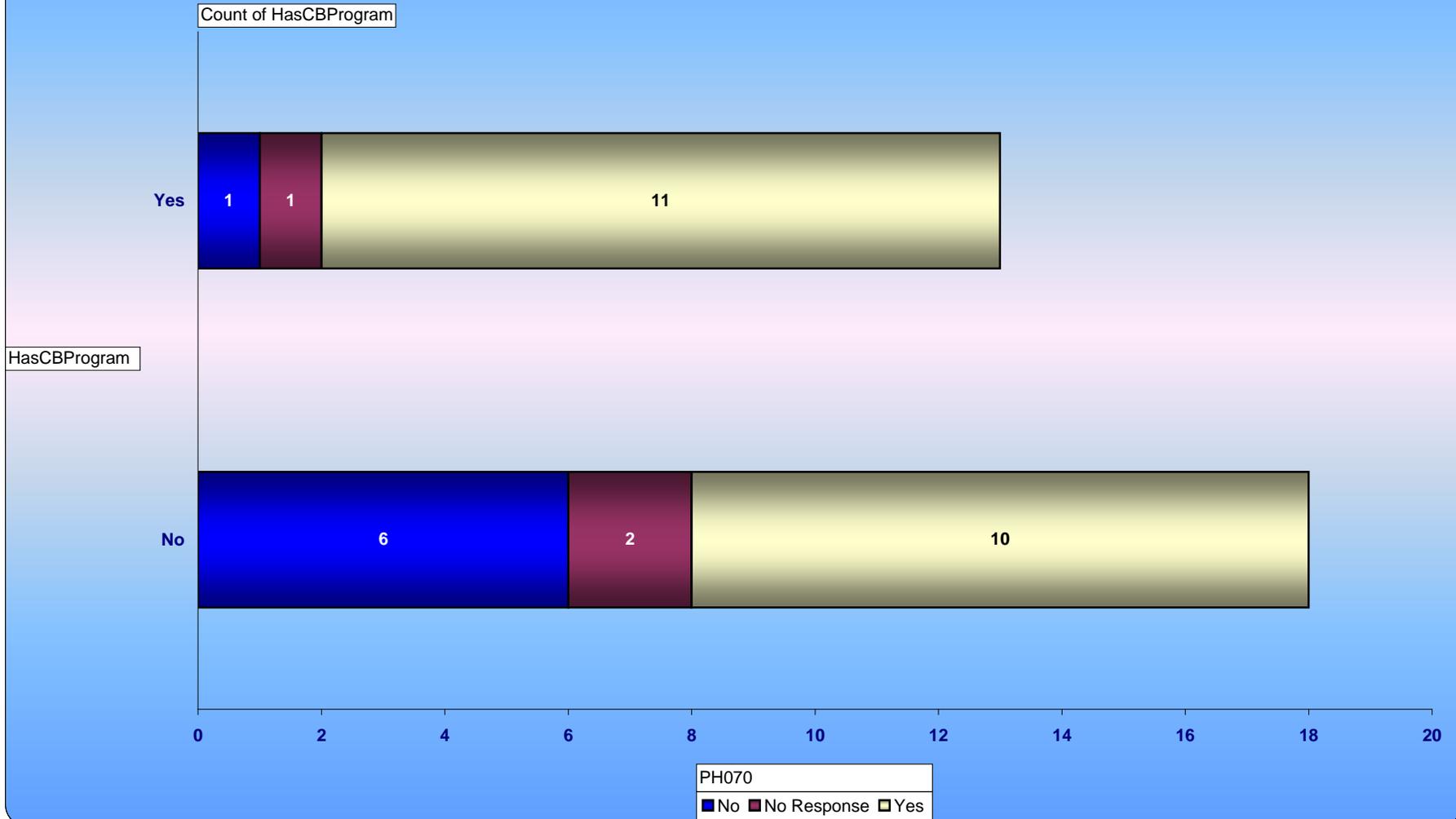
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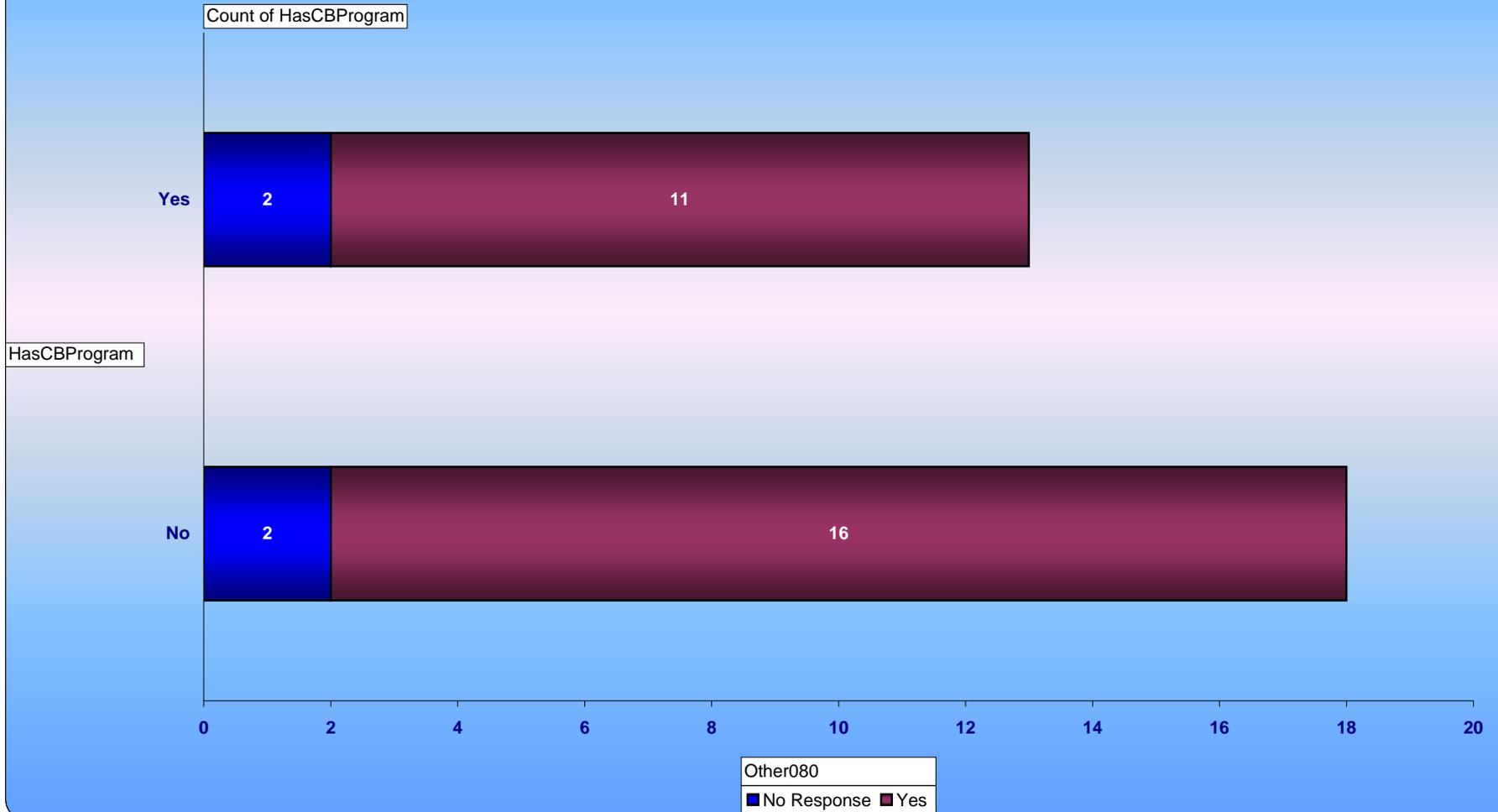
Question 33: Did your organization provide internship or educational opportunities for students in public health, health administration or health services research programs?



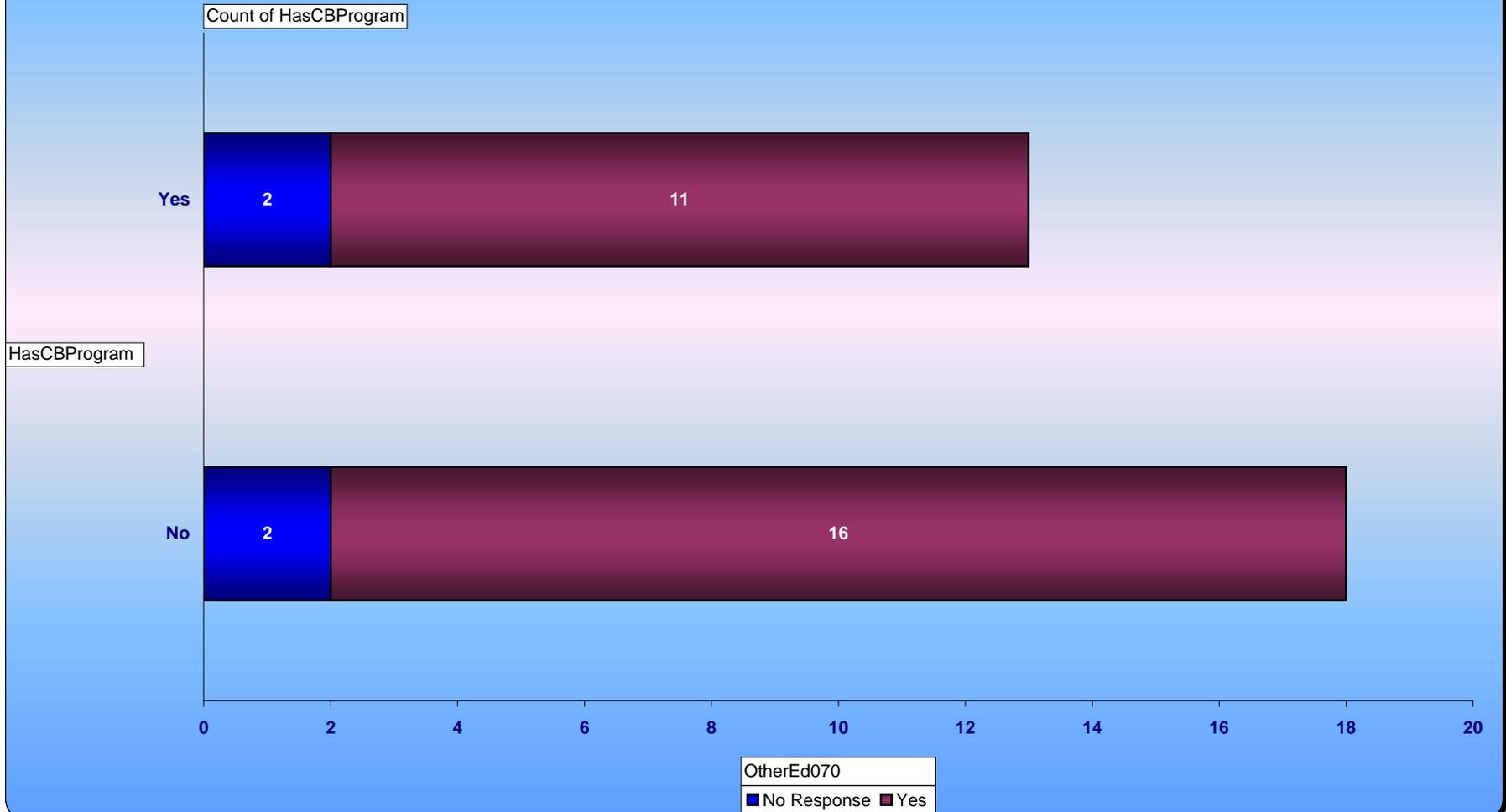
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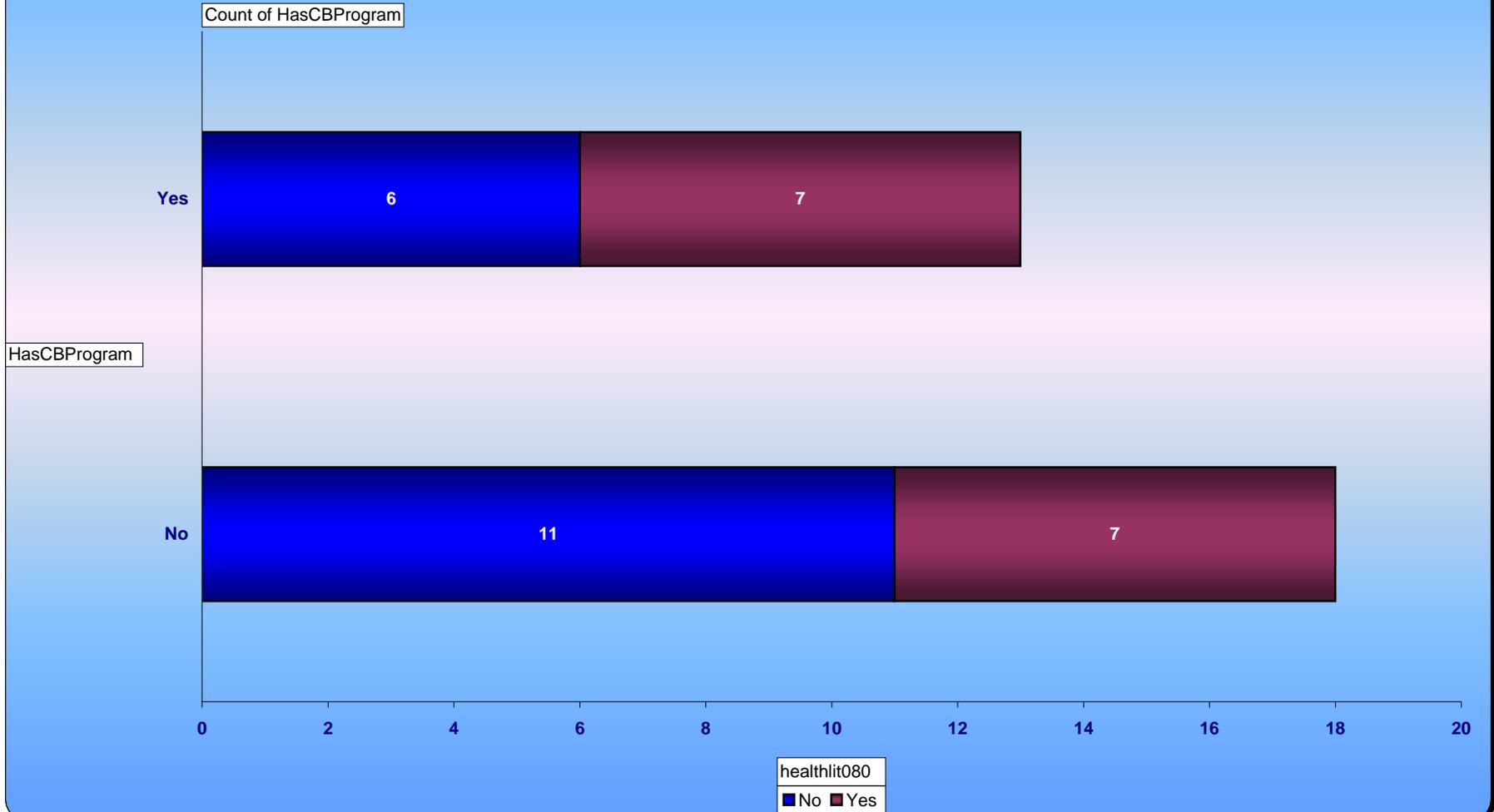
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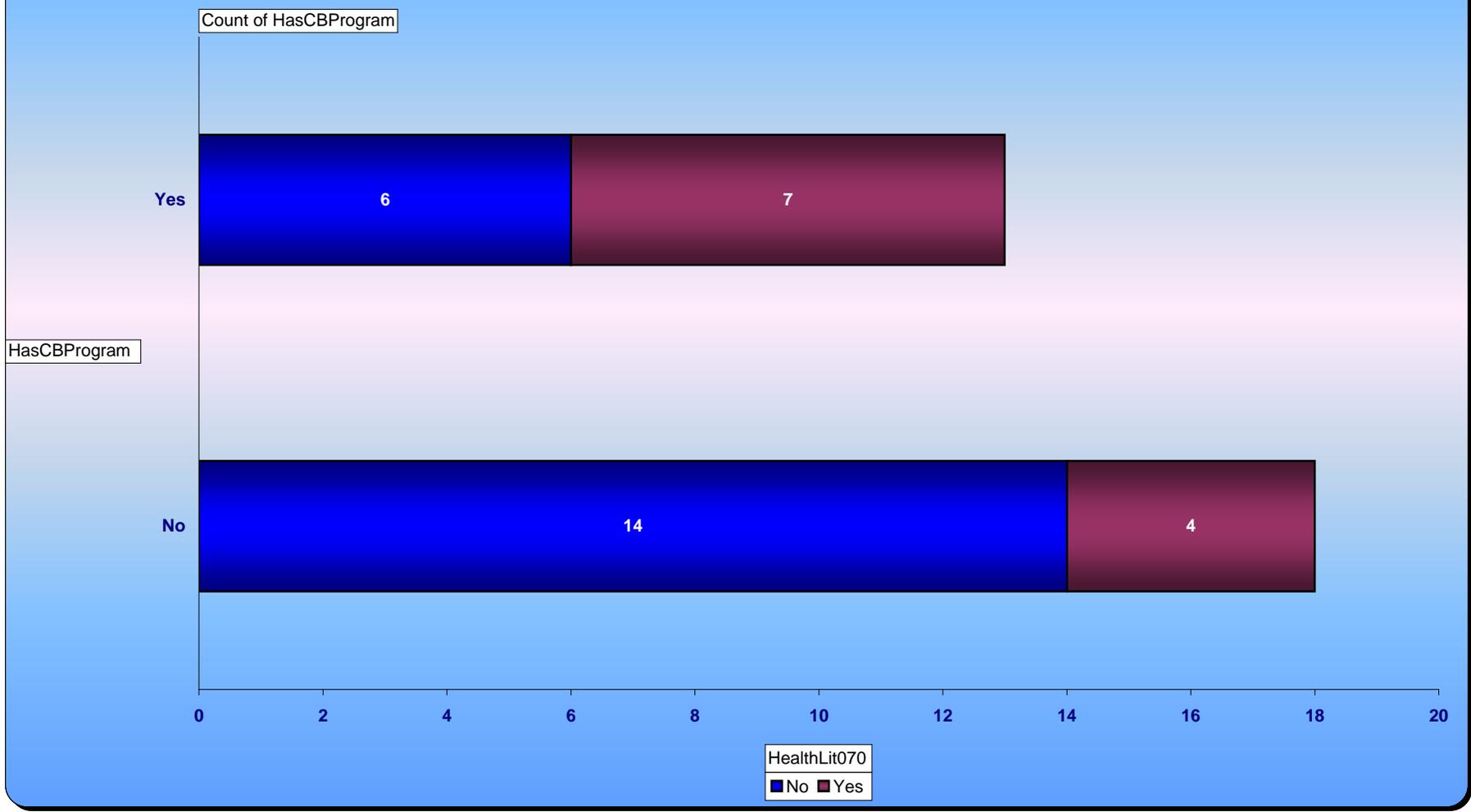


Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?
a. Health literacy programs.



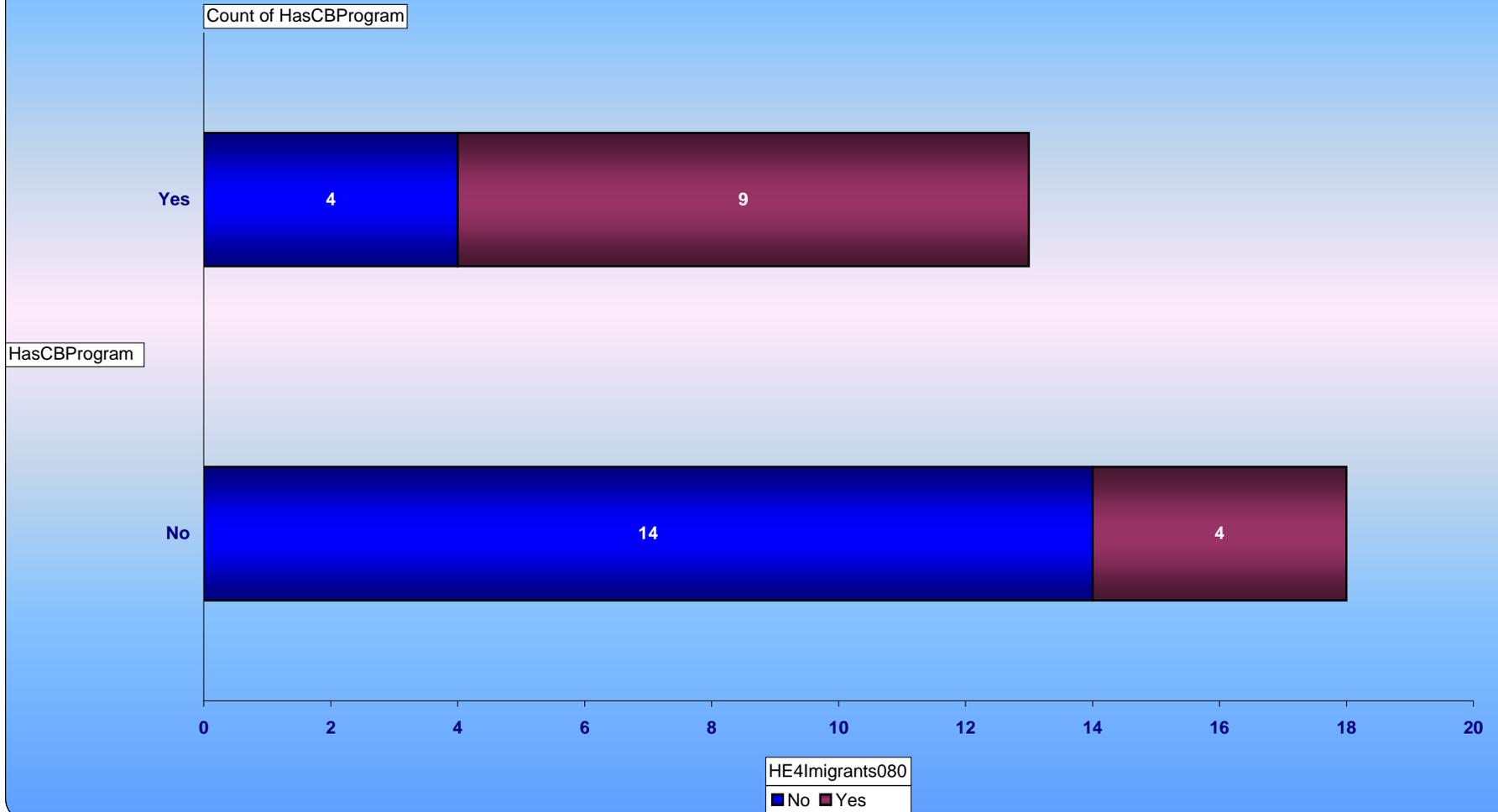
Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?

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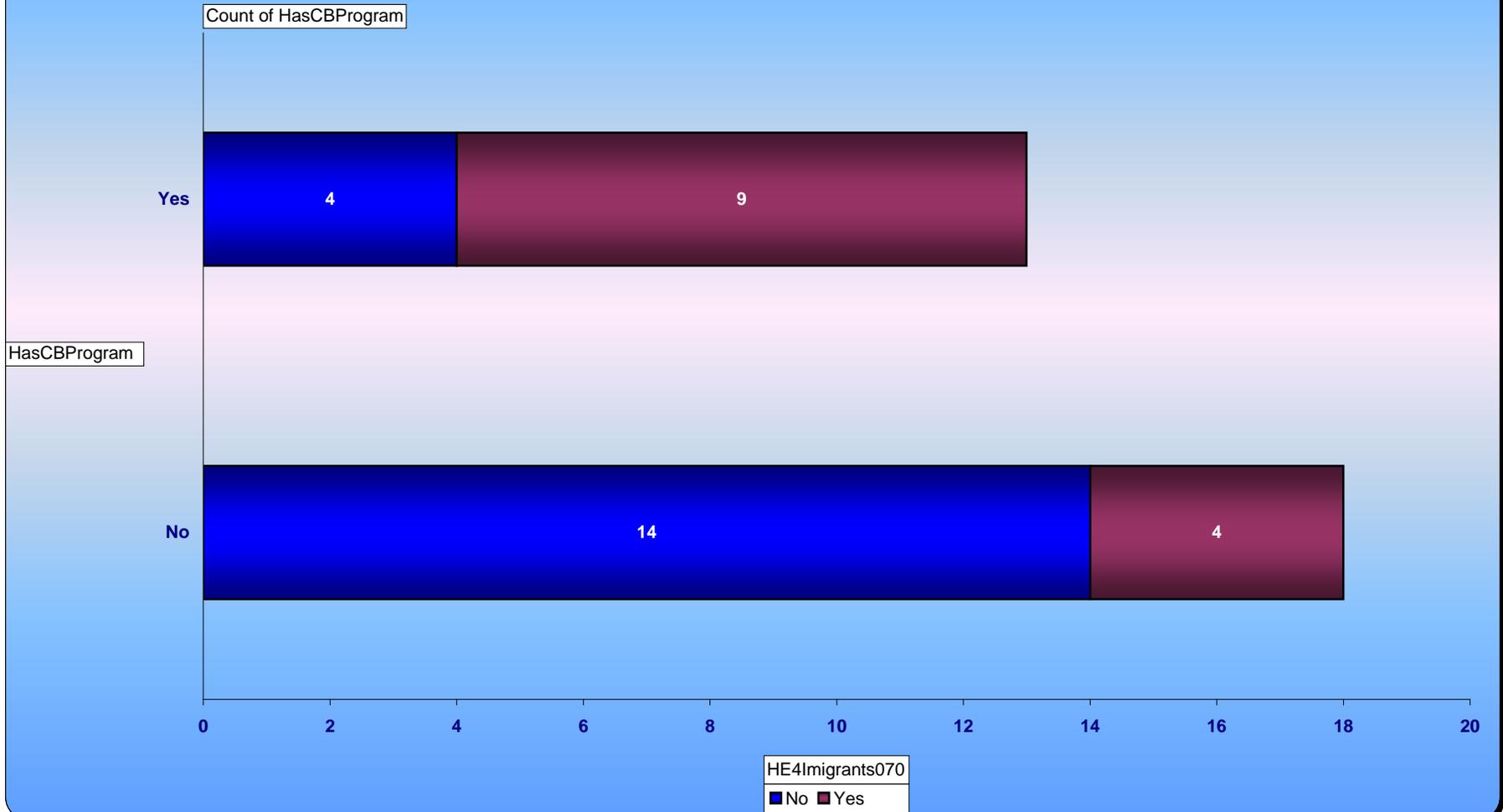
Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?

b. Health education programs for immigrants



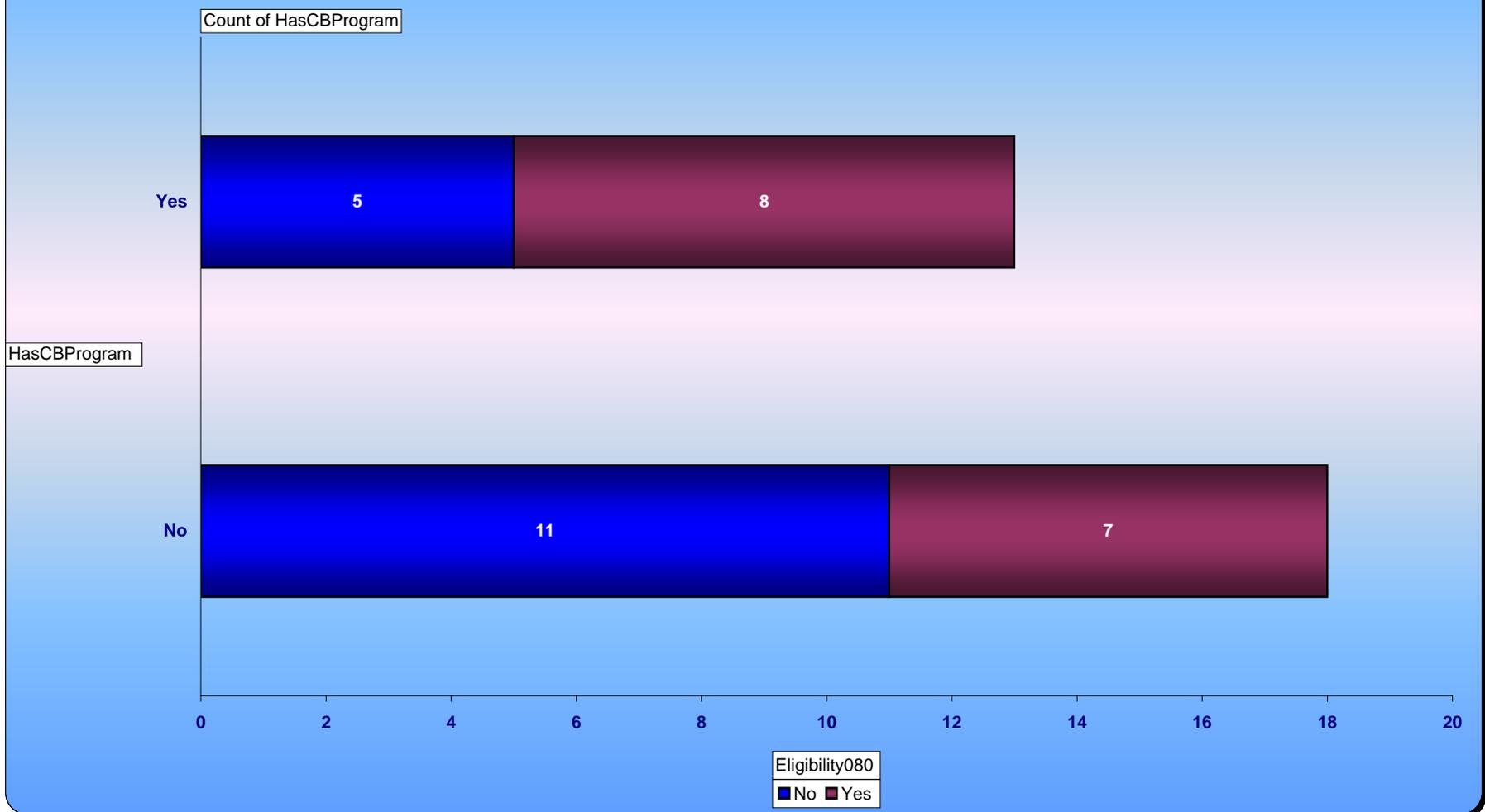
Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?

b. Health education programs for immigrants



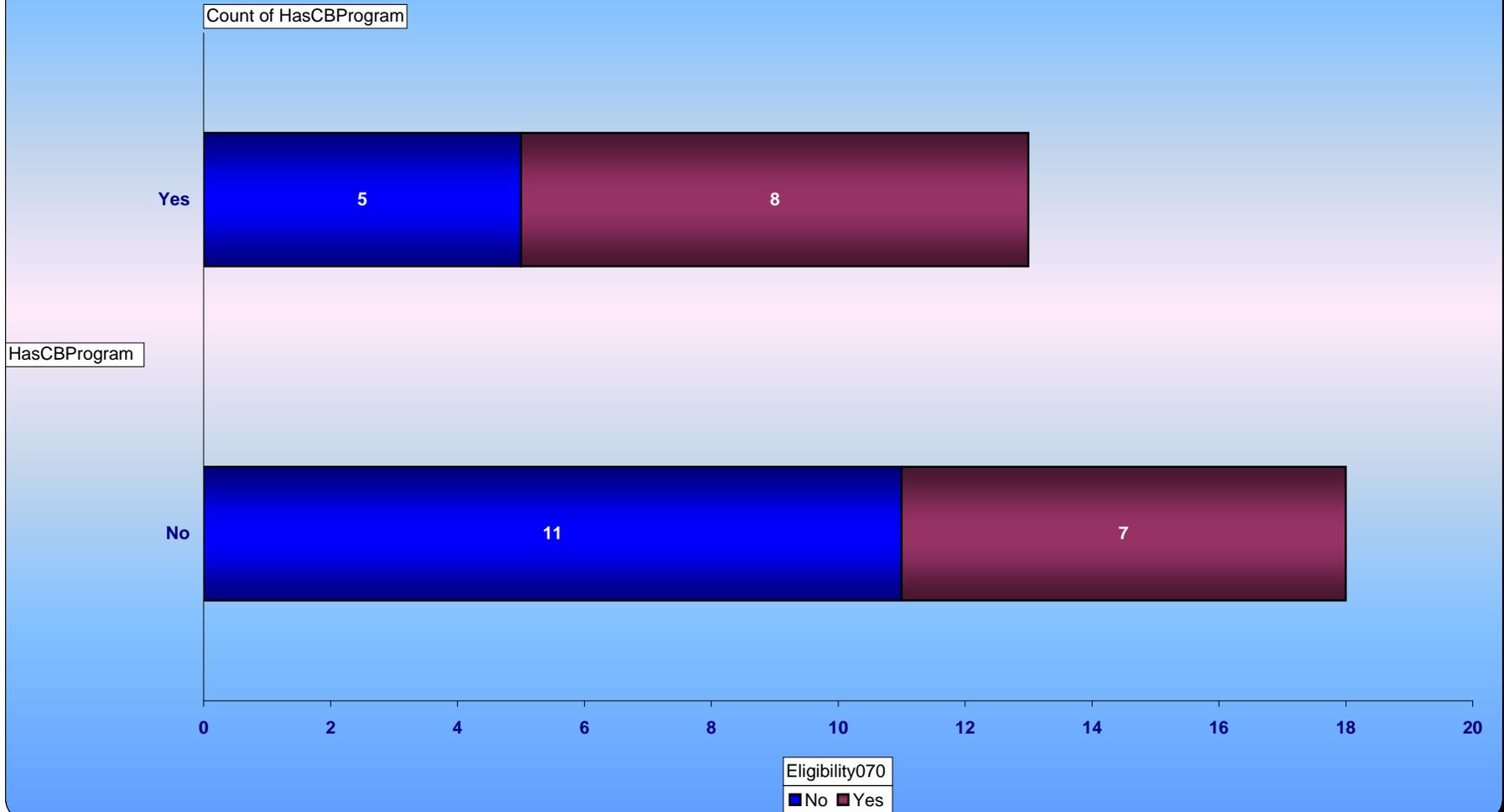
Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?

c. Information programs about eligibility for social welfare

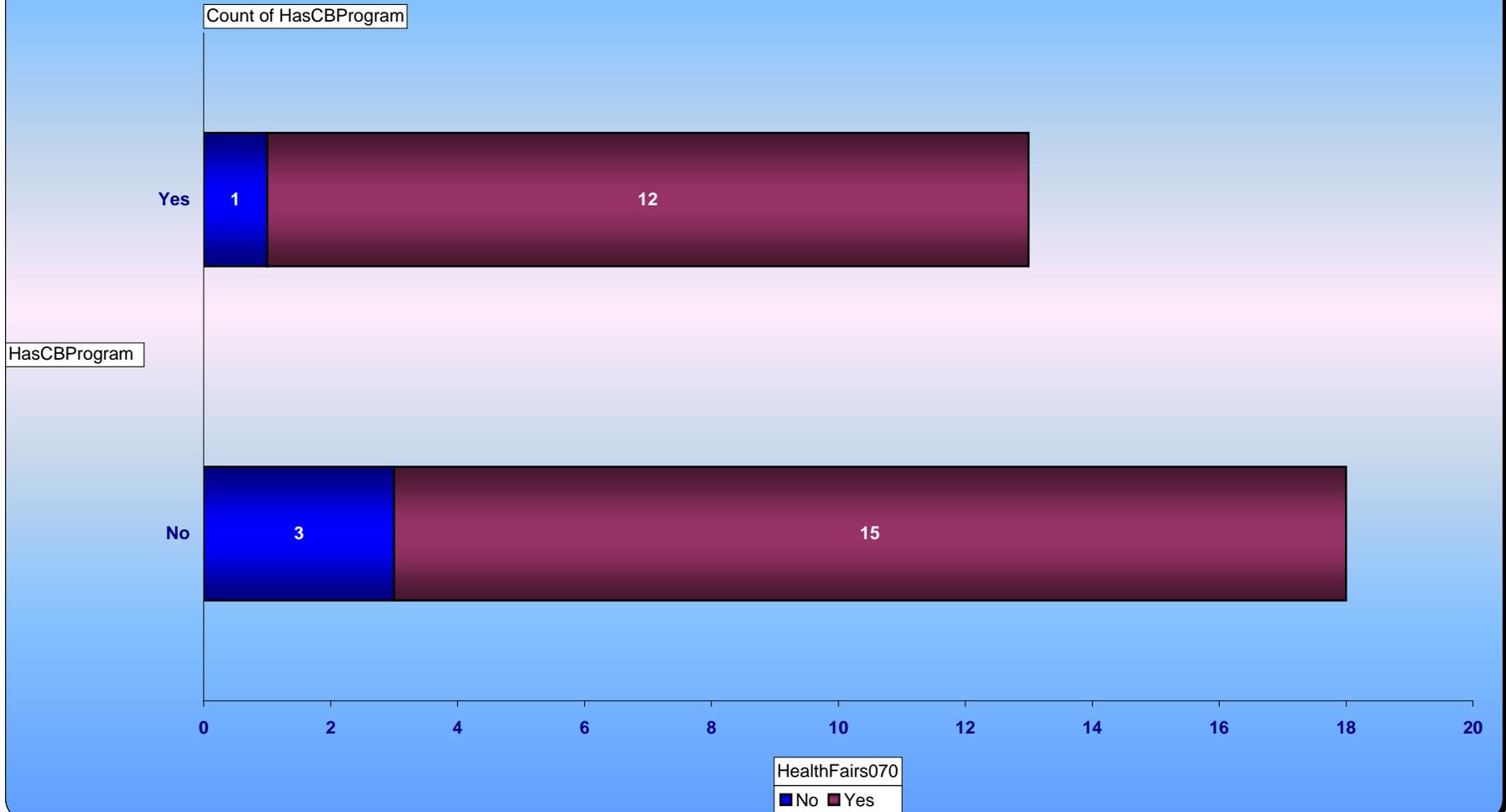


Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?

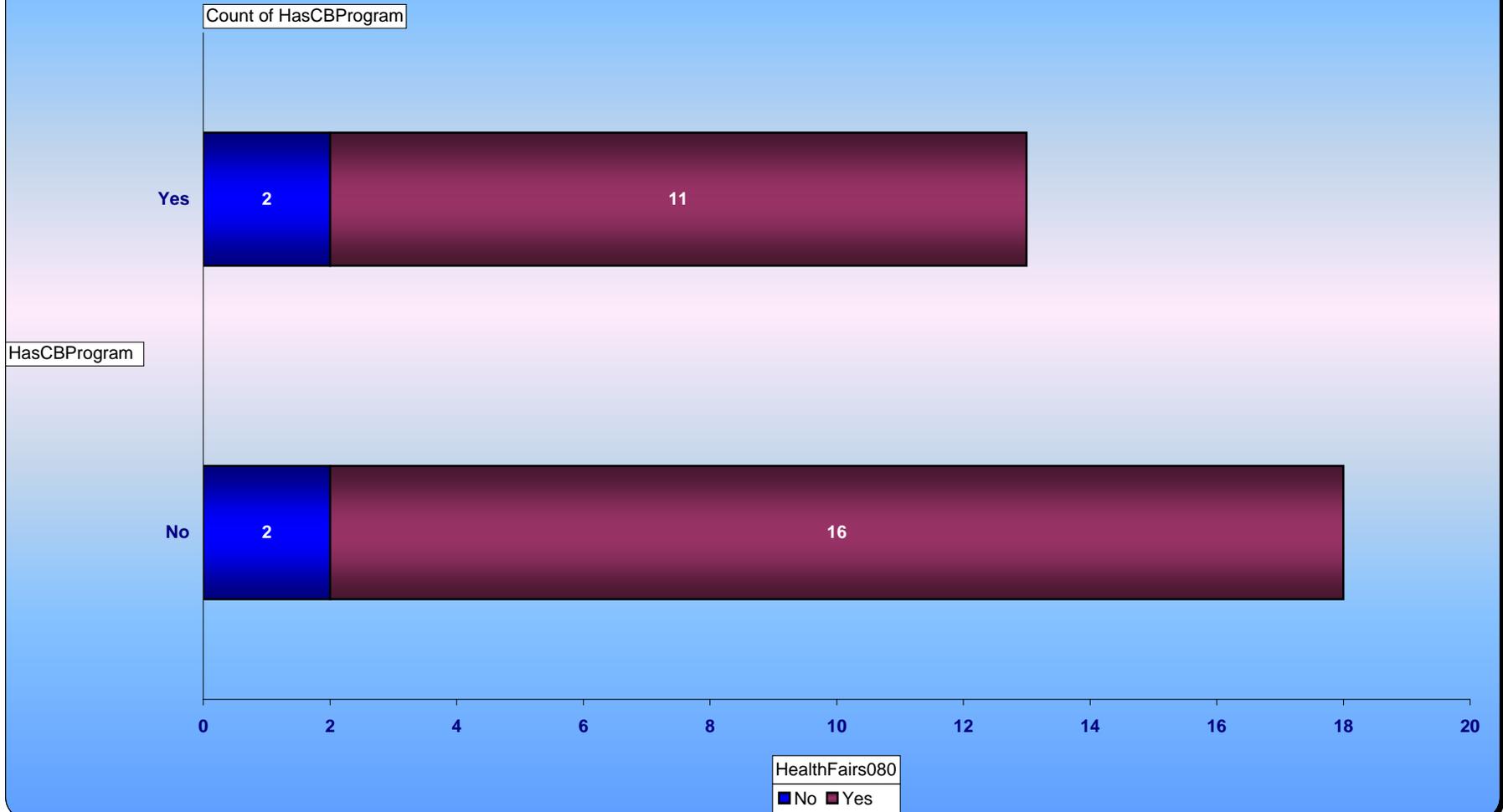
c. Information programs about eligibility for social welfare



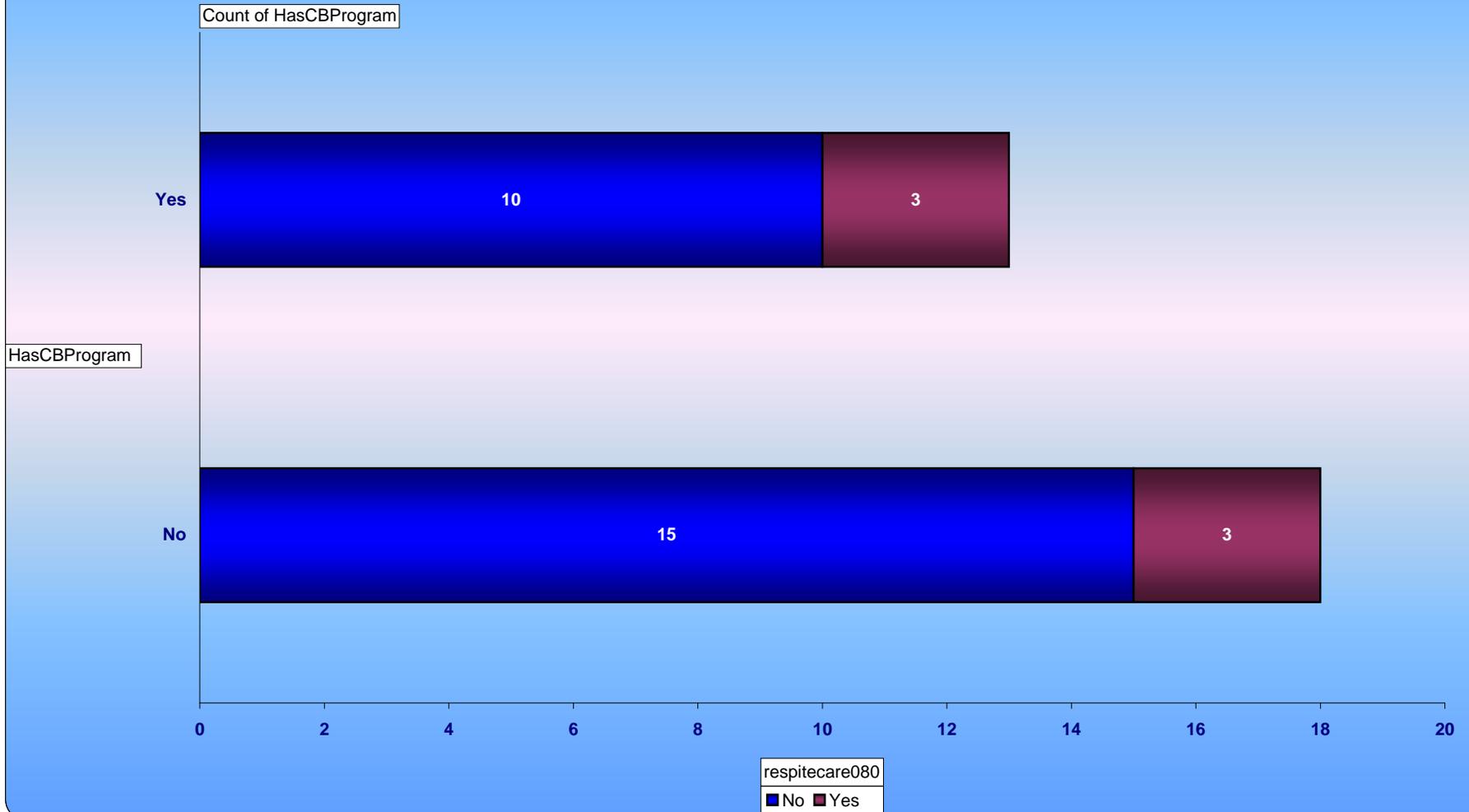
Question 35: Has your organization operated or subsidized any of the following programs in the past year in Connecticut?
d. Health fairs



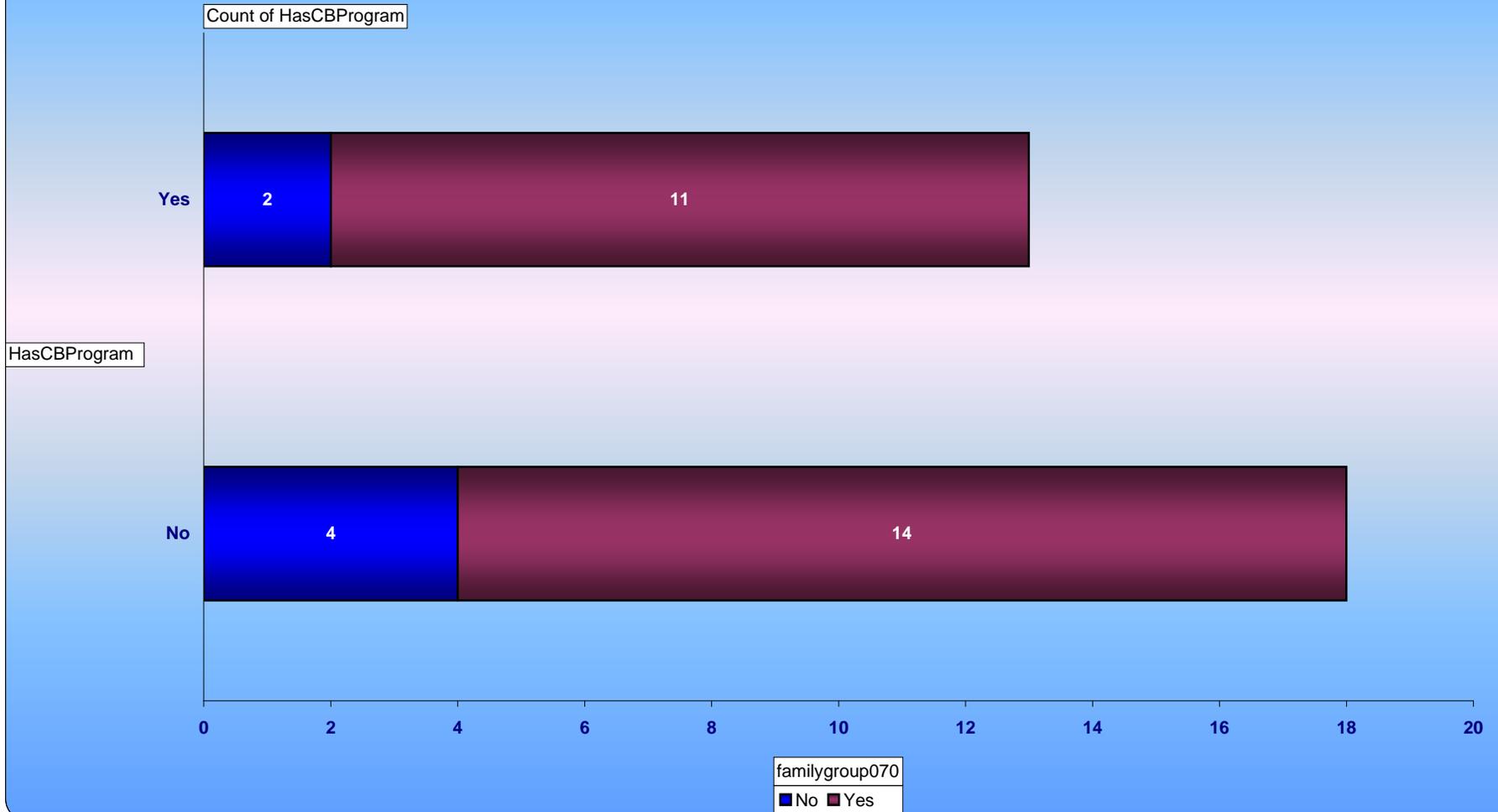
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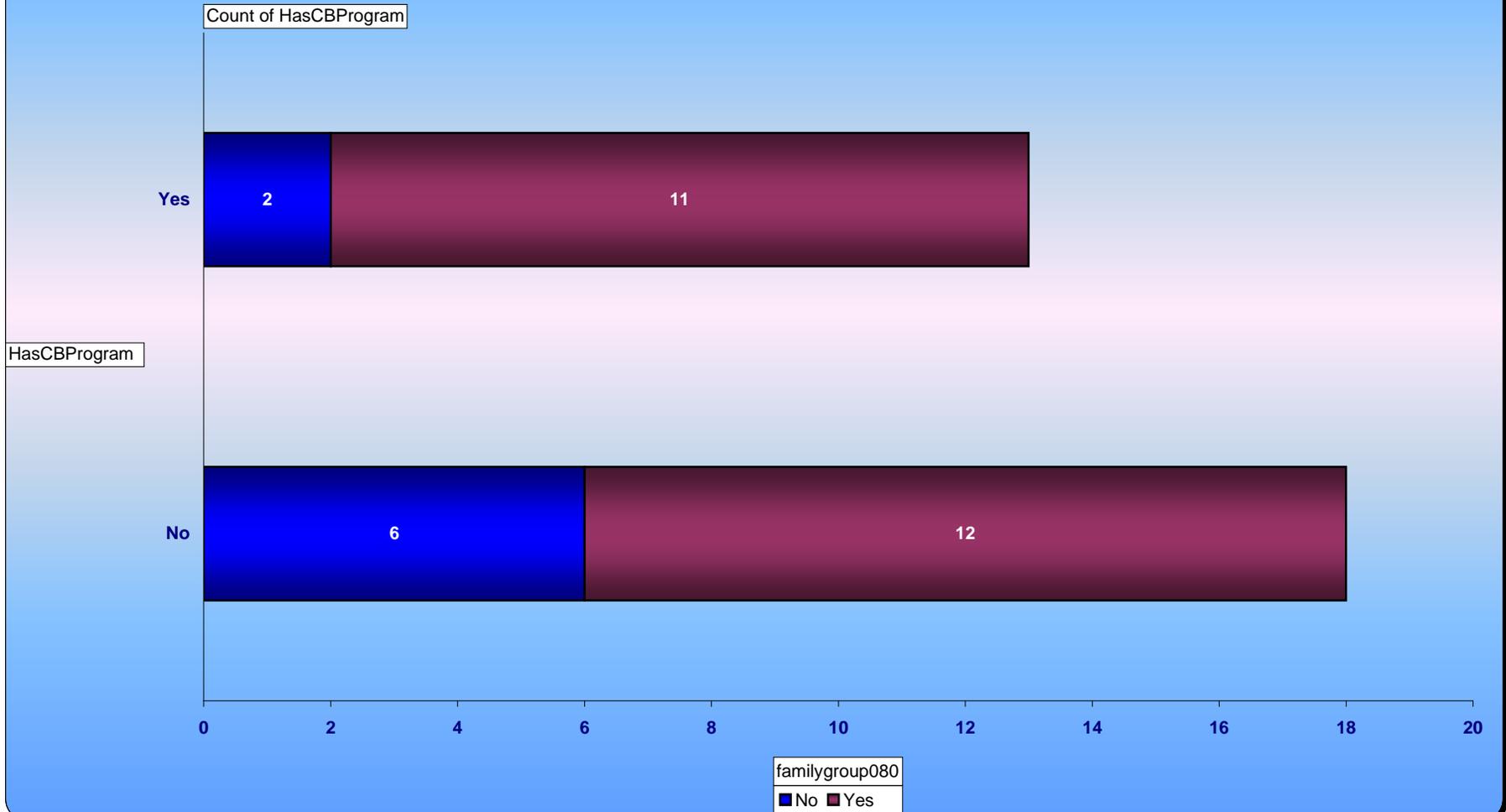
Question 36: What are your organization's practices regarding informal caregivers - that is, friends and family members who provide care to patients?
d. provided respite care



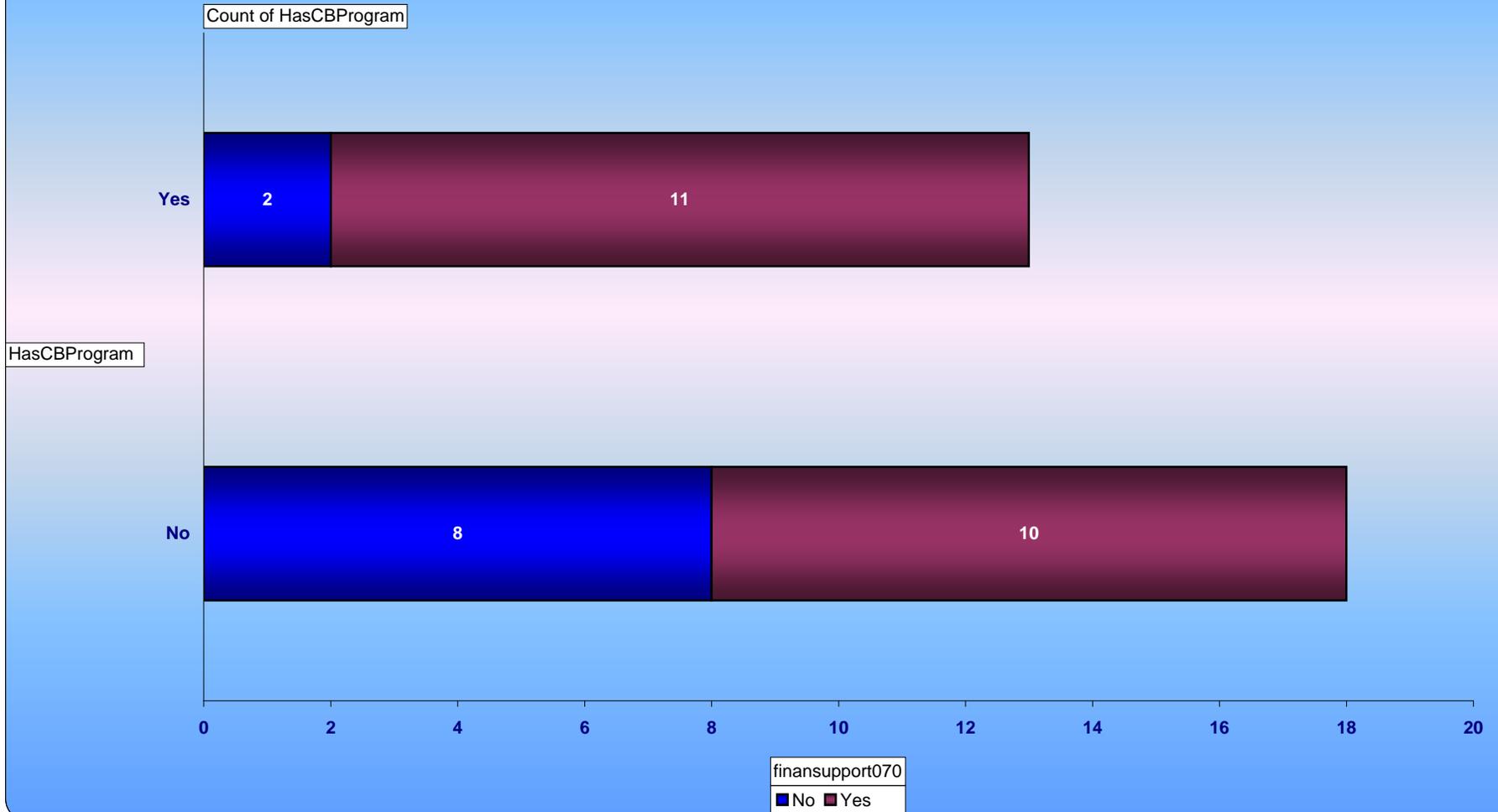
Question 36: What are your organization's practices regarding informal caregivers - that is, friends and family members who provide care to patients?
c. established support groups for patients' families



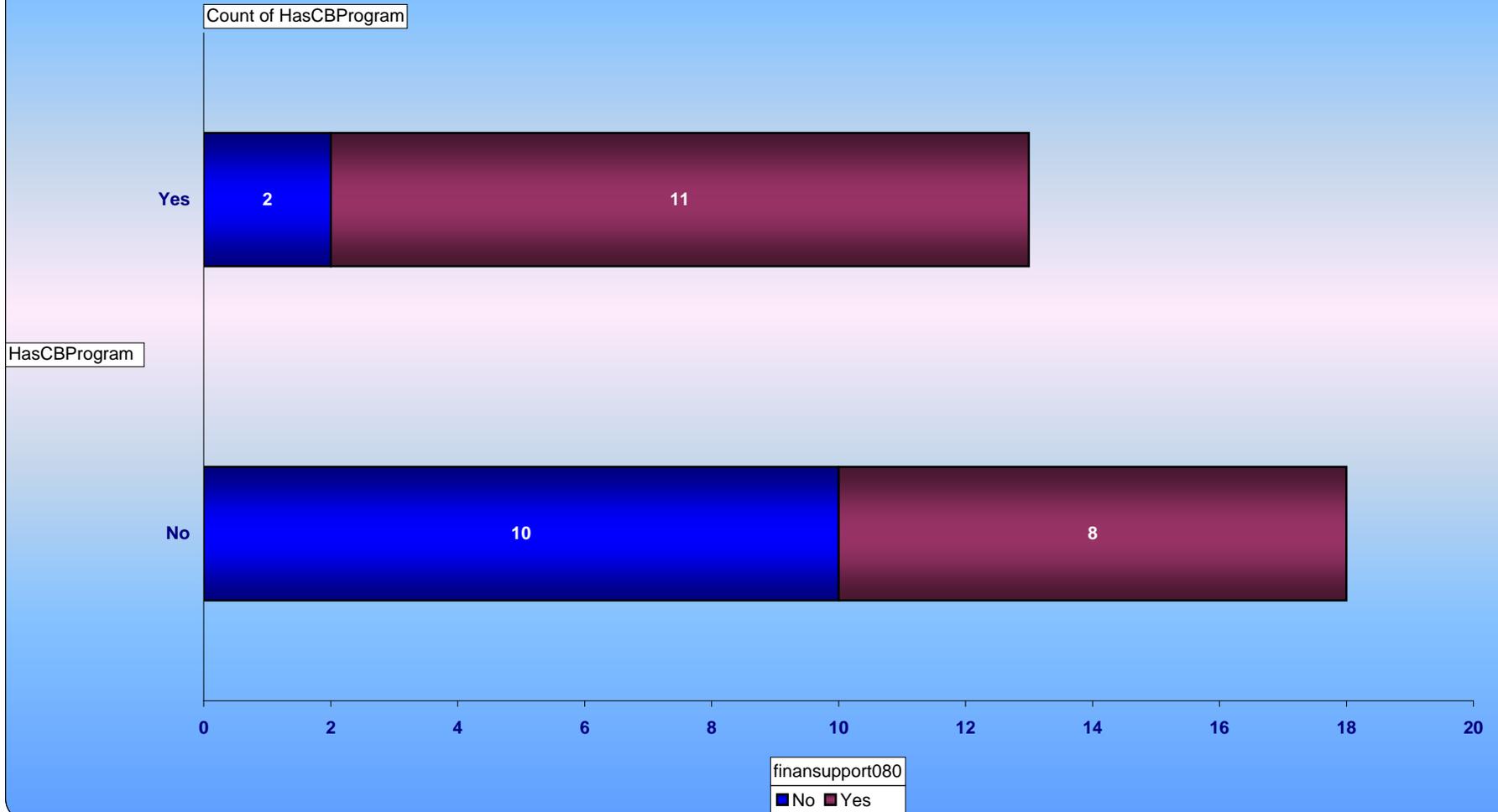
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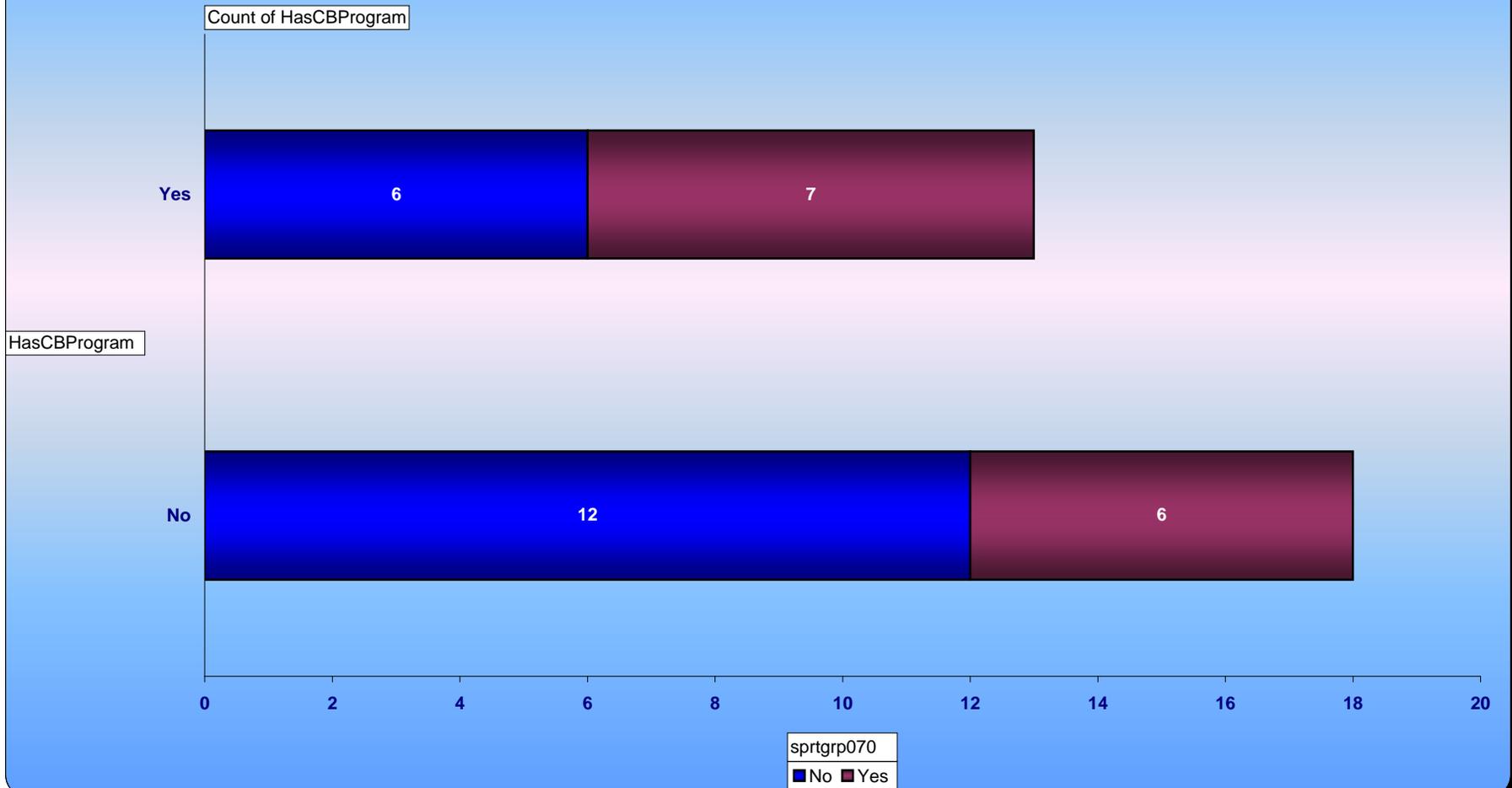
Question 36: What are your organization's practices regarding informal caregivers - that is, friends and family members who provide care to patients?
b. provided financial or in-kind support to support groups for care-givers



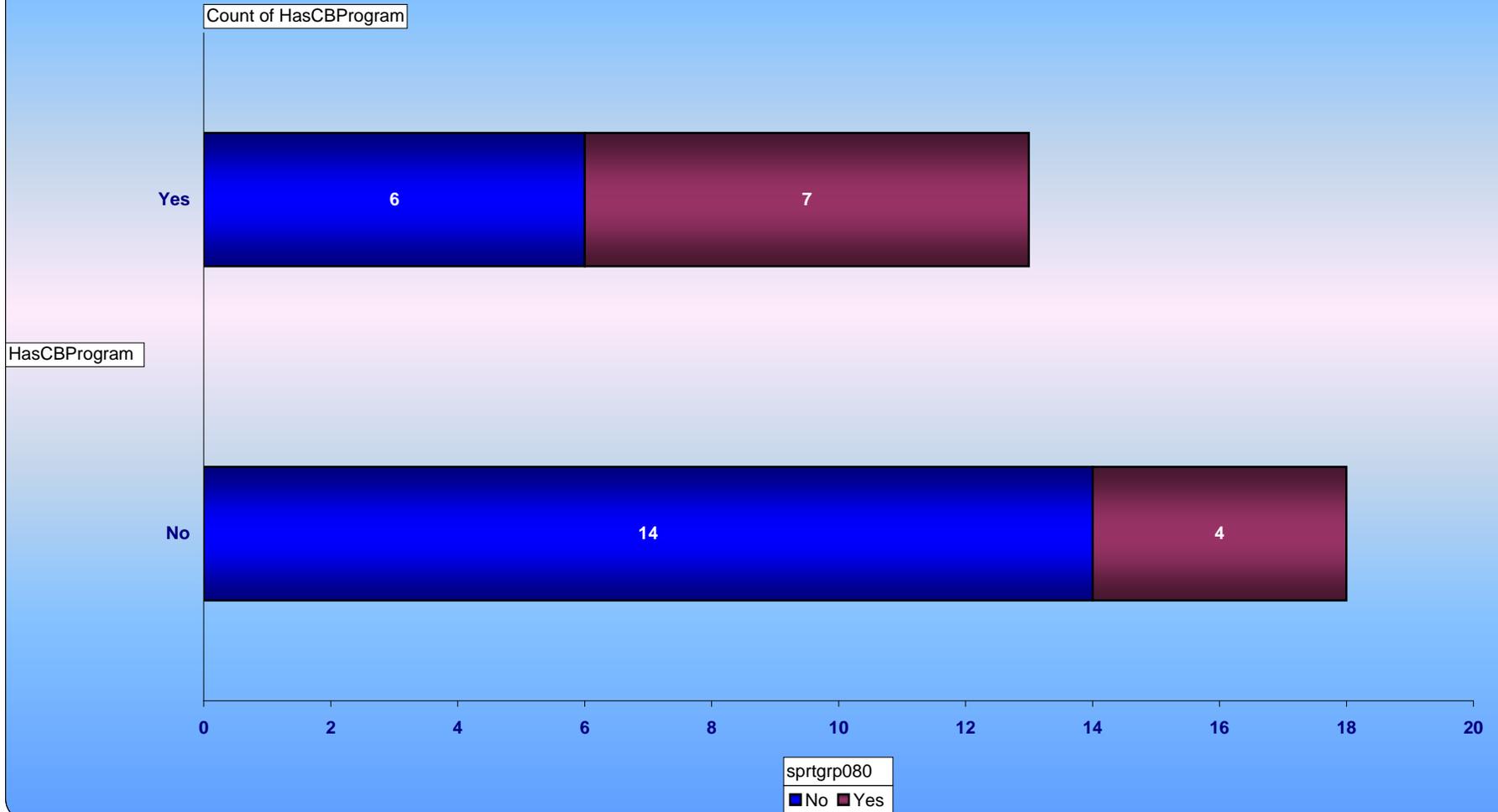
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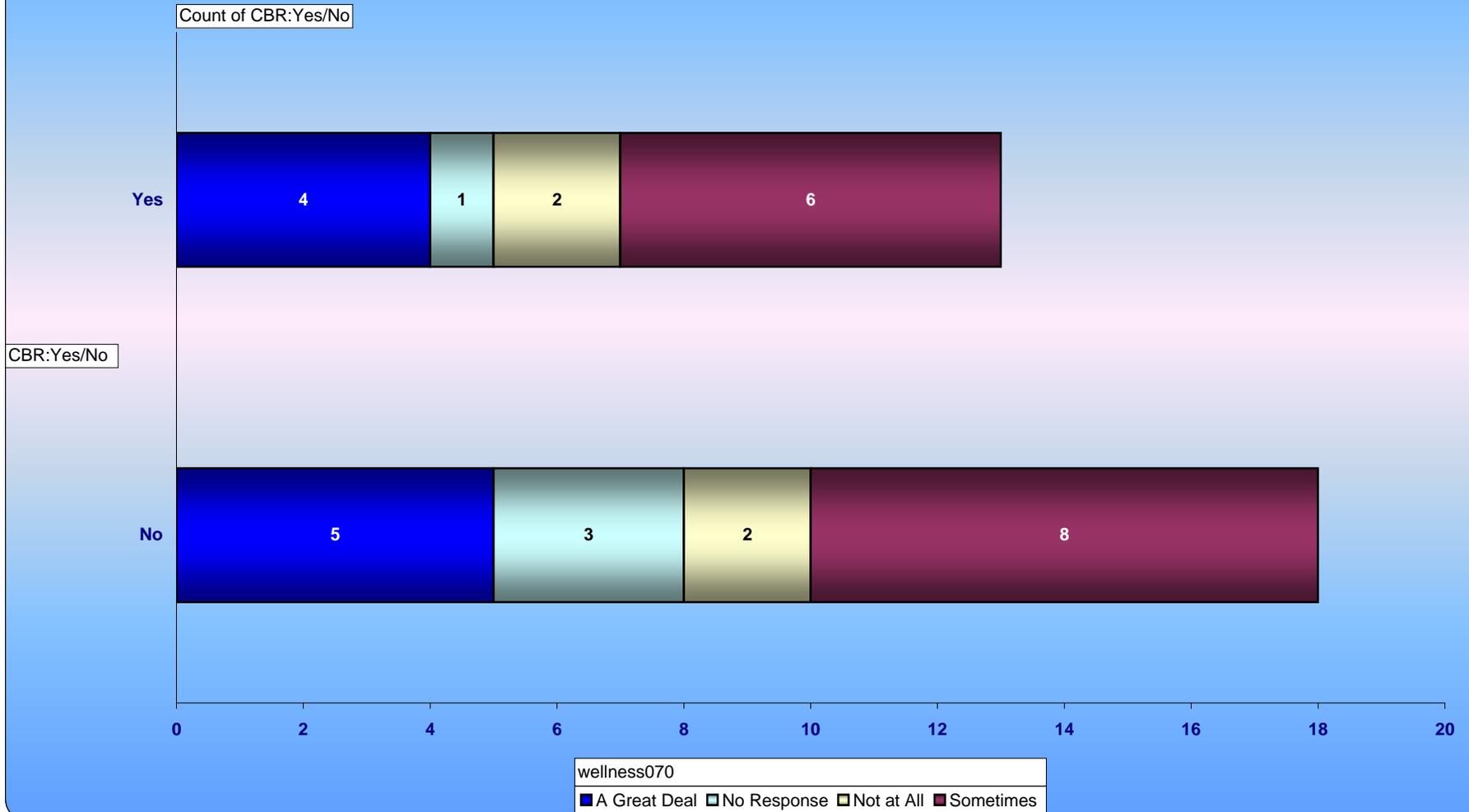
Question 36: What are your organization's practices regarding informal caregivers - that is, friends and family members who provide care to patients?
a. created policies for referring caregivers to support groups



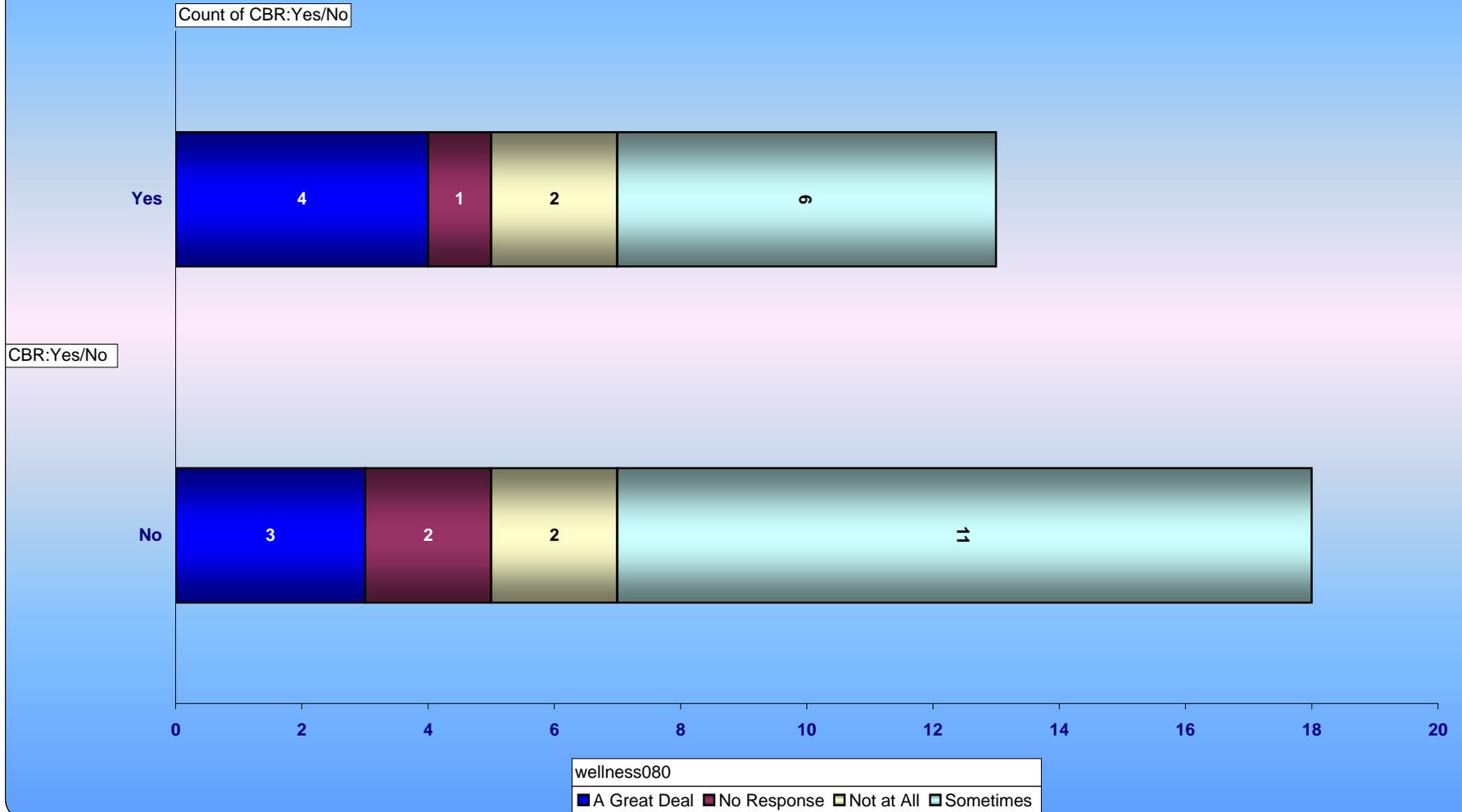
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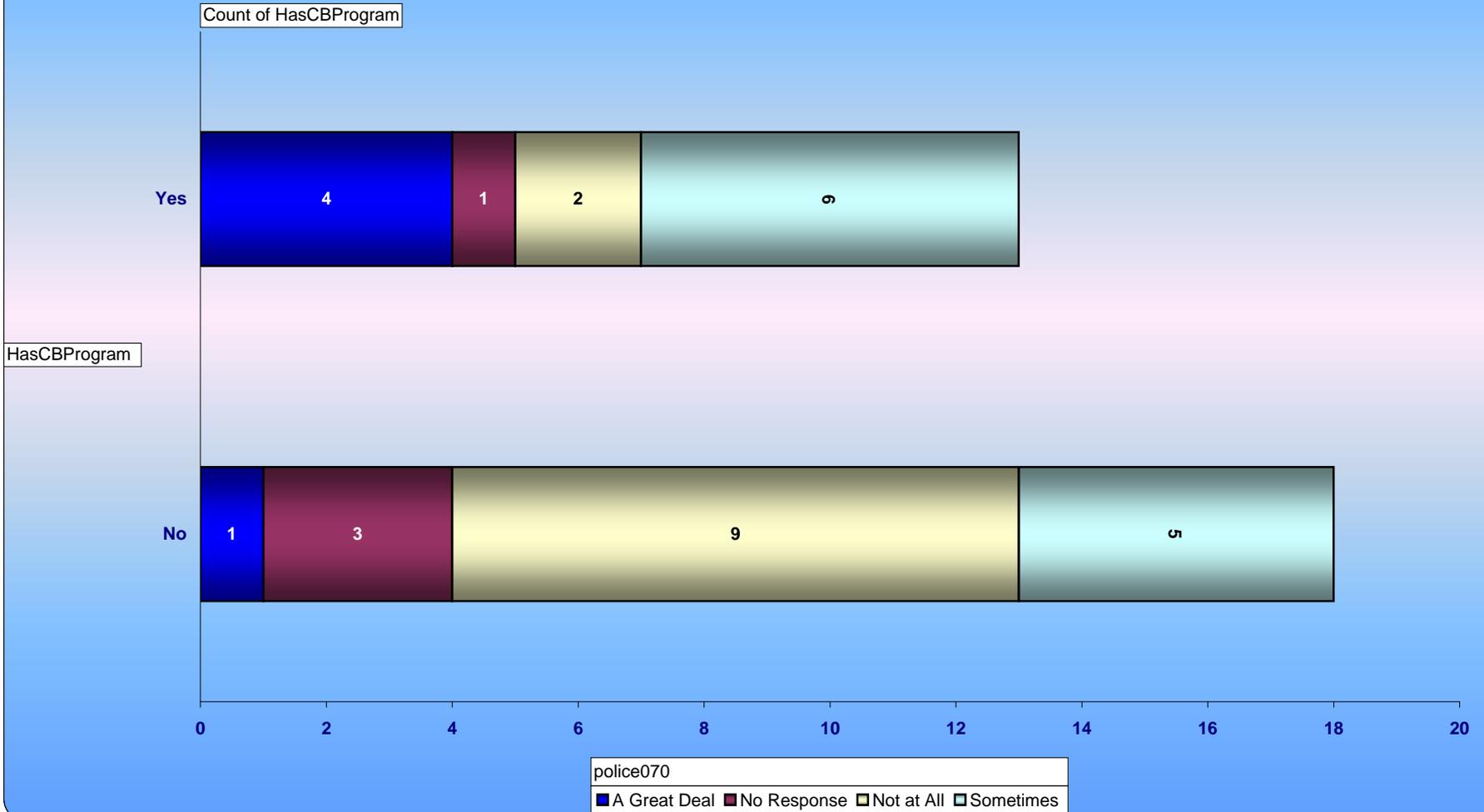
Question 37: Has your organization carried out the following types of activities in Connecticut? For each activity, indicate either, 'Not at all,' 'Sometimes' or 'A Great Deal,' if you have...
 b. Encouraged employers to provide wellness programs.



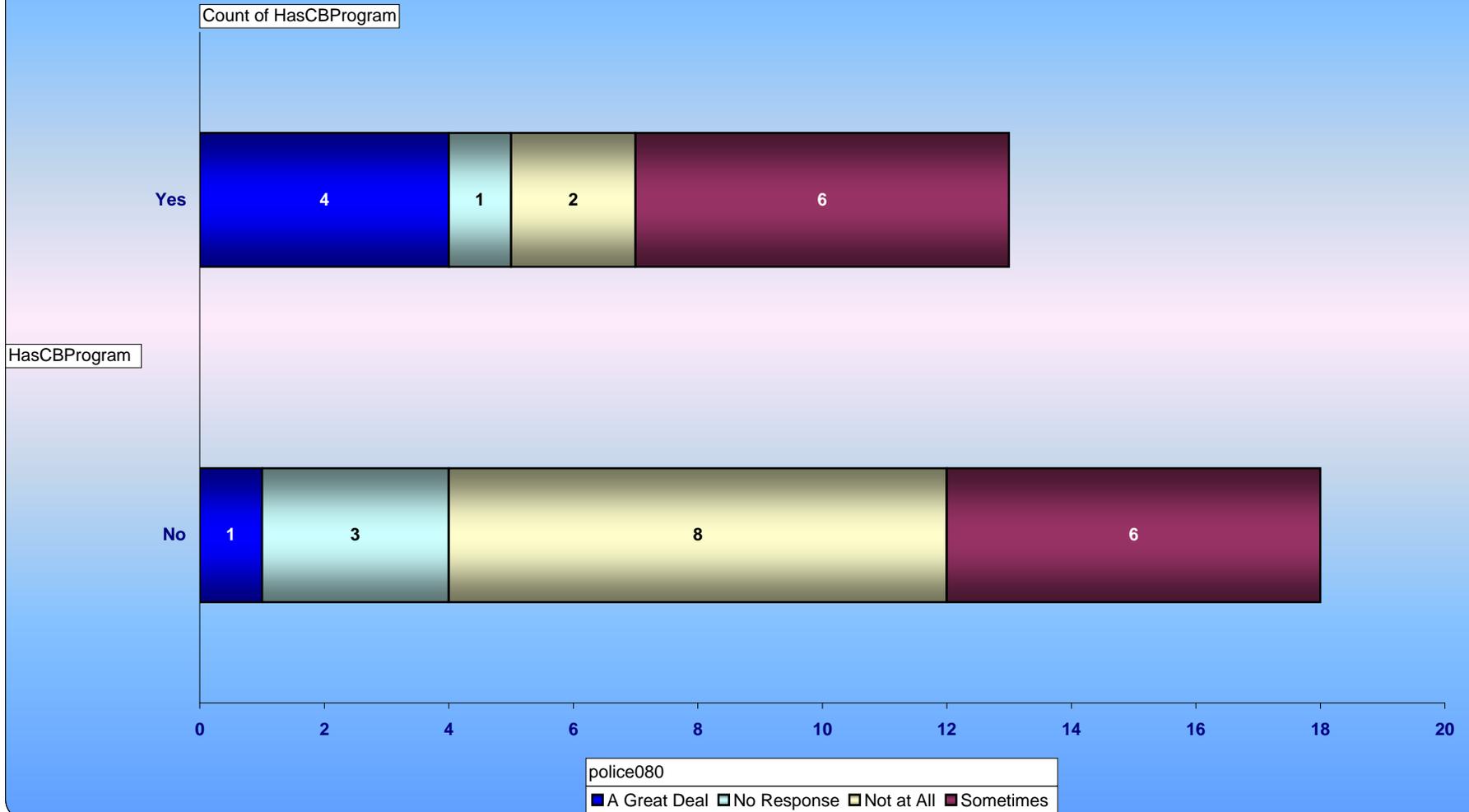
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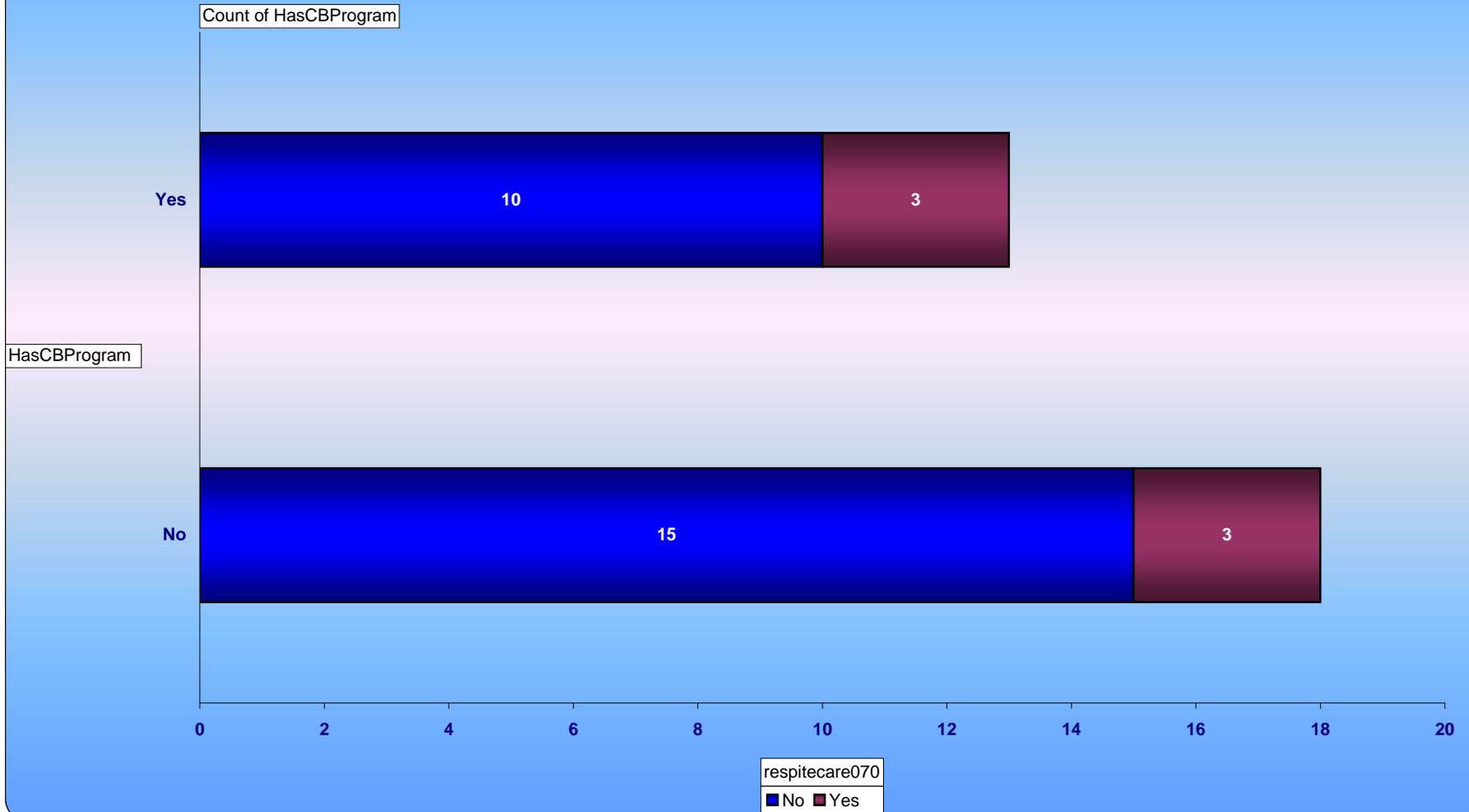
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 a. Worked with police or neighborhood groups to reduce crime.



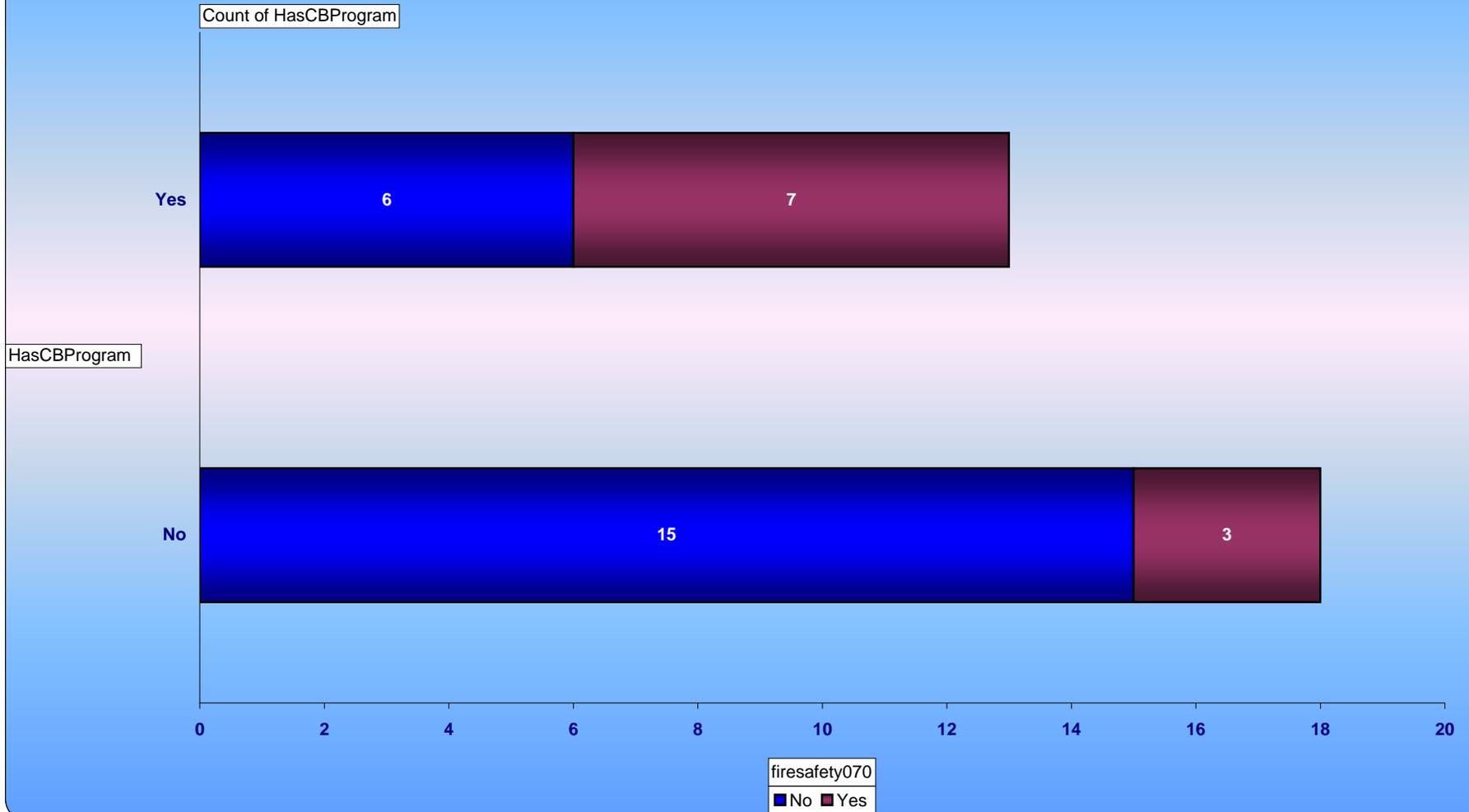
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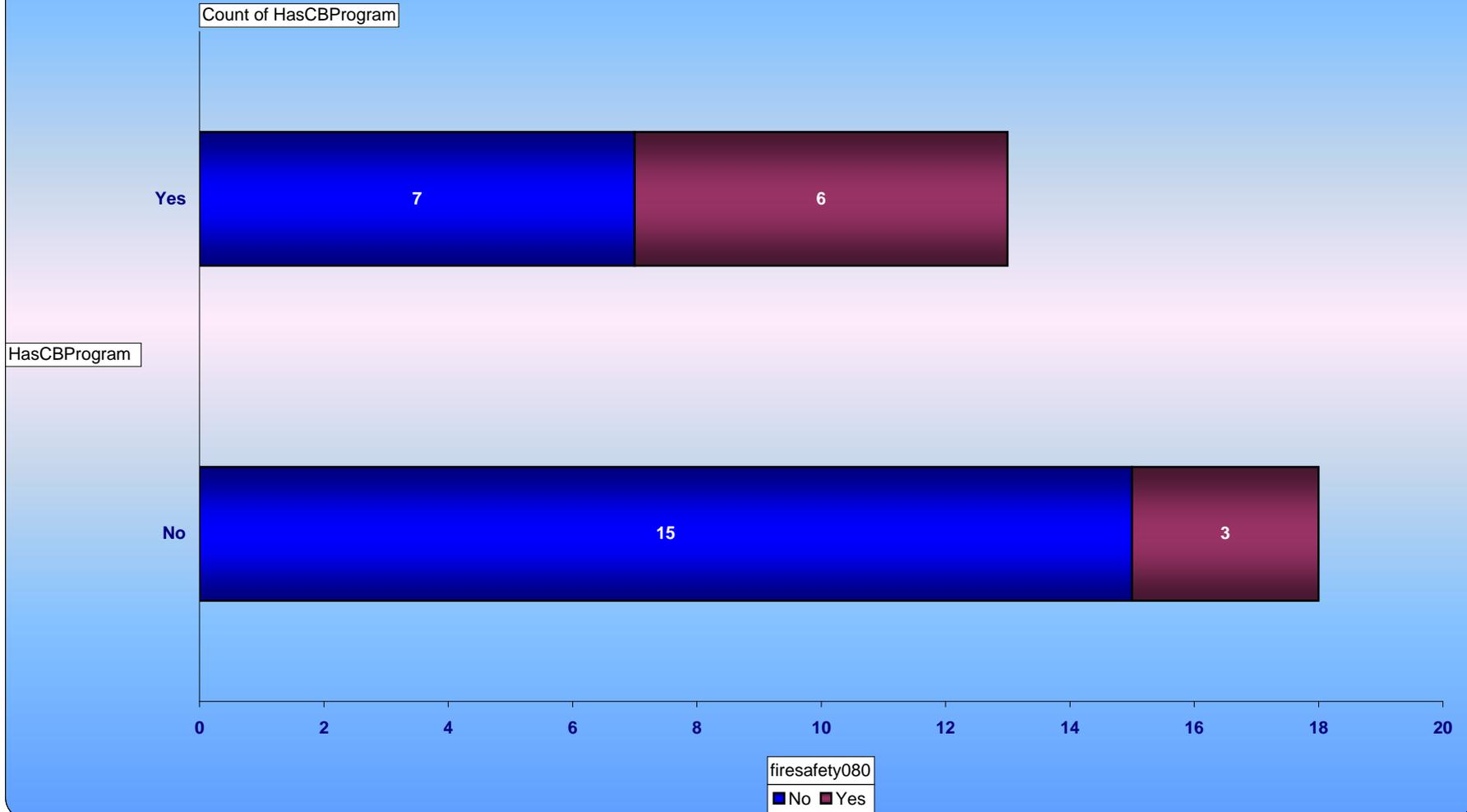
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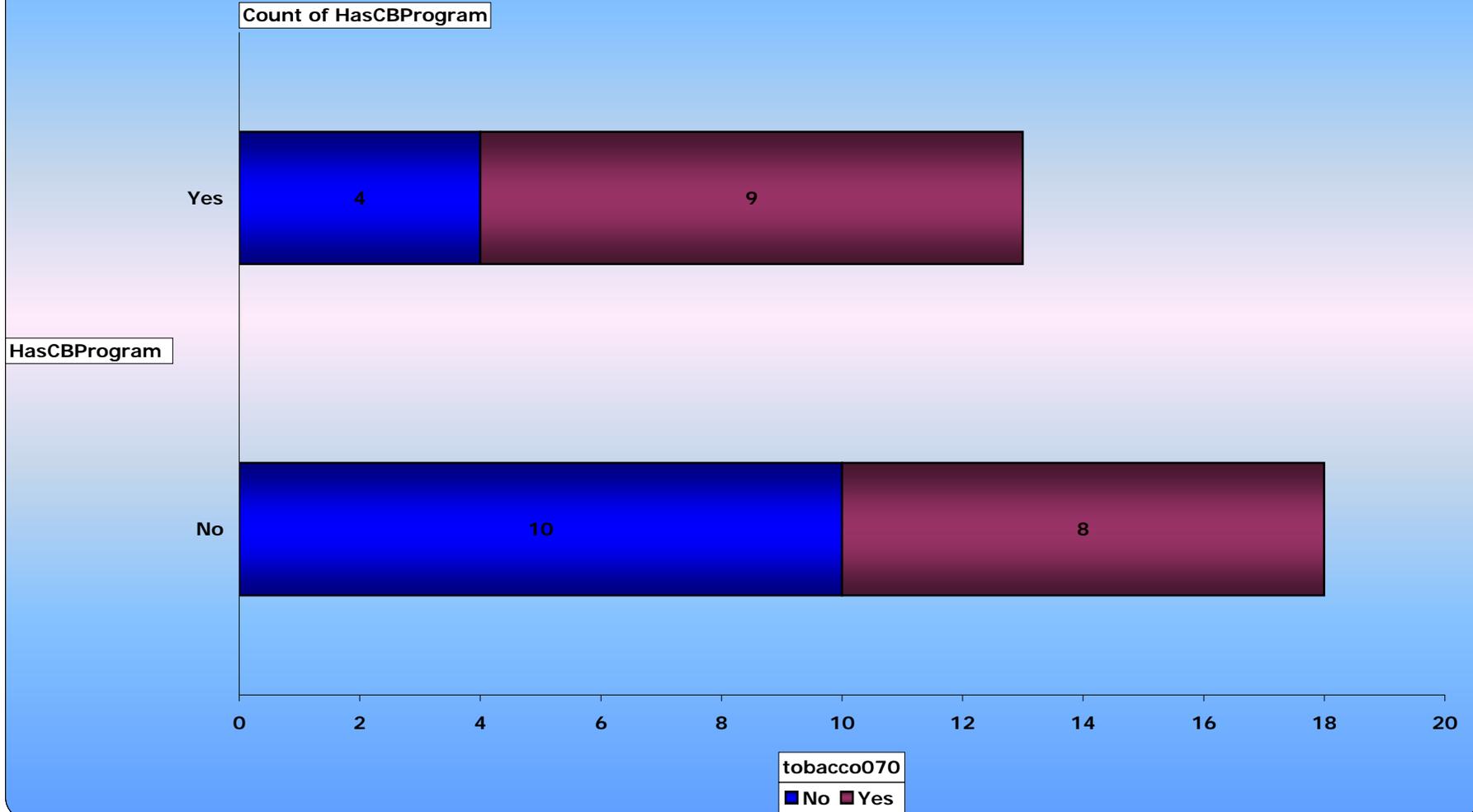
Question 38: Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?
B. Fire Safety.



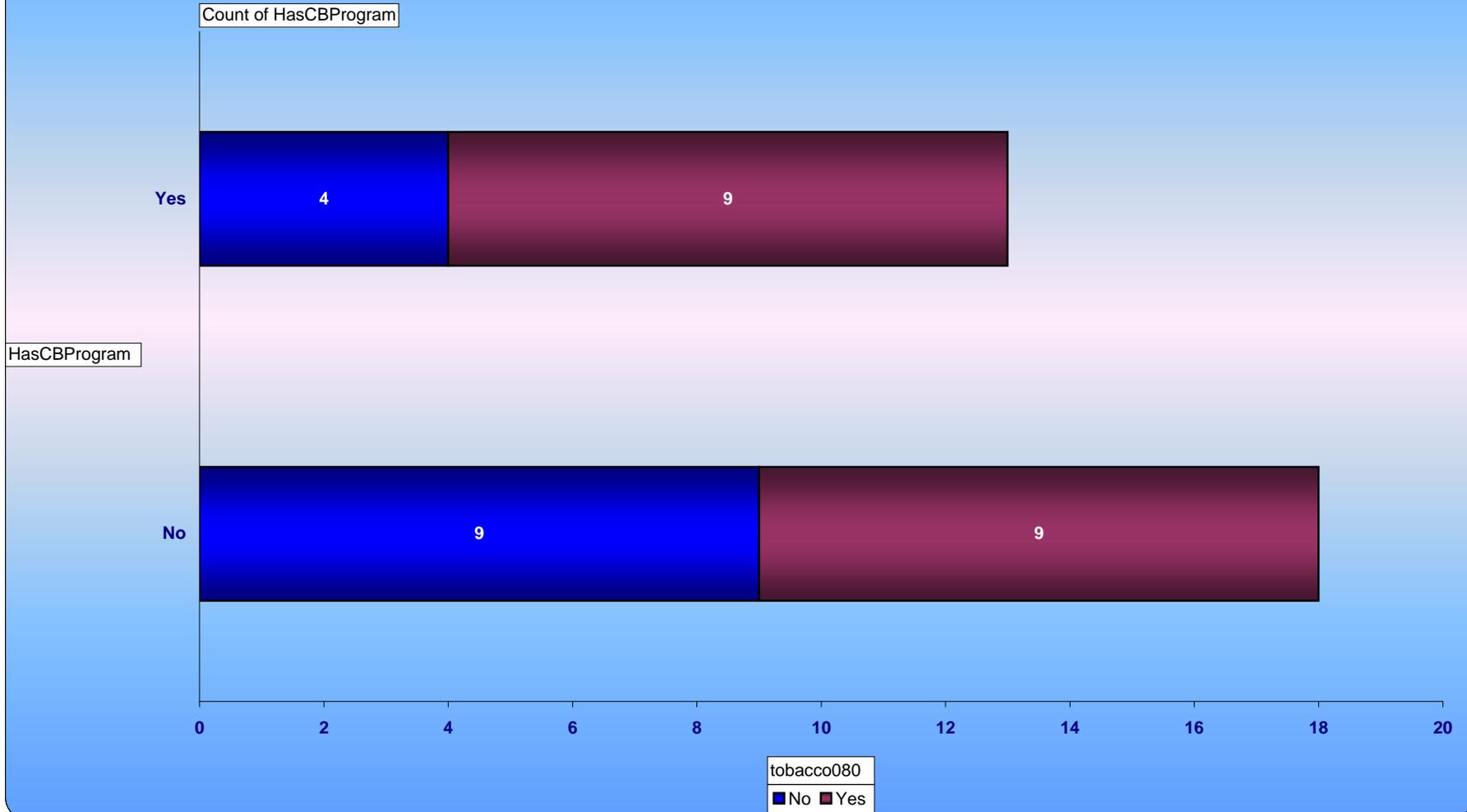
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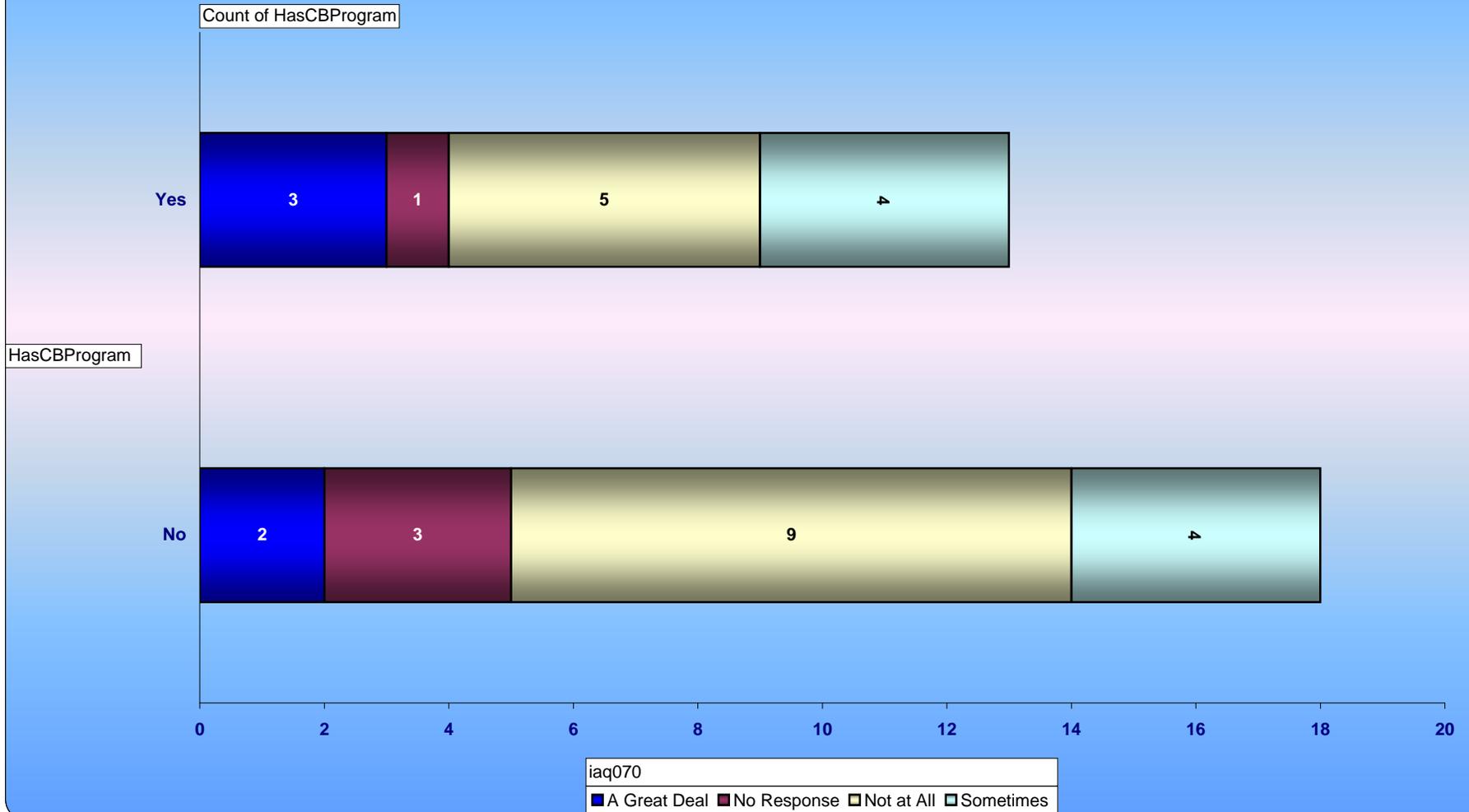
Question 38: Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?
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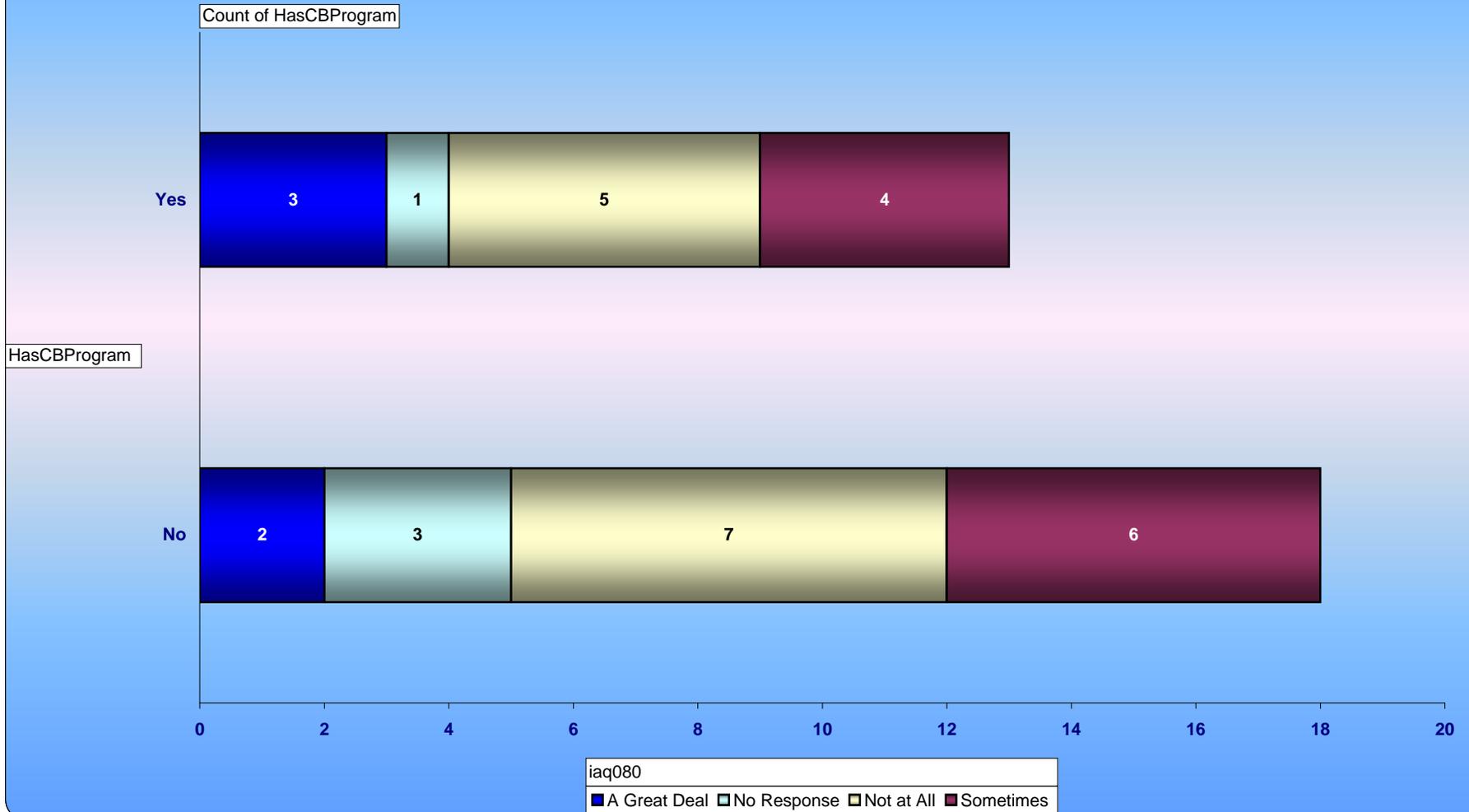
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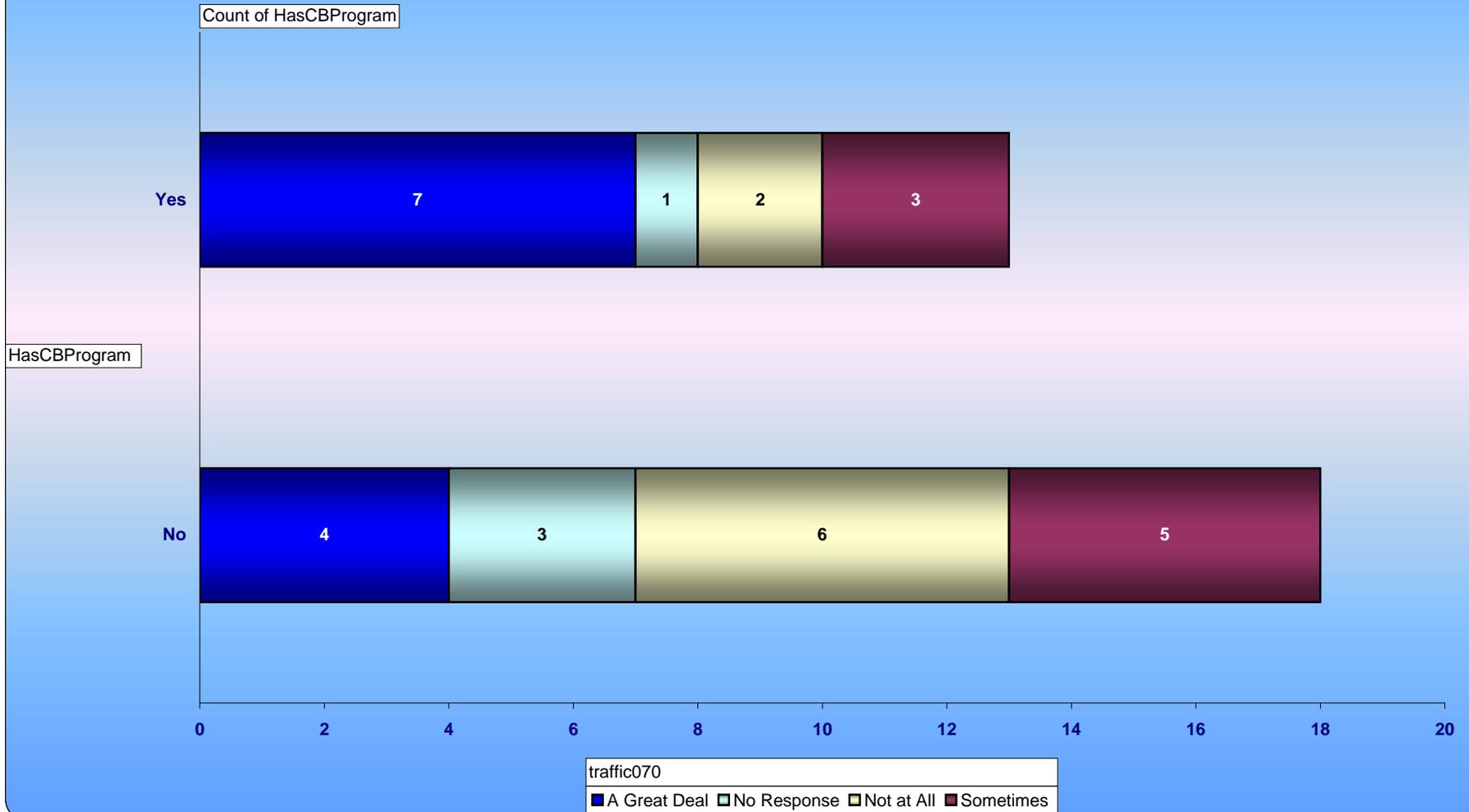
Question 37: Has your organization carried out the following types of activities in Connecticut? For each activity, indicate either, "Not at all," "Sometimes" or "A Great Deal," if you have...
 d. worked to address indoor air quality problems.



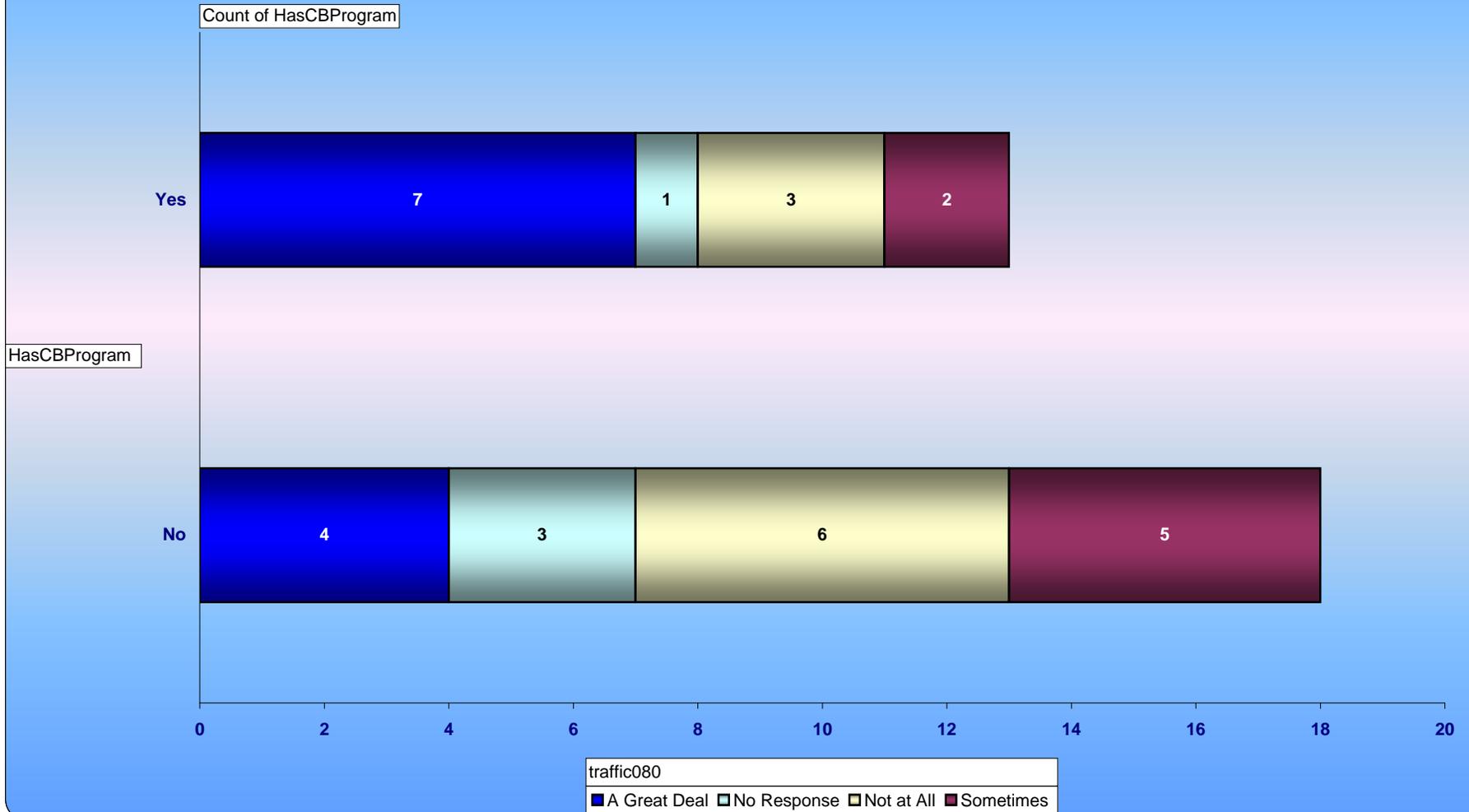
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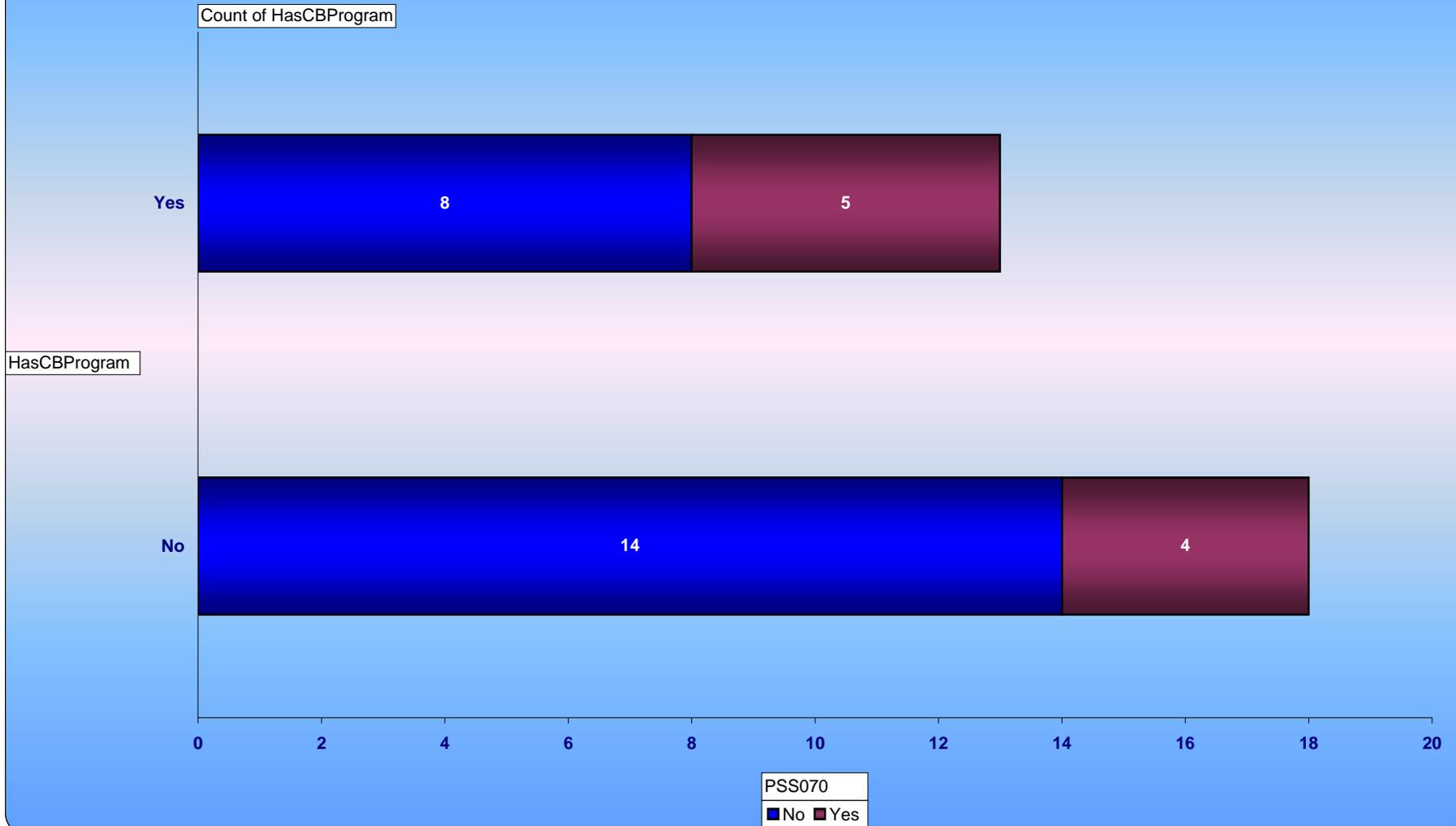
Question 37: Has your organization carried out the following types of activities in Connecticut? For each activity, indicate either, 'Not at all,' 'Sometimes' or 'A Great Deal,' if you have...
 c. worked to reduce traffic-related injuries.



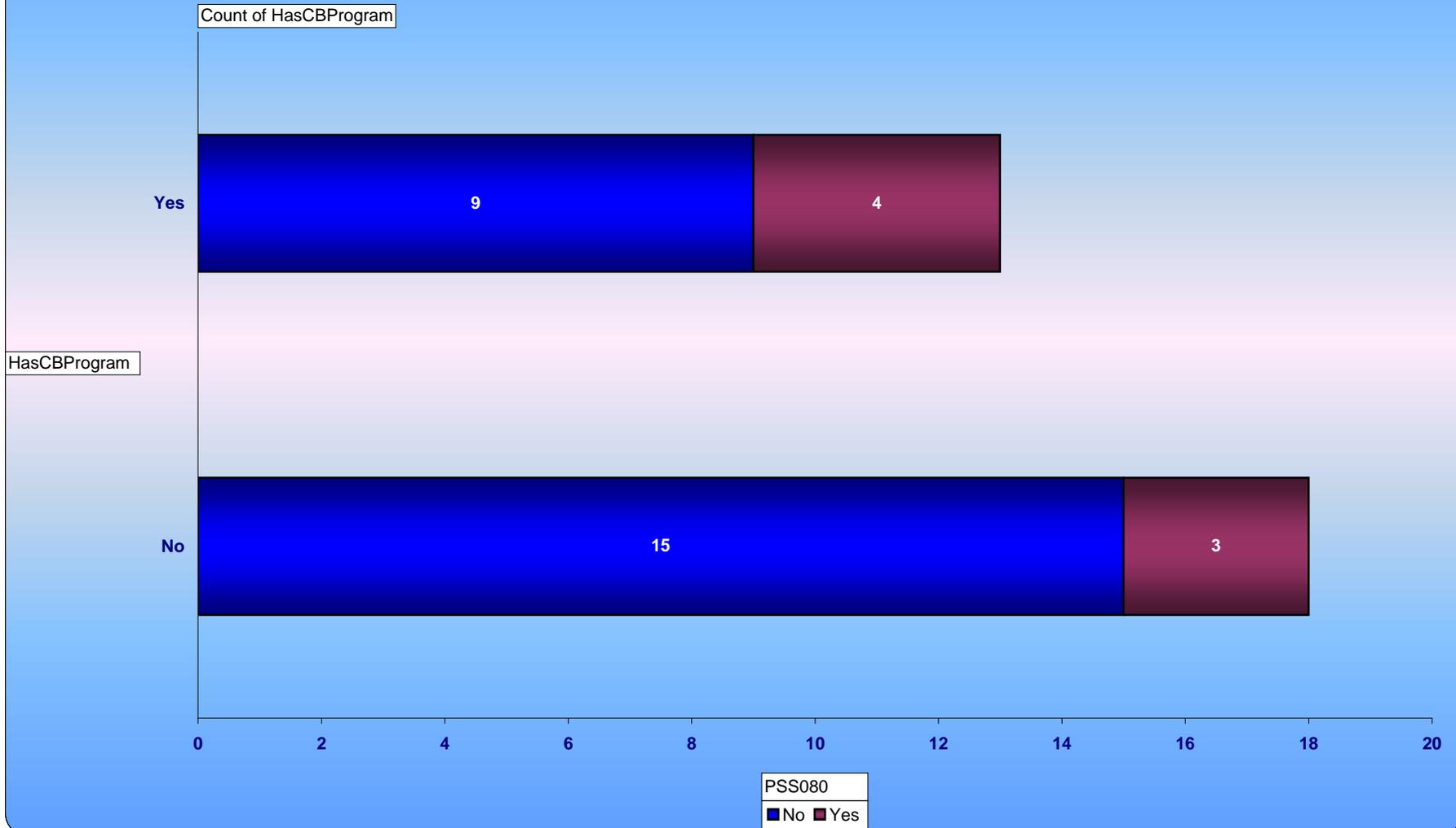
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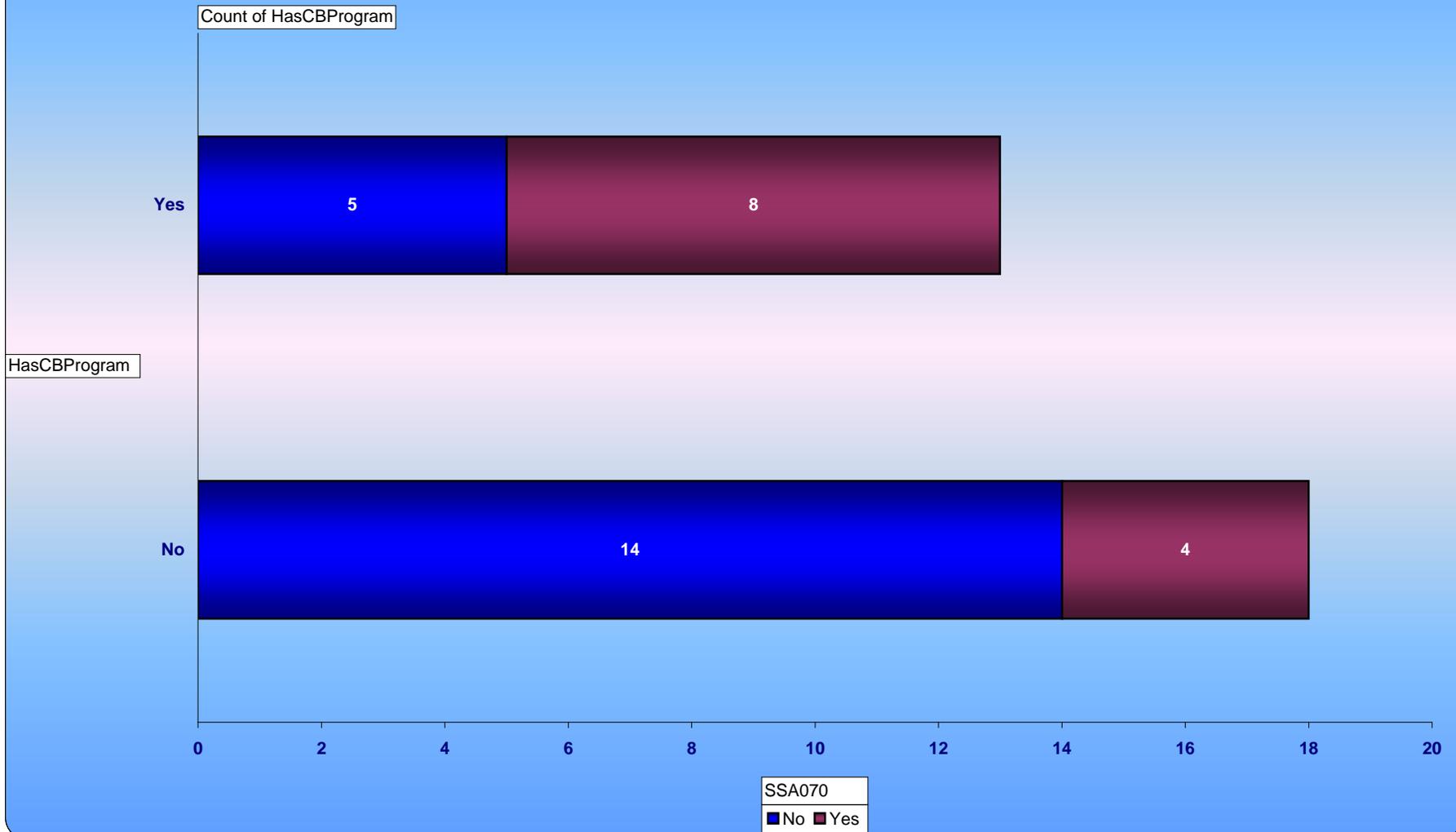
Question 39: Were grants made available to any of the following types of organizations?
i. Primary or Secondary Schools



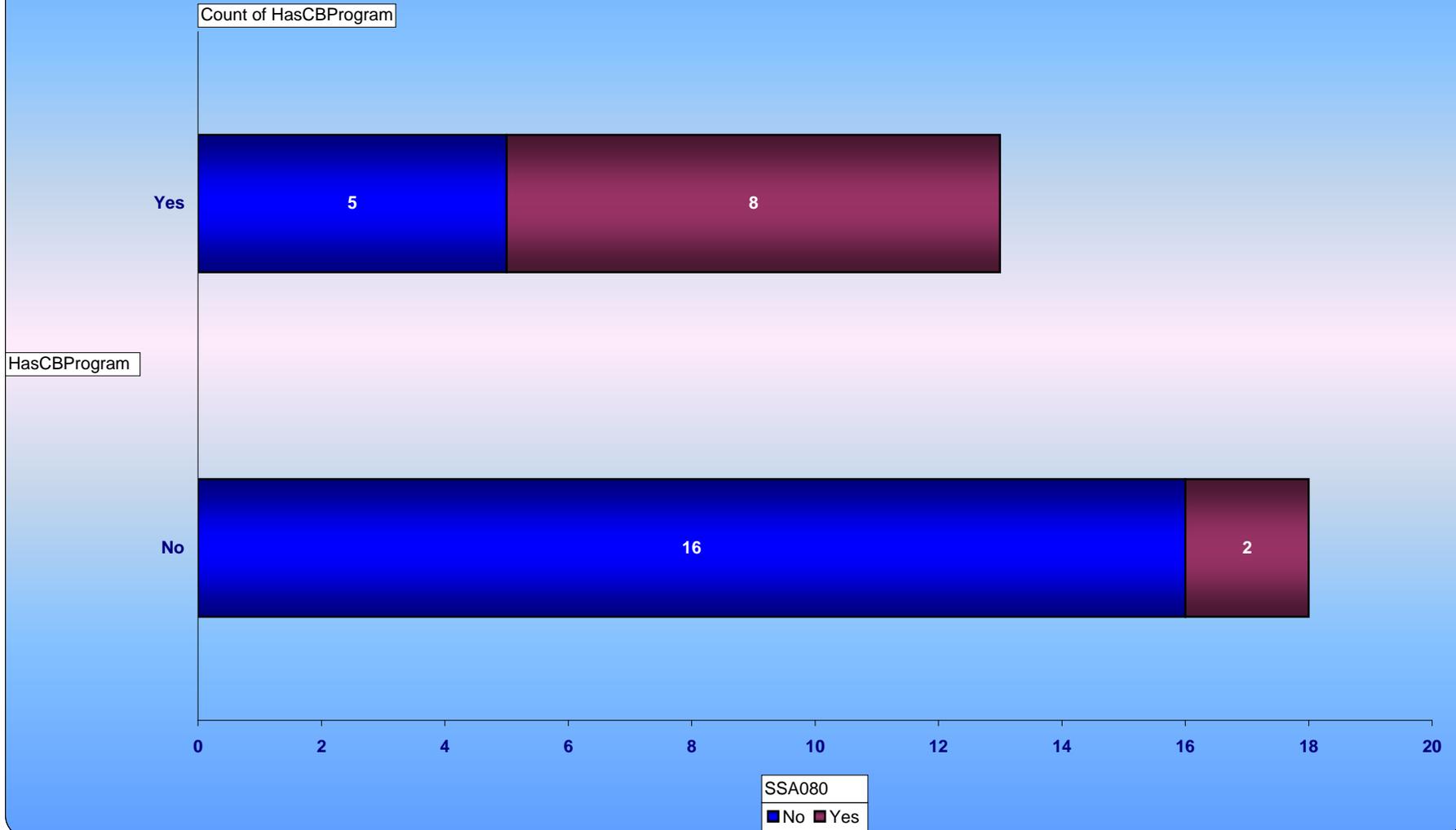
Question 39: Were grants made available to any of the following types of organizations?
i. Primary or Secondary Schools



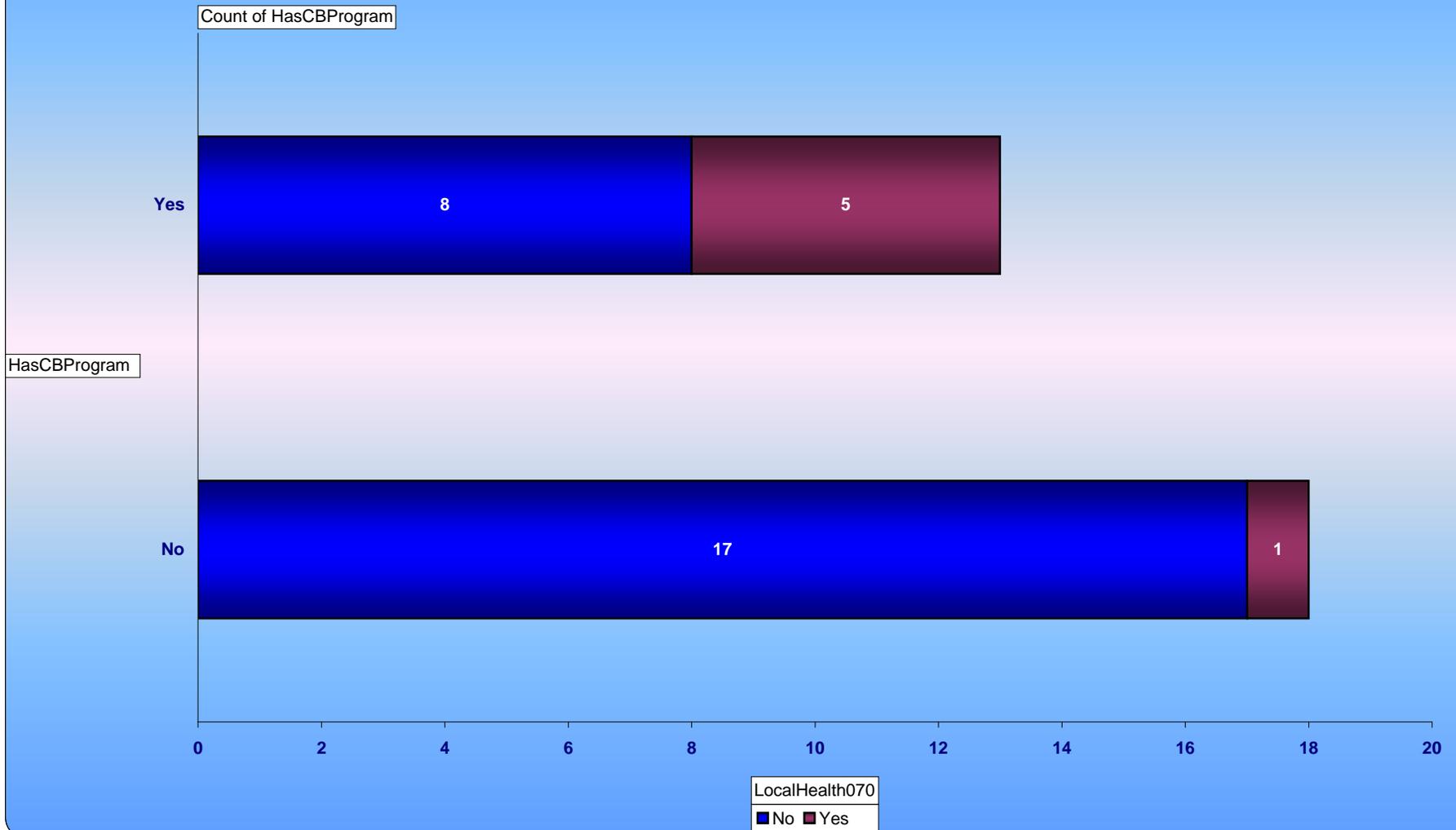
Question 39: Were grants made available to any of the following types of organizations?
G. Social Service Agencies



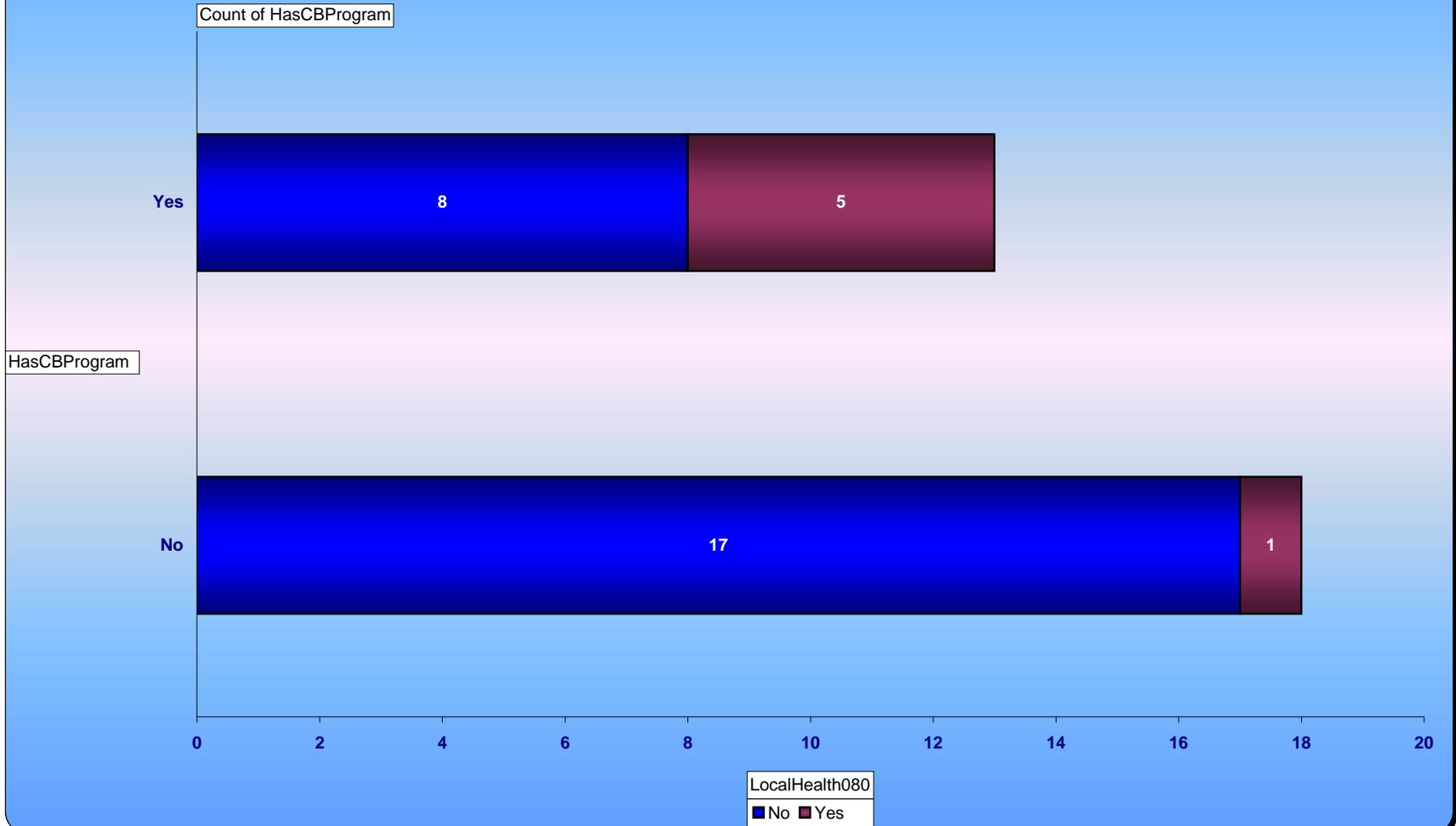
Question 39: Were grants made available to any of the following types of organizations?
G. Social Service Agencies



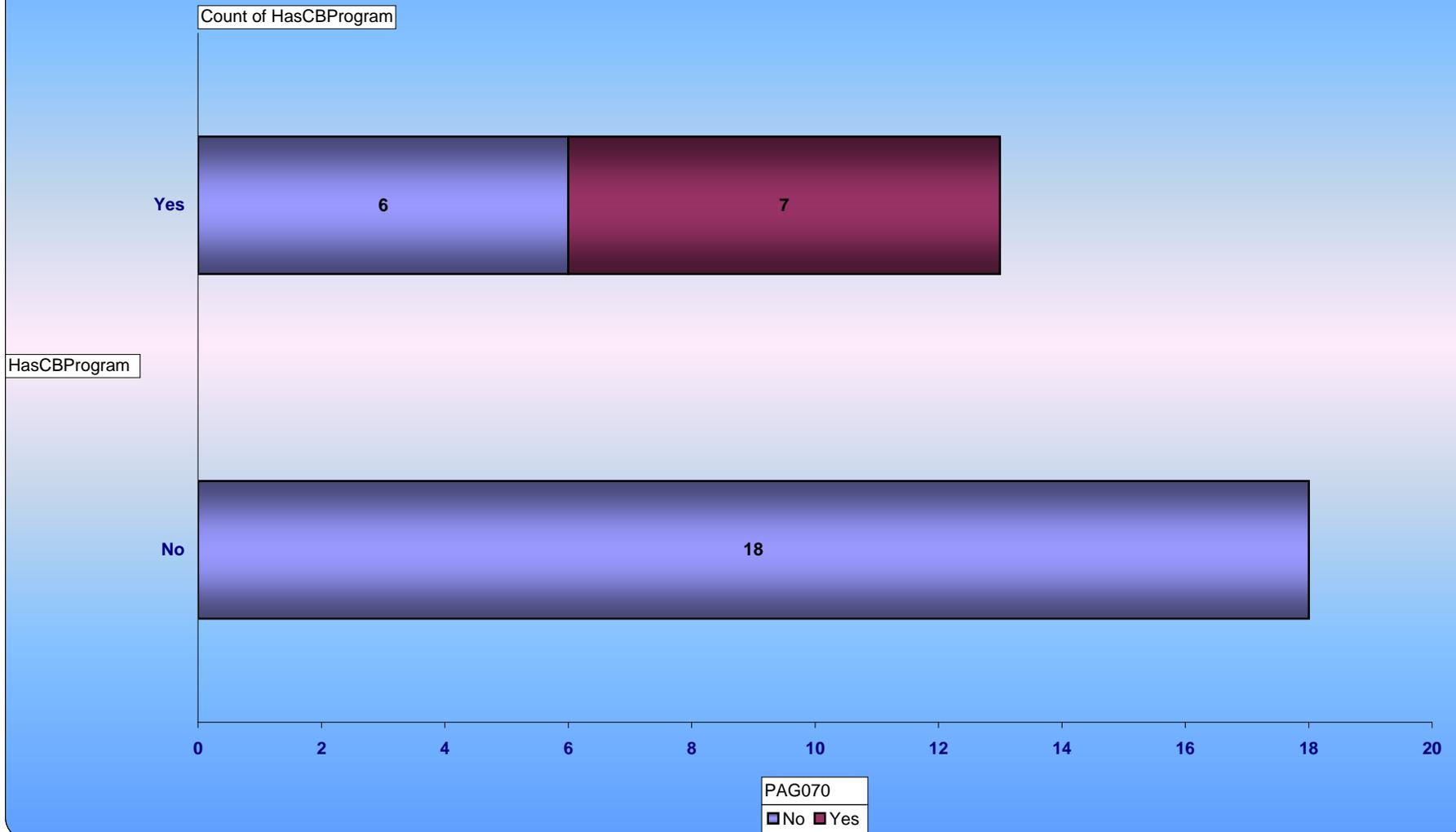
Question 39: Were grants made available to any of the following types of organizations?
F. Local Public Health Districts or Departments



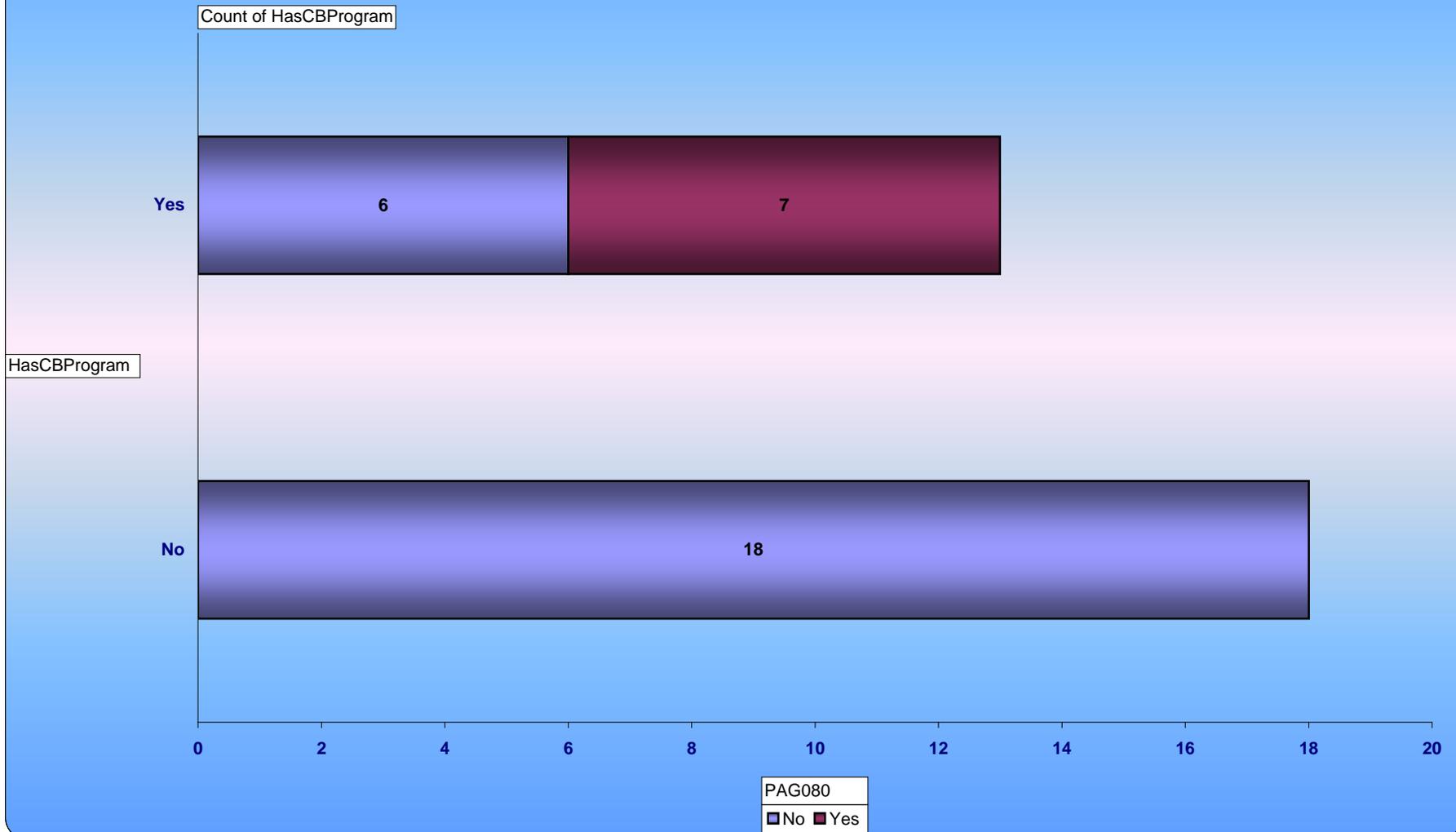
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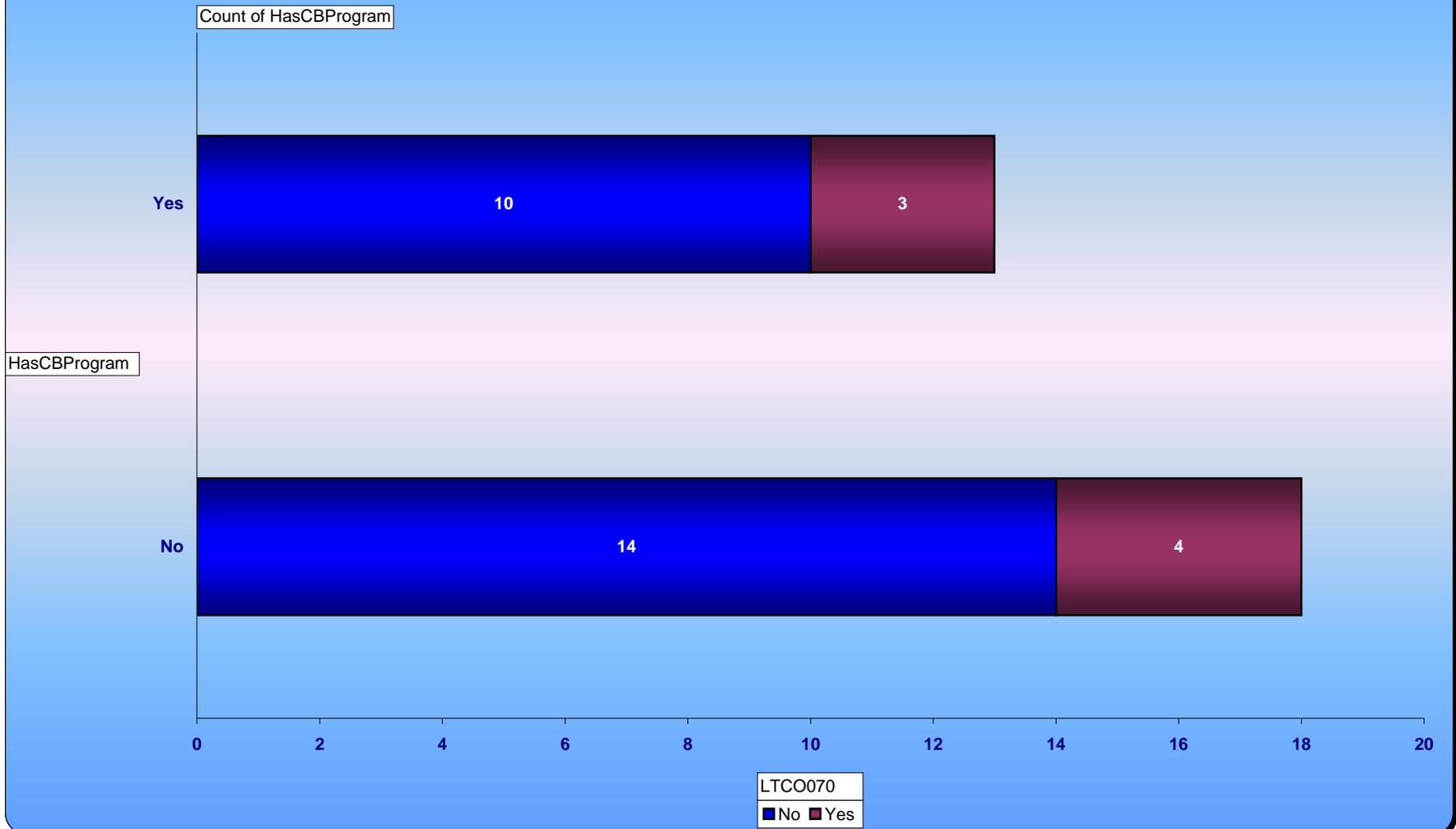
Question 39: Were grants made available to any of the following types of organizations?
E. Patient Advocacy Groups



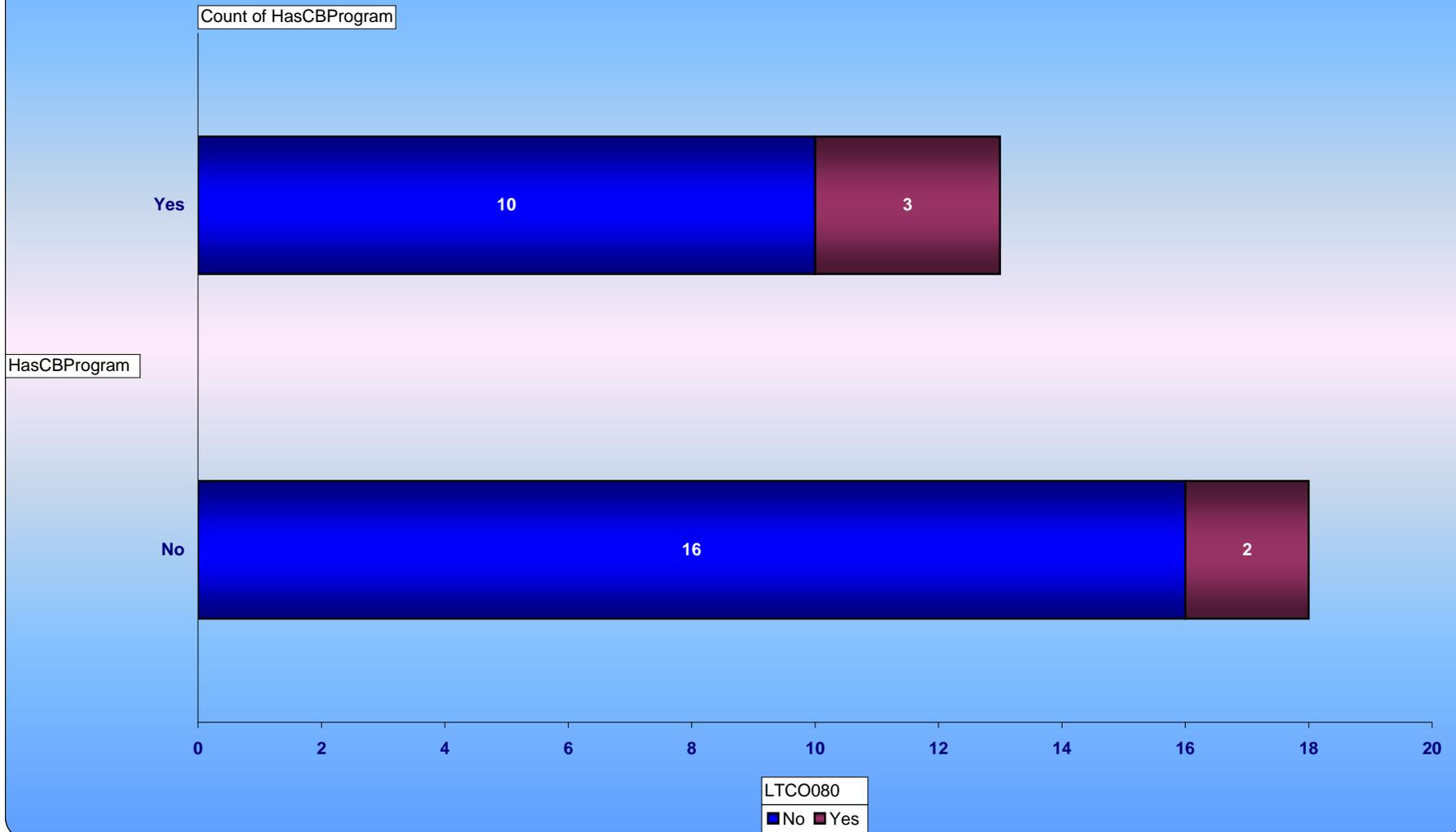
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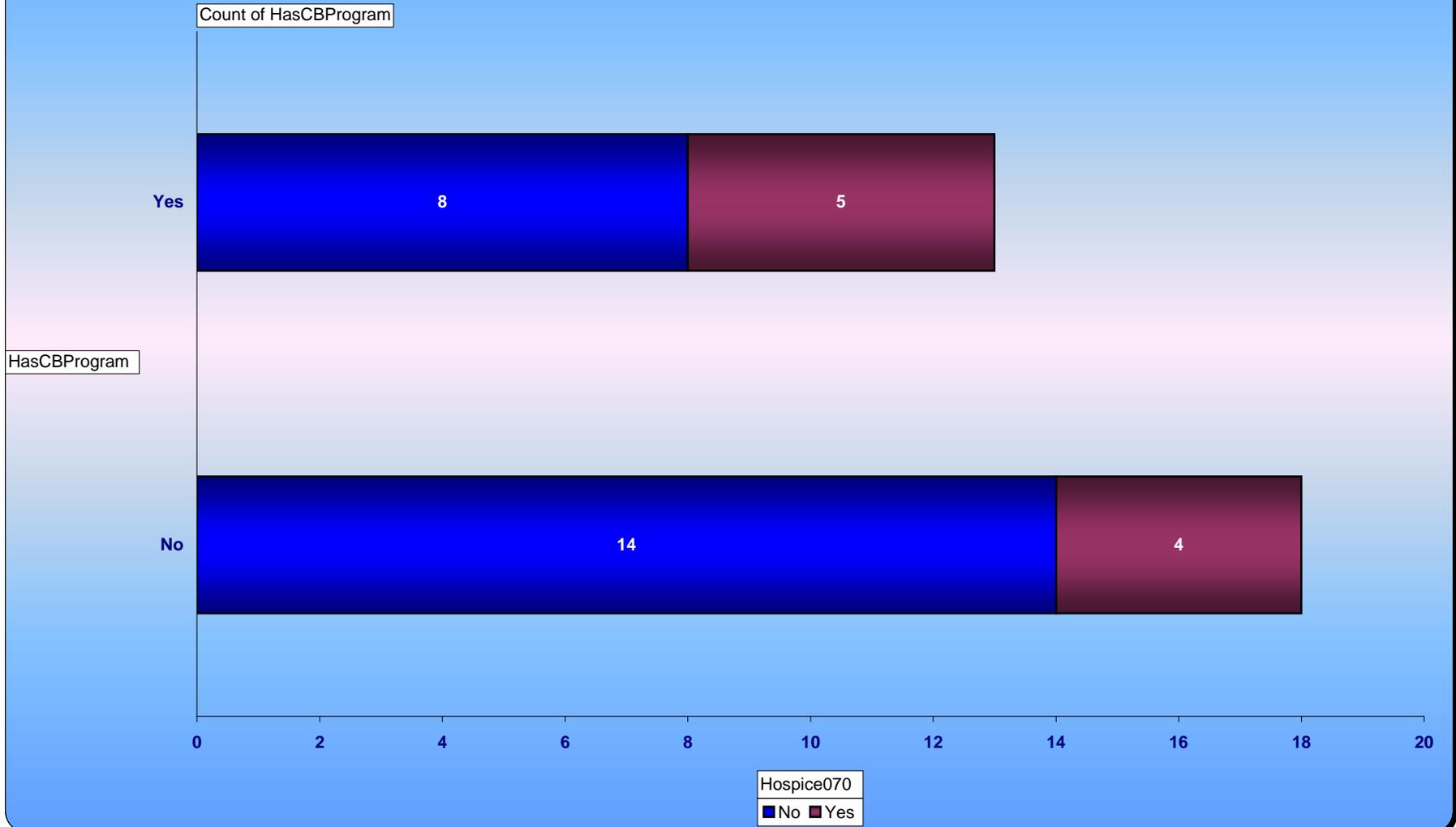
Question 39: Were grants made available to any of the following types of organizations?
D. Long Term Care Organizations



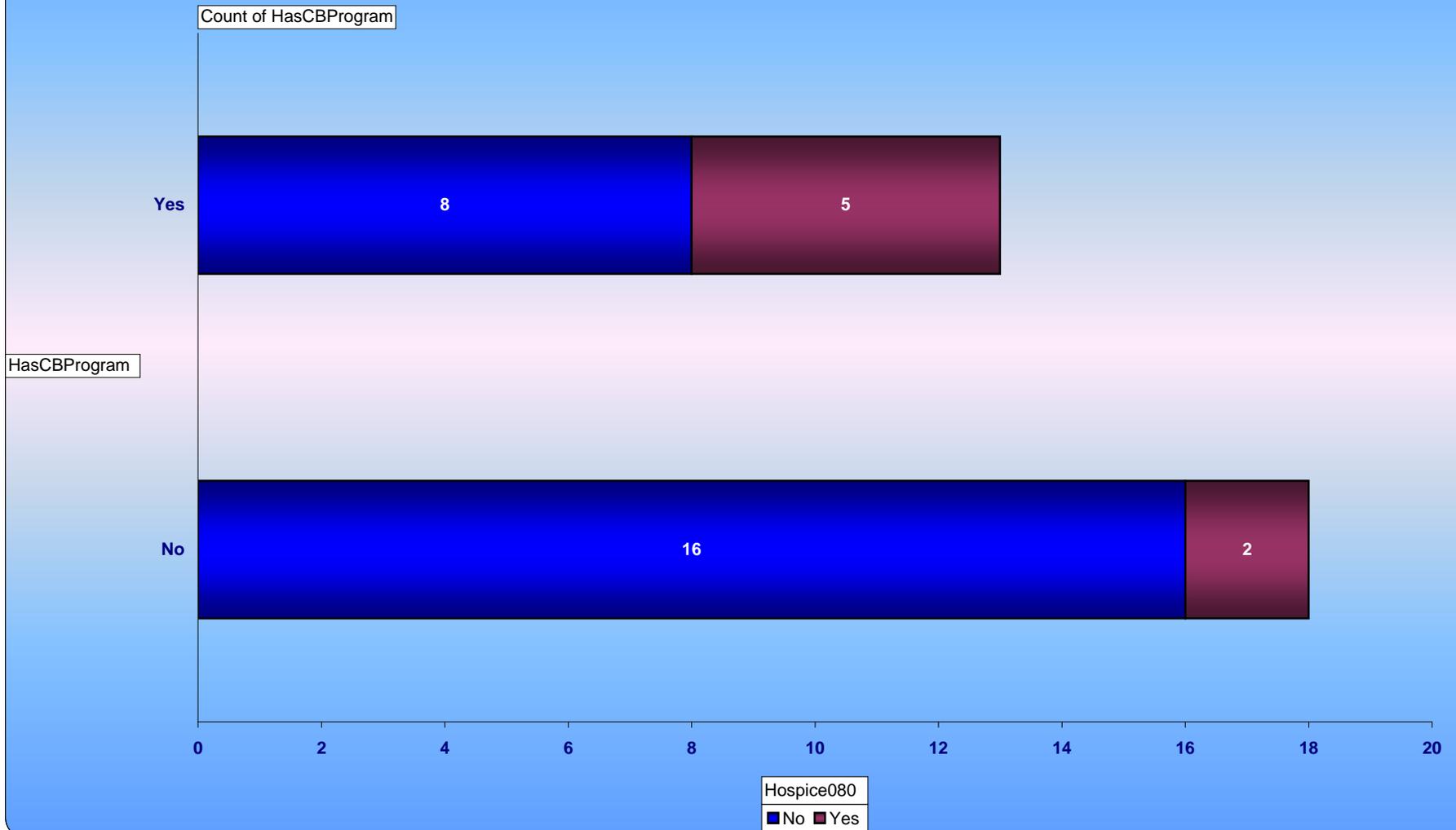
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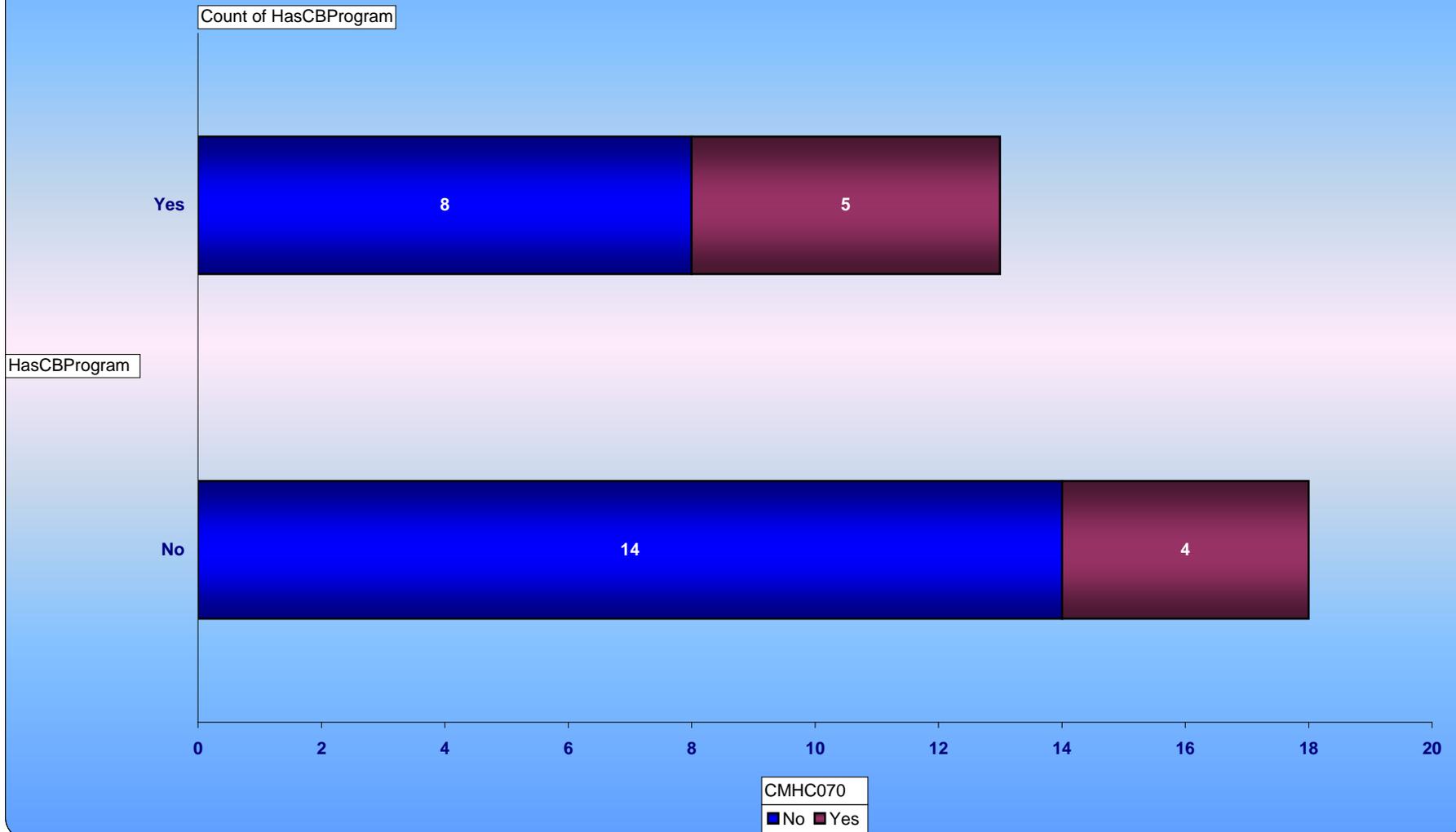
Question 39: Were grants made available to any of the following types of organizations?
C. Hospice Programs



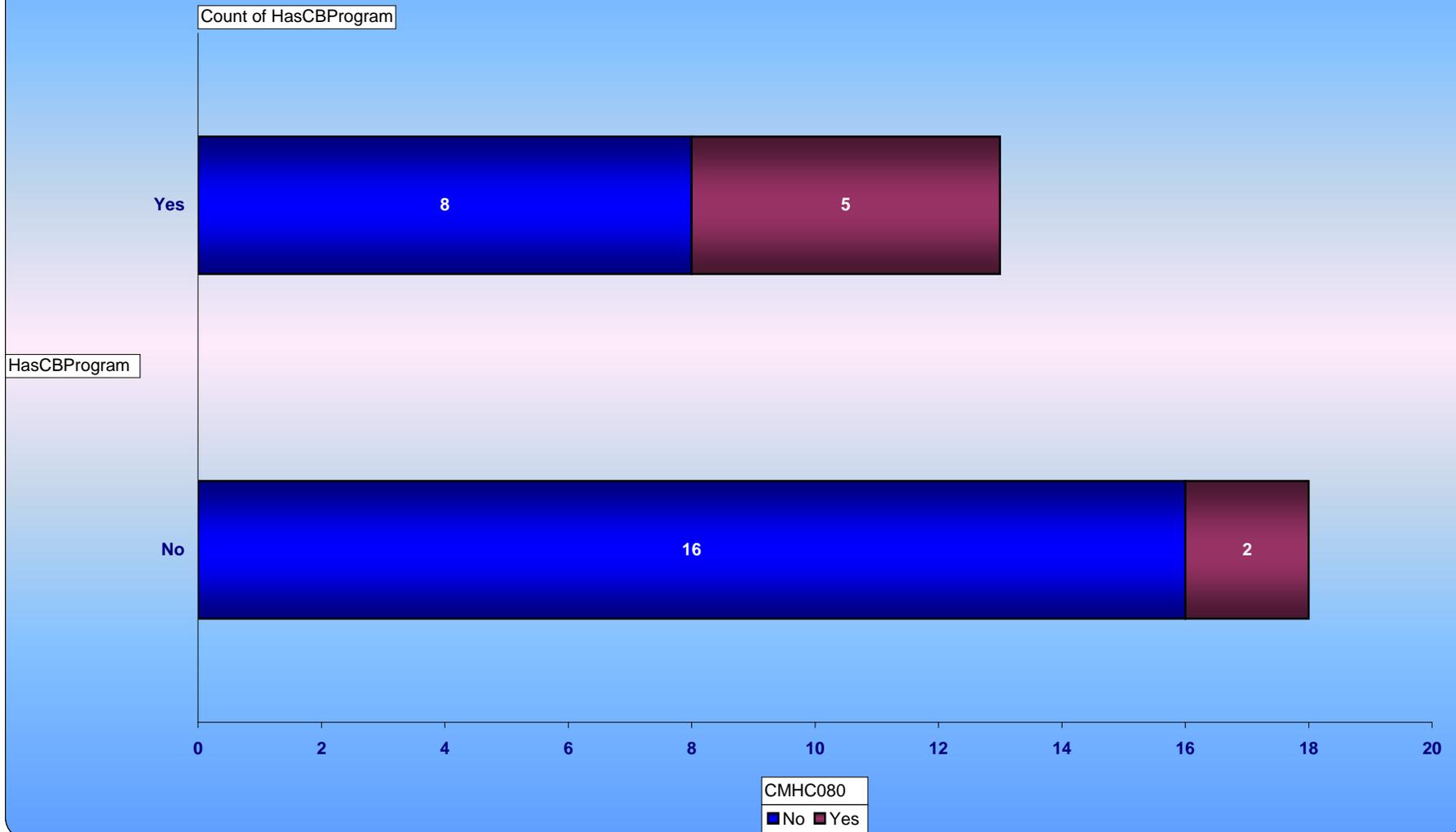
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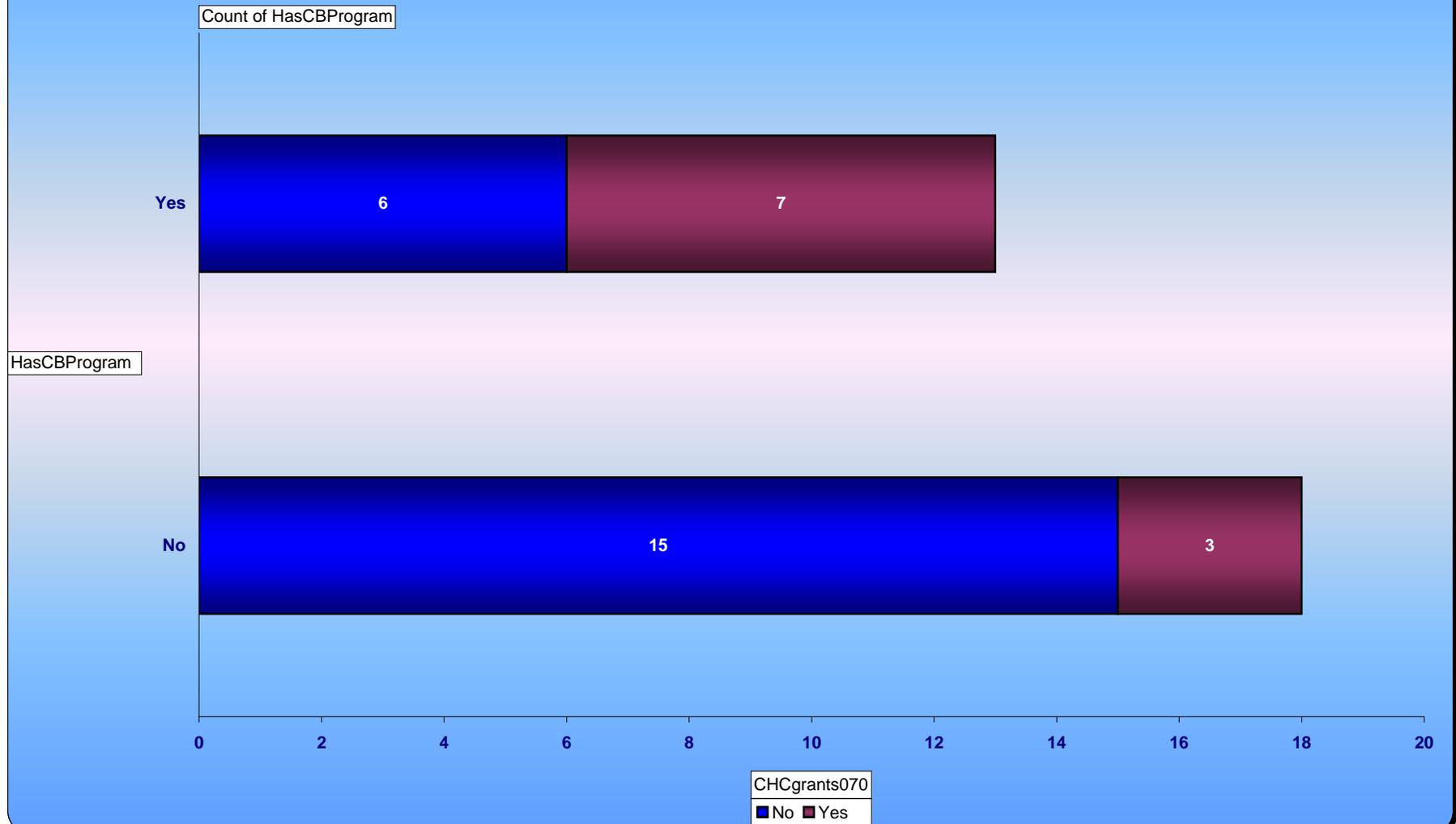
Question 39: Were grants made available to any of the following types of organizations?
b. Community Mental Health Centers



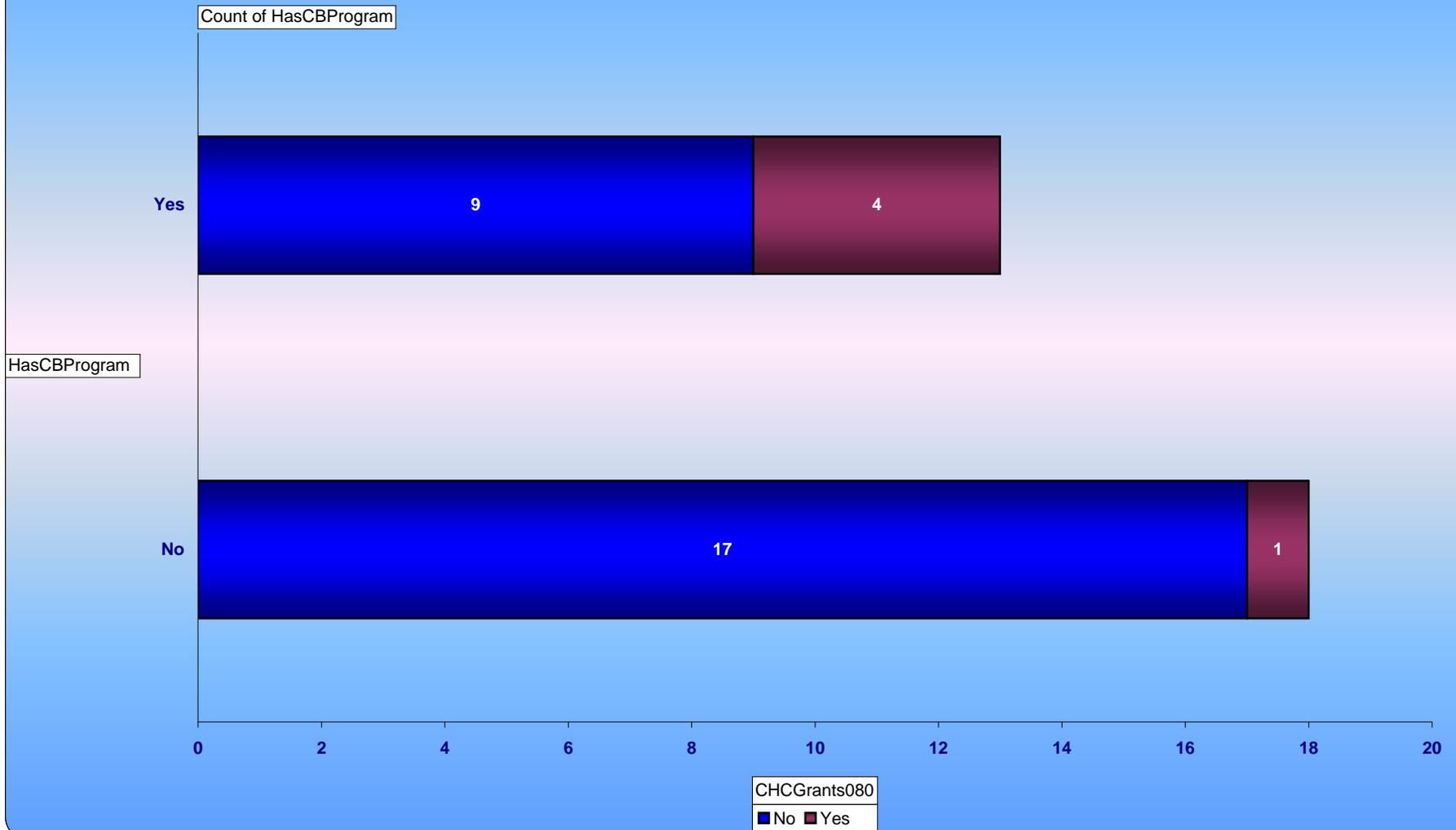
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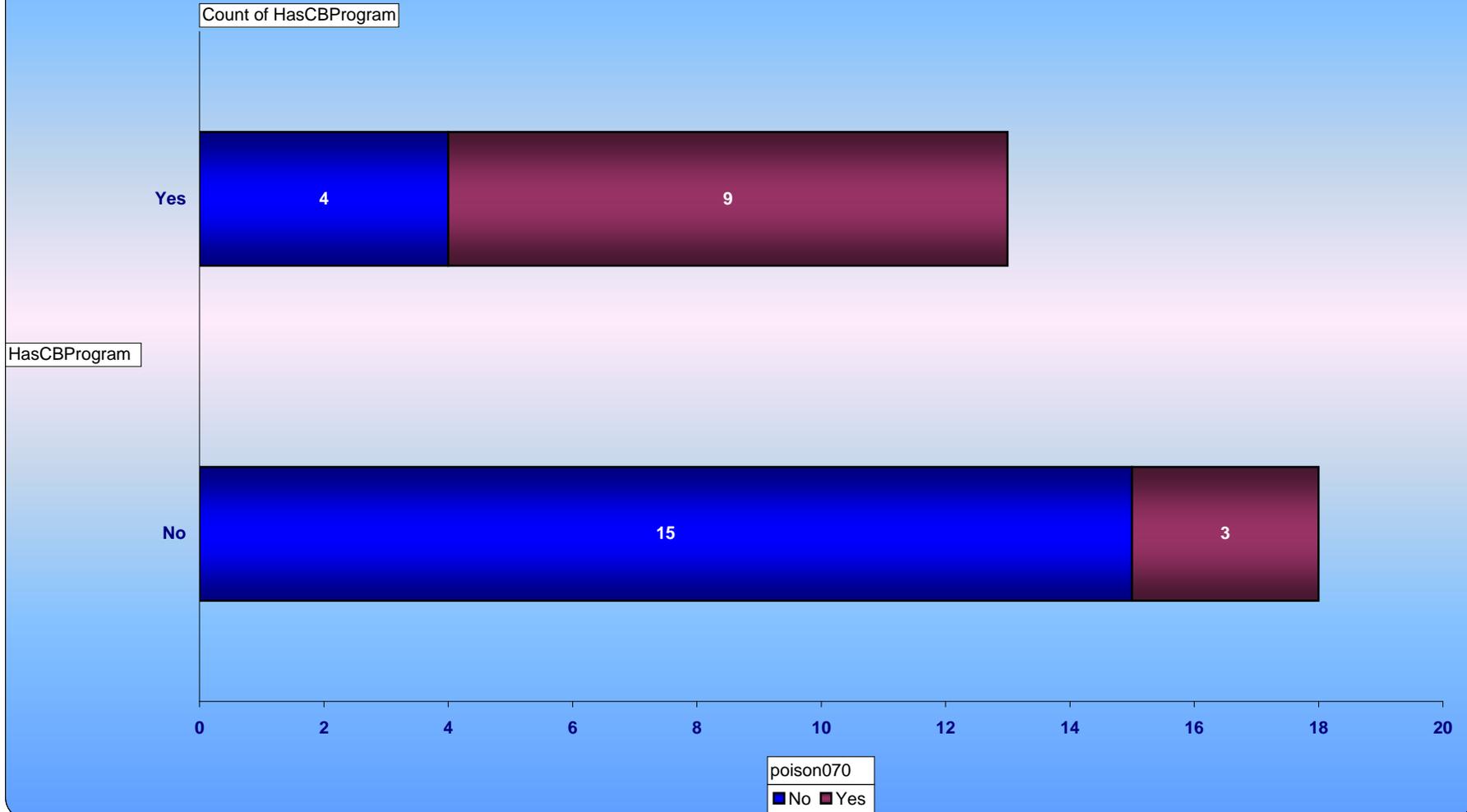
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a. Community Health Centers



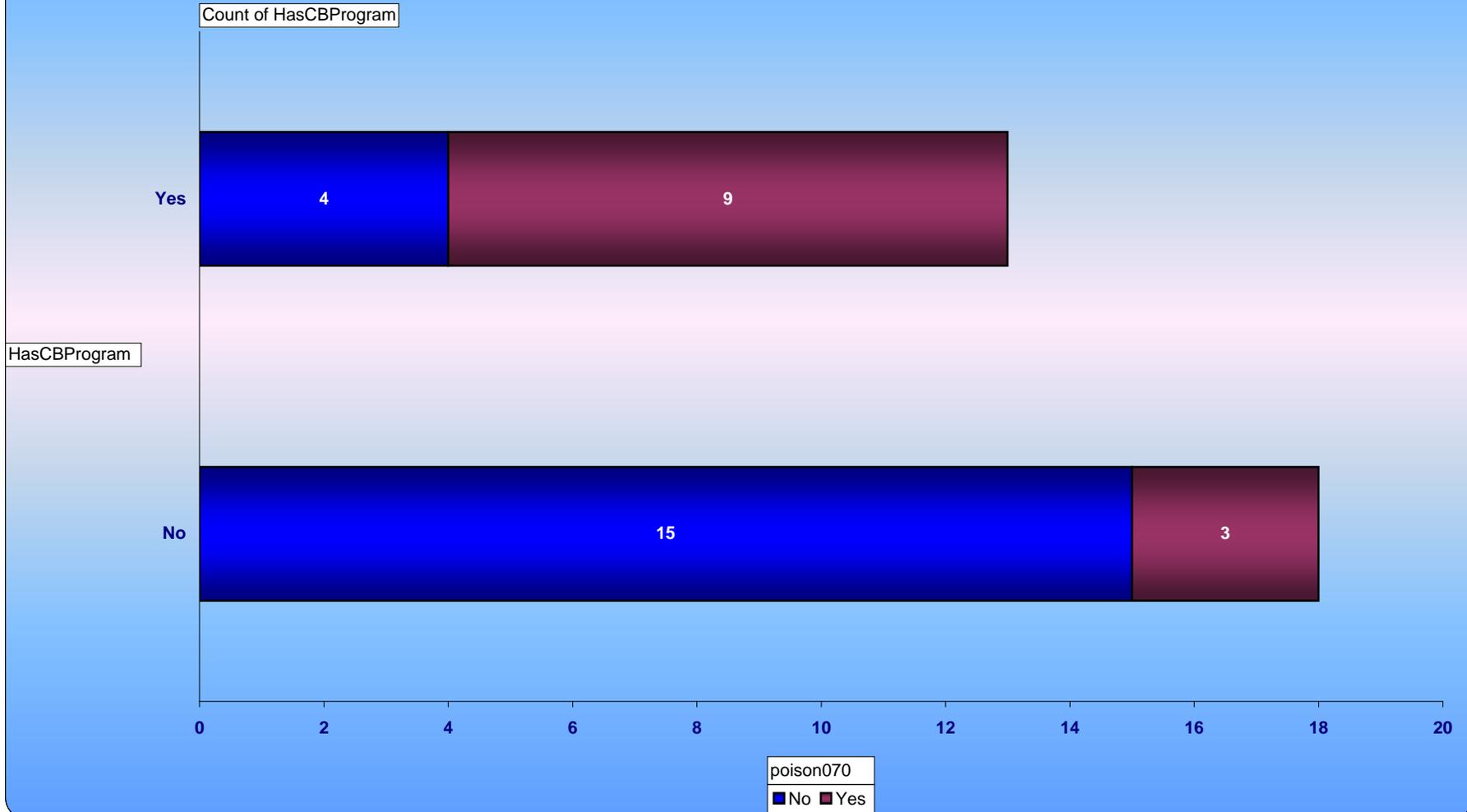
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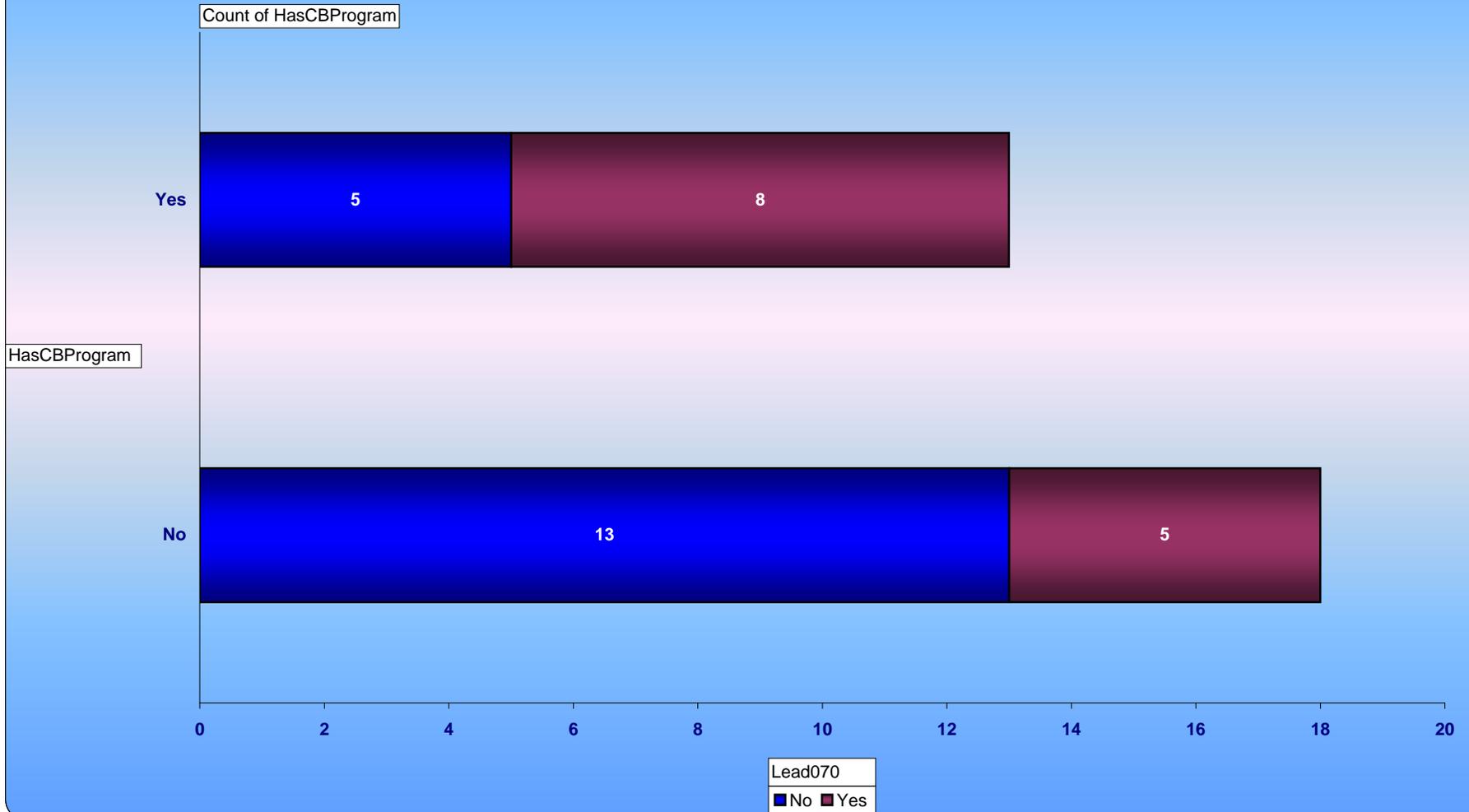
Question 38: Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?
d. Poison Control



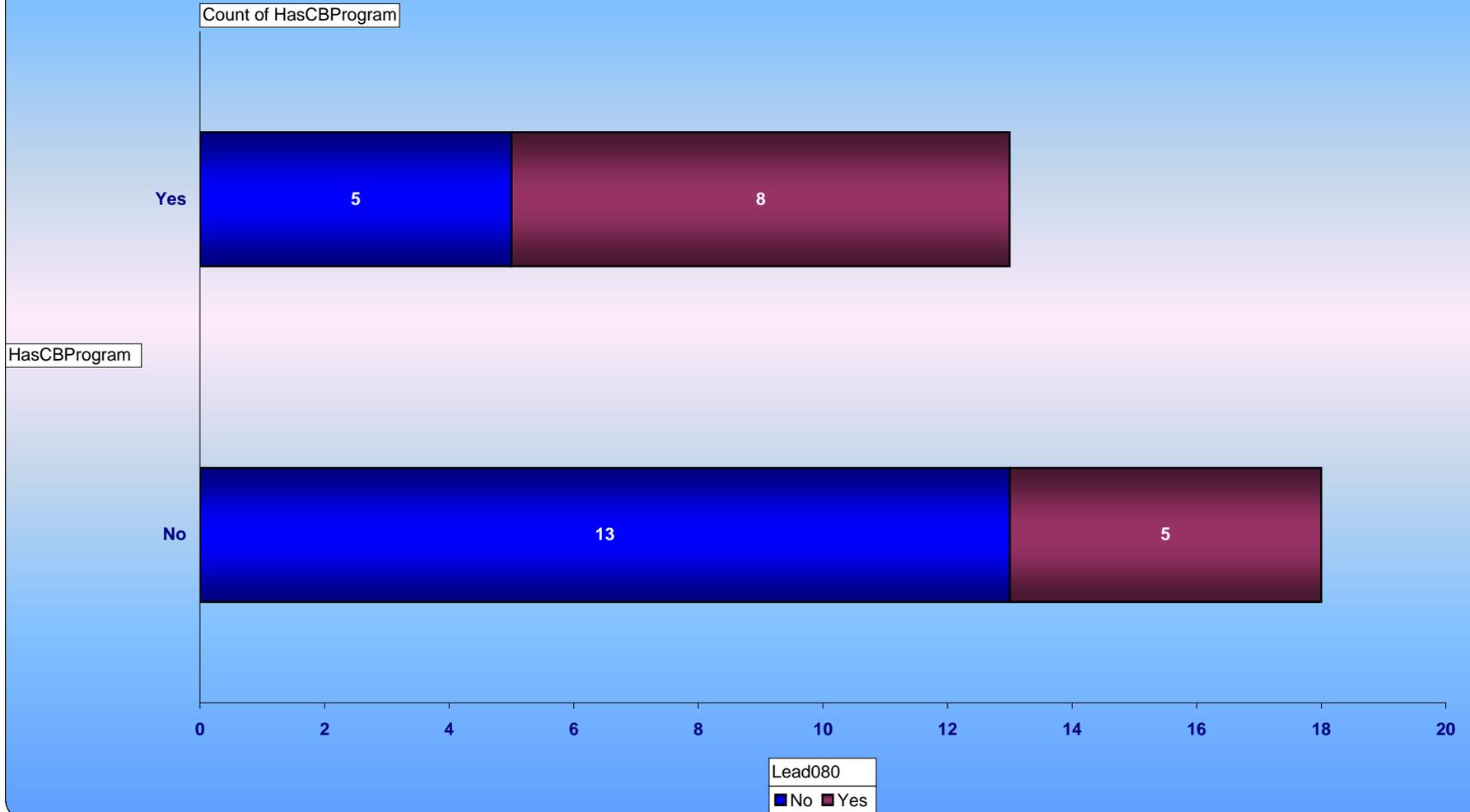
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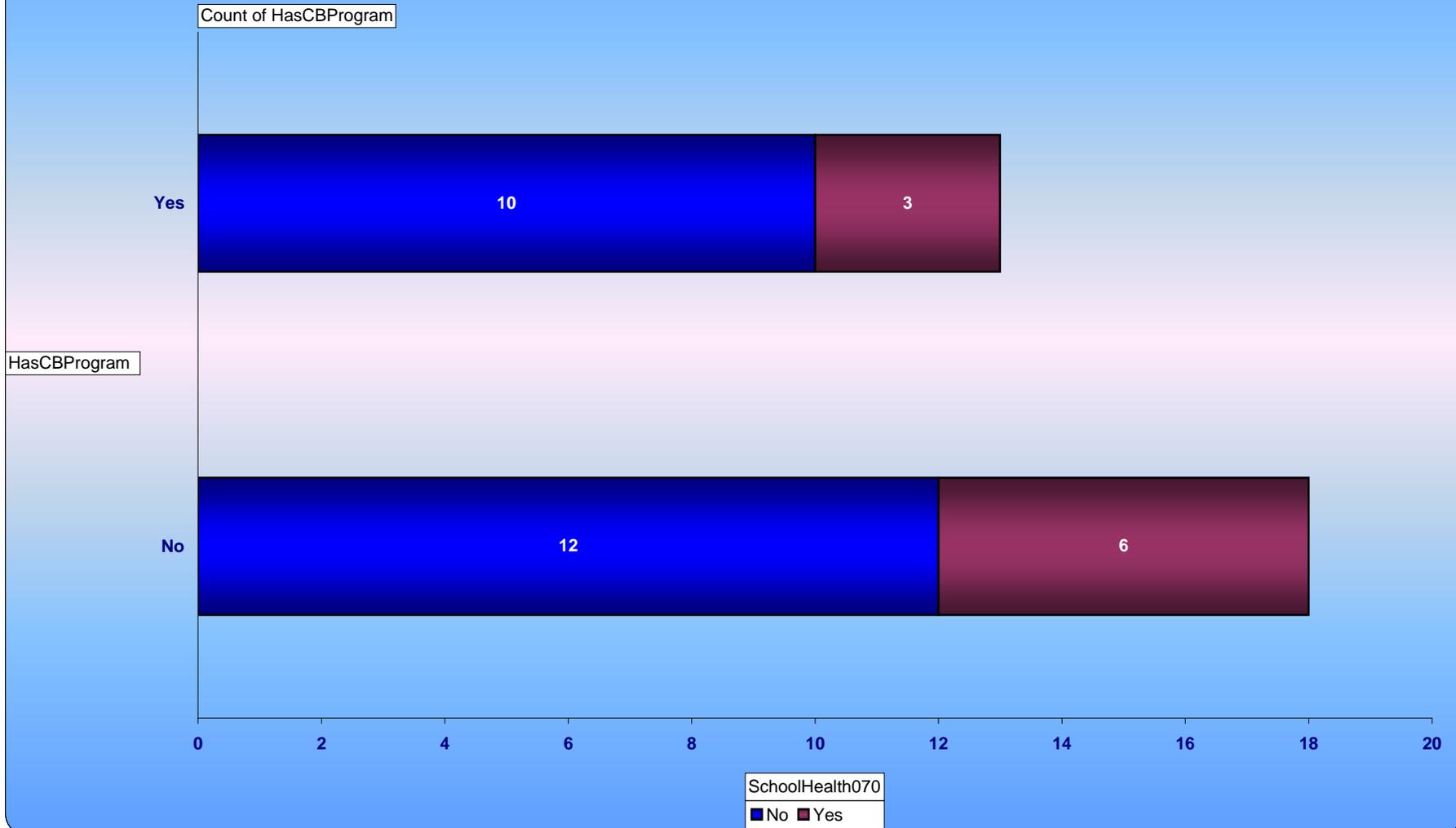
Question 38: Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?
C. Lead Paint



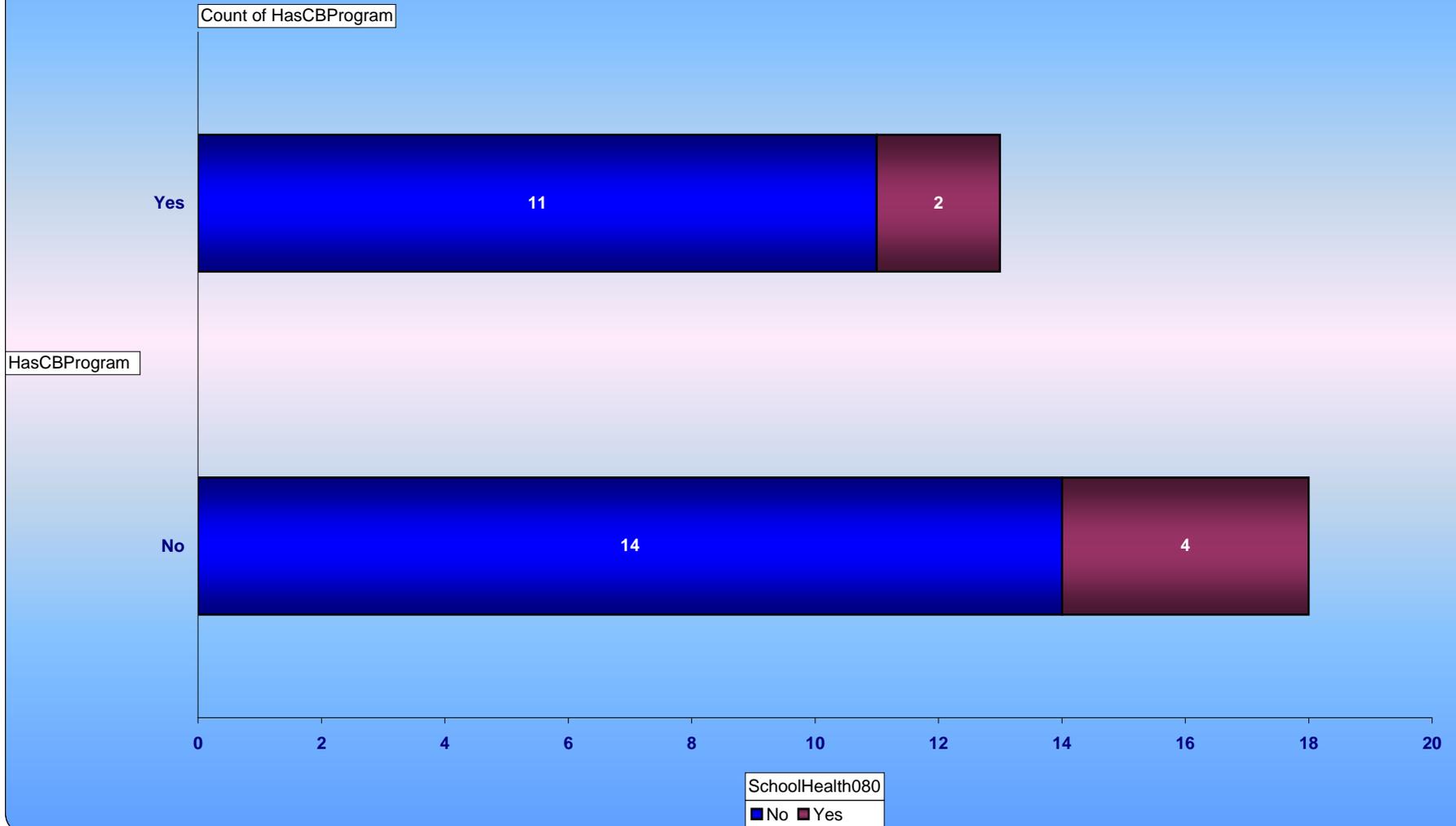
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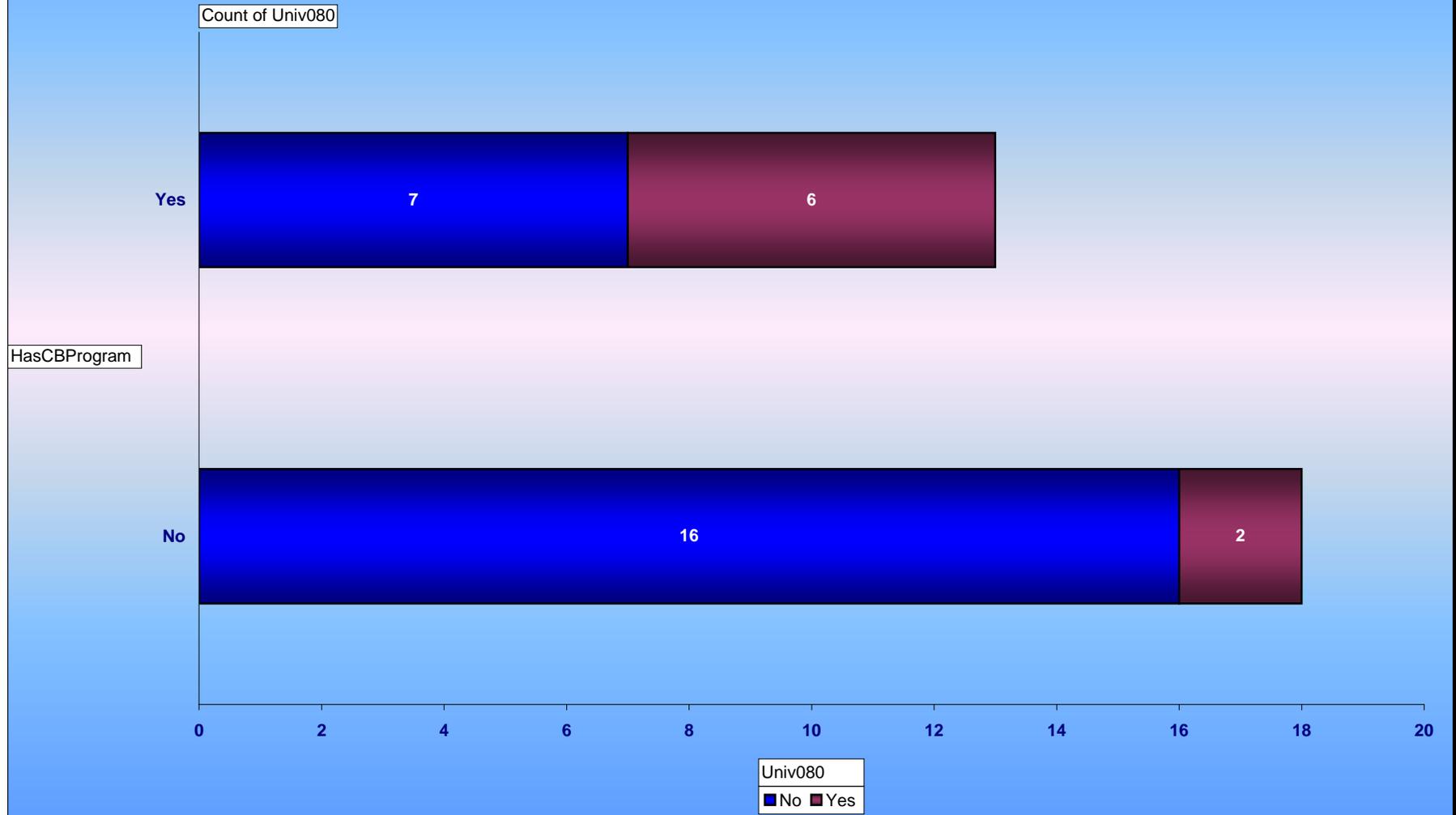
Question 39: Were grants made available to any of the following types of organizations?
J. School Health Programs



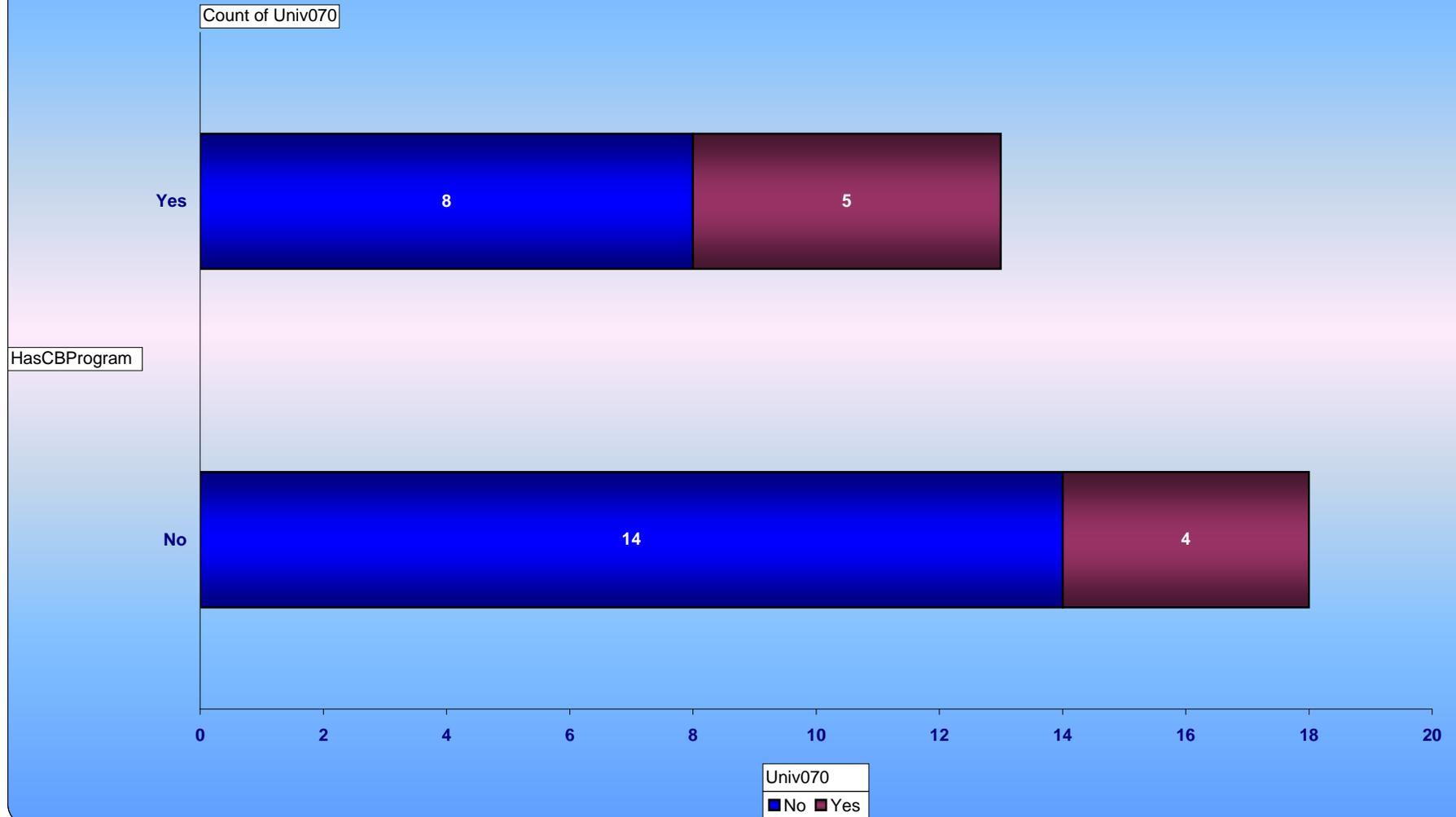
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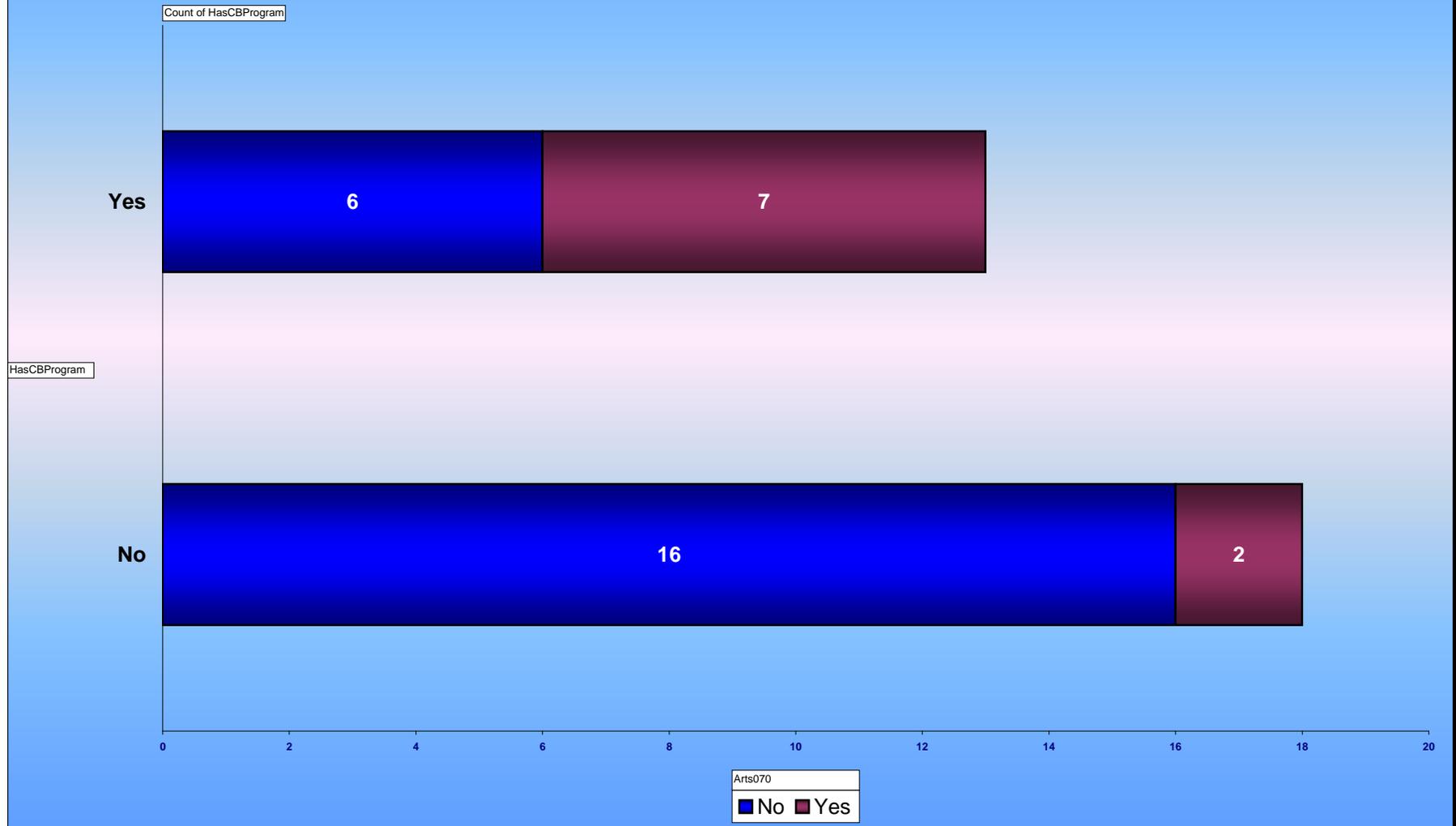
Question 39: Were grants made available to any of the following types of organizations?
H. Universities



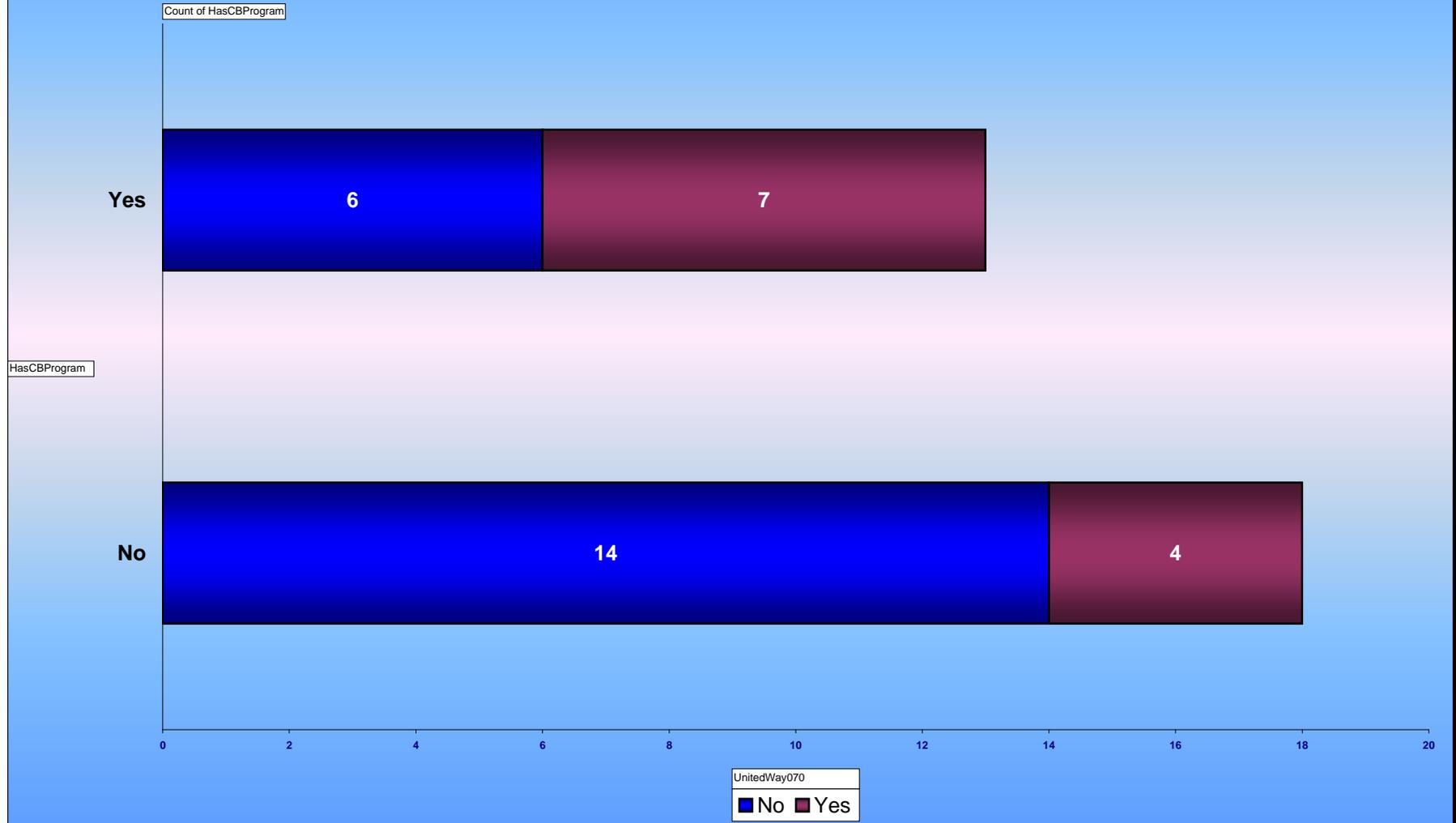
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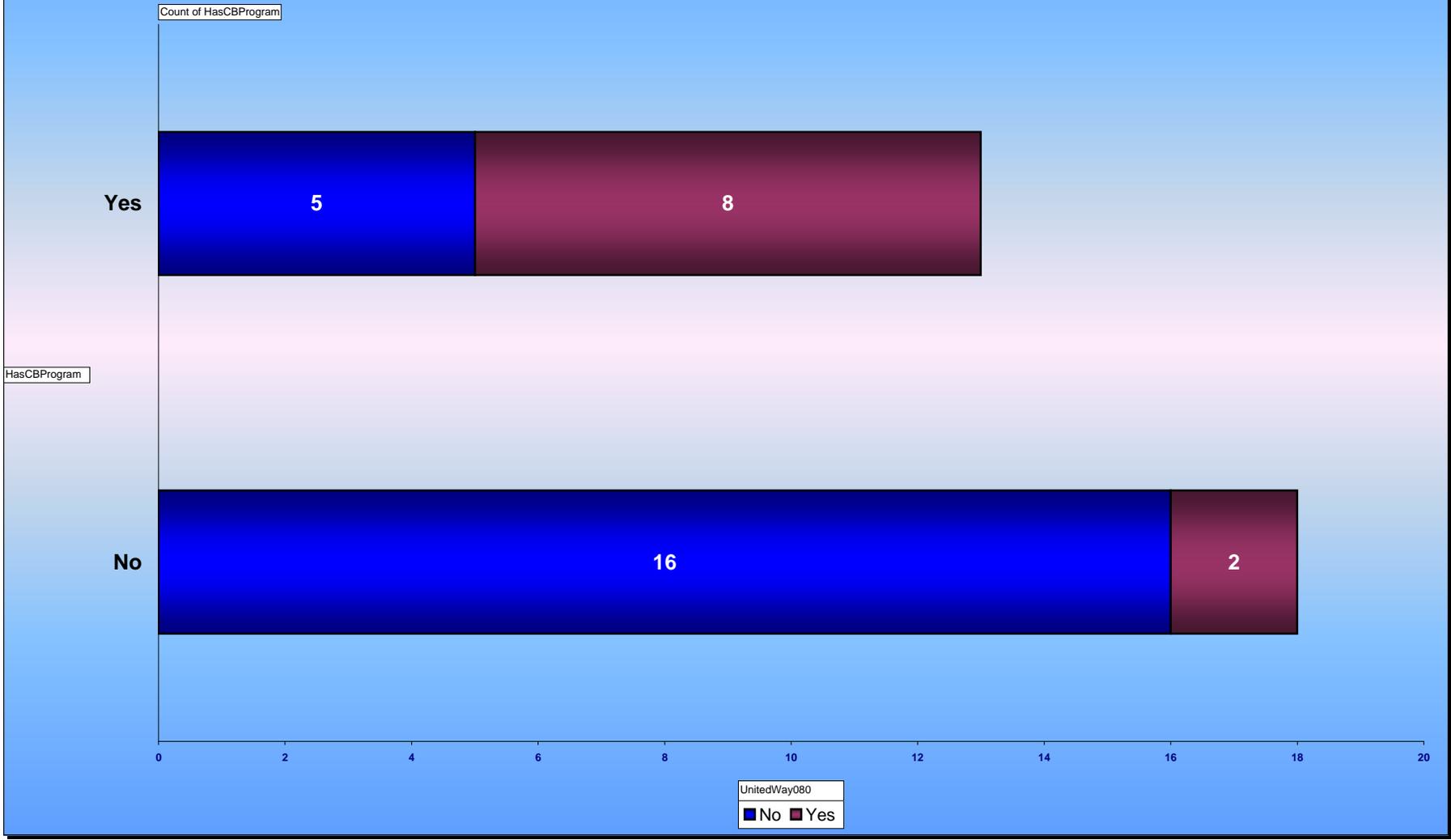
Question 39: Were grants made available to any of the following types of organizations?
I. Arts Organizations (Visual or Performing)



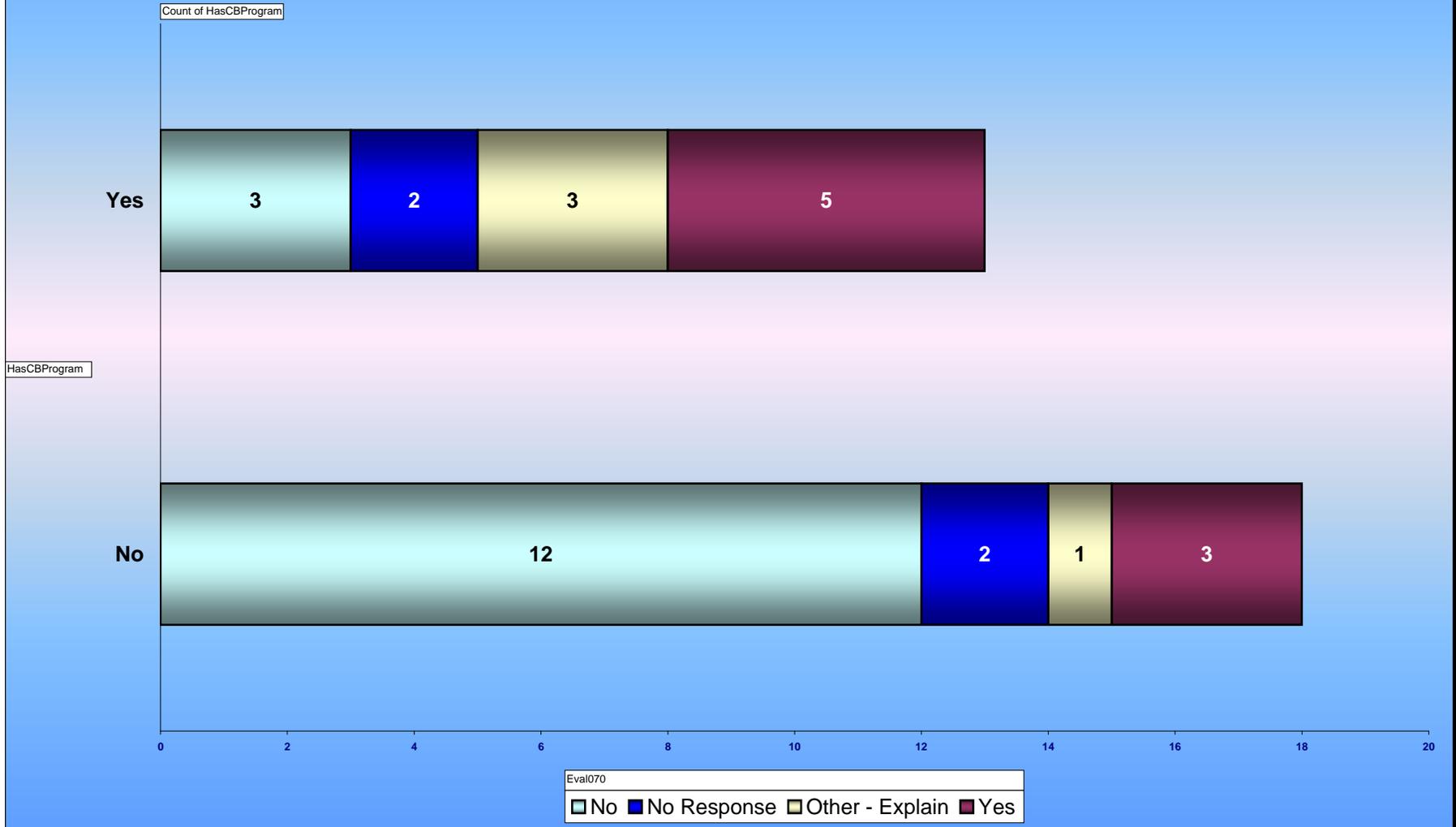
Question 39: Were grants made available to any of the following types of organizations?
K. United Way or Other Federated Giving Programs



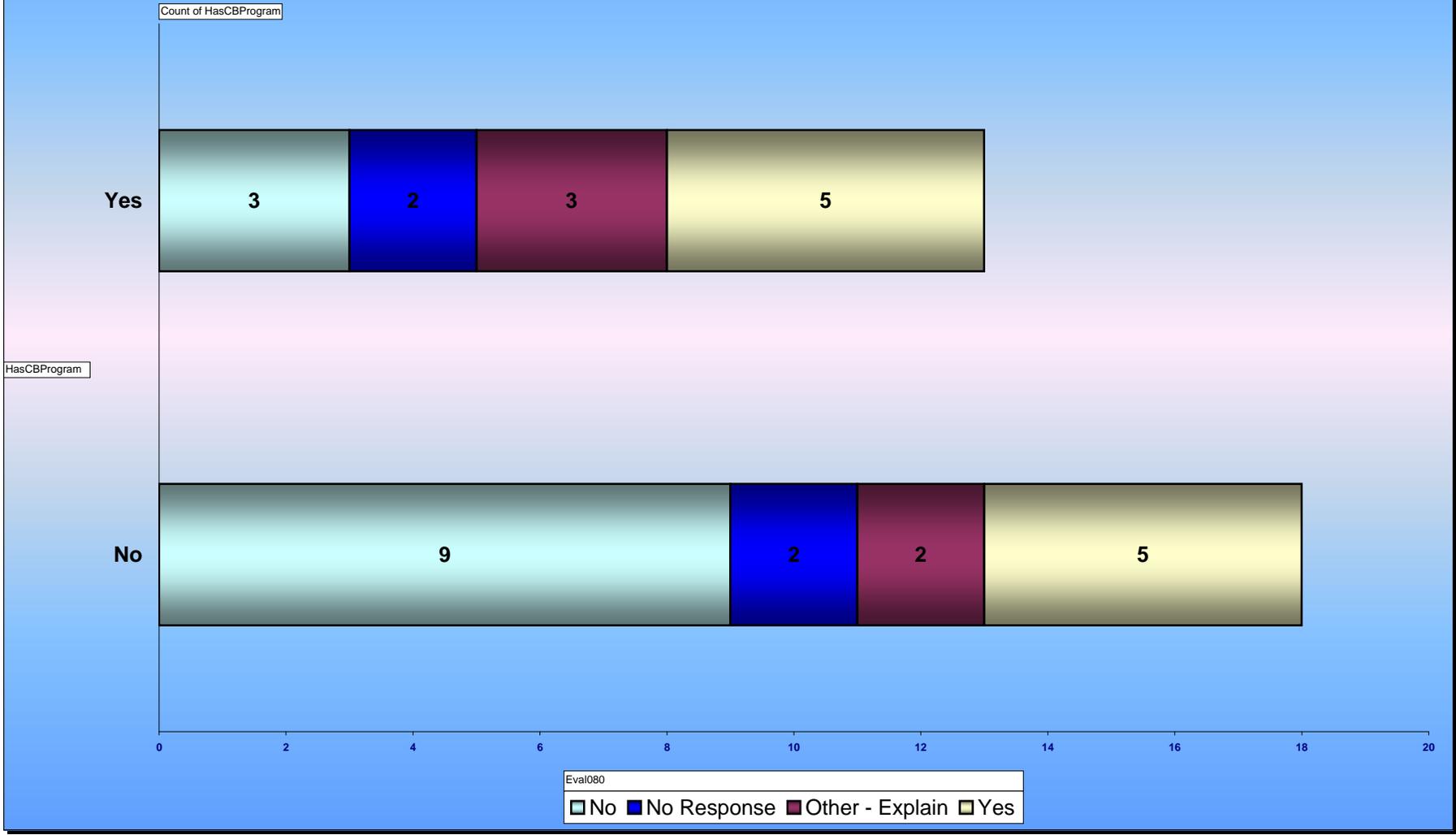
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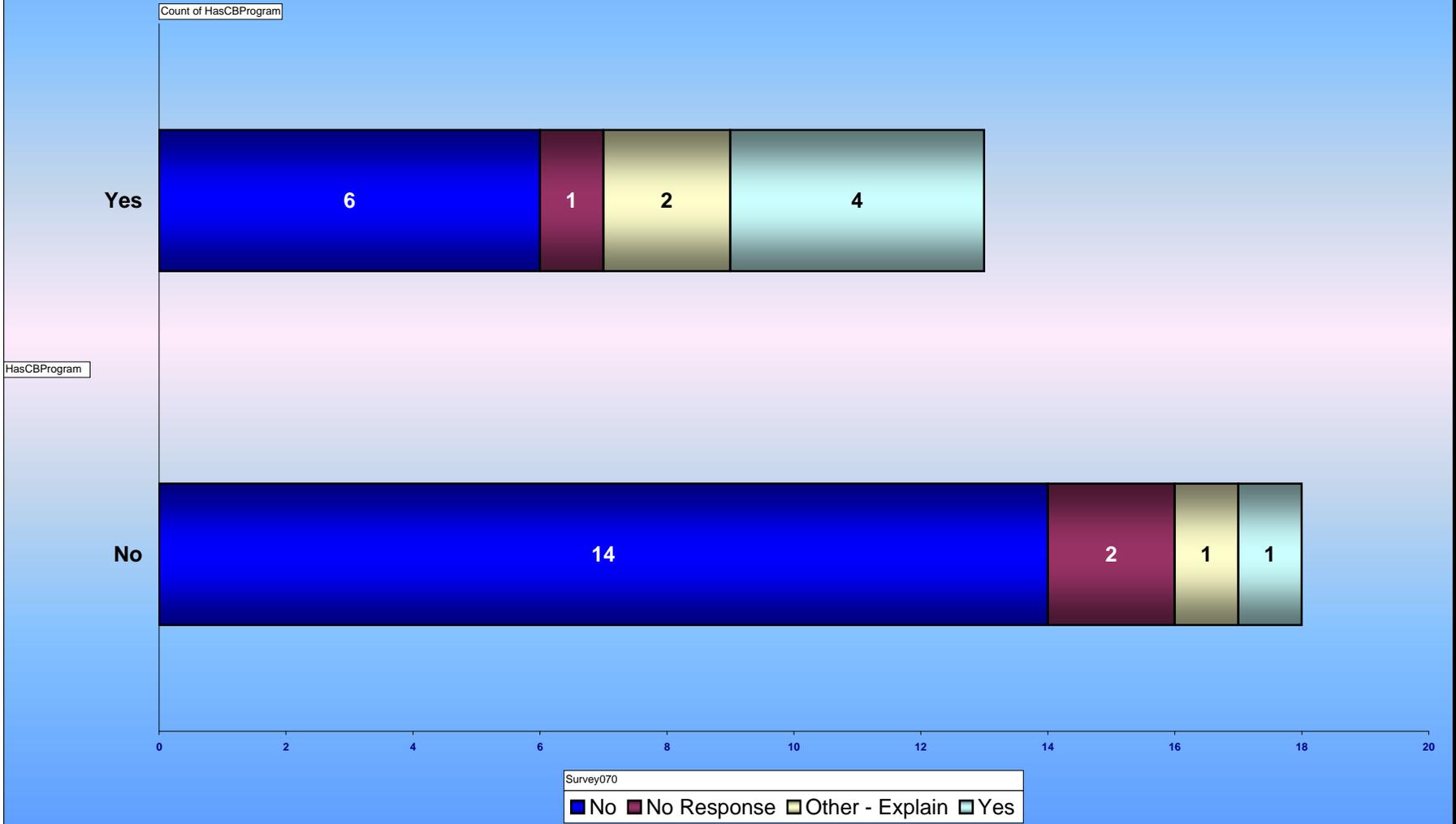
Question: 40. Does your organization evaluate the success of its community benefit activities?



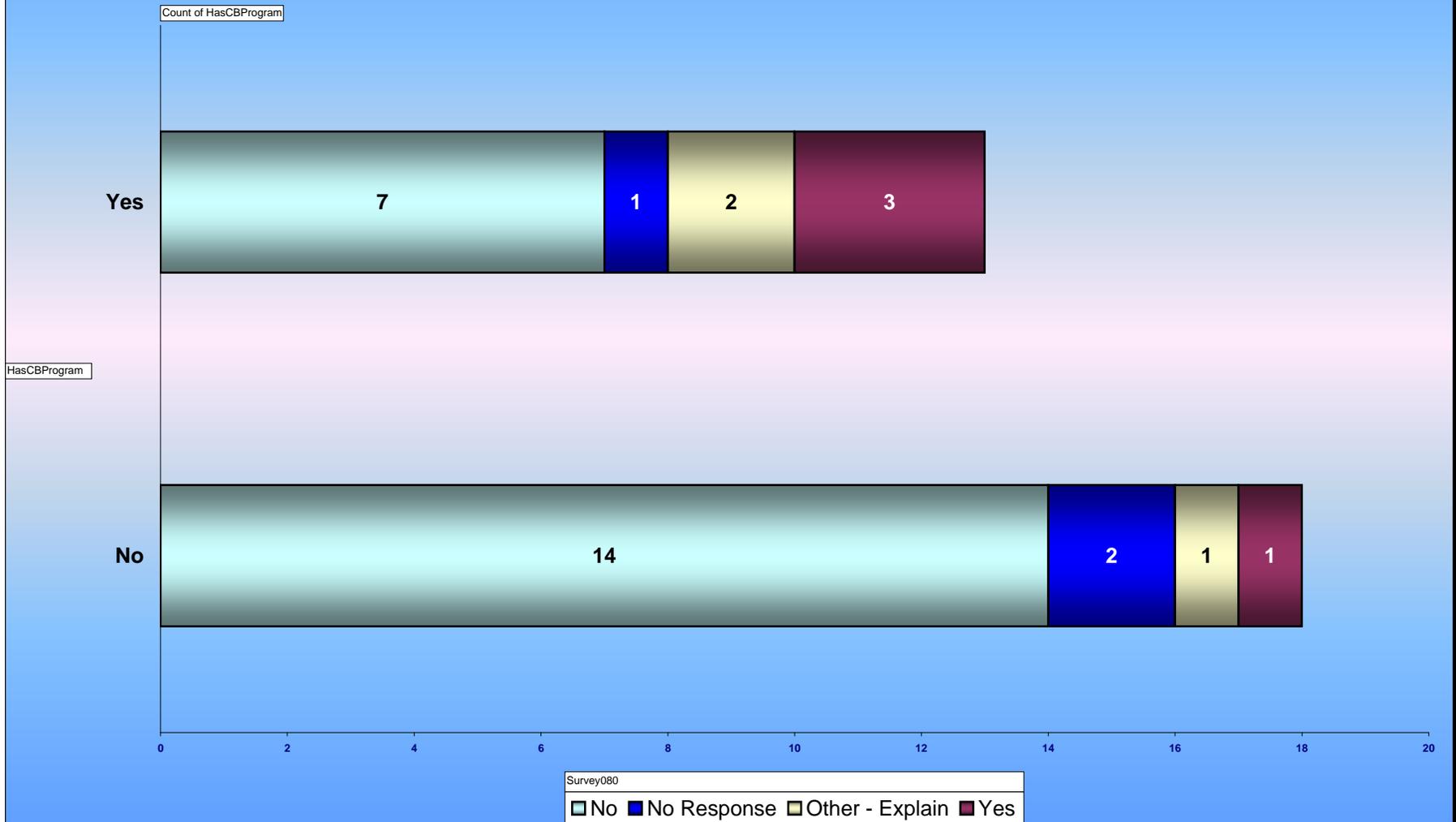
Question 40: Does your organization evaluate the success of its community benefit activities?



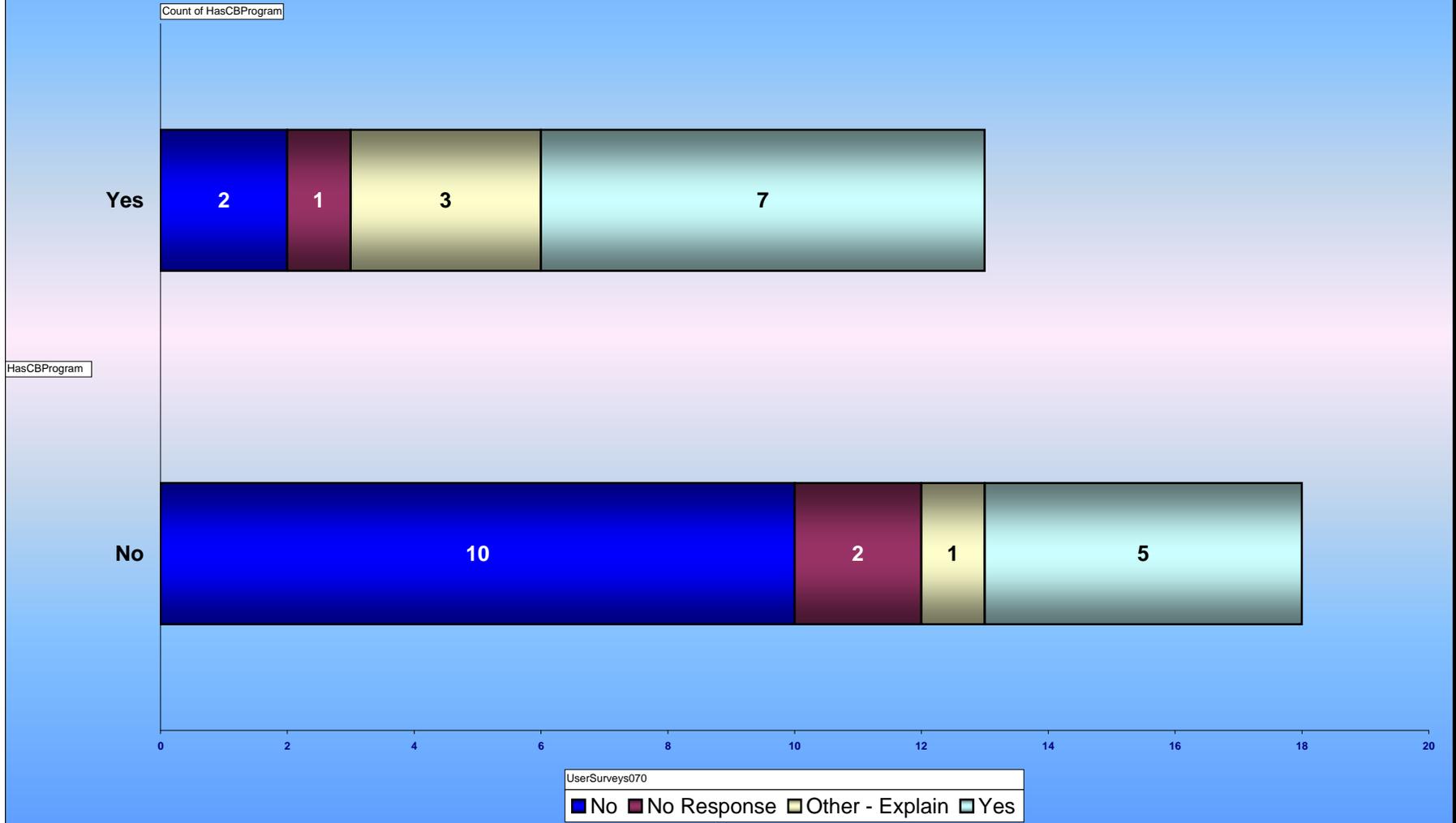
Question 41: Does your organization conduct surveys of health care providers to evaluate the success of your Community Benefit Activities?



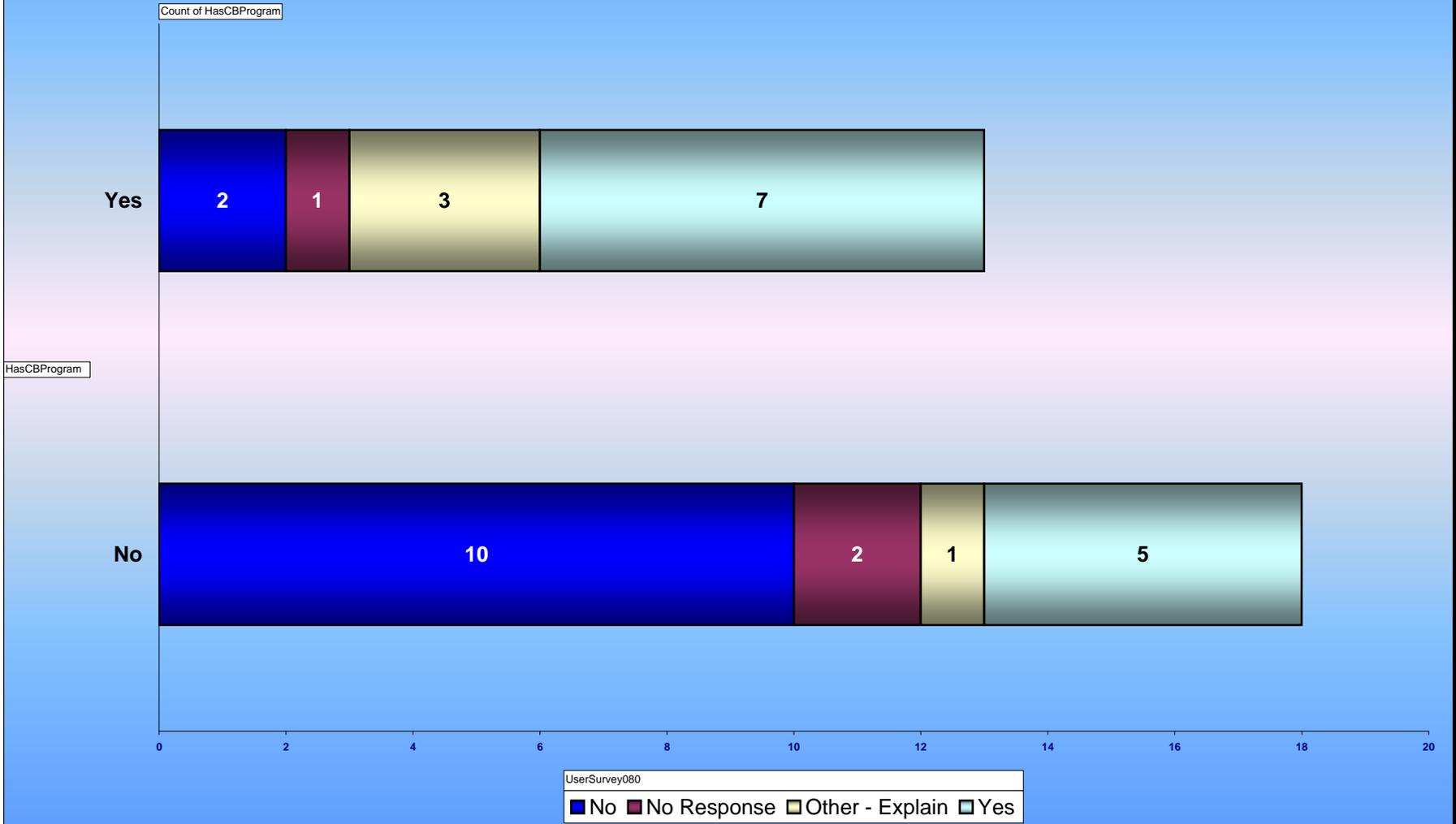
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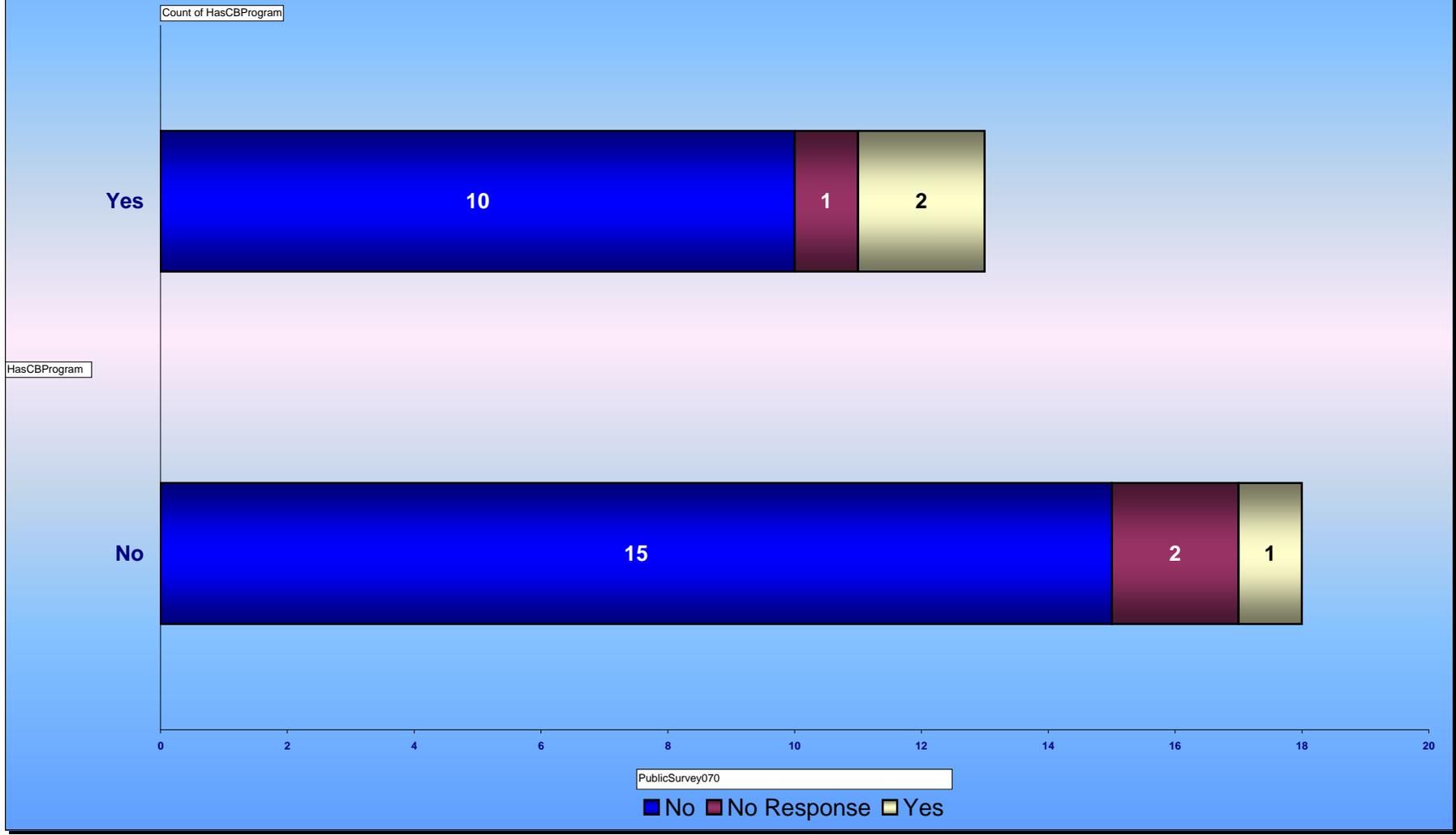
Question 42: Does your organization conduct surveys of those using community benefit services to evaluate the success of its community benefit activities?



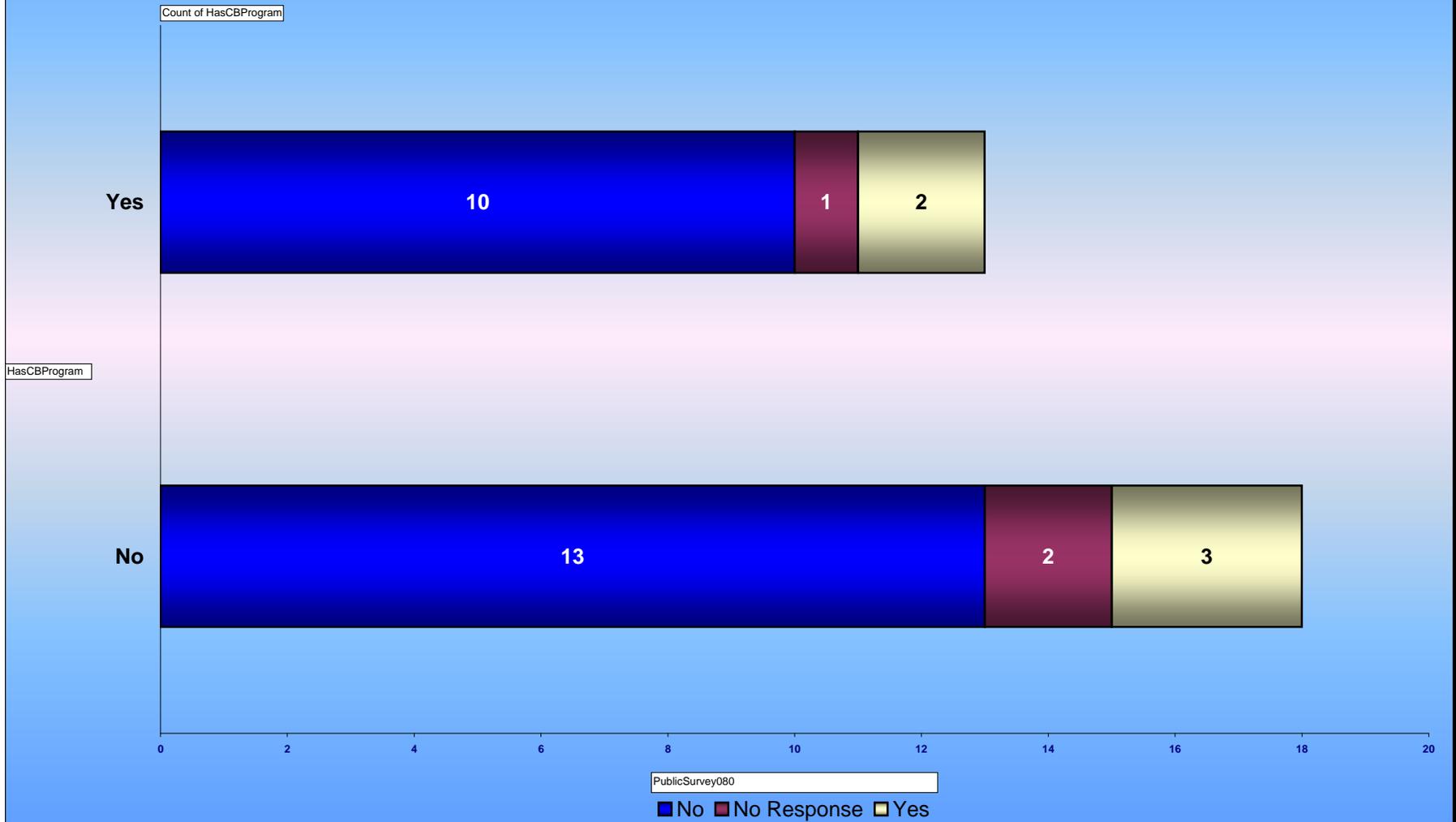
Question 42: Does your organization conduct surveys of those using community benefit services to evaluate the success of its community benefit activities?



Question 43: Does your organization conduct surveys of the general public in the communities you serve to evaluate the success of its community benefit activities?

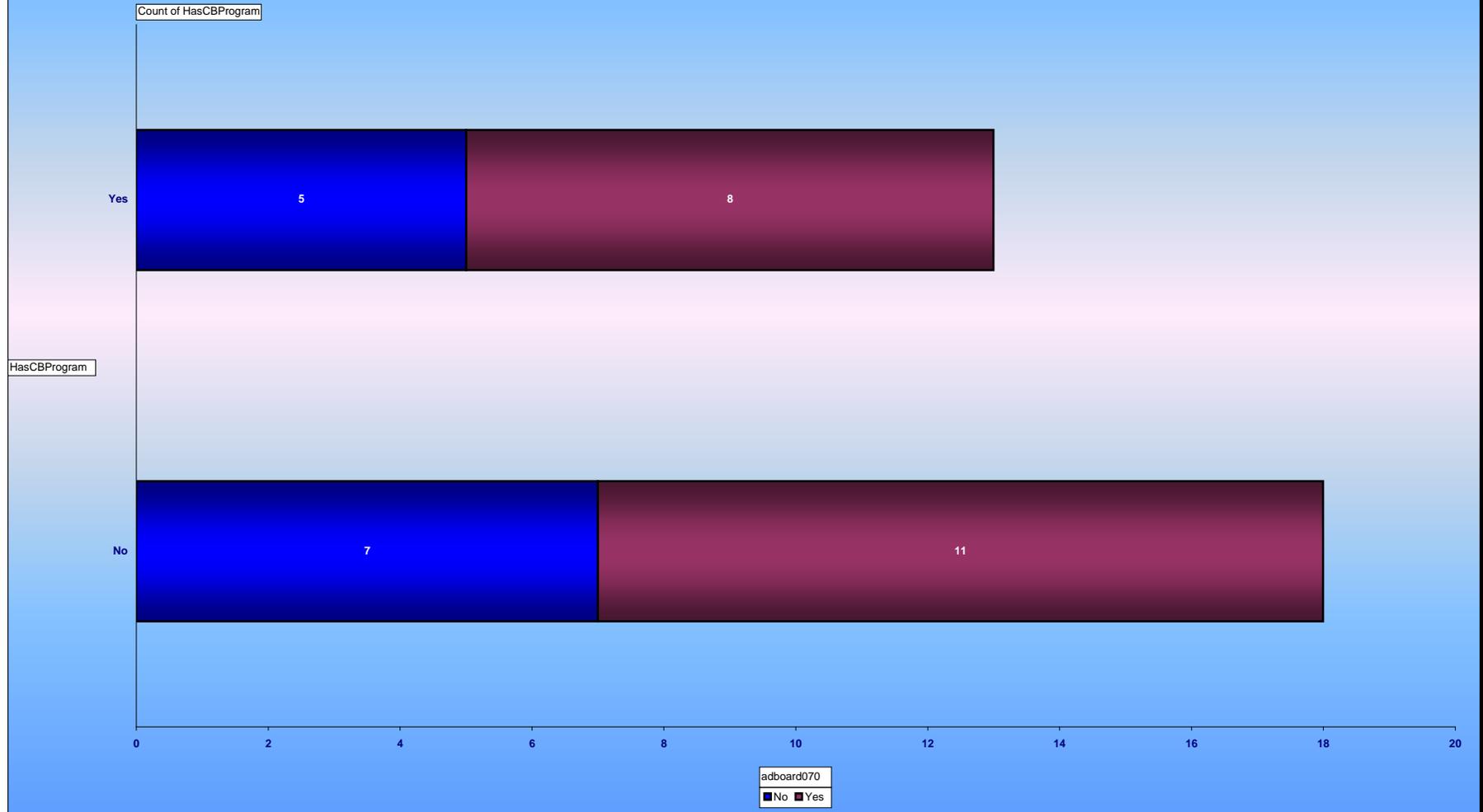


Question 43: Does your organization conduct surveys of the general public in the communities you serve to evaluate the success of its community benefit activities?



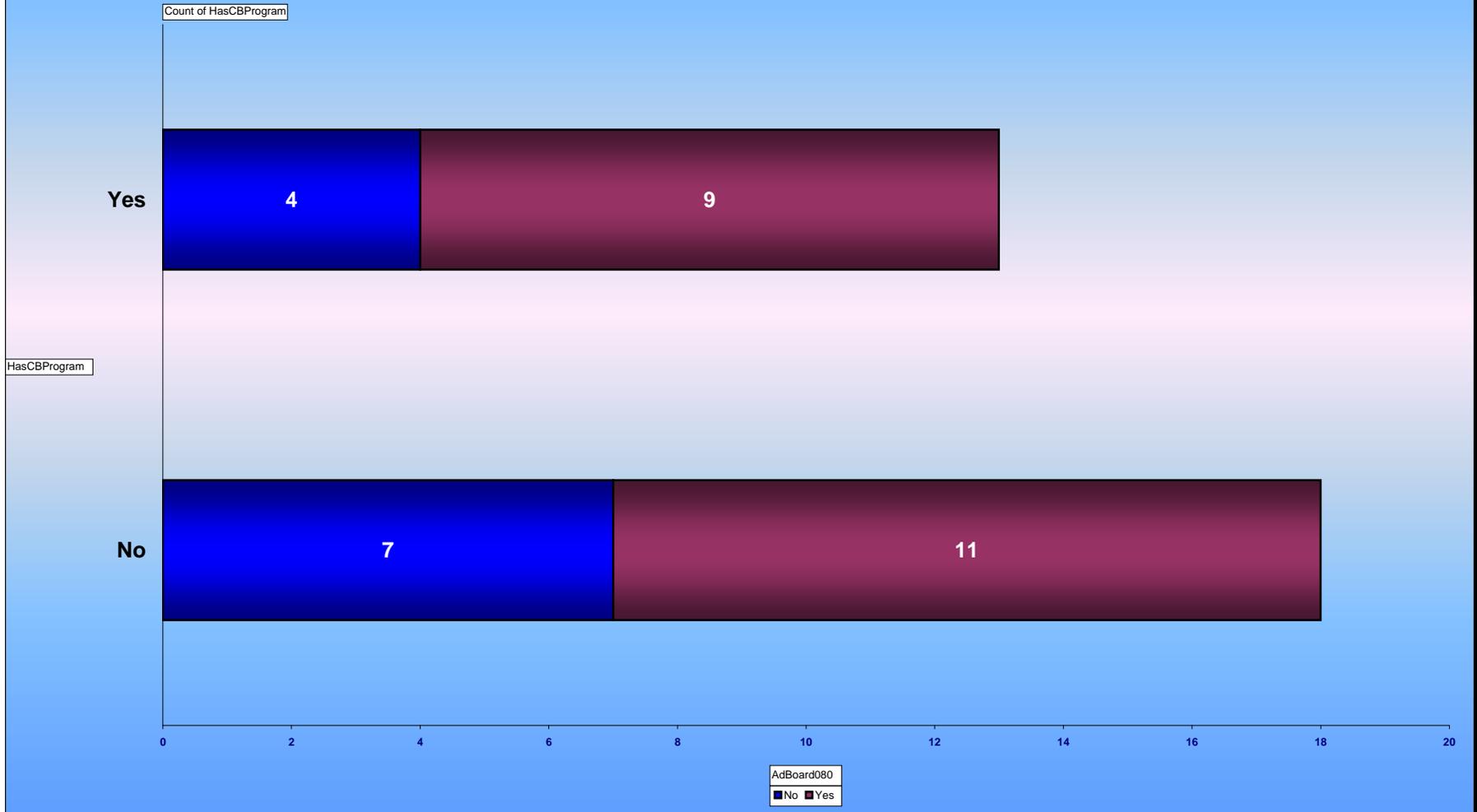
Question 44: Concerning community participation in the development of policies related to community benefit activities. Which h of the following mechanisms are used by your organization to allow for community involvement?

a. Advisory boards drawn from the local community,



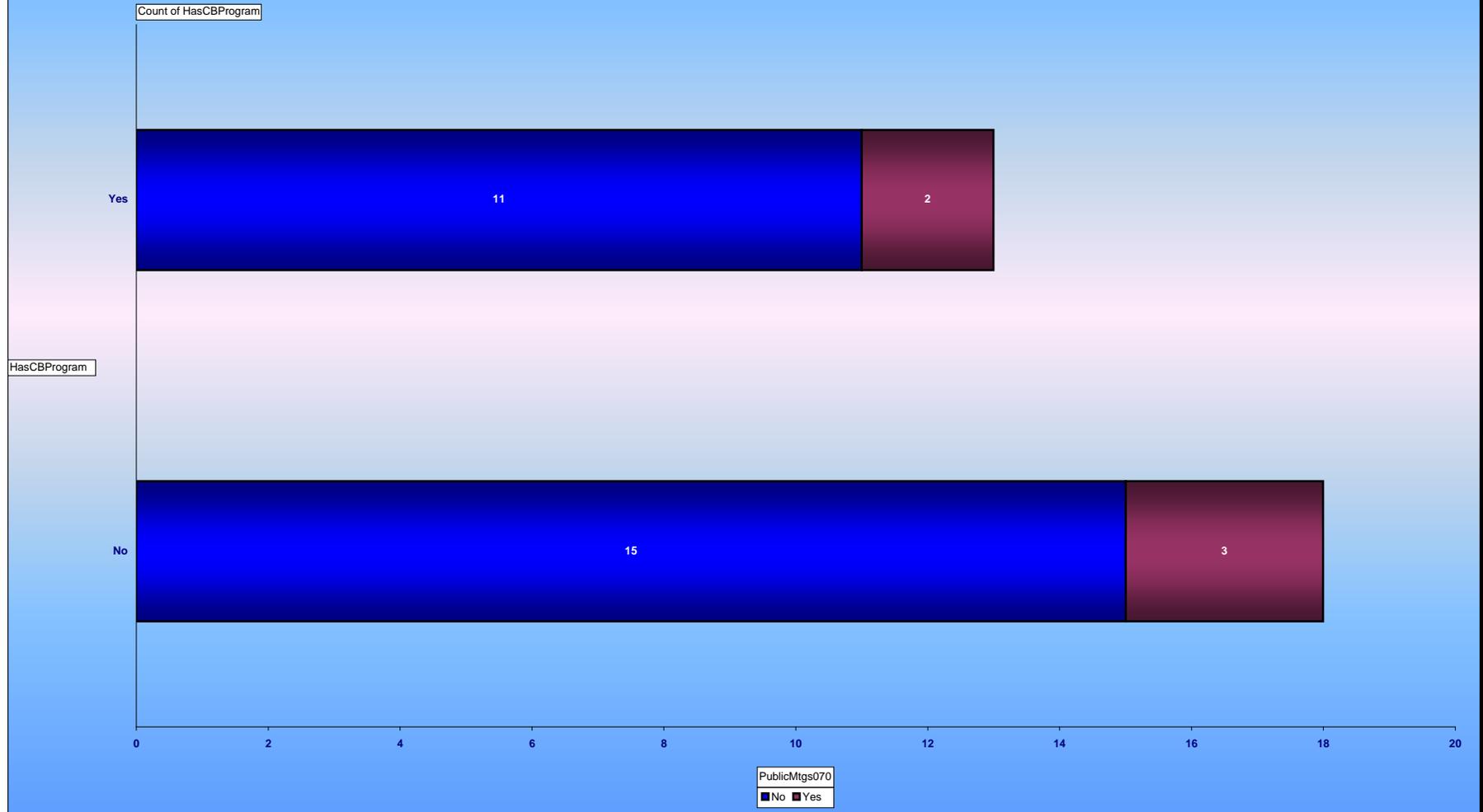
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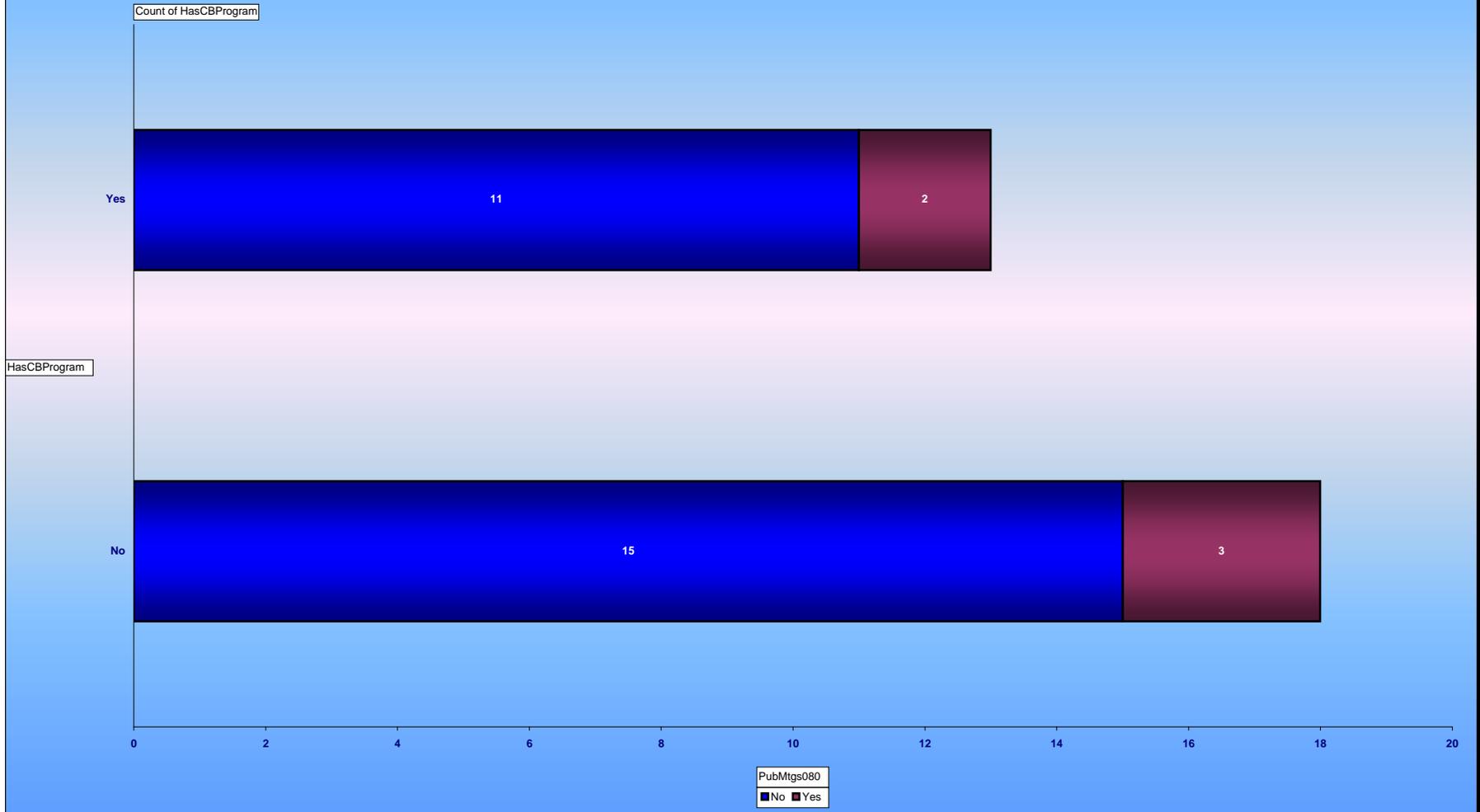
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b. Town meetings with the public.

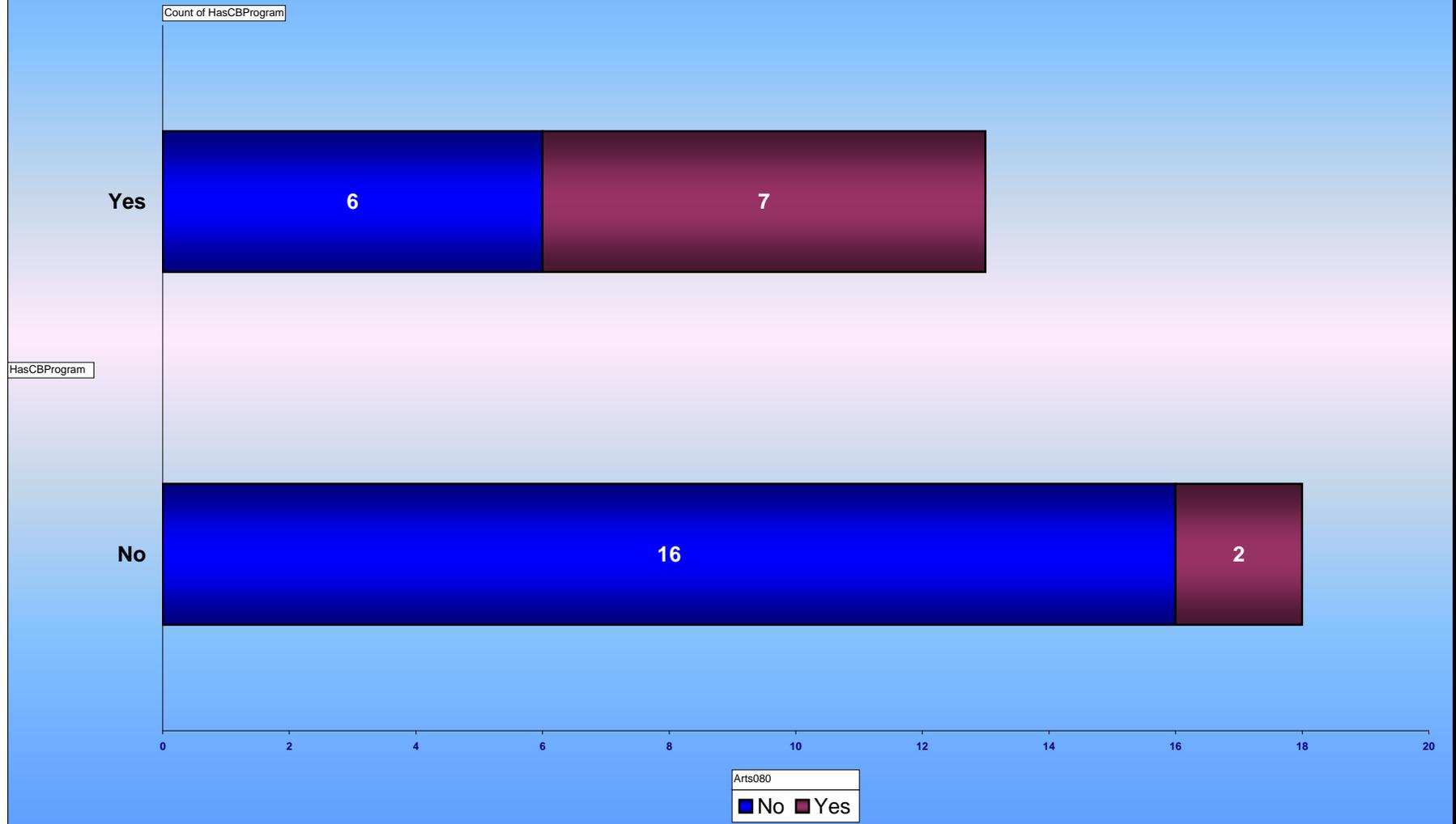


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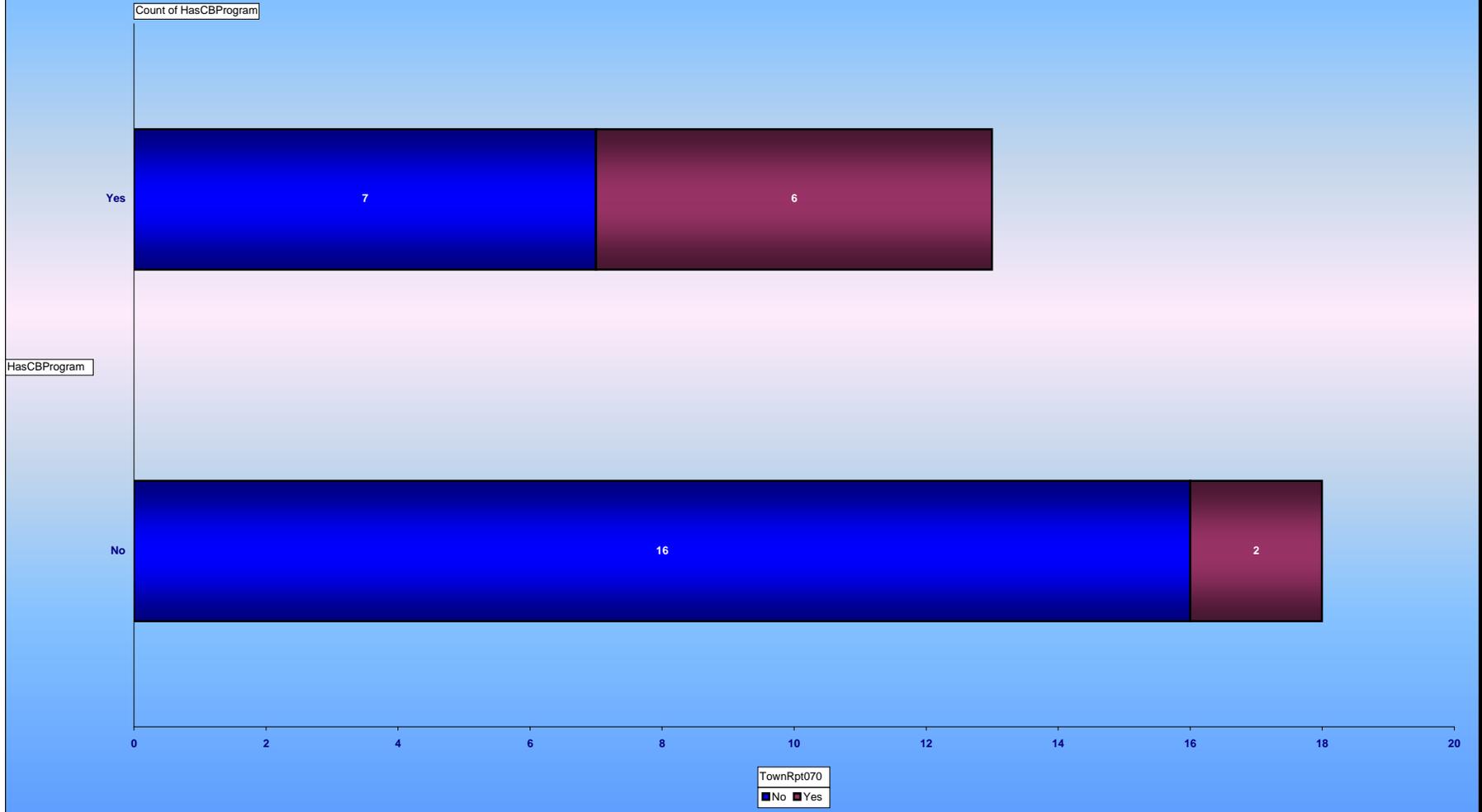


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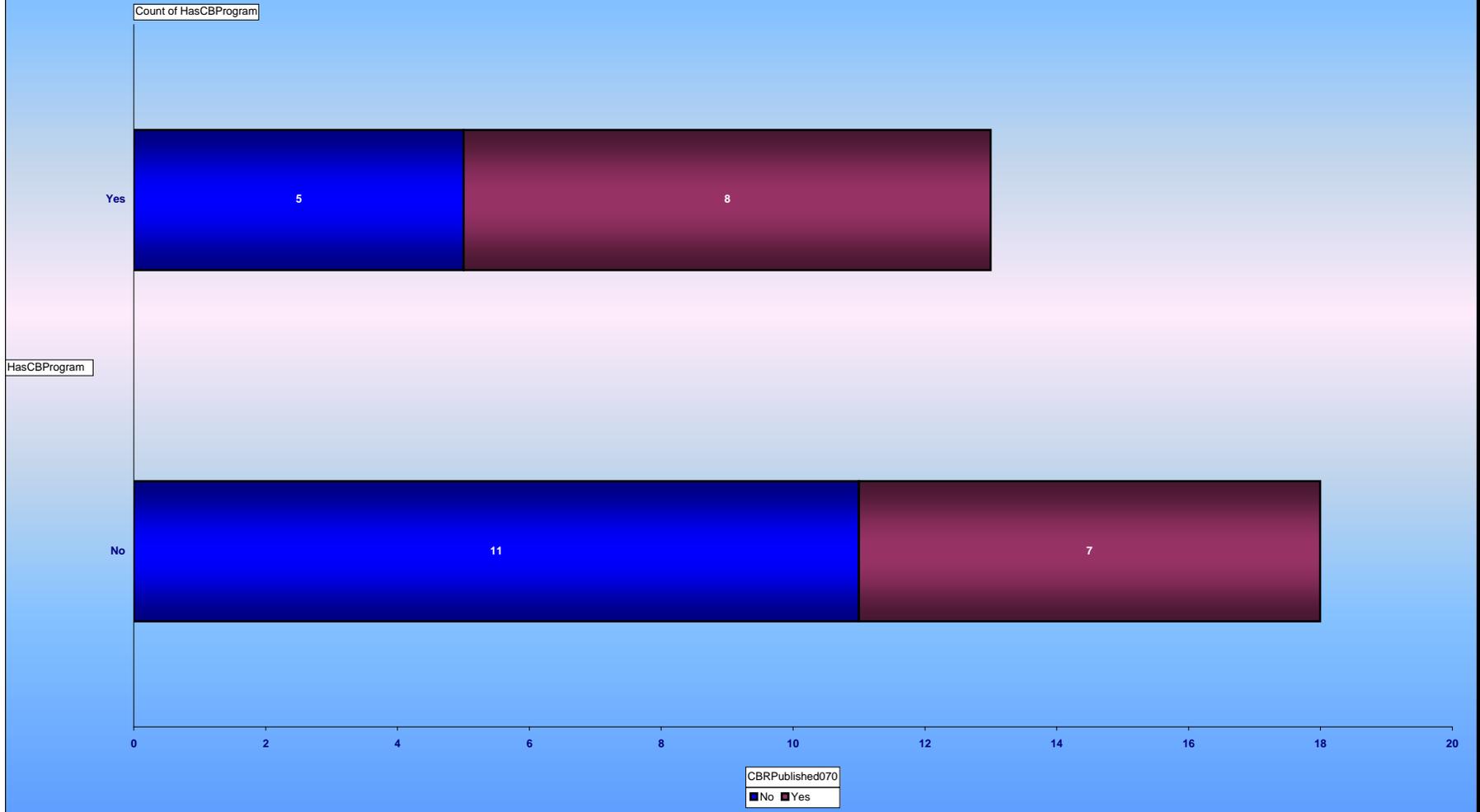
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c. Reports to city or town boards of selectmen.



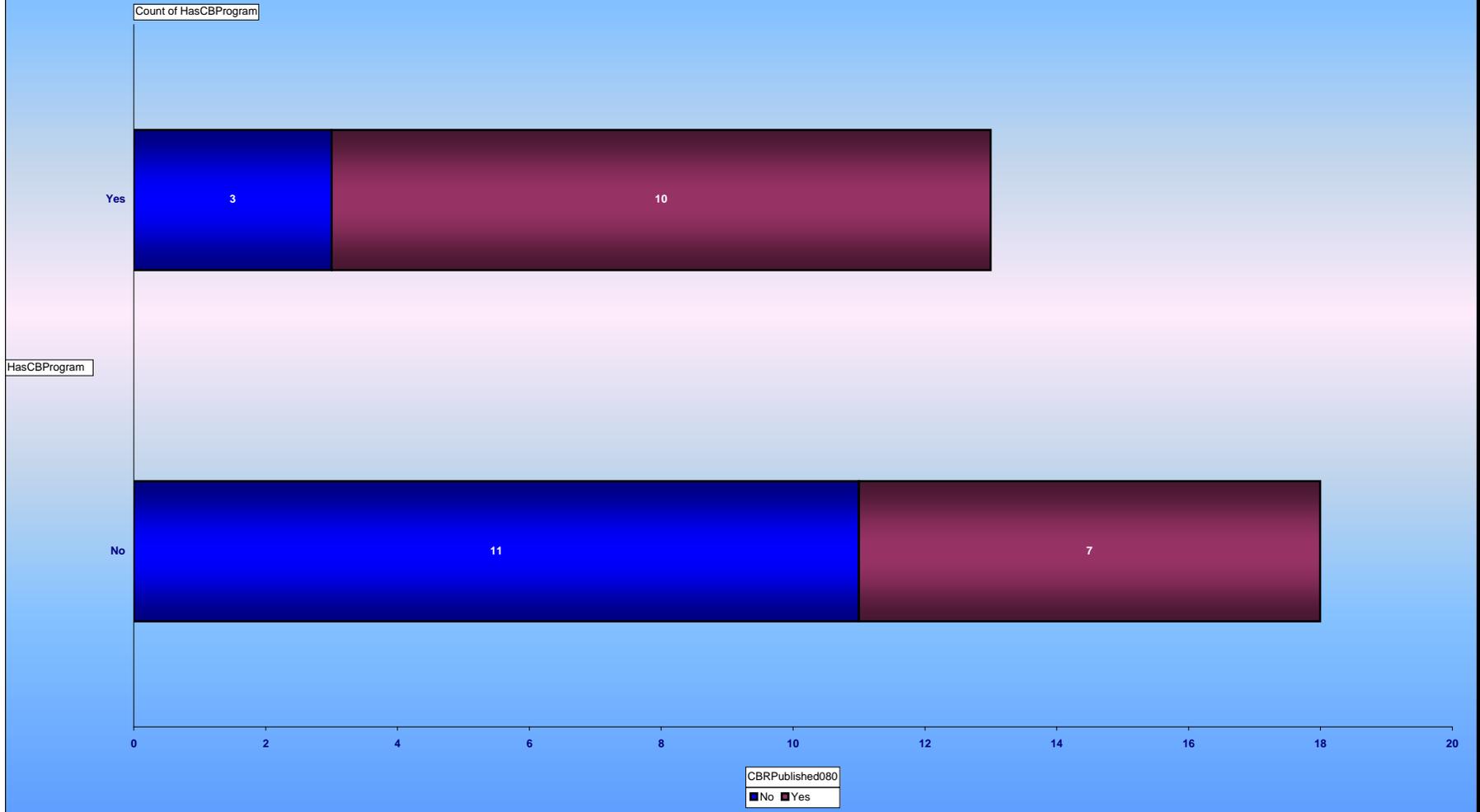
Question 44: Concerning community participation in the development of policies related to community benefit activities. Which h of the following mechanisms are used by your organization to allow for community involvement?

d. Public dissemination of community benefits reports



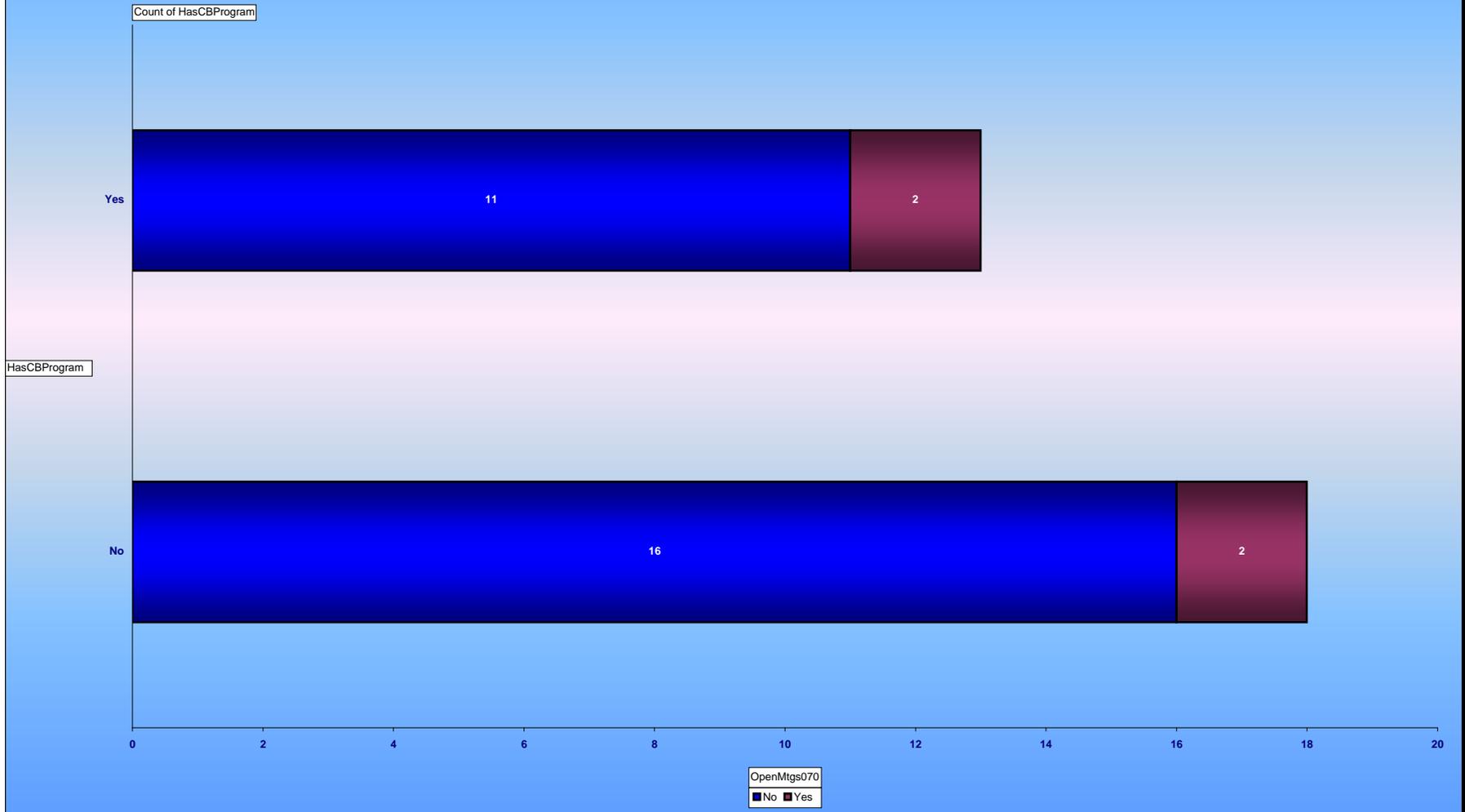
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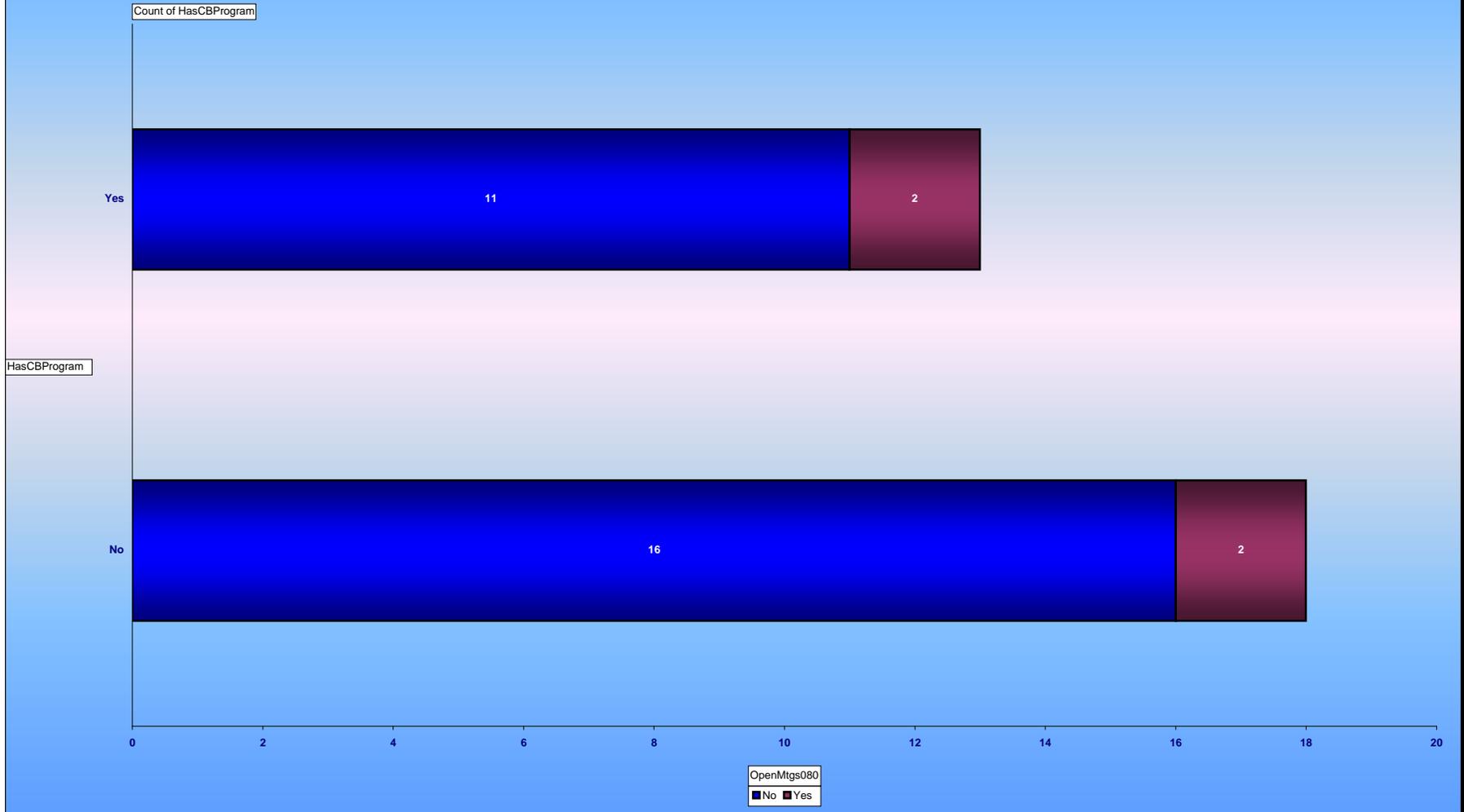
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e. Open board meetings.



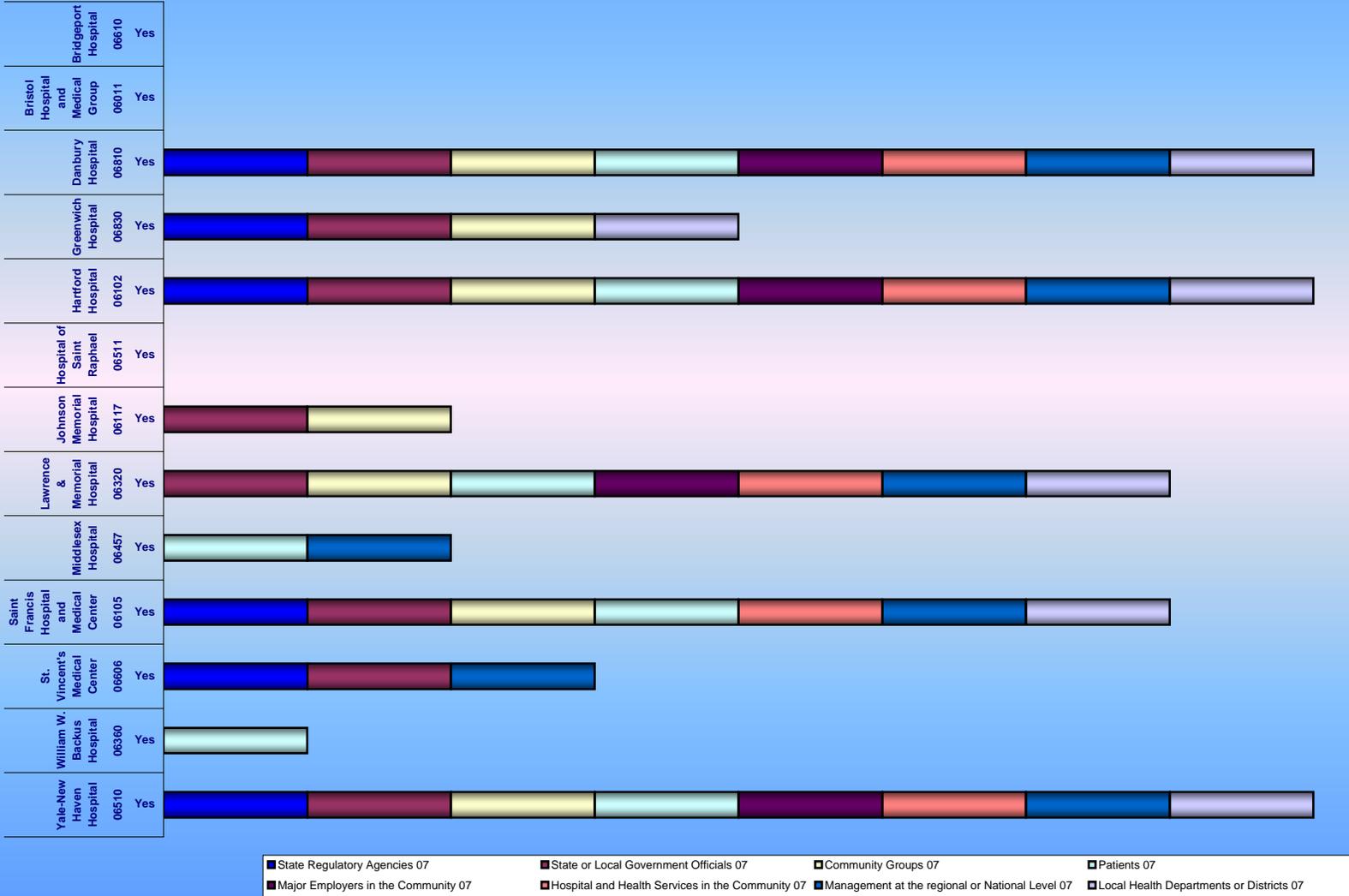
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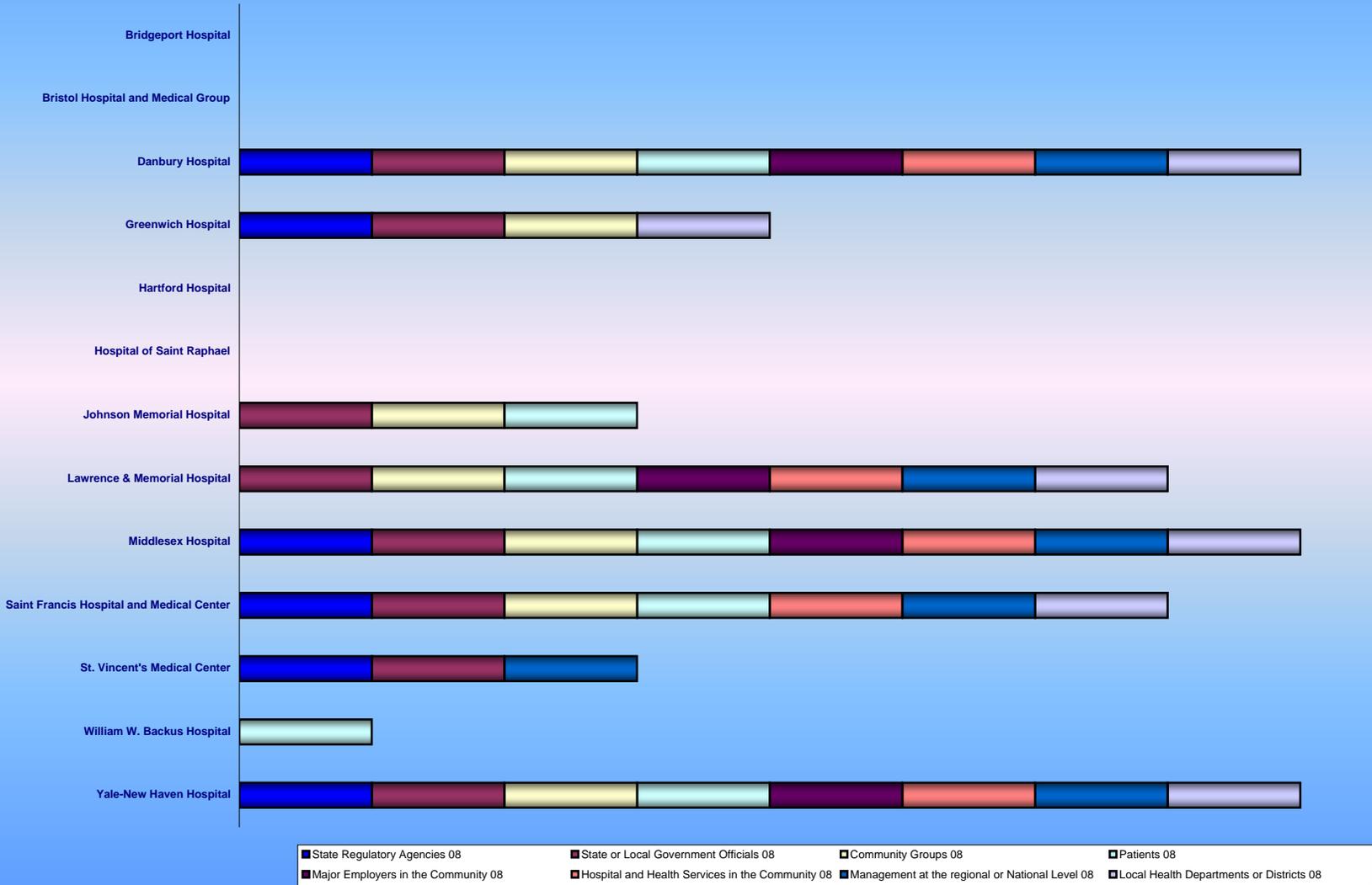
Question 45: Is your community benefit report regularly sent to any of the following groups or organizations? (Hospitals reporting no Community Benefit Program)

Hospitals Reporting Having a Formal CBP

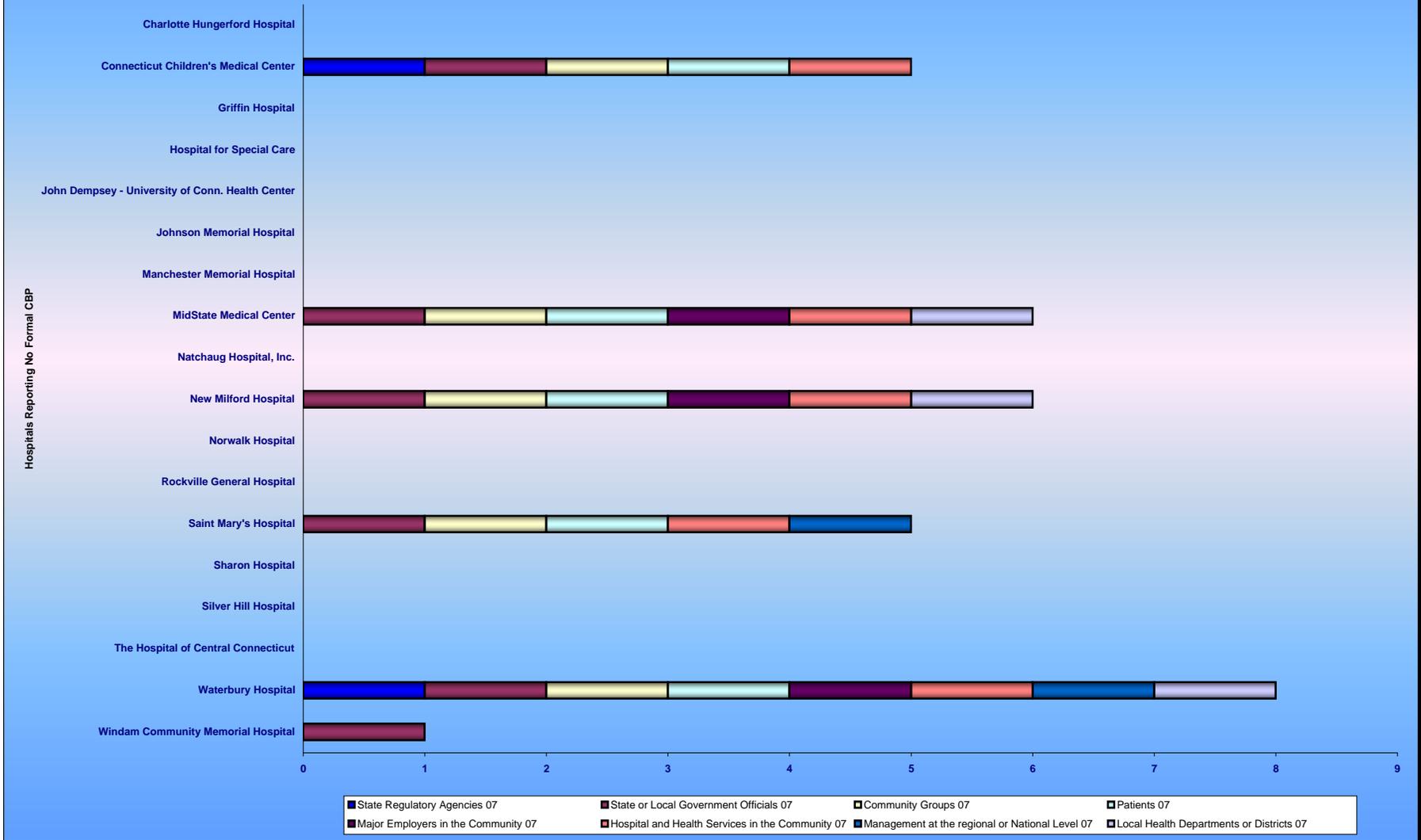


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