



**Community**  
Health Network

**IRS 990 Schedule H**  
Supplemental Information  
**Fiscal Year 2011**

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**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

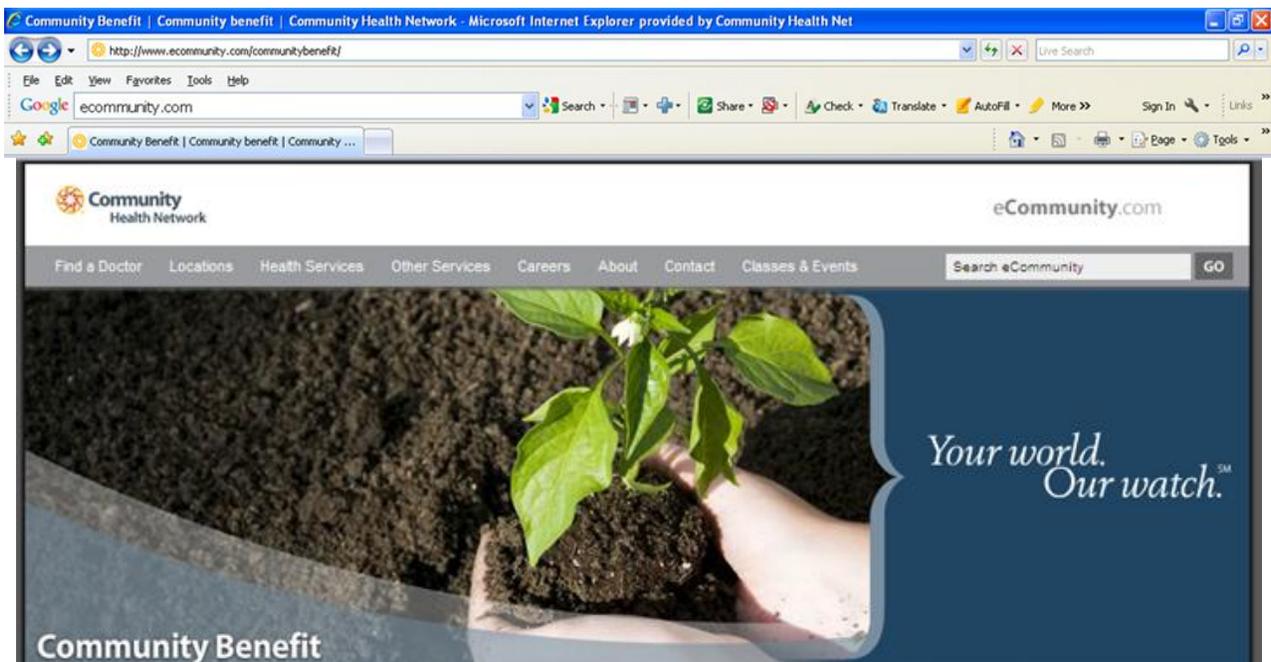
**Part I Financial Assistance and Certain Other Community Benefits at Cost**

Yes No

<b>6a</b>	Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>6b</b>	If "Yes," did the organization make it available to the public? . . . . .	✓	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

**2011 Community Benefit Report**

The 2011 Community Health Network, Community Benefit Report prepared for the tax year describes the organizations programs and services that promote the health of the community and the communities served by our health network. The report is made available to the public through the access of our website. The website can also serve as a vehicle to distribute hard copies of the report to the public by clicking the Community Benefit Report icon or hyperlink for a copy of the report. There are several other hyperlinks that lead the reader through many of the parts of the organization and stories on their contribution to the community outside of the limits of the Community Benefit Report. For example, we describe the benefits of our collaboration to assist in the development of the Jane Pauley Community Health Center in the online Community Benefit Report but it also contains a hyperlink and icon that takes the reader to the Jane Pauley Community Health Center website so they can register to be a patient or learn about the sliding fee scale and who may qualify for services. Hence giving the Community Benefit online Report an "actionable" aspect that paper copies would never be able to replicate. (See Below for website illustration)



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

**6b Continued**

**“Actionable” hyperlinks gives access to printable materials.**

Since 1996, Community Health Network has participated in the local and surrounding counties’ community health needs assessments. These assessments have been the springboard to understanding and implementing strategies and programs that have targeted populations in need with specific outcomes.

These assessments give us a snapshot of the community, but the ongoing input from community groups—through feedback channels established by and for our community benefit plan—is just as important, and also drives our planning and actions. Through the feedback we have collected, we have learned what matters to the average person in the region we serve... that fairness, justice and compassion are integral to creating healthier communities. In keeping with our organization’s mission statement, we work together with our community partners to enhance not only health but overall well-being.



[View Community Benefit report >>](#)

In the Community Benefit report, we highlight categories that reflect how we address the factors impacting the health of those whom we serve:

- o **Cultural impact**—Fostering a vibrant community with access to parks, cultural institutions, safe streets and homes.
- o **Economic stabilization**—Ensuring that residents have a job and the financial resources necessary to lead a healthy life.
- o **Education support**—Improving access to quality education.
- o **Health care**—Providing access to quality health care for all, regardless of their ability to afford it.
- o **Social protection**—Offering support for those who don’t have the same opportunities to be as healthy as others.

-  **Cultural Impact**
-  **Economic Stabilization**
-  **Education Support**
-  **Health Care**
-  **Social Protection**

Please read on to learn more about our organization’s community benefit. We begin where our communities are.

**Part I** Financial Assistance and Certain Other Community Benefit at Cost  
**6b Continued**

**“Actionable” hyperlinks gives immediate access to resources.**

**Giving everyone access to healthcare**

 Education Support
  Health Care
  Social Protection

In September 2009, the [Jane Pauley Community Health Center](#) opened its doors to provide basic health services to east side residents, regardless of income or insurance coverage. The results of its first year indicate the scope of the need, and our success in meeting that need.

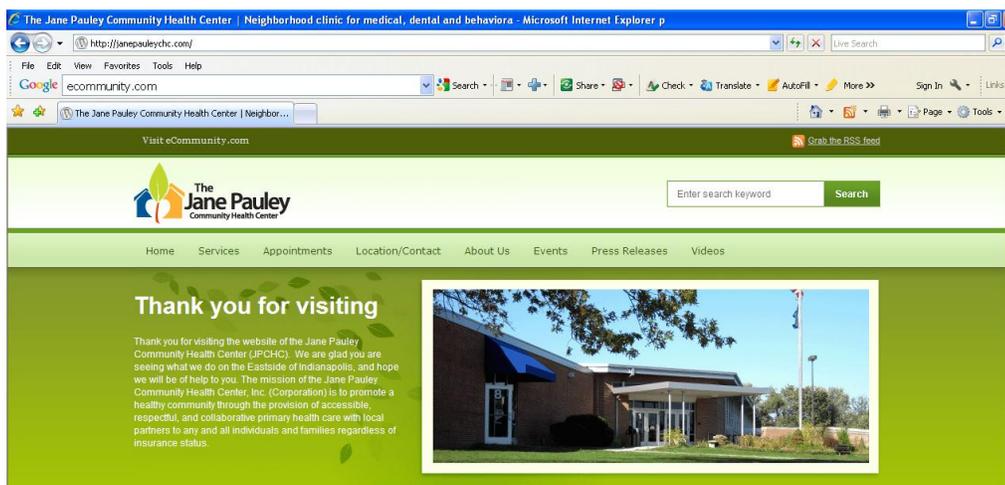


The Jane Pauley Community Health Center was launched jointly by Community Health Network and Warren Township schools to provide access to quality care for underserved populations. Says its namesake, east side Indianapolis native and former NBC news anchor Jane Pauley, “this idea works for health care, it works for community building, it works for cost savings, it works for keeping children in their seats in schools.”

In its first year alone, the center had tremendous impact on the health and well-being of the Indianapolis community. More than 1,800 patient visits were recorded in the first 12 months, 40 percent of which were repeat visits by patients who discovered the center to be a muchneeded medical home that they did not have before. Only about a third of the patients had insurance coverage, Medicare or Medicaid. Many of the others qualified for financial assistance to pay for their care.

The model, which delivers comprehensive medical and behavioral health care to the underserved from an easyto- access location in a public school, can easily be replicated elsewhere. Following the first year’s experience, Pauley and Community Health Network leaders shared the details of the center at a conference of the Indiana School Boards Association, with the hope of inspiring similar initiatives in cities across Indiana.

**Clicking on hyperlink sends viewer to actual website for appointment information and printable forms to fill out before arriving at appointment**



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**Part II Community Building Activities**

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***Understanding Community Benefit***

Community Health Network has adopted the Catholic Health Association/VHA definitions of community benefit from “A Guide for Planning and Reporting Community Benefit.” All data is collected using the Community Benefit Inventory for Social Accountability (CBISA) database developed by Lyon Software and recognized as the “gold standard” for collecting and reporting data. CBISA/Lyon Software was used by Sen. Chuck Grassley when adopting the guidelines for the new IRS Form 990 Schedule H.

*Community benefit programs or activities provide treatment and / or promote health and healing as a response to identified community needs. A community benefit must meet at least one of the following criteria:*

- *Generates a low or negative margin.*
- *Responds to needs of special populations, such as persons living in poverty and other disenfranchised persons.*
- *Supplies services or programs that would likely be discontinued – or would need to be provided by another not-for-profit or government provider – if the decision was made on a purely financial basis.*
- *Responds to public health needs.*
- *Involves education or research that improves overall community health.*

*There are six foundational beliefs upon which these definitions are based:*

- *Those who live in poverty and at all margins of our society have a moral priority for services.*
- *Not-for-profit mission-driven health care organizations have a responsibility to work toward improved health in the communities they serve.*
- *Community members and organizations must become actively involved in the health care facility’s community benefit programs.*
- *Health care organizations must demonstrate the value of their community services.*
- *Community benefit programs must be integrated throughout health care organizations.*
- *Leadership commitment is required for successful community benefit programs*

***Adopting standardized methods for accountability*****Standardized software**

The software used to collect community benefit activities is called the *Community Benefit Inventory for Social Accountability (CBISA)*. The software has been helping hospitals, health systems, long term care communities and state hospital associations tell their community benefit story for more than 20 years. The CBISA software allows us to show in a national standardized format, how we are accountable to the community through our continued commitment to our mission and values. CBISA is compliant with the Catholic Health Association/VHA guidelines, used to develop the IRS 990 Schedule H form. It is currently the most effective and accepted tool for IRS 990 Schedule H reporting.

CBISA is a comprehensive web-based software program designed to meet all of our community benefit needs—tracking, reporting and evaluating.

### **Standardized policy**

*Patient Education of Eligibility For Assistance* is an area of great concern for the IRS 990 Schedule H. One of the biggest hurdles in the national and local debate on community benefit is the definition and application of charity care vs. bad debt. In the past, reporting charity care also included for some organizations a percentage of bad debt, as it would seem logical that some of bad debt would indeed fall under the terms of charity care. The new reporting does not consider any part of bad debt to be charity care and has language that requires an organization to be proactive and prescriptive in developing policy and procedures for standardized methods of collecting and reporting charity care amounts.

The Financial Assistance Policy (see Appendix III) complies with all national and state standards for community benefit laws and recommendations. The policy also includes: the purpose for the policy, how we communicate the policy to the patients, and how the patient applies. Most important is its proactive measure taken to inform patients throughout the billing processes, rather than waiting until a patient gets a final notice of collections.

### **Community benefit—national and state of Indiana issues**

Nationally, several groups have invested significant time and resources to better define what community benefit is and how it should be evaluated. Each group has different motivations for its research and education, and the groups range from consumer organizations, labor unions and private payers/insurers to several federal government agencies including Congress, the Internal Revenue Service and Health & Human Services' Office of Inspector General (OIG). Together they have been scrutinizing the not-for-profit status of hospitals while also focusing on several areas of reform:

- *Charity care-community benefit*
- *Governance (board duties, composition, prudent investor rules)*
- *Filing of the 990 (requires CEO signature, independent audits, disclosure)*
- *Enforcement (three-year review of tax-exempt status noted in health care reform bill)*

As the courts, Congress and the IRS have focused on these areas they are looking toward a community benefit standard and charity care standard to use as a measure for an appropriate amount which would justify the call for federal income tax exemptions.

### **Community benefit standardized reporting categories**

1. Traditional charity care and other financial assistance on behalf of uninsured and low-income persons.
2. Government-sponsored means tested health care.
3. Community health and supportive services provided for low income persons and for the broader community.
4. Health professions education and training programs.
5. Subsidized health services that are provided despite a financial loss.

6. Research activities that are community benefits.
7. Cash and in-kind contributions.
8. Community-building and leadership activities.
9. Community benefit operations and activities.

### ***Community Benefit Program Highlights***

The VHA Community Benefit Award for Excellence recognizes organizations for their focus and commitment to community benefit and the effective strategies used to tell their community benefit story. The Community Health Network was one of the recipients of the award in 2009. We were one of five health networks in the United States to be recognized with this award. The following community benefit highlights demonstrate the reasons we won the award, with initiatives designed to meet the unique needs of the local community. We do it as part of our mission; we do it as part of our commitment. And we do it because it's the right thing to do.

This list is structured in the format provided by the IRS Form 990 rather than the previous mentioned “five key areas” needed to succeed in creating and sustaining a healthy community and illustrated with the five pillars.

#### ***1. Physical Improvements and housing***

In communities across our service areas, we see deteriorating neighborhoods of every shape and size. It is hard to miss the graffiti-laced walls, the broken windows, the caved in roofs. It is equally hard to dismiss the unknown health hazards these properties can pose.

Disrepair often spreads beyond the boundary of one property to blight an entire neighborhood or community. Surrounding streets become stagnant and unsafe. Concerns about safety and crime rates increase. Residents and businesses move out. Property values decline. Retirees, residents, business owners, and employees that remain behind may need to go further to access goods or services. The inspiration and creativity that formed the neighborhood's original vibrancy can fade away.

In 2006, the Community Health Network (CHN) began to look at the provision of rehabilitation of housing for vulnerable populations, working to reclaim a few of the neighborhoods in the communities we serve. CHN embarked on an experiment in environmental and economic development, to address the growing challenge of cleaning up and revitalizing properties in the communities we serve. We began to understand our role in the maintenance and of parks and playgrounds to promote physical activity. We built coalitions and rallied to reverse the decline of our neighborhoods.

Community's most recent 2011 Habitat for Humanity build on the east side is a strong example of the network's commitment to encouraging employee volunteerism and supporting economic development for the past five years. The goal of building homes in blighted areas or challenged neighborhoods started in the Windsor Village neighborhood on Catherwood Avenue.

Windsor Village had become a worn down eastside neighborhood dotted with homes and foreclosed properties and we took the worst house on Catherwood Avenue to rebuild. Our

hope was to foster a sense of rebirth for the neighborhood and for the eastside of Indianapolis. It worked; the completion of the home – making it the best on the street rather than the worst – had triggered home repairs by nearby neighbors and encouraged private investment of run down homes in the neighborhood. Home prices on the street rose \$20,000. The effort also brought together a coalition of businesses, neighborhood groups, churches and government entities to assist in the project. The original home was purchased by the CHN Foundation and renovated by a number of firms that donated in-kind services. The Indianapolis Neighborhood Partnership and the Century 21 Foundation helped the homeowner through the home buying process.

In 2008 Community Health Network in partnership with Habitat for Humanity built two homes on a property not far from the first home and close to the east hospital facility. The deed to the property, donated to the CHN Foundation was combined with Foundation funds for making the land build ready. The project was then turned over to the Habitat for Humanity for the collaborative process of the build. Panel builds on the Community North campus preceded the onsite project. Some 310 onsite volunteers clocked over 700 volunteer hours during the six weeks of building. With the 2011 Habitat Home complete, the total number of homes that the network has built or rehabbed is seven.

These initiatives have been successful in sparking dialogue among the stakeholders in the neighborhoods and the community engagement it creates enhances the new residents care and commitment to the property and the long-term success of the project. Individuals and organizations have also built lasting working relationships and stronger community ties. CHN recognizes that community engagement is a vital process to help alleviate environmental and economic concerns for citizens in economically disadvantaged areas and give them a voice in their community's future. The relationship and goodwill with the community, the connection of health outcomes and healthy communities is reinforced with every activity we continue to provide in these neighborhoods. Success is more likely with any intervention once the trust is developed with the community.

### ***Community Hospital South features xeriscaping, an environmentally friendly landscaping practice; Perennials and native plants more cost efficient, conserve water***

Community Hospital South doesn't need an irrigation system to water the flowers and plants on campus. The landscaping is carefully planned with selections that are compatible with the soil and weather conditions in central Indiana, in a practice known as xeriscaping.

"Aside from a couple of planters at the front of the facility, most of the plants and flowers you'll see on our campus are perennials," said Mitchell Breeze, director of general support services at Community South. "It's one of many ways we're working to conserve resources, but we're still able to create a pleasant healing environment for patients and visitors."

Breeze has selected a variety of plants and flowers for the Community South campus that are well-suited to the region. Among them:

- Liriope
- Coreopsis
- Pardon Me Daylily
- Ice Follies Daffodils
- Blue Wonder Catmint
- Saybrook Gold Juniper
- Red Prince Weigela
- Hamlen Dwarf Fountain Grass
- Gro-Low Sumac
- Royal Star Magnolia

In addition to focusing on xeriscaping, Breeze has been committed to preserving resources through the hospital's recent expansion project. Plants that were displaced during construction were preserved off-site and have since been reintroduced to beds around the campus.

Xeriscaping is one of the many aspects of Community Hospital South's commitment to environmentally-friendly practices. The hospital's emergency department was the first building project in the state of Indiana to be awarded LEED® Gold Certification by the U.S. Green Building Council, and the patient tower that opened in July 2010 is registered with the Green Guide for Health Care.

"We feel that doing our part to make our building and grounds more environmentally friendly has a healthy impact on the community and the people who live and work here," added Breeze.

***Fishers has 12 playgrounds in its municipal parks, and until recently none of the children's areas could be accessed by the disabled.***

Two years ago, families approached city officials about the need. The town pursued the project, and Saturday it commemorated its new Americans with Disabilities Act (ADA)-inclusive playground at Brooks School Park.

"A couple families with children with physical disabilities approached me and informed me there was no place in Fishers where kids could be actively engaged at a park," said Scott Faultless, Town Council president.

"They could walk and push kids in a wheelchair on a trail, but they could not be engaged in activities that most kids can. They did not have the same opportunity." Faultless talked to the council about it right away, and members got to work.

"The council made a decision that they wanted to make sure all kids in the community had a place to play, no matter their abilities," he said. The council began pursuing designs, locations and securing money. The council chose to build the playground at Brooks School Park, 11780 Brooks School Road, because geographically it is closest to the center of town and more people could access it, Faultless said. The town awarded the contract to Miracle of Michigan & Indiana, a company based in Okemos, Mich., that builds playground structures, park shelters and more. Construction on the \$350,000 playground began in the spring. The town's general fund and some park impact fees paid for expenses, which covered design, construction and equipment purchase, Faultless said. The playground opened Saturday with an All Play Inspiration Celebration that drew about 500 people. The Fishers Junior High jazz band, the New Britton Elementary choir and the Fishers Police Department color guard performed. Indianapolis Colts community spokesman Josh Bleill, an Iraq war veteran who lost both legs, spoke at the event. The playground has areas geared toward ages 2-5 and 5-12.

Community Health Network participated in the renovation of the park and is supplying a new shelter and other amenities. The equipment includes five Big Timber Toppers that offer shade and feature 21 activities including nine slides, five climbers, stepping stones, bridges, climbing rocks and a sensory area that includes drums, chimes, bells and xylophones, according to Parks Director Barry Russell. The play equipment includes six swings -- two for toddlers, two regular-size and two wheelchair-accessible sets, he said.

"There is a ramping system incorporated into the structure that a wheelchair-bound individual can use to access, including slides and climbing pieces," said Maura Leon-Barber, spokeswoman for the town.

"It is also possible for a wheelchair to move around the play equipment to access climbing apparatus or transfer stations and the sensory play area as the surface is rubberized.

"ADA does not just mean wheelchair bound. The equipment also allows those that have other physical and mental disabilities to access all of the play elements, although some may need a caregiver to assist them."

The rubberized surface helps protect children from injuries, Faultless said. This playground is the first in the town's parks to incorporate that type of floor design. Faultless said that in the future, the town may consider remodeling playgrounds to be ADA-inclusive, but it depends on funding. The turnout at the celebration and the responses he has gotten from the community show that families appreciate the new playground. "Several (disabled) kids for the first time in Fishers had a chance to play alongside with others," he said.

***More than 250 employee volunteers from Community Health Network will give of their time and money when they descend on IPS School #14 (Washington Irving Elementary School) on August 26 and 27, as part of the United Way's annual Day of Caring.***

Besides basic clean up in the school yard, Community volunteers will create shade on the playground, paint playground equipment, as well as the playground itself, and install benches and metal basketball nets. Inside the largest IPS elementary school, Community employees will paint one entry wall with a mural depicting the students and the school's mascot, a hornet. In addition, the volunteers will repair and improve the school's family resource center and the teachers' lounge, outfitting the rooms with a new washer, dryer, refrigerator and microwave. Finally, Community will supply school uniforms and supplies to students. "The start of school this year was the best one we've had in a while, thanks to Community Health Network," said Josette Jackson, a social worker at the school. "Many of our students do not have the resources they need, and many parents were very relieved that the staff at Community will donate school uniforms and supplies. They were also comforted to know that a new washer and dryer were in place if they need to have uniforms cleaned." Jackson added, "For some parents, the start of a new school year can be stressful, but this year Community Health Network brought smiles to the faces of teachers, students and their families, with their plans to improve the school."

Community Health Network employees who are volunteering at School #14 are part of a major network employee volunteerism initiative recently launched, called Serve 360°. It grew out of the hospital's mission statement, which focuses on a lifelong commitment to the community-at-large. "Volunteering and sharing our time with others is about doing good for people, providing for those who are in need," said Linda Hajduk, Serve360° leader and vice president of organizational effectiveness at Community. "Our work at School #14 is an example of how, in just a few hours of focus, we can change the lives of 600 students." Community also has stationed bins at each of its hospitals, professional buildings and pharmacies to collect uniforms and school supplies, so members of the public can also donate to the school.

## ***2. Economic Development***

### ***COMMUNITY'S INDIANA IMPACT***

Community Health Network is among central Indiana's largest employers and the region's second-largest locally based healthcare provider. With a total of 10,523 employees delivering quality care to more than 388,872 patients annually,

**COMMUNITY'S MARION COUNTY IMPACT**



Community employs 5,254 people who live in Marion County. These employees earn an average annual salary of \$42,052 and pay \$3.2 million in annual county taxes.

***With a mission to enhance the health and well-being of the communities we serve, in 2011 we provided \$66million in charity care.***



**INVESTING IN BUSINESS**

Community believes in supporting the growth of the central Indiana business region. That's why we annually invest more than \$100,000 in eight chambers of commerce, contributed \$250,000 to the Indianapolis Super Bowl Host Committee and made a \$5 million investment in Marian University's new College of Osteopathic Medicine. In addition, Community has invested over \$50,000 with the Indy Partnership since its formation in 2001.

***Ranked among the nation's most integrated healthcare systems, Community is a central Indiana leader in providing access to innovative and compassionate healthcare services, where and when patients need them—in hospitals, at convenient health pavilions and doctor's offices, in the workplace, at schools, in the home and online.***

**CONTRIBUTING TO ECONOMIC GROWTH CYCLE**

Community Health Network spent more than \$103 million with 737 Marion County vendors in 2010.



**SUPPORTING IMPORTANT LOCAL CAUSES**

Annually, Community contributes more than \$600,000 in sponsorship support to local causes and organizations that help us fulfill our mission. Some of those important partnerships include:

- INshape Indiana Health and Minority Fair
- Binford Redevelopment and Growth
- Boys and Girls Clubs of Indianapolis
- Youthlinks Indiana
- Habitat for Humanity of Greater Indianapolis
- Various health fairs, farmer's markets and local civic celebrations throughout Marion County

***Community Health Network Partnership a partner with Marian University to build College of Osteopathic Medicine which will add \$44 million a year to local economy.***

Marian University will spend more than \$32 million to build a facility for its new college of osteopathic medicine and expects the school to add \$44 million a year to the Indianapolis-area economy.

The small Catholic college south of the Indianapolis Museum of Art will open the medical school in the fall of 2012. It will be the state's second such program, joining the Indiana University School of Medicine. Marian intends to enroll 150 students in each of four classes, topping out at a student body of 600. The school will directly employ more than 350, including many scientific and medical researchers. The economic impact estimate comes from a study commissioned by Marian and conducted by the Indianapolis-based Center for Urban Policy and the Environment. It was to be made public Tuesday. Once the school is operating at full capacity, Marian will spend \$18.5 million a year to run it, including \$13.2 million on wages, according to the study. Students will spend another \$8 million per year, the study estimated.

The study assumed the impact of those dollars would be multiplied as they ricochet in the local economy. The total economic impact will be more than \$44 million, which will support about 450 total jobs. "We wanted people to see that this is a game changer," Marian President Dan Elsener said, explaining why Marian commissioned the study.

Elsener hopes the economic impact numbers help as Marian seeks to raise more money to fund the medical school and several interrelated projects on its campus. Those projects include new facilities to support the doubling of math and science undergraduate students, which Elsener expects as a result

of the medical school opening. Marian also is expanding graduate nurse training, and it will need more housing and parking to accommodate the additional students. In all, those projects will cost \$200 million. Marian has so far raised \$130 million toward that goal.

The medical school by itself was initially projected to cost \$75 million. Marian announced its plans to start the school early this year after it secured a \$30 million gift from an anonymous donor. Elsener hopes the new medical school will help produce more family doctors for Indiana. More than half the counties in the state suffer from a shortage of primary care doctors. Last month, Marian hired Dr. Paul Evans as dean of the new medical school. Evans, who started work Sept. 1, spent the previous six years launching a new osteopathic medical school in Atlanta. “This is a unique opportunity,” Evans said. “It’s a new medical school that has absolutely no restrictions. All the knowledge I’ve gained over my career, here’s a good opportunity to make it happen.”

Marian has established partnerships with local hospitals—such as St. Vincent Health, Community Health Network and Westview Hospital—and is working on more to help its students finish their training.

***Community Health Network announced a \$12 million construction project at I-465 and Washington Street that will improve access to health care and support economic development on Indianapolis’ east side.***

Located on six acres at 7910 East Washington Street, construction will soon begin on Community Health Pavilion, a three-story medical building that will house a variety of health care services in 55,000 square feet of space.

When completed in early 2012, the new Community Health Pavilion will offer convenient access to the primary care physicians from Community Physicians of Indiana; specialty physicians; advanced imaging services; Mid America Clinical Labs; rehab and sports medicine; and other health-related services. It will also house a community room dedicated to patient education and health screenings. Existing MedCheck and Community Occupational Health Services offices, located at 17th and Post Road, will also relocate to the new pavilion.

Jon Fohrer, CEO of Community Health Network’s ambulatory division, said the pavilion is an important investment in the development of the city’s east side, occupying property left undeveloped since the closing and subsequent demolition of Laughner’s Cafeteria. “This health care facility will showcase Community’s commitment to caring for east side residents and will positively contribute to the neighborhood’s economy,” Fohrer said. “More than 100 employees will work at the new site, with nearly half of those positions being new jobs.”

Fohrer also said the Laughner family name will continue to be attached to the property. The pavilion’s “Laughner Community Room” will celebrate a generous donation, which Charles Laughner made to Community during the sale of the property.

Robin Ledyard, M.D. and president of Community Hospital East, said the pavilion will be the newest addition to a growing east side network of health care services anchored by Community Hospital East.

“Community Health Network is committed to providing the best care possible to the residents of the east side,” Ledyard said. “This pavilion will be a state-of-the-art medical home for our patients, allowing us to deliver quality care closer to where residents live, work and play.”

Several east side organizations, including the Warren Township Trustee’s Office, the Eastgate Neighborhood Association, and the Warren Township Development Association supported this project by writing letters to the Indianapolis Metropolitan Development Commission. “Community Health Network has deep roots in our east side community,” said Warren Township Trustee Jeff Bennett. “This project represents a substantial economic investment. It will be a positive redevelopment to a long vacant site and an important gateway to I-465.”

### ***3. Community Support***

#### ***Community Health Network and the Fishers Fire Department partner on campaign to lower incidents of senior citizen falls***

In a recent analysis of data for all emergency medical incidents handled by the Fishers Fire Department, injuries as a result of falls was second only to injuries from motor vehicle accidents. Armed with these statistics, the Fishers Fire Department and Community Health Network have launched a campaign to reduce falls in the Fishers area by 35% over the next two years.

As a part of the campaign, the Community Hospital North emergency department, Community Home Health Services, Community’s Touchpoint Senior Services program, and the Fishers Fire Department, are implementing a fall prevention program for senior citizens. The program will include several components, such as:

- Fall risk assessment
- Education
- Exercise
- Medication review
- Vision check
- Home safety assessment

“Records show that 741 injuries in a two year period occurred as a result of falls, and 623 of those injured required hospitalization,” said Steve Davison, division chief, emergency medical services for the Fishers Fire Department. “Many of those injured are senior citizens, so we decided to develop a comprehensive plan to help seniors avoid hospitalization and live comfortably and safely in their own homes.”

Of the 741 falls recorded, more than 400 were people over the age of 50, and the largest number of falls occurred in the 81-90 age group, which experienced 131 falls. In addition to the fall prevention

program, the Fishers Fire Department will conduct a follow-up evaluation for every person who is 60 years or older and has a history of falls. Common conditions in older adults increase the risk of falls:

- Heart disease, stroke, Parkinson’s and low blood pressure can cause dizziness, balance problems and fatigue
- Diabetes can cause a loss of sensation in the feet, leading to a reduced “sense of place”
- Arthritis results in loss of flexibility and increased difficulty maintaining balance
- Chronic obstructive pulmonary disease and heart failure result in breathing difficulties, weakness and fatigue, even with slight exertion
- Vision problems, such as glaucoma and cataracts, decreased visual function
- Medications, particularly sleeping medications, anti-depressants or anti-anxiety drugs and heart medication

“We are excited to partner with the Fishers Fire Department Emergency Medical Services to improve the health and well-being of Fishers residents.” said Shelley O’Connell, director of Community’s Touchpoint Senior Services program.

To see a copy of the Fall Risk Assessment or to learn more about senior services, visit [www.eCommunity.com/seniorcare](http://www.eCommunity.com/seniorcare) or call 800-777-7775.

***Community Hospital South to host Oh Baby! Showcase on October 19; Free event for new and expectant parents features helpful information, giveaways, and a chance to win a \$100 gift card***

Community Hospital South, located at 1402 E. County Line Rd., invites new and expectant parents to Oh Baby! Showcase on Wednesday, October 19, from 6:30 to 8:30 p.m. The free event will offer valuable information for pregnancy and beyond, and attendees will have the opportunity to win prizes, including a \$100 gift card. **Registration is required for this event. Please call 800-777-7775 or visit [eCommunity.com/ohbaby](http://eCommunity.com/ohbaby) to reserve space.**

The Oh Baby! Showcase brings together relevant resources for individuals who are already pregnant, planning to become pregnant, or have recently welcomed a new baby. Attendees will have the opportunity to meet south side pediatricians, obstetricians and family practice physicians. Additionally, information will be available on the following topics:

- Maternity and children’s services at Community Hospital South
- Doula and breastfeeding support
- Nutrition during pregnancy and losing baby fat
- Prenatal and newborn care
- Dealing with lower back pain
- Car seats and infant safety
- Pregnancy and parenting classes

Several local businesses will showcase services designed to make life easier for new and expectant parents, and each will offer door prizes. Community Physicians of Indiana will give away a \$100 gift card to help parents prepare for their new arrival. Attendees will also enjoy light refreshments and free chair massages.

### ***Community Health Network Foundation awarded grant to educate new mothers***

Community Health Network Foundation has been awarded a \$30,000 grant from the Nina Mason Pulliam Charitable Trust to launch educational programming at Community Hospital East that will annually teach 500 new mothers how to best care for their babies.

The grant will support one-time costs associated with the installation of the GetWellNetwork, a series of television-based patient education program that will be available in 15 renovated maternity suites at the hospital.

Funds will transform televisions in the patient rooms into interactive learning tools, offering access to on-demand educational programming and resources that teach patients how to care for themselves, and their children, once discharged.

The educational program complements a \$400,000 renovation of Community East's maternity unit that was completed in 2010. The maternity unit now features an updated healing environment and technology to support the delivery of high-quality care.

"At Community Hospital East, we are committed to serving the east side community and this grant will help increase our offerings to women and families who choose our family rooms to begin a new family," said Robin Ledyard, M.D., and president of Community Hospital East. She also said she plans to add GetWellNetwork technology and programming to all of the hospital's inpatient rooms in 2011.

Michele Thomas Dole, Community Health Network Foundation President and CEO, said additional support for this educational project comes from an in-kind gift from GetWellNetwork, Inc.

"We are grateful for the support the Nina Mason Pulliam Charitable Trust and the GetWellNetwork is providing to help us educate patients, teaching them best practices for caring for their children," Dole said. "Their investments will impact the lives of entire families, giving them tools needed to live healthy, productive lives."

### ***Joint Pain 101 class: End your joint pain in 2012.***

*Is hip, knee or shoulder pain keeping you from doing the things you love? Is the pain keeping you from getting a good night's sleep? Does it affect the way you walk or limit the things you can reach or carry?*

If you're affected by joint pain, it's important to know you have options. You don't have to live in pain.

Please join us at one of our **free** classes, taught by [orthopedic surgeons](#) and team members. Here, you'll discover simple things you can do to minimize the pain. You'll also learn about the different medical treatment options available to you, including medications, injections and physical therapy. And we'll talk about the latest in hip and knee replacement surgery, our [Center for Joint Health](#), and answer your questions, too.

#### ***4. Environmental Improvements***

### ***Community Health Network employees to plant trees October 6 for Super Bowl Legacy Project; 160 volunteers expected to plant hundreds of trees at Interstate 70-Emerson Avenue interchange***

About 160 Community Health Network employees will create a Super Bowl legacy on October 6 by planting 400 trees, contributing toward the 2012 Indianapolis Super Bowl Host Committee's goal of planting 2,012 trees before Super Bowl XLVI. In partnership with Keep Indianapolis Beautiful (KIB) and volunteers completing Eli Lilly and Company Global Day of Service projects, Community volunteers will help transform the barren Interstate 70-Emerson Avenue interchange, near Community Hospital East. The Community volunteers will wear gold t-shirts and plant trees from noon to 4 p.m.

Community joins 30 other organizations for the 2011 Lilly Global Day of Service event. Four Indianapolis corridors will be revitalized during the one-day project, which aims to beautify Indianapolis, improve community spaces and promote wellness. Community's volunteers will dig and move dirt, put trees in place and move mulch in the areas around the exit ramps. With support from Brickman Group, a national landscaping company with a strong Indiana presence, Community has also made a commitment to water and maintain the trees once they are in the ground.

The 2,012<sup>th</sup> tree will be planted October 6 at 11:00 a.m. during the Global Day of Service at Pogues Run Art and Nature Park. This will help two community organizations meet long-term goals. Once in place, it will be:

- The 2,012<sup>th</sup> tree planted in the "2,012 Trees by 2012" tree-planting initiative—a partnership between KIB and the 2012 Indianapolis Super Bowl Host Committee
- The 30,000<sup>th</sup> tree planted by KIB in the NeighborWoods program, which has the goal of planting 100,000 trees in Indianapolis by 2017

"This is a great opportunity to bring our employees together to help beautify Indianapolis and promote green space for healthy living," said Bryan Mills, president and CEO of Community Health Network. "While helping create a welcoming environment for visitors to the city, our employees will

permanently transform a large outdoor space, which is so important to our east side neighbors, as many of them live and work close to this interchange.”

The green space will foster healthy outdoor living and have a lasting community and environmental impact for years to come. Being in a natural environment for as little as 10 minutes daily can reduce stress, blood pressure and improve mental health. In addition, living near parks or woodlands improves health and extends life span, regardless of a person’s social class or income. Community is committed to improving the health and well-being of Central Indiana residents.

“Without partners, such as Community Health Network, it wouldn’t be possible to complete such a tremendous amount of work in a single day,” said Rob Smith, president, Lilly Foundation. “It’s impressive—and fun—to have hundreds of employees from two of the area’s largest employers working together to improve public spaces in our city.”

The tree planting project supports Community Health Network’s Serve 360° employee volunteerism initiative, launched this past summer. Serve360° was named to reflect Community’s way of completing the circle, collectively giving back to the people and neighborhoods that gave birth to the network and continue to support it. The effort offers Community employees a way to live the network’s mission, demonstrating a deep commitment to the communities they serve, enhancing health and well-being while cultivating the spirit of volunteer service.

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## Plant trees for the Super Bowl Legacy Project

Join us as we continue to Serve360° with the chance to make a lasting change to the landscape of our community...literally.



As part of the Super Bowl Legacy Project, we’ll be planting hundreds of trees at the Interstate 70-Emerson Avenue interchange, near Community Hospital East.

We need more “tree captains” plus about 160 volunteers on Thursday, October 6, from noon to 4 p.m.

With the expertise of Keep Indianapolis Beautiful and alongside volunteers from Eli Lilly & Co., we’ll be digging and moving dirt, putting trees in place and moving mulch in the areas around the exit ramps. With the support of our vendor partner, Brickman Group, Community Health Network has also made a commitment to maintain the trees once they are in the ground.

If you don’t mind dirt and a little bit of hard labor, we hope you’ll sign up for this Serve360° opportunity! Click [here](#) to volunteer.

## **5. Leadership Development/Training for Community Members**

### **Community EMS director has statewide responsibilities**

John Zartman, director of emergency medical services and EMS education, has been named vice chairman of the Indiana EMS Commission Technical Advisory Committee (TAC), state coordinator for all Prehospital Trauma Life Support (PHTLS) courses and national registry representative for the National Registry of EMTs (NREMT).

“John has dedicated his career to the education and delivery of EMS care,” says Randy Wright, vice president of emergency services. “His engagement with state and national EMS organizations enhances Community’s relationships with local EMS teams and ensures that we are offering patients the best possible coordination of care when they arrive in our emergency departments.”

As vice chairman of the TAC, Zartman reports to the Indiana EMS Commission on all projects affecting roles and responsibilities of EMS operations and educational issues. An appointee of the governor’s office, Zartman develops and issues recommendations along with other members for system changes and modifications.

Zartman also serves as a state representative and coordinator for the National Association of EMTs (NAEMT). He coordinates all Indiana PHTLS courses, which are designed to train emergency personnel to deliver all levels of prehospital care for patients with minor to severe trauma. He monitors and approves all courses for the state of Indiana, including emergency medical responder, emergency medical technician (EMT), advanced EMT and paramedic. He also monitors the instructors who provide training and reviews core material.

In addition to ensuring that EMS personnel have proper training to provide patient care, Zartman administers statewide EMT and paramedic exams. These tests are the final step for students wishing to become nationally certified for EMS work. Zartman supervises the examinations and submits reports to NREMT for the processing of certifications.

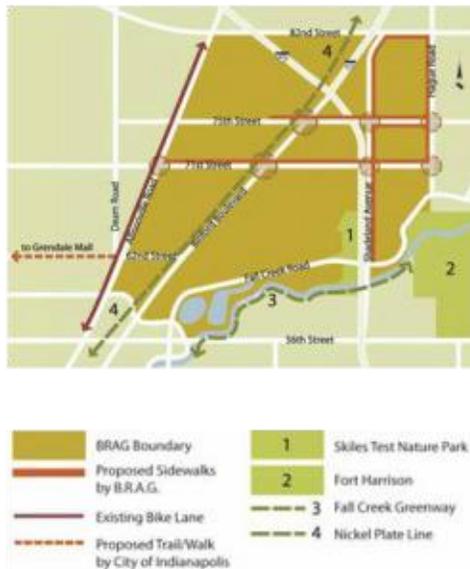
As director of emergency medical services and EMS education for the network, Zartman supervises and sponsors many levels of EMS providers in Marion, Johnson, Hamilton, Madison and Hancock counties. The Community Health Network EMS department also conducts multiple educational programs to all levels of EMS services, nursing, physicians and the general public.

## 6. Coalition Building

### *Binford Redevelopment and Growth (BRAG)*

In the Fall of 2006 the BRAG area was selected as a GINI (Great Indy Neighborhoods Initiative) recipient with the collaborative grant writing and support of Community Health Network. GINI made funding and technical assistance available for three years to plan and implement quality of life enhancements. A Quality of Life Plan was prepared by working groups that formed as a result of a 2007 community wide visioning meeting. Today the coalition remains and is stronger than ever. Community Health Network is to be a proud sponsor of this successful community organization.

### *INSTEPP - Indy Northside Sidewalks and Trails Engaging People with Places*



The initiative to develop multi-use trails came about from the surveys and community gatherings BRAG conducted during the three year GINI (Great Indy Neighborhoods Initiative) study. Survey results indicated that area residents thought that the lack of community connectivity was a significant concern. The INSTEPP committee was formed to address the issue.

Much of the BRAG area was built at a time when everything was designed around the automobile, so these destinations are safely accessible only by driving. Sidewalks and bike trails are virtually non-existent on our major thoroughfares. The Indianapolis Department of Public Works (DPW) has received \$1.2 million in federal funding to construct a multi-use path along 71st street from Binford Boulevard to Hague Road. The trail will increase pedestrian and bike safety and provide connectivity for area businesses and neighborhoods. We expect construction to begin in 2013.

The long term goal of INSTEPP is to build sidewalks and multi-use trails throughout the BRAG

community, connecting neighborhoods both east and west of Binford Boulevard, and to provide safe crossings at all major intersections. The pathways identified in the INSTEPP plan are included in the Indianapolis Metropolitan Planning Organization Regional Pedestrian Plan (2006) and are also listed under the “recommendations for pedestrian pathways” in that plan.

### ***Irvington Innovation Zone***

#### ***“Forged by History, Powering Creative Prosperity”***

#### ***Community Meetings***

The Irvington Innovation Zone (IIZ) is a community based economic development program that is seeking to enhance a once vibrant area on the eastside of Indianapolis that has been a victim of the recent economic downturn. The IIZ is in the process of developing an economic development master plan for the greater Irvington area that is focused around advance manufacturing, motorsports, and logistics. The overall plan is intended to create a sustainable economy for the businesses, workers and residents on the east side of Indianapolis.

The plan will center on five key economic clusters: Advanced Manufacturing, Logistics, Motorsports, Life Sciences, and Education. Having spent the last twelve months developing relationships with community and residents, government agencies, elected officials, community organizations and key businesses,

## ***7. Community Health Improvement Advocacy***

### ***School Based Health Services***

#### **Background:**

Today, all children and families have routine, significant contact with two social systems; school systems and health care systems. These are times that both systems are operating under many new financial constraints that demand fundamental transformations of their structures. At the same time these organizations are being changed, the public’s expectation for improved outcomes are being demanded of both.

A basic tenant that we believe will lead to the successful transformation of both systems is that neither schools nor hospitals *by themselves* will be able to satisfactorily address the multidimensional needs of the community and of students working alone. The process of raising and educating healthy children who are able to succeed in our society requires new strategies for a community wide commitment to addressing the needs of the whole child. School based health services represent a service integration approach that recognizes the role that schools and health care systems can play in optimizing their resources in the quest to bring about the healthy development of children and families. This plan to integrate hospital services into the educational environment will go a long way in improving the lives of children in the counties we serve.

As a response to federal, state and local initiatives that address the needs for families to receive basic primary healthcare, Community Health Network (CHN) has successfully partnered with schools, churches, community associations, local businesses and funding sources to bring health education and health services to various communities while respecting their unique cultural situations. The School District in Indianapolis and surrounding counties are rife with adverse social indicators and all have used many initiatives to address these needs in their students, families and community. The many needs and risk factors of its students led CHN to form a partnerships with school systems. These partnerships will led to the creation of the first school based clinic 12 years ago. The partnerships chose locations for a full time school based health clinic which provides health care and medical education for not only its students but for their families and the surrounding community. As we quickly discovered, the students and their families faced many obstacles to health, treatment, and academic achievement.

As the free and reduced lunch program statistics suggest, the numbers of at risk youth in our original clinic went from twenty to fifty percent. A thirty percent increase in the number of the students that fall into this category alone may represent unstable home situations due to economic challenges, however many more families than fall into this category may have limited access to supportive services necessary to manage their lives. Many in the community need support and connections with economic, legal, and social service as well as cultural, health and educational services.

By partnering and collaborating in adapting physicians, school nurses, counselors, athletic trainers and allied health professional we believe we can begin to affect positive changes in many of these risk factors, and augment the benefits of educational efforts by the school. For example, examining downstream effects from the efforts we deployed at MSD Warren Hawthorne School Based clinic, not only did students demonstrate better health outcomes, fewer emergency room visits, and fewer missed school days, but they also performed better than other schools on the standardized ISTEP exams.

### **School-based wellness clinics**

Helping kids be healthy so they can succeed in school is the mission of the school-based wellness clinics operated by Community Health Network. The clinics make a wide range of services convenient and affordable for school children and their families, and their located right inside the school buildings.

The clinics provide such wellness services as immunizations, and also see children with minor illnesses or injuries. Sometimes another family member—sibling or parent—will also receive health care services at the clinics. The clinics help families connect with other health services as well. For example, parents without insurance are offered help in enrolling their kids in the Hoosier Healthwise program that insures children. School officials believe that the easy availability of health care services is one of the factors behind their students' success. For example, the students at clinic host site Hawthorne Elementary have made significant academic

achievement throughout the clinic's 11 year tenure at the school. Hawthorne third-graders recently had Warren Township's best ISTEP scores and the school received national recognition as a "Title I" School.



### ***Behavioral Care School-based program***

Gallahue Mental Health Services, Community's outpatient program, collaborates with local schools to deliver treatment in a non-traditional mental health setting. The school-based program, begun in 1997, enables families to access services in a school's supportive environment. Our program offers a unique and innovative approach to the delivery of mental health therapy through strength-based, family-focused, outpatient care.

This natural environment allows students, teachers and families to function together successfully in both the classroom and the community. Gallahue's school-based staff offers the added benefit of improving the relationship between staff and students as well as providing convenient access for students and their families who otherwise might not seek treatment. Home-based visits are offered as an added benefit to reach both the student and family.

Ultimately, our goal is to assist children and their families with learning, improving interpersonal and relationships skills as well as becoming productive citizens in their community.

## School crisis response

Community Hospital's behavioral care staff participates with several mental health organizations in Marion County on a school crisis response team. This team is composed of trained volunteers from various participating agencies, and services are provided at no cost to the schools served upon their request.

Volunteers provide crisis debriefing, education and consultation to school-age children and adolescents, teachers and school administrators. Services are provided at the school or another pre-arranged site such as a church or community center.

## *8. Workforce Development*

### *Project SEARCH / Indiana*

Project SEARCH / Indiana is a collaborative effort of the following:

- State of Indiana, Family & Social Services Administration/Office of Vocational Rehabilitation • Funder
- Community Health Network • Training Site and Employer
- Easter Seals Crossroads • Job Coaching and Job Accommodations Provider
- Indianapolis Public Schools • Educational Provider
- Indiana University / Indiana Institute on Disability and Community • Technical Assistance Provider



## Why

Founded in Cincinnati, Ohio, Project SEARCH provides employment and education opportunities for individuals with significant disabilities. The program is dedicated to workforce development that benefits the individual, community and workplace. Along with in-depth student training, Project SEARCH educates employers about the potential of this underutilized workforce while meeting their human resource needs.

The ultimate goal of the above-mentioned Indiana collaborative partnership is to replicate this nationally recognized employment program for young people with disabilities throughout the state. Known as Project SEARCH / Indiana, this exciting prototype program launched in February 2008 at Community Hospital East in Indianapolis.

## How

Project SEARCH / Indiana is a high school transition program targeted for students whose main goal is competitive employment. It is a worksite-based, school-to-work program for students with developmental and/or physical disabilities in their last year of public school eligibility.

The initial Project SEARCH / Indiana program takes place in a health care setting where total immersion in the workplace facilitates the learning process through continuous feedback and development of new marketable job skills.

Students are given support through on-the-job coaching and worksite accommodations with the ultimate goal of independence, in order to insure a successful transition to work as well as job retention and career advancement. A typical school day includes classroom instruction in employability and independent living skills; participation at one or more worksite rotations; lunch with peers; and feedback from the instructors.

### ***Healthcare Career Mentoring and Job Shadowing Program***

#### Program Description

The Healthcare Career Mentoring and Job Shadowing Program enables participating senior year students from Warren Township's Walker Career Center at Warren Central High School to enhance their opportunity to secure employment within the healthcare industry in addition to assisting in preparation for postsecondary educational endeavors.

Beginning in the first semester of the program participant's senior year, students partake in a weekly one-hour program orientation conducted at each respective district's Career Center. Weekly topics include, but are not limited to, Healthcare Career Industries and Disciplines, Career Technical Education's (CTE) 16 Career Clusters and 79 Career Pathways, Family, Career and Community Leaders of America, Inc.'s (FCCLA) Career Family Tree, Community Health Network's Nursing Appearance Standards, Professionalism, Healthcare Career Occupations and Salary Ranges, and Types of Healthcare Providers. Students will also be afforded the opportunity to become certified in Cardiopulmonary Resuscitation (CPR) as recognized by the American Heart Association.

During the second semester program participants will participate in a two-week orientation designed to provide an intense orientation prior to job shadowing placement. Topics include, but are not limited to, Introduction to Community Health Network, Exceptional Patient & Family Experience, Network Compliance Policies (HIPPA), and Safety. Additional curriculum-based instructions will be

conducted in the areas of Professionalism, Career Options, Overview of Healthcare Career Industry and Disciplines, Medical Terminology, Family/Social Health, and Health Lifestyle.

Students that successfully complete the second semester two-week orientation will participate in a six-week job shadowing across various front-office and back-office medical disciplines within the Community Health Network organization. Student job shadowing placement opportunities exist primarily in clinical out-patient health services and non-clinical healthcare fields.

Students completing both semesters of the program will take the Indiana State Department of Health's CNA examination. Students who successfully pass the CNA examination and who graduate from each of the respective Career Centers with a high school diploma or GED in addition to being listed in good standing as a CNA on the Indiana State Nurse Aide Registry will be afforded a prioritized opportunity for CNA employment within the Community Health Network organization. Also, program graduates will receive prioritized opportunity for CNA employment with Bethany Village Nursing Home. Program graduates who prefer to continue with their postsecondary educational opportunities rather than initial employment will remain in the program tracking database regarding educational progress.

#### Goal & Objectives

The goal of the Healthcare Career Mentoring and Job Shadowing Program is to afford Career Center senior year healthcare students the opportunity to engage in hands-on and curriculum-based training that will significantly improve their skills needed for employment within the Healthcare Industry.

The main objectives include:

1. Ensure that 75% of graduating program participants will be attending an accredited postsecondary institution and/or be employed by a healthcare provider no later than six months after graduating from high school and passing the nurse aide competency evaluation test.
2. Provide appropriate and varied learning experiences for program participants in accordance to each respective Career Center's educational goals and objectives.
3. Enable student participants increased access to professional networking and employment opportunities through job shadowing and career mentoring externships.

#### **9. Other** **N/A**

**Part V Facility Information** (continued)

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . .	✓	
	If "Yes," indicate what the Needs Assessment 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 checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>1</u> <u>0</u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	✓	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . .	✓	
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
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 checked="" type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		✓

## *Community Health Needs Assessment*

1. Since 1996, Community Health Network facilities have participated in the local and surrounding counties' Community Health Needs Assessments. These assessments have been the springboard to understanding and implementing strategies and programs that have targeted populations in need with specific outcomes driving the strategy for change. A very important lesson was learned in the first assessment:

When residents were asked what a healthy community looked like to them, they responded with clean and safe streets, NOT the absence of disease.

That began our journey into the social determinants of health and has brought us through many transformations of the Community Benefit Plan and the way in which we assess the needs of the community. Since that time, other assessment tools have been made available to the community by such agencies as United Way that assist us in assessing the community needs (i.e., Social Assets and Vulnerabilities Indicators) for our Community Benefit Plan.

In 2006, we contracted with an outside vendor to provide a targeted community assessment in the urban area directly around our eastside facility. This community assessment was used as a catalyst for the "Eastside Redevelopment Initiative," which has driven a successful group of projects and activities. Much like the assessment 10 years earlier, this assessment broke through some "myths and realities" of the neighborhood, such as perceptions and realities of crime and income in the community. As important as the data, these assessments have given us a snapshot of the community. The ongoing input of our community groups—through feedback mechanisms developed by and for our CBP—is just as important and can ultimately drive our actions and planning. We begin where our communities are.

In 2009 another significant assessment was provided to the Fishers community. The network marketing department collaborated with the Fishers community, bringing interested organizations together to provide an assessment of the Fishers area.

### Other assessment strategies

Beginning in 2009, we began using an advanced mapping tool, Health Landscape, so that we can truly delve into areas of need. Once we receive information from our needs assessment, we can plot geographic data in our service areas in order to actually "see" on a map where our highest-need areas are located. This also allows us to identify service areas of other organizations so that we can work collaboratively on behalf of the community.

Beginning in 2010 we started to develop interest in the Healthy Communities Institute and brought local and state leaders together to review their product and process for implementation. Although the fees were minimal compared to other products the groups could not agree on one standard product to assist in the development of the community health needs assessments for the five to seven counties

we serve. Consequently we signed a contract with Healthy Communities Institute and will have completed our process for community health needs assessments by the end of 2012.

With all of the assessments we have conducted to date we have never fulfilled all of the findings within these documents. The documents that are generated often are visions of the future rather than specific action steps for the current reality, in fact, as noted before - health is not often seen on quality of life plans generated by a community – rather the interpretation may be personal safety and clean streets as an indicator of a healthy community.

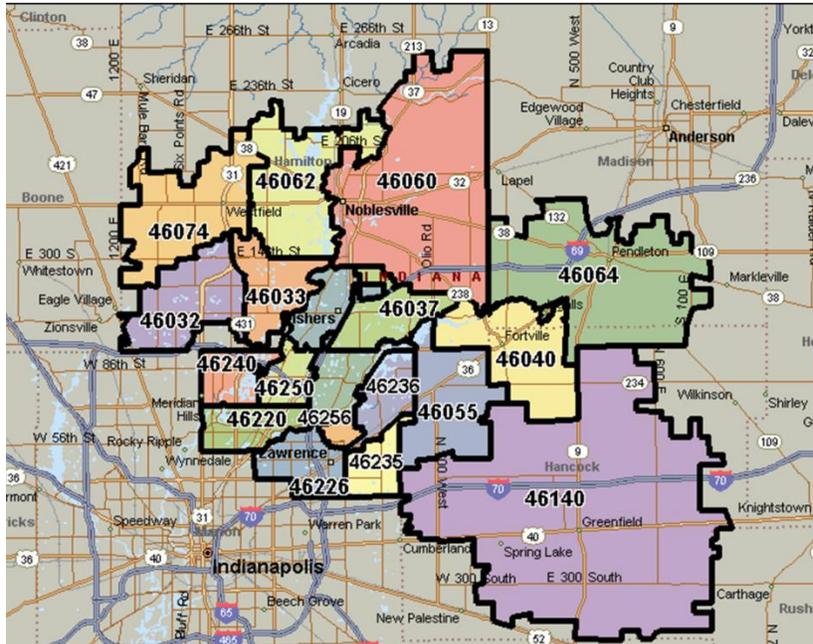
Summary of Assessments:

- 1996: Building Healthier Neighborhoods, Marion County,
- 1996: Partnership for a Healthier Johnson County
- 2001-ongoing: Minority Health Coalition of Marion Count
- 2001-ongoing: Kids Count in Indiana, The Indiana Youth Institute
- 2002: Quality of Life in Marion County, A Community Snapshot
- 2005-ongoing: The SAVI Community Information System
- 2008: Community Needs Assessment—Windsor Village, Marion County, Indiana
- 2009: Fishers Community Assessment
- 2010: Jane Pauley Community Health Center FQHC Application requirements
- 2011: SEVA: Indian Immigration Health Needs Assesment
  - Town Hall Meeting Series
  - Near Eastside Community Organization: IEQHA & Better Healthcare Indiana
  - Follow up with Quality Life Addendum on Health
  - Preliminary Healthy Communities Institute Data

We will continue to generate data and information to guide our communities through health needs assessments with the hope of finding issues addressing them and measuring the positive and negative outcomes of our initiatives. We are encouraged by the product that we will be making available in the future thru the Health Communities Institute and hope to be able to allow an eighth grade student to access our information for a school project on health.

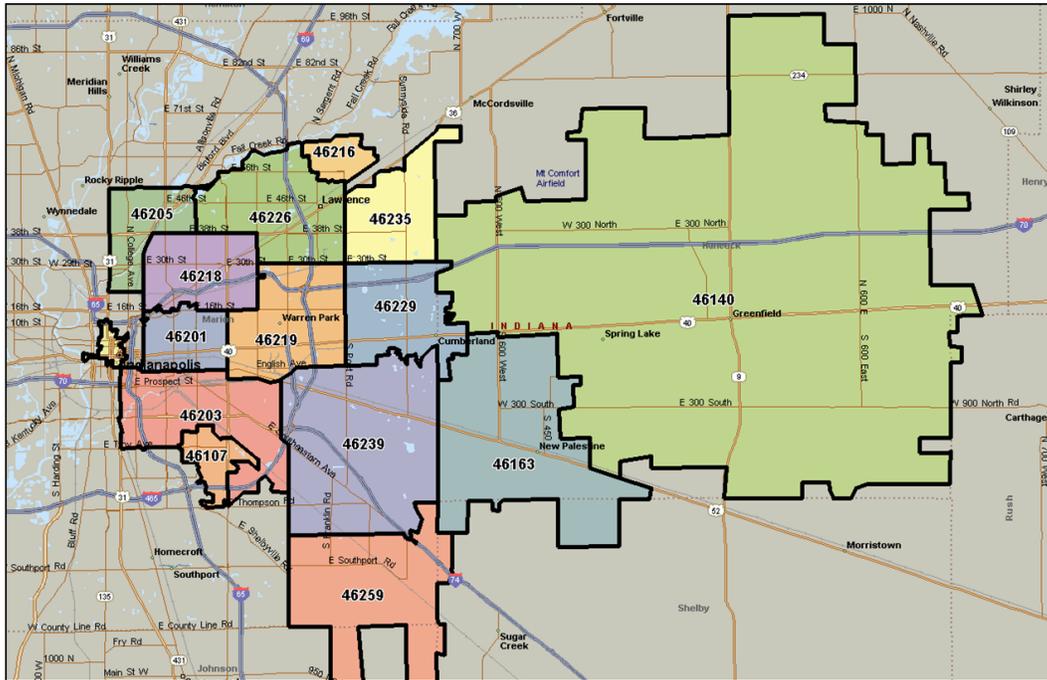
***a. Each hospital facility has a defined services area. What follows is a map of the individual service areas of each market with associated zip codes.***

## North Market



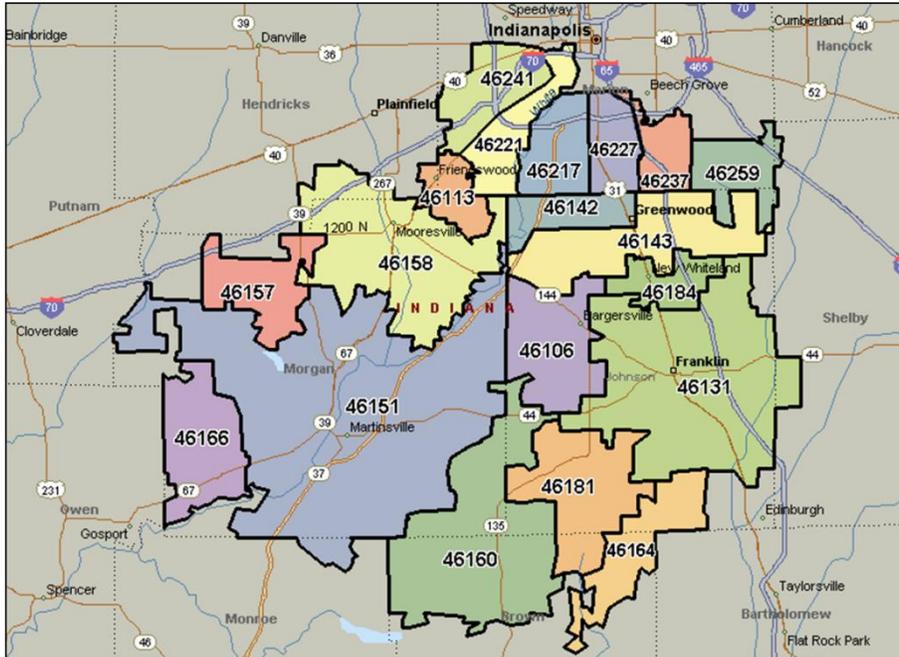
Community Hospital North			
Market Area			
ZIP	City	County	Overlapping ZipCodes
46032	Carmel	Hamilton	
46033	Carmel	Hamilton	
46037	Fishers	Hamilton	
46038	Fishers	Hamilton	
46040	Fortville	Hancock	
46055	Mc Cordsville	Hancock	
46060	Noblesville	Hamilton	
46062	Noblesville	Hamilton	
46064	Pendleton	Madison	Overlaps with Anderson Market Area
46140	Greenfield	Hancock	Overlaps with East Market Area
46216	Lawrence	Marion	Overlaps with East Market Area
46220	Broadripple 2	Marion	
46226	Lawrence	Marion	Overlaps with East Market Area
46235	S Oaklandon	Marion	Overlaps with East Market Area
46236	Oaklandon	Marion	
46240	Nora	Marion	
46250	Castleton	Marion	
46256	Castleton	Marion	
46074	Westfield	Hamilton	
<b>Definition of Market Area:</b>			
Unique zip code geography for Community Hospital North			
There is no overlap between zip codes except for the following:			
46064	Pendleton	North and Anderson overlap	
46140	Greenfield	North and East overlap	
46216	Lawrence	North and East overlap	
46226	Lawrence	North and East overlap	
46235	S Oaklandon	North and East overlap	

### East Market



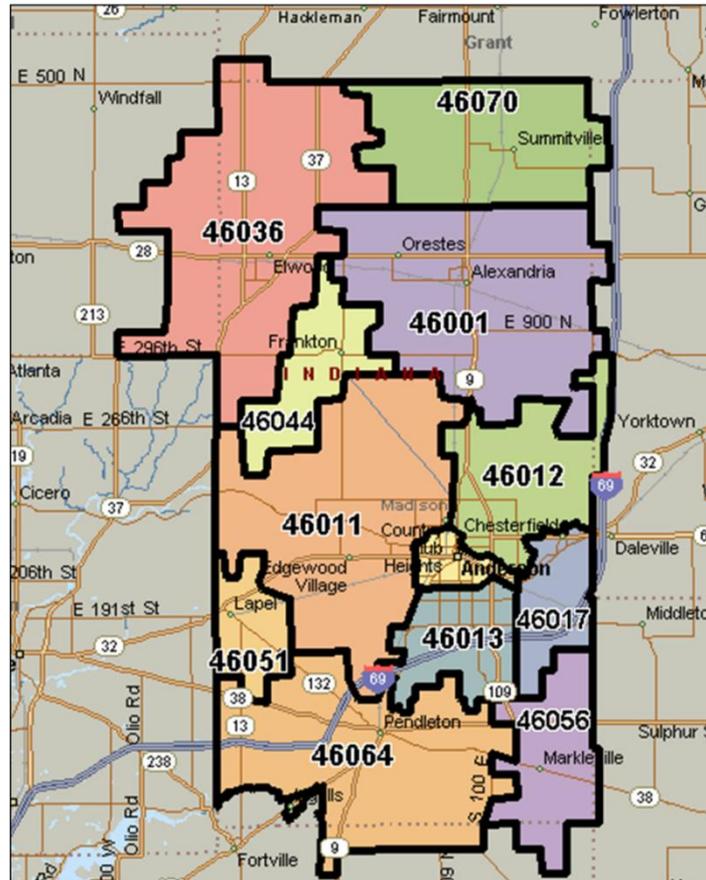
Community Hospital East Market Area			
ZIP	City	County	Overlapping ZipCodes
46107	Beech Grove	Marion	
46140	Greenfield	Hancock	Overlaps with North Market Area
46163	New Palestine	Hancock	
46201	Linwood	Marion	
46203	Garfield	Marion	
46204	Downtown	marion	
46205	Broadripple 2	Marion	
46216	Lawrence	Marion	Overlaps with North Market Area
46218	Brightwood	Marion	
46219	Eastgate	Marion	
46226	Lawrence	Marion	Overlaps with North Market Area
46229	Cumberland	Marion	
46235	S Oaklandon	Marion	Overlaps with North Market Area
46239	Wanamaker	Marion	
46259	Acton	Marion	
<u>Definition of Market Area:</u>			
Unique zip code geography for Community Hospital East			
There is no overlap between zip codes except for the following:			
46140	Greenfield		North and East overlap
46216	Lawrence		North and East overlap
46226	Lawrence		North and East overlap
46235	S Oaklandon		North and East overlap

## South Market



Community Hospital South			
Market Area			
ZIP	City	County	Overlapping ZipCodes
46106	Bargersville	Johnson	
46113	Camby	Morgan	
46131	Franklin	Johnson	
46142	Greenwood	Johnson	
46143	Greenwood	Johnson	
46151	Martinsville	Morgan	
46157	Monrovia	Morgan	
46158	Mooresville	Morgan	
46160	Morgantown	Brown	
46164	Nineveh	Johnson	
46166	Paragon	Morgan	
46181	Trafalgar	Johnson	
46184	Whiteland	Johnson	
46217	Southport 2	Marion	
46221	W Indianapolis	Marion	
46227	Southport	Marion	
46237	Southport 3	Marion	
46241	South Indpls	Marion	
46259	Acton	Marion	
<u>Definition of Market Area:</u>			
Unique zip code geography for Community Hospital South			
There is no overlap between zip codes			

## Anderson Market



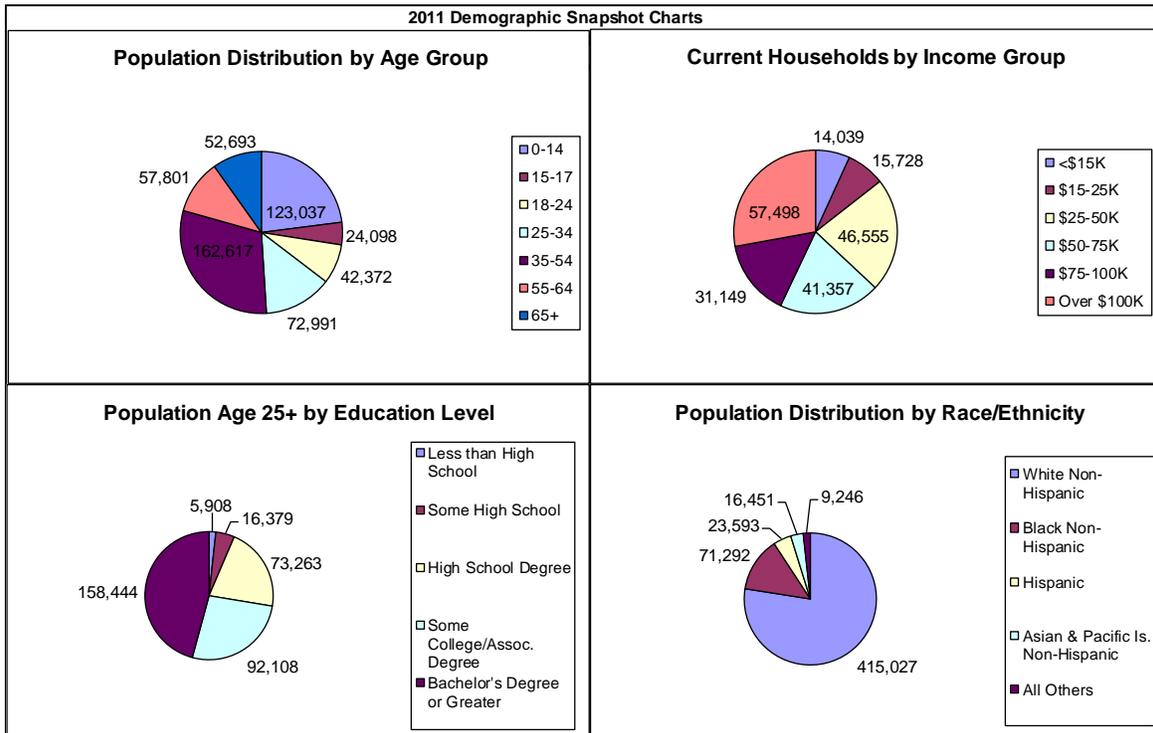
Madison County Market Area			
ZIP	City	County	Overlapping ZipCodes
46001	Alexandria	Madison	
46011	Anderson	Madison	
46012	Anderson	Madison	
46013	Anderson	Madison	
46016	Anderson	Madison	
46017	Anderson	Madison	
46036	Elwood	Madison	
46044	Frankton	Madison	
46048	Ingalls	Madison	
46051	Lapel	Madison	
46056	Markleville	Madison	
46064	Pendleton	Madison	Overlaps with North Market Area
46070	Summitville	Madison	
<b>Definition of Market Area:</b>			
Unique zip code geography for Community Hospital Anderson.			
There is no overlap between ZipCodes except for the following:			
46064	Pendleton	North and Anderson overlap	

*b. Demographics of the community: Each hospital facility has a defined services area. What follows is the demographics of the individual service areas of each market.*

### North

Demographics Expert 2.7											
2011 Demographic Snapshot											
Area: North Market											
Level of Geography: ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
		Selected Area	USA					2011	2016	% Change	
2000 Total Population		402,103	281,421,906		Total Male Population			263,608	289,124	9.7%	
2011 Total Population		535,609	310,650,750		Total Female Population			272,001	297,890	9.5%	
2016 Total Population		587,014	323,031,618		Females, Child Bearing Age (15-44)			110,924	114,225	3.0%	
% Change 2011 - 2016		9.6%	4.0%								
Average Household Income		\$87,021	\$67,529								
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION						
Age Distribution					Income Distribution						
Age Group	2011	% of Total	2016	% of Total	USA 2011	% of Total	2011 Household Income	HH Count	% of Total	USA	% of Total
0-14	123,037	23.0%	133,031	22.7%	20.2%	<\$15K		14,039	6.8%	12.9%	
15-17	24,098	4.5%	27,248	4.6%	4.2%	\$15-25K		15,728	7.6%	10.8%	
18-24	42,372	7.9%	50,208	8.6%	9.7%	\$25-50K		46,555	22.6%	26.6%	
25-34	72,991	13.6%	70,763	12.1%	13.3%	\$50-75K		41,357	20.0%	19.5%	
35-54	162,617	30.4%	166,584	28.4%	27.6%	\$75-100K		31,149	15.1%	11.9%	
55-64	57,801	10.8%	71,894	12.2%	11.7%	Over \$100K		57,498	27.9%	18.3%	
65+	52,693	9.8%	67,286	11.5%	13.3%						
<b>Total</b>	<b>535,609</b>	<b>100.0%</b>	<b>587,014</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>		<b>206,326</b>	<b>100.0%</b>	<b>100.0%</b>	
EDUCATION LEVEL					RACE/ETHNICITY						
Education Level Distribution					Race/Ethnicity Distribution						
2011 Adult Education Level	Pop Age 25+	% of Total	USA	% of Total	Race/Ethnicity	2011 Pop	% of Total	USA	% of Total		
Less than High School	5,908	1.7%	6.3%		White Non-Hispanic	415,027	77.5%	64.2%			
Some High School	16,379	4.7%	8.8%		Black Non-Hispanic	71,292	13.3%	12.1%			
High School Degree	73,263	21.2%	28.9%		Hispanic	23,593	4.4%	16.1%			
Some College/Assoc. Degree	92,108	26.6%	28.3%		Asian & Pacific Is. Non-Hispanic	16,451	3.1%	4.6%			
Bachelor's Degree or Greater	158,444	45.8%	27.7%		All Others	9,246	1.7%	3.0%			
<b>Total</b>	<b>346,102</b>	<b>100.0%</b>	<b>100.0%</b>		<b>Total</b>	<b>535,609</b>	<b>100.0%</b>	<b>100.0%</b>			

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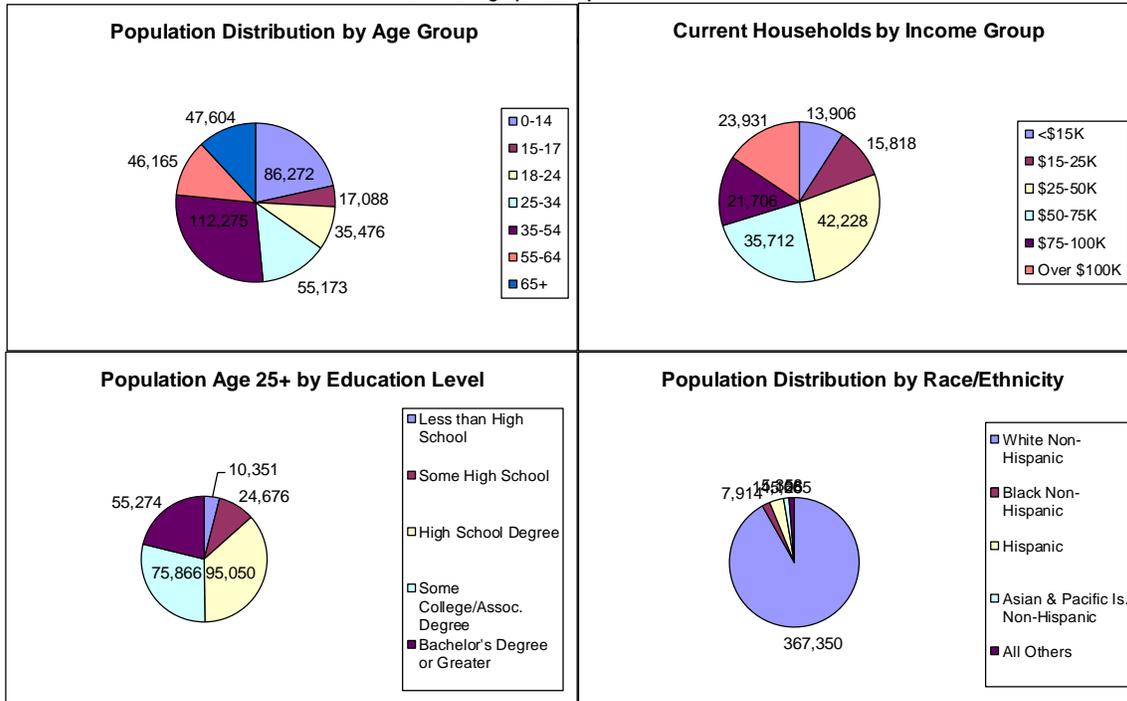


**South**

Demographics Expert 2.7											
2011 Demographic Snapshot											
Area: South Market											
Level of Geography: ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
		Selected Area	USA					2011	2016	% Change	
2000 Total Population		347,411	281,421,906					196,663	205,335	4.4%	
2011 Total Population		400,053	310,650,750					203,390	212,267	4.4%	
2016 Total Population		417,602	323,031,618					80,841	80,410	-0.5%	
% Change 2011 - 2016		4.4%	4.0%								
Average Household Income		\$63,839	\$67,529								
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION						
Age Distribution					Income Distribution						
Age Group	2011	% of Total	2016	% of Total	USA 2011	% of Total	2011 Household Income	HH Count	% of Total	USA	% of Total
0-14	86,272	21.6%	90,684	21.7%	20.2%		<\$15K	13,906	9.1%	12.9%	
15-17	17,088	4.3%	17,563	4.2%	4.2%		\$15-25K	15,818	10.3%	10.8%	
18-24	35,476	8.9%	37,339	8.9%	9.7%		\$25-50K	42,228	27.5%	26.6%	
25-34	55,173	13.8%	52,102	12.5%	13.3%		\$50-75K	35,712	23.3%	19.5%	
35-54	112,275	28.1%	110,403	26.4%	27.6%		\$75-100K	21,706	14.2%	11.9%	
55-64	46,165	11.5%	52,834	12.7%	11.7%		Over \$100K	23,931	15.6%	18.3%	
65+	47,604	11.9%	56,677	13.6%	13.3%						
<b>Total</b>	<b>400,053</b>	<b>100.0%</b>	<b>417,602</b>	<b>100.0%</b>	<b>100.0%</b>		<b>Total</b>	<b>153,301</b>	<b>100.0%</b>	<b>100.0%</b>	
EDUCATION LEVEL					RACE/ETHNICITY						
Education Level Distribution					Race/Ethnicity Distribution						
2011 Adult Education Level	Pop Age 25+	% of Total	USA	% of Total	Race/Ethnicity	2011 Pop	% of Total	USA	% of Total		
Less than High School	10,351	4.0%	6.3%		White Non-Hispanic	367,350	91.8%	64.2%			
Some High School	24,676	9.4%	8.8%		Black Non-Hispanic	7,914	2.0%	12.1%			
High School Degree	95,050	36.4%	28.9%		Hispanic	14,166	3.5%	16.1%			
Some College/Assoc. Degree	75,866	29.0%	28.3%		Asian & Pacific Is. Non-Hispanic	5,358	1.3%	4.6%			
Bachelor's Degree or Greater	55,274	21.2%	27.7%		All Others	5,265	1.3%	3.0%			
<b>Total</b>	<b>261,217</b>	<b>100.0%</b>	<b>100.0%</b>		<b>Total</b>	<b>400,053</b>	<b>100.0%</b>	<b>100.0%</b>			

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2011 Demographic Snapshot Charts

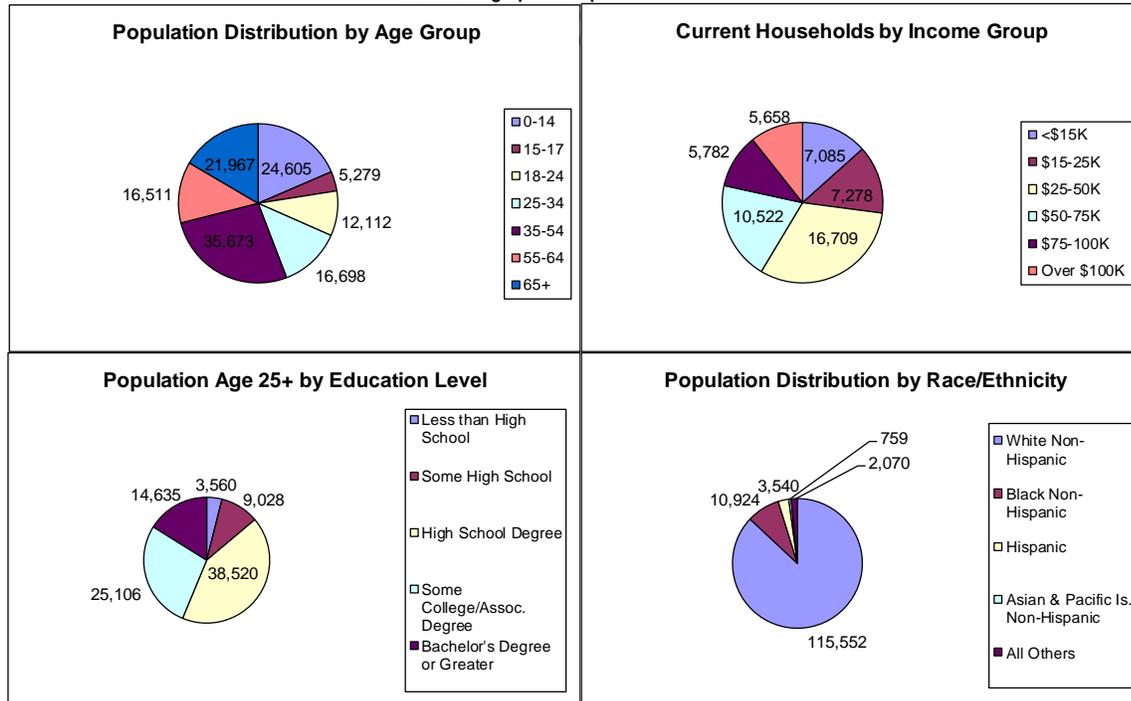


Anderson

Demographics Expert 2.7									
2011 Demographic Snapshot									
Area: Madison County Market									
Level of Geography: ZIP Code									
DEMOGRAPHIC CHARACTERISTICS									
	Selected Area	USA					2011	2016	% Change
2000 Total Population	133,945	281,421,906					66,468	65,959	-0.8%
2011 Total Population	132,845	310,650,750					66,377	65,708	-1.0%
2016 Total Population	131,667	323,031,618					24,170	23,237	-3.9%
% Change 2011 - 2016	-0.9%	4.0%							
Average Household Income	\$53,643	\$67,529							
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION				
Age Distribution					Income Distribution				
Age Group	2011	% of Total	2016	% of Total	USA 2011	2011 Household Income	HH Count	% of Total	USA
0-14	24,605	18.5%	24,302	18.5%	20.2%	<\$15K	7,085	13.4%	12.9%
15-17	5,279	4.0%	4,935	3.7%	4.2%	\$15-25K	7,278	13.7%	10.8%
18-24	12,112	9.1%	12,703	9.6%	9.7%	\$25-50K	16,709	31.5%	26.6%
25-34	16,698	12.6%	15,737	12.0%	13.3%	\$50-75K	10,522	19.8%	19.5%
35-54	35,673	26.9%	33,427	25.4%	27.6%	\$75-100K	5,782	10.9%	11.9%
55-64	16,511	12.4%	16,686	12.7%	11.7%	Over \$100K	5,658	10.7%	18.3%
65+	21,967	16.5%	23,877	18.1%	13.3%				
<b>Total</b>	<b>132,845</b>	<b>100.0%</b>	<b>131,667</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>53,034</b>	<b>100.0%</b>	<b>100.0%</b>
EDUCATION LEVEL					RACE/ETHNICITY				
Education Level Distribution					Race/Ethnicity Distribution				
2011 Adult Education Level	Pop Age 25+	% of Total	USA	% of Total	Race/Ethnicity	2011 Pop	% of Total	USA	% of Total
Less than High School	3,560	3.9%	6.3%	6.3%	White Non-Hispanic	115,552	87.0%	64.2%	64.2%
Some High School	9,028	9.9%	8.8%	8.8%	Black Non-Hispanic	10,924	8.2%	12.1%	12.1%
High School Degree	38,520	42.4%	28.9%	28.9%	Hispanic	3,540	2.7%	16.1%	16.1%
Some College/Assoc. Degree	25,106	27.6%	28.3%	28.3%	Asian & Pacific Is. Non-Hispanic	759	0.6%	4.6%	4.6%
Bachelor's Degree or Greater	14,635	16.1%	27.7%	27.7%	All Others	2,070	1.6%	3.0%	3.0%
<b>Total</b>	<b>90,849</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>132,845</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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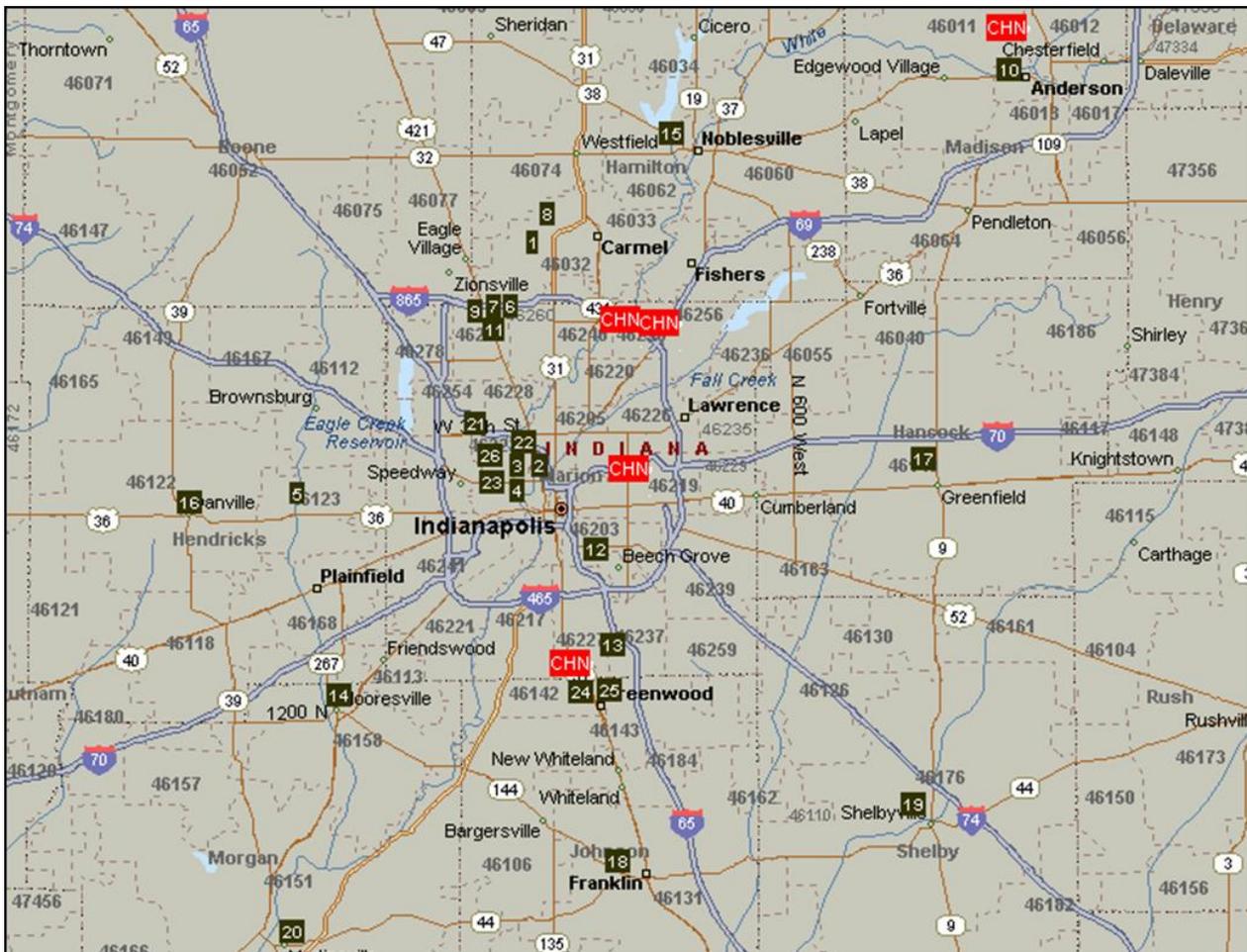
2011 Demographic Snapshot Charts



*c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community*

Community Health Network Hospital Facilities and Other Hospital Competition

Community Health Network Hospital Facilities		St. Vincent Hospital Facilities		Suburban Hospital Facilities	
CHN	Community Hospital Anderson	6	St. Vincent Children's Hospital	15	Riverview Hospital
CHN	Community Hospital East	7	St. Vincent - 86th Street	16	Hendricks Community
CHN	Community Hospital North	8	St. Vincent Carmel	17	Hancock Memorial
CHN	Community Hospital South	9	St. Vincent Women's	18	Johnson Memorial
CHN	The Indiana Heart Hospital	10	St. Vincent St. John's	19	Major
Clarian Health Partners Hospital Facilities		11	St. Vincent Seton Specialty Hospital (LTC)	20	Morgan County
1	Clarian North Medical Center	St. Francis Hospital Facilities		21	Westview
2	Indiana University Medical Center	12	St. Francis Beech Grove	22	Wishard
3	Methodist	13	St. Francis Indianapolis	23	Kindred Hospital Indianapolis
4	Riley Hospital for Children	14	St. Francis Mooresville	24	Kindred Hospital South
5	Clarian West Medical Center			25	Valle Vista Health System
				26	Select Specialty Hospital-Indianapolis (LTC)



### *d. How data was obtained*

Community Health Network began to contract with Healthy Communities Network in 2011. Healthy Communities Institute (HCI) was awarded “Best Community App” by the Health Data Initiative at its third annual Forum, The Health Datapalooza. HCI, a pioneer and leader in community health improvement technologies, was presented the award on June 5 by Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), Howard Koh, M.D., M.P.H. The Healthy Communities Network® tracks over 100 health and quality of life indicators, offers guidance on over 1,300 community-level “promising practice” interventions, and includes features that help community members work with any stakeholders – such as government and other non-government groups – to effect change. The system also collects the locally unique knowledge of a region, blending it into the system to provide a common, understandable and constantly updated view for all stakeholders. The Network is divided into four distinct areas; Community Dashboard, Promising Practices, Collaboration Centers and Evaluation and Tracking. On-line sources of data include the National Cancer Institute, Environmental Protection Agency, US Census Bureau, US Department of Education, and other national, state, and regional sources. Information on the site is updated as frequently as the source data is updated. News is updated each weekday, and the promising practices database continually expands.

### *e. The health needs of the community*

By accessing the Community Health Network website and clicking on the Tab “About us” and scrolling down to “Caring for the Community” anyone in the network and the public can view the health needs of their community. As demonstrated below with the top red indicators for Marion County, the information is a “click away” and easily tracks the most demanding indicators that need to be addressed.

## Indicators for County: Marion

[View the Legend](#)

### Health

[Physical Environment Ranking](#)

Comparison: IN Counties



[Social and Economic Factors Ranking](#)

Comparison: IN Counties



[Hospitalization Rate due to Short-Term Complications of Diabetes](#)

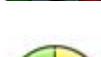
Comparison: IN Counties



[Teen Birth Rate](#)

Comparison: IN Counties



<a href="#">Chlamydia Incidence Rate</a>	Comparison: IN Counties	
<a href="#">Gonorrhea Incidence Rate</a>	Comparison: IN Counties	
<a href="#">Hospitalization Rate due to Adult Asthma</a>	Comparison: IN Counties	
<a href="#">Hospitalization Rate due to Asthma</a>	Comparison: IN Counties	
<a href="#">Age-Adjusted Death Rate due to Lung Cancer</a> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">NEW</span>	Comparison: U.S. Counties	
<a href="#">Mortality Ranking</a>	Comparison: IN Counties	
<a href="#">Hospitalization Rate due to Diabetes</a>	Comparison: IN Counties	
<a href="#">Hospitalization Rate due to Long-Term Complications of Diabetes</a>	Comparison: IN Counties	
<a href="#">Babies with Low Birth Weight</a>	Comparison: IN Counties	
<a href="#">Mothers who Received Early Prenatal Care</a>	Comparison: IN Counties	
<a href="#">Hospitalization Rate due to Urinary Tract Infections</a>	Comparison: IN Counties	
<a href="#">Lung and Bronchus Cancer Incidence Rate</a> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">NEW</span>	Comparison: U.S. Counties	
<a href="#">Health Behaviors Ranking</a>	Comparison: IN Counties	
<a href="#">Morbidity Ranking</a>	Comparison: IN Counties	
<a href="#">Babies with Very Low Birth Weight</a>	Comparison: IN Counties	
<a href="#">Inadequate Social Support</a>	Comparison: U.S. Counties	
<a href="#">Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases</a>	Comparison: U.S. Counties	
<a href="#">Adults who Smoke</a>	Comparison: U.S. Counties	

Economy

<a href="#">Foreclosure Rate</a>	Comparison: U.S. Counties	
<a href="#">Homeownership</a>	Comparison: U.S. Counties	
<a href="#">Households with Public Assistance</a>	Comparison: U.S. Counties	
<a href="#">Homeowner Vacancy Rate</a>	Comparison: U.S. Counties	
<a href="#">Renters Spending 30% or More of Household Income on Rent</a>	Comparison: U.S. Counties	
<a href="#">Students Eligible for the Free Lunch Program</a> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">NEW</span>	Comparison: U.S. Counties	

Education

<a href="#">4th Grade Students Proficient in Reading</a>	Comparison: IN Counties	
<a href="#">8th Grade Students Proficient in Math</a>	Comparison: IN Counties	
<a href="#">High School Graduation</a>	Comparison: IN Counties	
<a href="#">Student-to-Teacher Ratio</a>	Comparison: U.S. Counties	
<a href="#">8th Grade Students Proficient in Reading</a>	Comparison: IN Counties	
<a href="#">4th Grade Students Proficient in Math</a>	Comparison: IN Counties	

<a href="#">Annual Particle Pollution</a>	Comparison: Air Quality Index	
<a href="#">Annual Ozone Air Quality</a>	Comparison: Air Quality Index	
<a href="#">Grocery Store Density</a> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">NEW</span>	Comparison: U.S. Counties	

<a href="#">Liquor Store Density</a>	Comparison: U.S. Counties	
<a href="#">SNAP Certified Stores</a> <b>NEW</b>	Comparison: U.S. Counties	
<a href="#">Houses Built Prior to 1950</a>	Comparison: U.S. Counties	
<a href="#">Farmers Market Density</a> <b>NEW</b>	Comparison: U.S. Value	
<a href="#">Daily Ozone Air Quality</a>	Comparison: Air Quality Index	
<a href="#">Fast Food Restaurant Density</a>	Comparison: U.S. Counties	
<a href="#">Households without a Car and &gt; 1 Mile from a Grocery Store</a>	Comparison: U.S. Counties	
<a href="#">Low-Income and &gt;1 Mile from a Grocery Store</a>	Comparison: U.S. Counties	
<a href="#">Recreation and Fitness Facilities</a> <b>NEW</b>	Comparison: U.S. Value	
<a href="#">Recognized Carcinogens Released into Air</a>	Comparison: Prior Value	
<a href="#">PBT Released</a>	Comparison: Prior Value	

**Government & Politics**

<a href="#">Voter Turnout</a>	Comparison: IN Counties	
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**Public Safety**

<a href="#">Age-Adjusted Death Rate due to Motor Vehicle Collisions</a>	Comparison: U.S. Counties	
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**Social Environment**

<a href="#">Single-Parent Households</a>	Comparison: U.S. Counties	
<a href="#">People 65+ Living Alone</a>	Comparison: U.S. Counties	
<a href="#">Child Abuse Rate</a>	Comparison: IN Counties	

**Transportation**

<a href="#">Households without a Vehicle</a>	Comparison: U.S. Counties	
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*f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*

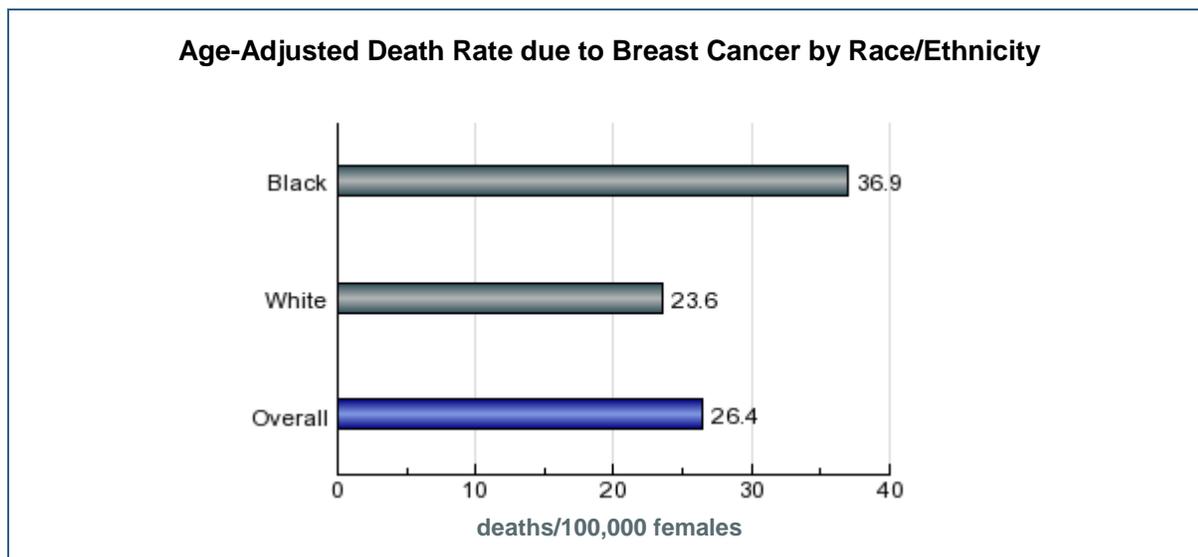
As demonstrated above and below access to information on health disparities can be created with the HCI web based community health indicators. Please note that all data is meant as demonstration only and does not include the exhaustive amount of data and information that we use to determine the community needs of our service areas. All data can be displayed in several views and comparisons. The data also includes best practices from around the country and comparison to Healthy People 2010 so community members can view the current status. The often quoted phrase “a picture paints a thousand words” is illustrated by the display of information that has been designed to allow middle school students to use for projects and papers as well as public health experts.

**Indicators for County: Marion**

Health

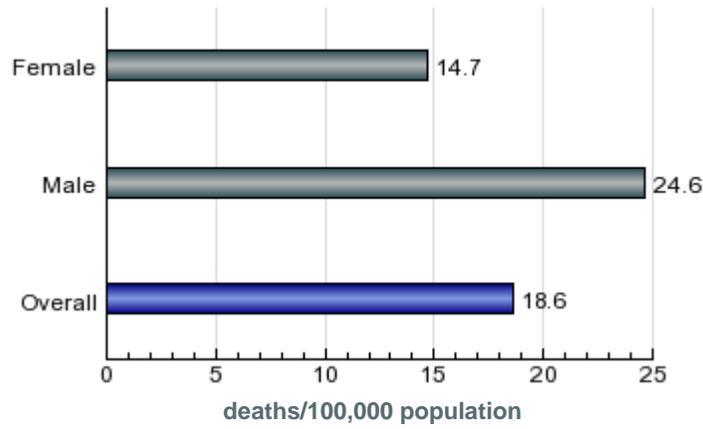
**Cancer**

[Age-Adjusted Death Rate due to Breast Cancer](#) **NEW**

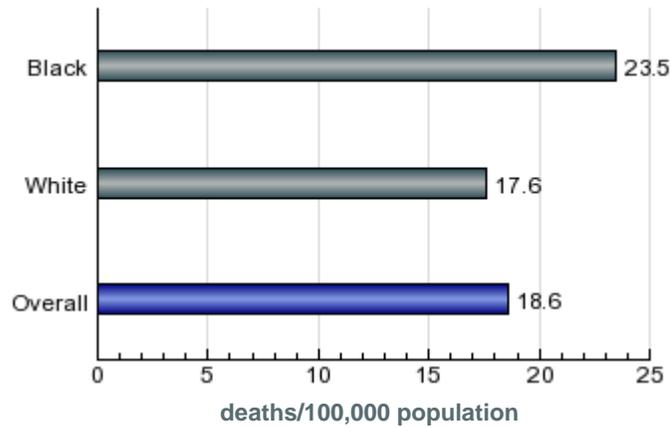


Age-Adjusted Death Rate due to Colorectal Cancer **NEW**

**Age-Adjusted Death Rate due to Colorectal Cancer by Gender**

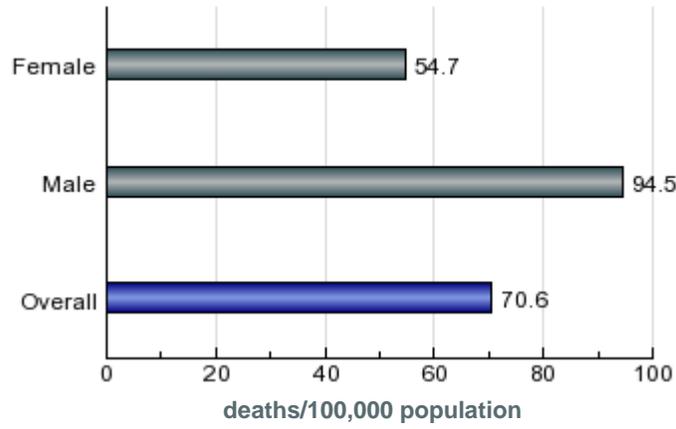


**Age-Adjusted Death Rate due to Colorectal Cancer by Race/Ethnicity**

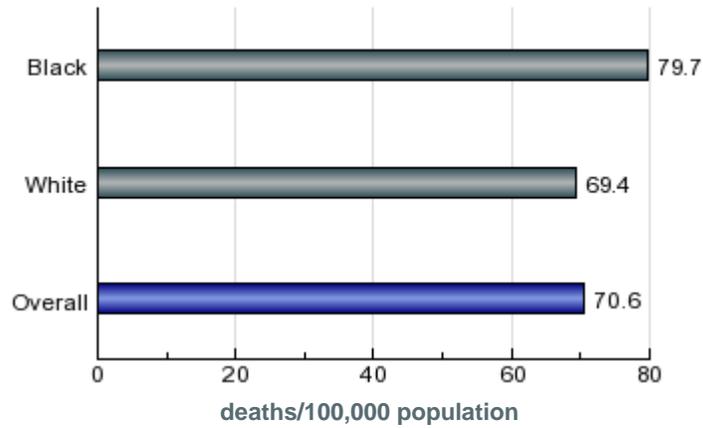


[Age-Adjusted Death Rate due to Lung Cancer](#) **NEW**

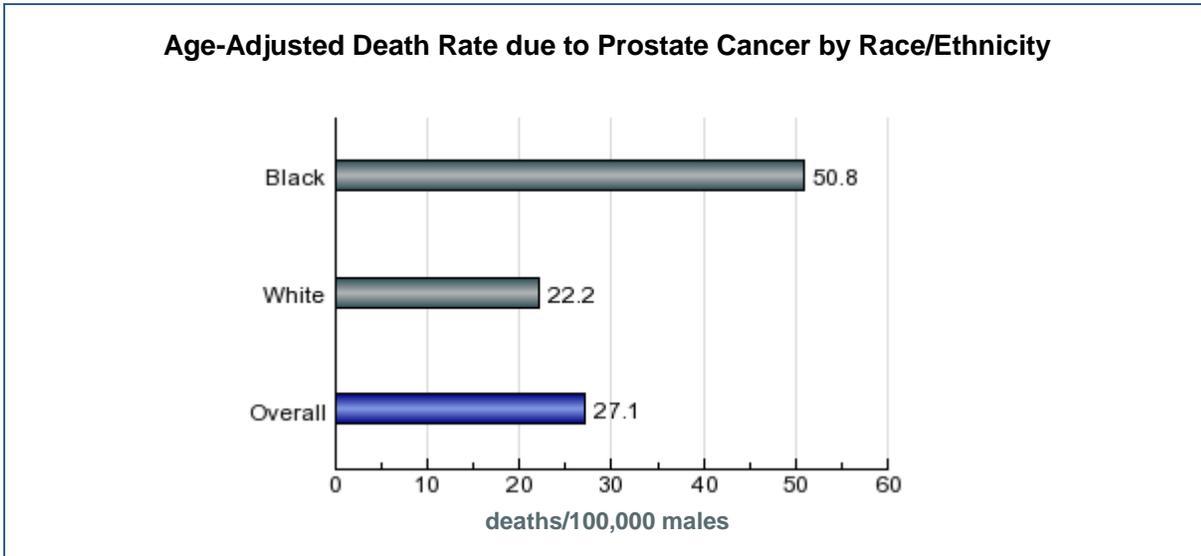
**Age-Adjusted Death Rate due to Lung Cancer by Gender**



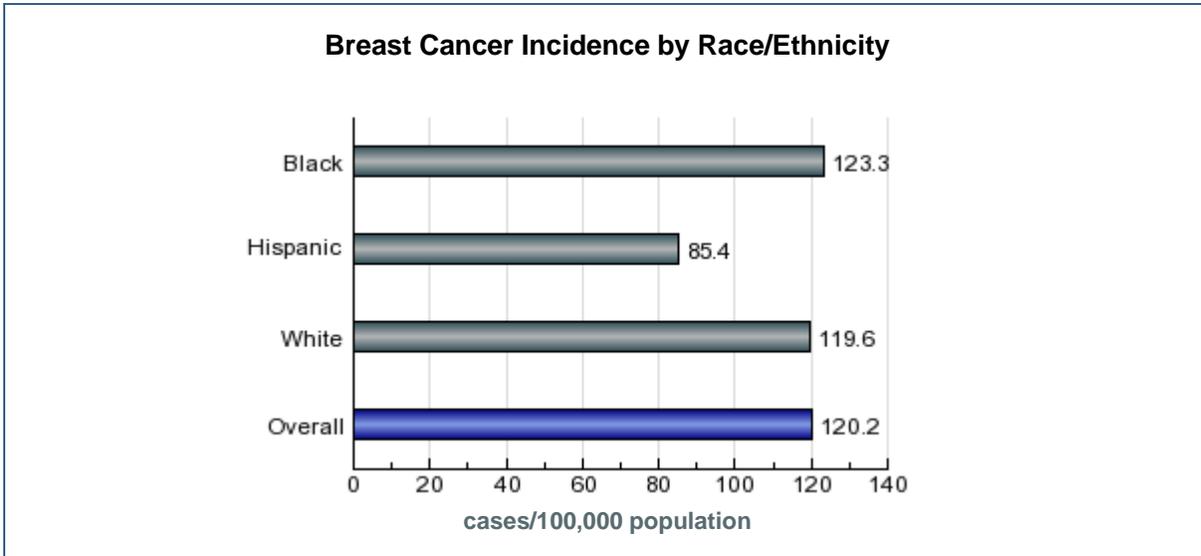
**Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity**



[Age-Adjusted Death Rate due to Prostate Cancer](#) **NEW**

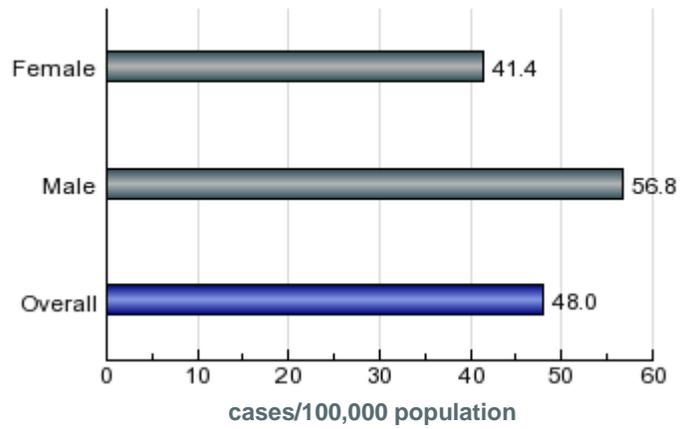


[Breast Cancer Incidence Rate](#) **NEW**

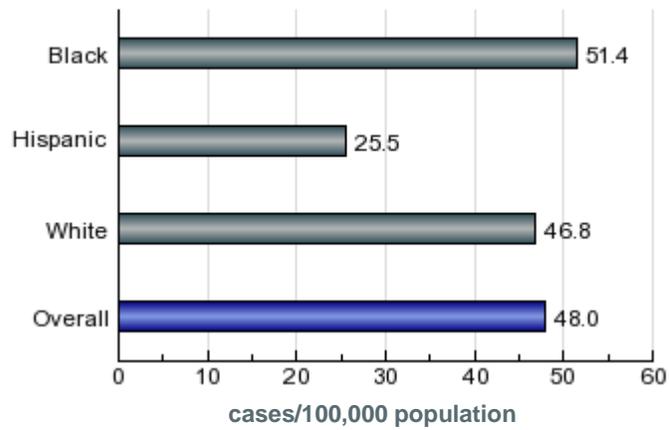


[Colorectal Cancer Incidence Rate](#) **NEW**

**Colorectal Cancer Incidence Rate by Gender**

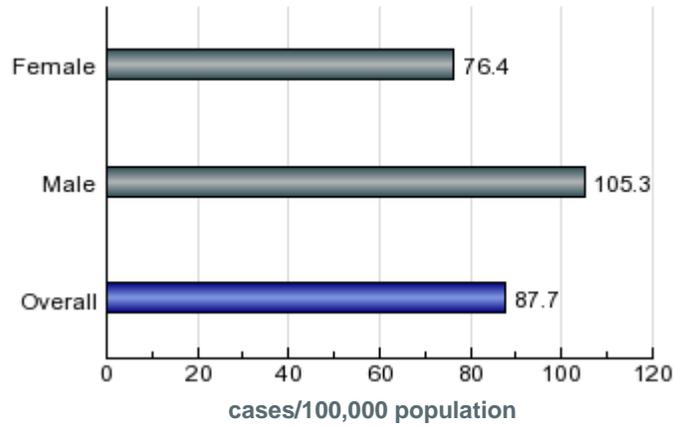


**Colorectal Cancer Incidence by Race/Ethnicity**

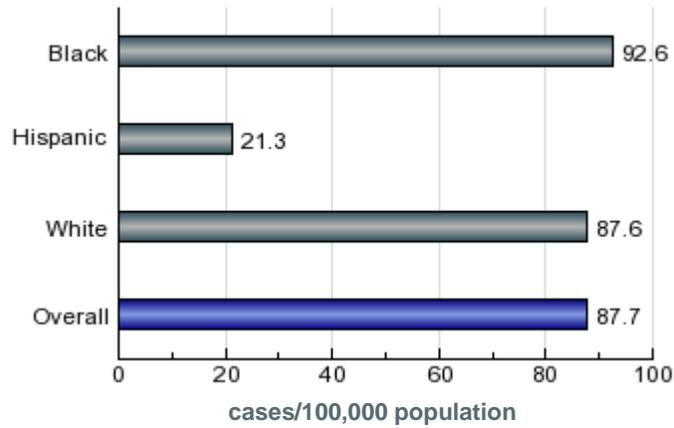


[Lung and Bronchus Cancer Incidence Rate](#) **NEW**

**Lung and Bronchus Cancer Incidence Rate by Gender**

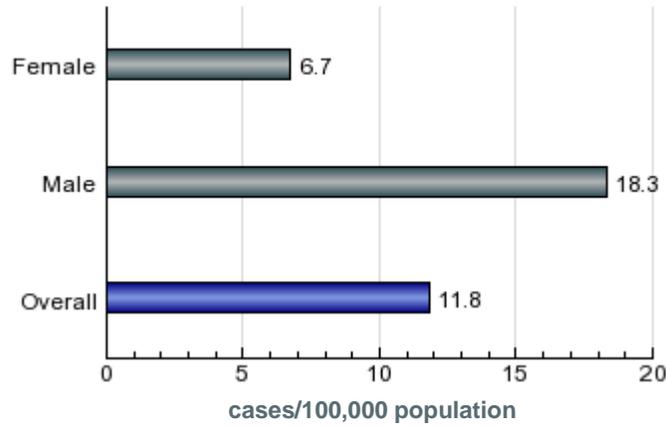


**Lung and Bronchus Cancer Incidence Rate by Race/Ethnicity**

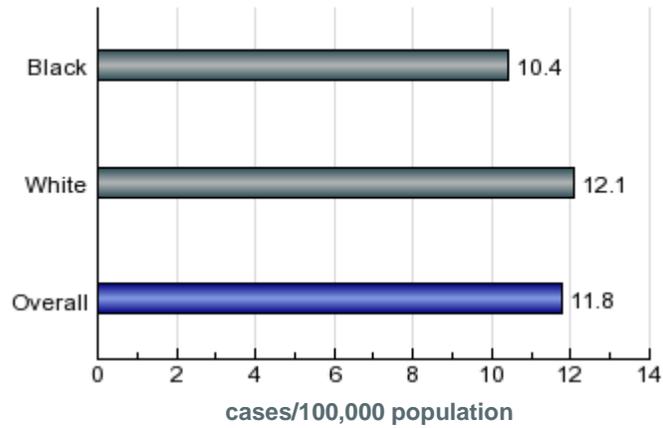


[Oral Cavity and Pharynx Cancer Incidence Rate](#) **NEW**

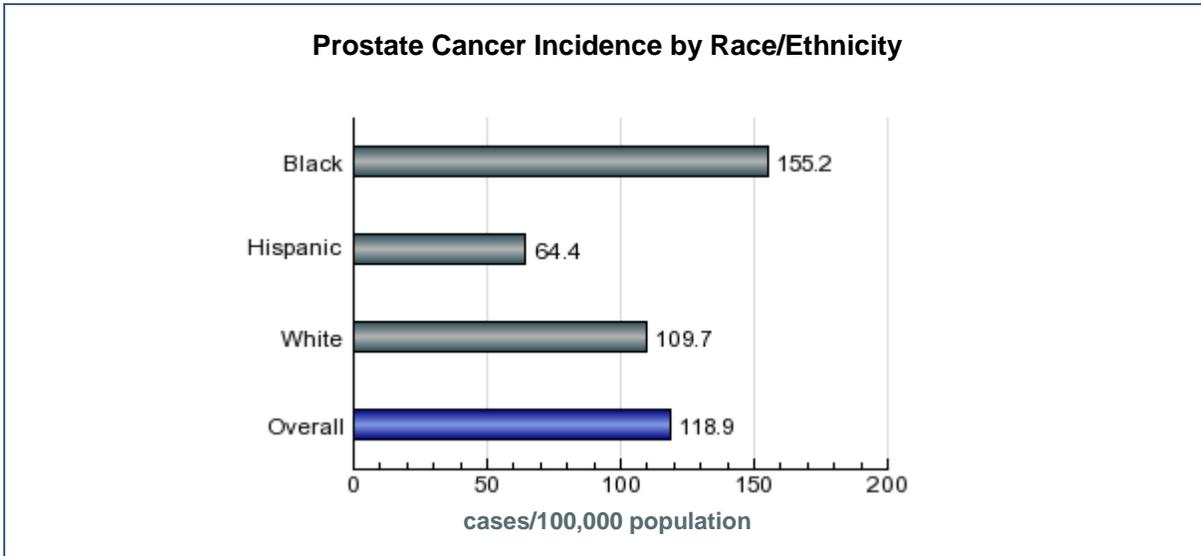
**Oral Cavity and Pharynx Cancer Incidence Rate by Gender**



**Oral Cavity and Pharynx Cancer Incidence Rate by Race/Ethnicity**

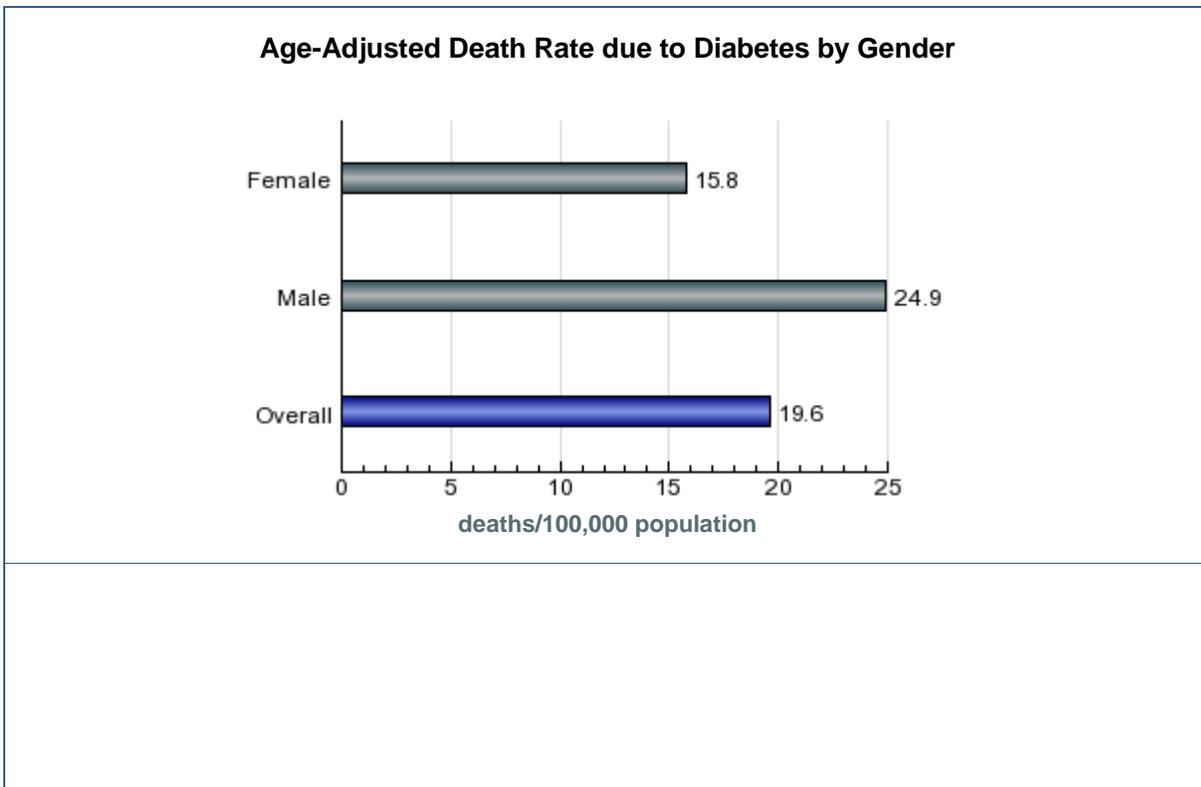


[Prostate Cancer Incidence Rate](#) **NEW**

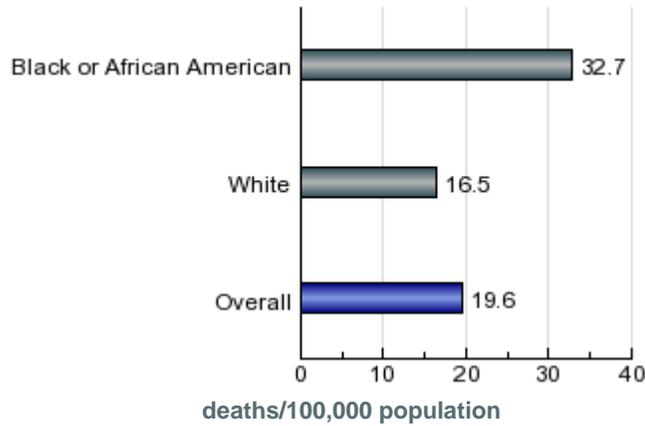


**Diabetes**

[Age-Adjusted Death Rate due to Diabetes](#)

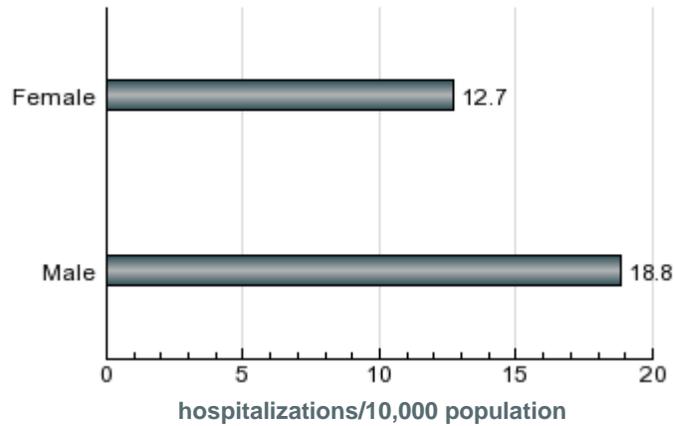


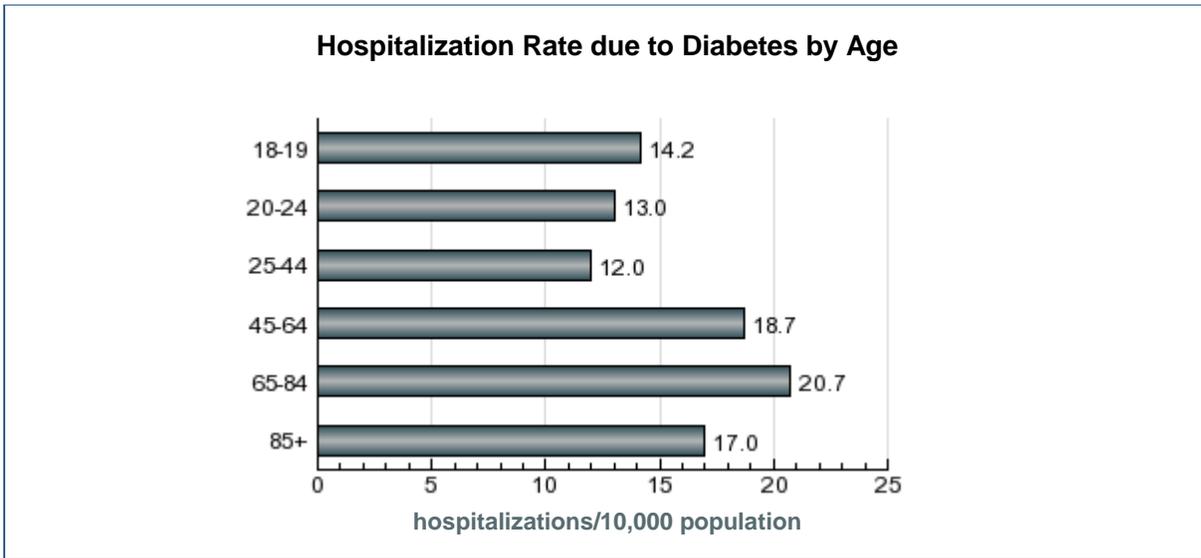
### Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity



### [Hospitalization Rate due to Diabetes](#)

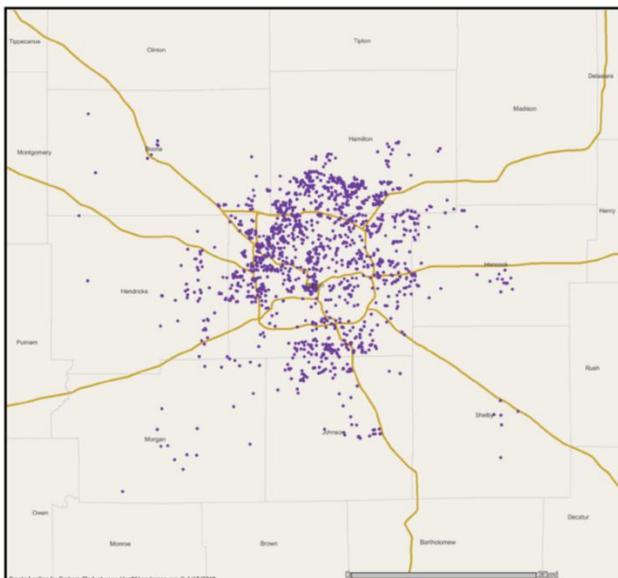
### Hospitalization Rate due to Diabetes by Gender



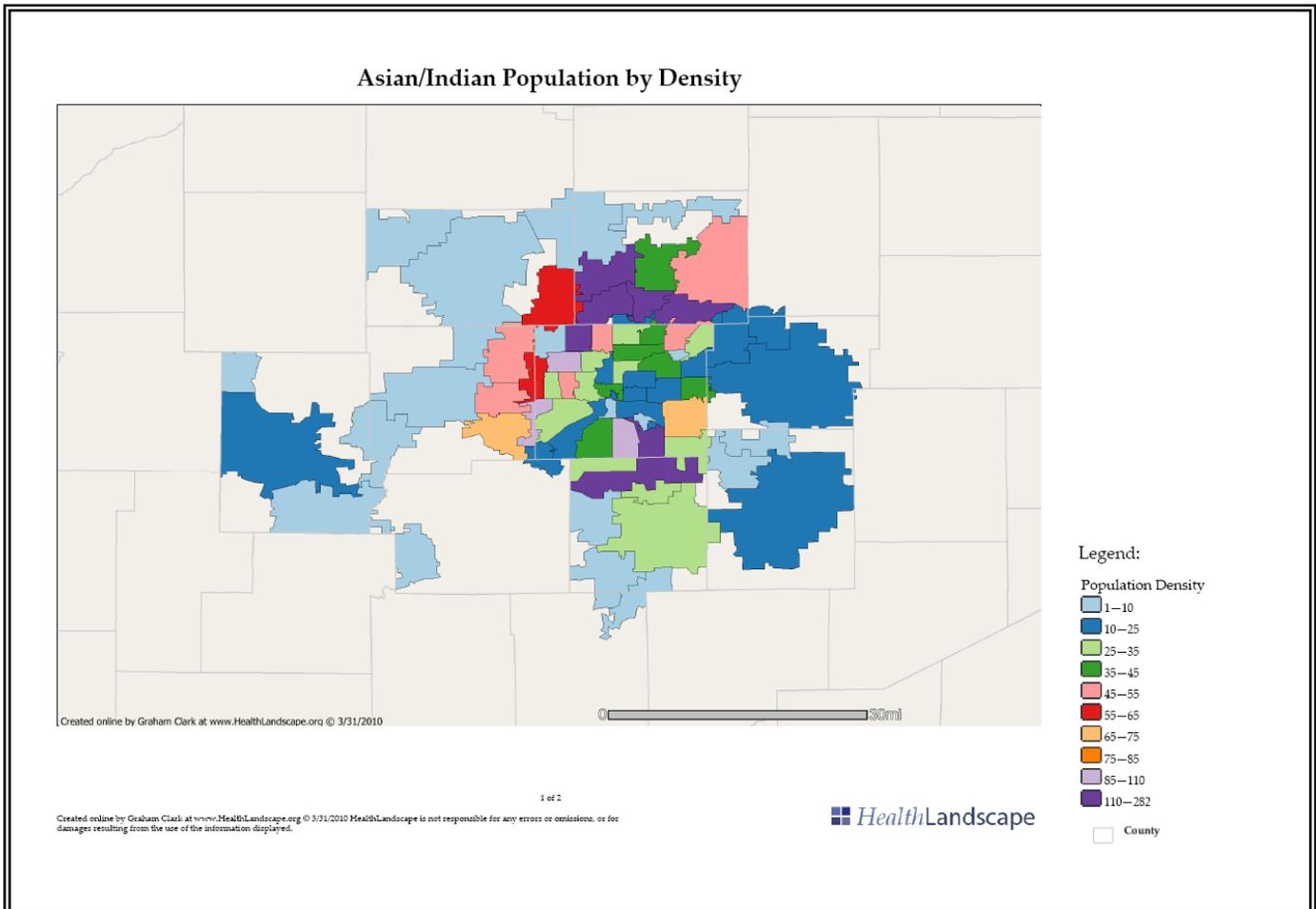


In 2011 Community Health Network began a supportive role with Seva Health & Services, Inc. Seva was in the process of establishing a free medical clinic in Central Indiana that will serve those who are uninsured or underinsured and are within 200% of the poverty level and in addition face healthcare challenges confronting many immigrant communities, which include language barriers, transportation challenges and unfamiliarity with the local healthcare systems, Seva will focus its services on the South Asian population who meet the eligibility criteria, as well as their uninsured family members who are on a temporary visit to the U.S. Community Health Network assisted with identifying where these populations currently reside in the larger Indianapolis metropolitan area and shared this information with their board of directors for strategy and implementation support.

**Asian/Indian Population in Central Indiana**



Central Indiana Asian Indian Population used for SEVA planning outreach clinic for immigrant population.



***g. The process for identifying and prioritizing community health needs and services to meet the community health needs.***

The process for identifying and prioritizing community health needs and services to this point has been driven by what information and interests exist in the community. In the next year we plan to use more data driven decision processes and the best practice guidelines that can be obtained so easily through our web based information. We will sponsor focus groups to see what information we collect, how it is displayed and how it can be used to drive choice for the partners and collaborations that we are already involved in and those we will establish.

### ***h. The process for consulting with persons representing the community's interests***

In 2011 the network began conducting Town Hall Meetings as a process for consulting with persons representing the communities interests. There are several other forums for gaining the community and their experts opinion and feedback on the communities interests including neighborhood meetings, coalitions formed to assist in generating public health interests like Partnership for a Healthier Johnson County and Pioneering Healthy Communities

### ***Community Health Network Town Hall Series: Changes in Health Care***

#### ***Overview:***

Community Health Network is partnering with local universities, health insurers, health providers, public health organizations, neighborhood groups, businesses and community leaders for a town hall series, *Changes in Health Care*, in an effort to engage the Indianapolis community in dialogue about the changing health care landscape. The first town hall is scheduled for Tuesday, March 8, 2011, at 6:30 p.m. The event, open to the public and by registration, will be held at Ivy Tech Community College, Lawrence Campus, 9301 East 59<sup>th</sup> Street, Indianapolis, IN, 46216. Parking is available in the east parking lot, auditorium entrance.

#### ***Town Hall Moderator and Event Coverage:***

Inside Indiana Business host, Gerry Dick, will be the event moderator and media partner for the town hall series, ensuring coverage across a multi-media platform that extends the reach of each town hall. Inside Indiana Business will provide pre-event promotion and coverage, along with television packages that include taped interviews with panelists following each town hall. In addition, other local news media will be invited to cover the town halls. Those who want to attend the event can register at [www.eCommunity.com](http://www.eCommunity.com).

#### ***Panelists and Topics:***

Community is partnering with Binford Redevelopment and Growth (BRAG) neighborhood organization and Ivy Tech Community College for the March 8 town hall. Panelists for this event include: Bryan Mills, president and CEO, Community Health Network; Jane Lommel, president, BRAG; Dr. Kathleen Lee, vice chancellor of academic affairs, Ivy Tech; Dr. Concetta Raimondi, superintendent, MSD Lawrence Township; Rob Hillman, president and general manager, Anthem Blue Cross and Blue Shield in Indiana (or Dr. David Lee), vice president, provider engagement and contracting, Anthem Blue Cross and Blue Shield in Indiana; and Dr. Virginia Caine, director, Marion County Health Department.

Topics include: health care changes from the provider perspective; how new federal health regulations will impact community health; the future of health care careers; health care changes from an employer perspective; how federal health changes will impact the insurance industry; and what these changes mean for consumers.

***Event Format:***

Each panelist should be prepared to speak on his or her agenda topic for 3 to 5 minutes. Once each panelist has completed a brief presentation, the moderator will open up the forum for questions from the audience. Barbara Lewis-West, business of health reporter for Inside Indiana Business, will have a microphone to assist the audience with their questions. The town hall is expected to last a full hour, but may go as long as 90 minutes, depending on the volume of participation from the audience.

***i. Information gaps that limit the hospital facility's ability to assess the community's health needs***

In the past year it has become apparent that there are many gaps in the data required to access and address the community health needs. Specifically the data is too broad and lacks the ability to drive “actionable” activities. County level data does not illustrate the unique features, assets and liabilities of neighborhoods. We are currently drilling the data to zip code and census tract level to give more detail and hope to illustrate some of the more subtle states of health in the neighborhoods and cultures of the community.

***2. Indicate the tax year the hospital facility last conducted a Needs Assessment:*** 2011***3. In the Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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.***

As stated earlier in the document the network took part in a series of town hall meetings. We then took the town hall input and developed a larger strategy for the community surrounding the site of the second town hall at Martin University.



***Community Health Network to host town hall on health care at Martin University;***

***May 24 event to feature panelists from education, health care and insurance sectors***

Community Health Network is partnering with Martin University to host a town hall on *Changes in Health Care*. The event, open to the public, is the second town hall initiated by Community, in an effort to continue dialogue with the Indianapolis community about current and changing health care regulations impacting everyone. The town hall will be held Tuesday, May 24, at 7:00 p.m. at Martin University's Gathertorium, located at 2171 Avondale Place, Indianapolis. Free health screenings will offered prior to the event, from 6:00 to 7:00 p.m.

The town hall will be moderated by Amos Brown, radio personality and host of *Afternoons with Amos* on WTLC. Inside Indiana Business will provide pre and post event coverage. Panelists for the town hall include: Bryan Mills, president and CEO, Community Health Network; Dr. Nicole Barnett, dean of the College of Business and Social Sciences, Martin University; Dan Krajnovich, CEO (Indiana/Kentucky) United Healthcare; and Dr. Virginia Caine, director, Marion County Public Health Department.

"We believe our first town hall this year was a success and we answered questions from many in the community," said Bryan Mills, president and CEO of Community Health Network. "Our goal is to continue this dialogue to help educate people on upcoming health care regulations. We have a broad mix of panelists with great knowledge of their industries. Their perspectives can provide some valuable information for the public at large," Mills said.

Topics of discussion will cover health care changes from the provider perspective, how new federal health regulations will impact community health; the future of health care careers; how federal health changes will impact the insurance industry; and what all these changes mean for the consumer.

The event is open to the public, but those planning to attend are encouraged to register online at [townhall.ecommunity.com](http://townhall.ecommunity.com).

Community Health Network launched the *Changes in Health Care* town hall series March 8, with a town hall at the Ivy Tech Community College, Lawrence Campus. The network is planning additional meetings.



#### Follow Up To Town Hall Meeting:

The Indiana Employers Quality Health Alliance contracted with Better Healthcare for Indiana, a non-profit committed to grassroots-based health & healthcare transformation, to manage the follow up Project. While Community Health Network convened a summit of high level community and health leaders, this approach focused at the neighborhood level, based on the reality that loosely coupled networks of residents and institutions are the key drivers of transformational change in complex adaptive systems like health and healthcare. The critical success factors for this approach are trust; using metrics to facilitate learning; learning by starting with small, simple projects; and accountability to each other. This approach rejects the traditional “command and control” strategic planning model, which uses metrics as a measuring rod to make sure that people lower in the hierarchy follow the Plan.

A Project Leadership Team was formed, including, healthcare, public health, housing, business, community development, and ultimately leaders from the selected neighborhoods. A request for information (RFI) was sent to neighborhoods thought to be ready to participate and lead in this project. After review of the responses to the RFI, two neighborhoods were selected by the Leadership Team:

- Near Eastside Neighborhood (NESCO) is a collection of 20 tightly connected neighborhoods just east of downtown Indianapolis with a racially diverse population of 40,000, an average income of \$37,500, and a strong sense of history and dedication to community development. Recent accomplishments include a) completion of a 2007 Quality of Life Plan focused on family strengthening, education public safety, affordable housing, business development, livability, and leadership & neighborhood connections; b) construction of a new People’s Health Clinic; c) and investment of \$154 million through the Super Bowl Legacy Project that includes state-

of-the-art fitness center managed by IUPUI. NESCO was selected primarily because of its high level of readiness to tackle the health issue and because of the omission of health as a focus area in its QOL Plan.

Following planning meetings with leaders of several small, contained neighborhoods and of the larger neighborhood consortia, a half-day summit entitled “Neighborhood Health Gathering” was held on September 10, 2011, at the Martin University Gathertorium. Thirty people participated, including about 10 residents from each of the two larger neighborhoods. Regardless of neighborhood, participants reached consensus that “diabesity”—obesity and diabetes—was the chronic illness on which to focus and prevention should focus on five areas: nutrition education & access to health food; fitness activity, socialization of seniors; provider communications & relations; and drug and alcohol education. A variety of cutting edge facilitation techniques were used, including People Bingo, Life Stage Story Sharing, Neighbor-to-Neighbor interviews, Café Conversations, and Gallery Walk.

Information packets, including neighborhood statistical profiles, and story and context-setting remarks were used to kick off the dialogue. While the Gathering did not produce the concrete Action Plans we had hoped for, it did result in elevating the focus on health and promoting the idea that health improvement needs to be an on-going neighborhood-wide & life style adjustment activity, not just a periodic one-on-one interaction with a physician or clinic, and some preliminary plan elements. Participants left the Gathering on an upbeat note, but without a clearly defined pathway for action. That was left for the Leadership Team.

Following the Gathering, the process seemed to stall. NESCO leaders were understandably preoccupied with Super Bowl activities. Then came the Holidays. However, in January and February, the hard work of relationship-building, education, summit planning, and holding the summit began to pay off:

- A People’s Health Center “Thank You” breakfast with NESCO residents resulted in a commitment to an on-going working partnership focused on neighborhood-based prevention initiatives. The People’s Health Center Advisory Board will serve as the driver for this effort.
- The Chase Eastside Fitness Center opened, along with a Legacy Loop 5 K Run, a Legacy Health Bowl with NFL player participation. At long last, Super Bowl Week came to a successful end, and NESCO staff time was freed up to focus on health planning.
- The NESCO Board decided to incorporate a “health” component in its QOL Plan. Taking NESCO’s lead, the newly-unveiled Mid-North QOL Plan included health and wellness as one of its seven focus areas—the first such neighborhood QOL Plan to do so Indianapolis.

## Deliverables

Deliverable / Milestone	Completion Date	Status (was this deliverable completed as planned?)
Complete data analysis and local leader interviews to profile and select target neighborhoods	June	Yes
Begin Summit Planning Team meetings	June	Yes
Complete design alternative care delivery models	Deleted	No, not feasible to do this at this time.
Finalize Summit packet and agenda	August	Yes
Convene Summit	September	Yes
Complete communication of Summit outcomes	October	Yes
Facilitate Action Plan Team to flesh out details of key components of Action Plan	February	Yes. However, the action plan goals build the capacity to act; health improvement plans will follow
Complete Draft Action Plan and Budget	February	No, while the action plan was completed, the teams were not ready to develop a budget
Secure funding commitments	Postponed	No, not feasible to do at this time
Send out Press advisory to announce launch of Project	Postponed	No, premature; must wait until concrete health improvements are achieved
Complete Project and submit final report to NBCH	February	Yes

## Project Successes

- Health is now viewed to be a priority in each neighborhood, whereas before it was viewed more as a private matter for individuals.
- Health will be added as a discrete component in the Quality of Life Plans for NESCO and Mid North neighborhoods.
- Enhanced, on-going dialogue between residents and each of their respective healthcare provider organizations has been institutionalized, whereas before the platforms for dialogue were not working well before.
- The “strategic doing” model for the summit agenda and facilitation worked well.

### Project Challenges

- Giving up the illusion that a top-down, command and control approach to health planning can work is always difficult for strategic planning types. We found that the neighborhood organizing & strategic doing approach actually works, even though the time horizon for producing results is longer than the timeline for this Project.
- The Super Bowl priority in NESCO and the Community Health/Fitness Center financing process helped push the health planning effort off the front burner for many of the key players. We had not realized the magnitude of the constraint on NESCO staff resources. This seems to have resolved itself by now.
- Many healthcare institution leaders live in the old command and control world, and – with all the uncertainty and anxiety over health reform -- it is difficult for them to see why they should invest their time and dollars in complex, multi-sector collaboration that does not add to their bottom line. This challenge can be overcome by organizing and mobilizing neighborhood residents so they can speak with a unified, focused voice, built upon trust with each other and with their partner providers.
- The project might have moved further, and more quickly, if we had initially engaged some of the higher level leaders who were convened by other grantees. However, we remain convinced that the sort of neighborhood and citizen engagement that our approach took is absolutely essential to bring about the real and sustainable changes that will impact ordinary citizen over the long term.
- Neighborhood engagement and support is complex and difficult. It is hard to identify leadership at the levels closest to the people, even though their engagement is essential to long term success. This issue is made more difficult due to inherent apathy, cynicism and paranoia. The only answer to these is building trust through gradual, persistent, fundamental education and empowerment.
- A component of the problems we experienced is the failure of many previous efforts that were promised and promoted to improve life in the neighborhoods, but never actually occurred. The same is possible following our initiative, although we have made every effort to build the structures necessary to complete and implement the resulting plans.
- Early engagement of potential on-going funding organizations would have improved the likelihood of acceptance, trust, and collaboration.

### Best Practices

- The “Strategic Doing” approach for guiding forums and work shops to achieve trust and collaboration was developed by Ed Morrison at Purdue’s Center for Regional Development. It is used primarily in the field of economic development. However, we believe that it works well in health and healthcare and can be replicated.
- Use of the neighborhood as the basic unit for health transformation still makes sense to us. The fact that none of the six Quality of Life Plans developed in Indianapolis neighborhoods focused on health surprised us. We learned that the main reasons for this were: a) health is viewed as a private matter and for many people is confused with healthcare; b) attaining health is viewed by many mainly as an individual choice, not

connected to neighborhood-wide choices related to the build environment, food system, or school policies; most people perceive they have access to healthcare, even though data shows that access remains a big problem for dental, mental health, preventive, and chronic disease support services. We believe more effort should be focused at the neighborhood level, in contrast to the broader community level but more desirably in concert with it, at least in large cities.

- The life-stage story telling and thinking exercise at the summit worked well. This encourages participants to think in terms of narrowly-defined populations as the target for improvement.

#### Implementation

- NESCO's track record in implementing its QOL plans is excellent. We are confident that the partnership with People's Health Center will produce viable projects and results within the next year.
- The Marion County Public Health Department (MCPHD), the Indiana Employers Health Alliance, and Better Healthcare for Indiana are committed to neighborhood-based health efforts. All three organizations have indicated they will continue to provide in-kind resource support for NESCO.

#### Overall Assessment

- Despite all of the Project challenges cited above, we believe this effort demonstrated the necessity of engaging more local and citizen involvement and the reality of the potential for this kind of approach to make real improvement in actual citizens' lives.
- Future grant initiatives from both government and foundations should put more emphasis and resources into building sustainable structures to strengthen relationships and partnerships between citizen groups and providers. The importance of supporting neutral conveners and community organizers, such as BHI, needs to be appreciated.
- Metrics are essential for health improvement. However, many grantors focus too heavily on the use of macro-level outcome indicators that can only be achieved through multi-sector efforts & multiple projects over many years. Alternatively, grantors should put more resources into citizen engagement, neutral convener infrastructure, and coalition-building.

***4. Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI***

The entire Community Health Network was involved in the community health needs assessments, which includes service areas that cover 9 counties. With each assessment involving a specific neighborhood or community, the health facilities delivering services in that geography were included. For example, the Partnership for health Johnson County includes Community Health Network, St Francis Hospital and Johnson Memorial Hospital as well as other community agencies such as the United Way. In Anderson partnerships with St. Johns and Community Hospital Anderson and the FQHC work together to gather important community information.

In 2011 Community Health Network embarked on an initiative to standardize and optimize resources for Community Health Needs Assessments by bring all hospitals and health organizations together several times to explore the possibilities of uniting to deliver one format for all CHNA necessary to comply with the IRS 990 Schedule H Requirements. Among the participants are key personnel from Indianapolis Public Health Department, United Way, IU Health, St Vincent Health, St Francis, IUPUI and IU Kelley School of Business. The meeting are still being conducted to explore and will hopefully terminate with agreement to unite.

Driven by the Federal mandate for hospitals and public health departments to conduct collaborative community assessments, Community Health Network participated with Better Healthcare for Indiana which convened three meetings where a variety of stakeholders expressed interest in making it easier and less costly for communities to access and communicate indicators of disease, health risk factors (environmental, personal, socioeconomic), consumption, cost, disparities, quality, and access.

The option of creating a data warehouse has been rejected as too costly and too difficult to fund at this time. Another idea to conduct a multi-community pilot testing a primary data telephone survey has been rejected due to premature timing (i.e. the transition away from land lines makes sampling problematic), as well as cost. Yet, there remains a strong interest in undertaking a more pragmatic, low-cost project that inventories the existing secondary data bases, links them through a single web site, and trains local community coalitions on how to use these tools. Among the existing data bases most prominently mentioned are SAVI, IndyIndicators, CDC's BRFA survey, Indiana Health Information Exchange and other HIE's.

**5. Did the hospital facility make its Needs Assessment widely available to the public? If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply):**

The Community Health Network made its CHNA available to the public through the health networksHospital facility's website upon request and through public forums, community groups and meetings.

**6. If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):**

- a. Adoption of an implementation strategy to address the health needs of the hospital facility's community**
- b. Participation in the development of a community-wide community benefit plan**
- c. Participation in the execution of a community-wide community benefit plan**
- d. Inclusion of a community benefit section in operational plans**
- e. Adoption of a budget for provision of services that address the needs identified in the Needs Assessment**
- f. Prioritization of health needs in its community**
- g. Prioritization of services that the hospital facility will undertake to meet health needs in its community**
- h. Other (describe in Part VI)**

The following information describes in detail the Community Benefit Plan adopted by the network in 2009:

***Building a sustainable infrastructure***

The Community Benefit Plan (CBP) for our hospital provides hospital board members, administration, employees and our community with a framework to provide input, anticipate action and evaluate plans to build the health and the lives of the residents in our service areas. The creation of our CBP comes from the community we serve, with input and guidance from our board, the network CEO, hospital CEO, vice president of community benefit and several committees. The CBP utilizes data identifying areas of need and community members ready to transform their lives and those of their neighbors.

*i. Execution of the implementation strategy*

***Network Community Benefit philosophy***

Community Health Network recognizes five key areas needed to succeed in creating and sustaining a healthy community. Recognized pictorially as the pillars supporting a healthy community, they are: access to affordable health care; access to quality education; fair economic opportunities; a fair, equitable and just legal system; and availability of environmental and cultural support. Weakness in any one of these areas leads to weakness in all of them. Our past successes show that when we recognize all aspects of health, individuals and organizations step forward to be part of the success, to be part of the plan, and they are more than willing to bring their resources to bear on the identified strategy for a healthier community.



In the 1950s it was the desire to improve the health of the community that led citizens on Community's east side to raise funds and build a hospital to serve the community. These residents wanted health care services designed in their best interest. They wanted easy access to medical resources. They wanted health care providers who would be respectful of a broad

spectrum of individuals. And they wanted a hospital that would honor its promise to keep the health of the community as its primary reason for existence. Today, the original Community Hospital has grown into one of the largest not-for-profit health systems in the state. What has not changed is our purpose, our compassion, and the passion of our commitment to community. It is a commitment that extends into neighborhoods, schools, businesses and churches of the communities we serve. Just as our founding community members, we are committed to illuminating and supporting those core strengths necessary to a thriving population of healthy individuals within strong sustainable communities. Over the course of the last few months, our leadership team, members of the network board and several physician leaders have developed a strategic plan and vision for our network. This plan will serve as our roadmap from 2010 through 2020. Through this process, we established a new mission statement, which starts with a commitment to the community:

#### *Mission*

“Deeply committed to the communities we serve, we enhance health and well-being.”

#### *Values*

Our values can be encapsulated as follows:

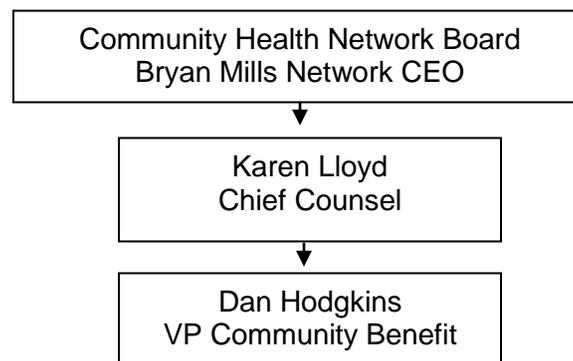
*Patients First, Relationships, Integrity, Innovation, Dedication, Excellence*

#### *Vision*

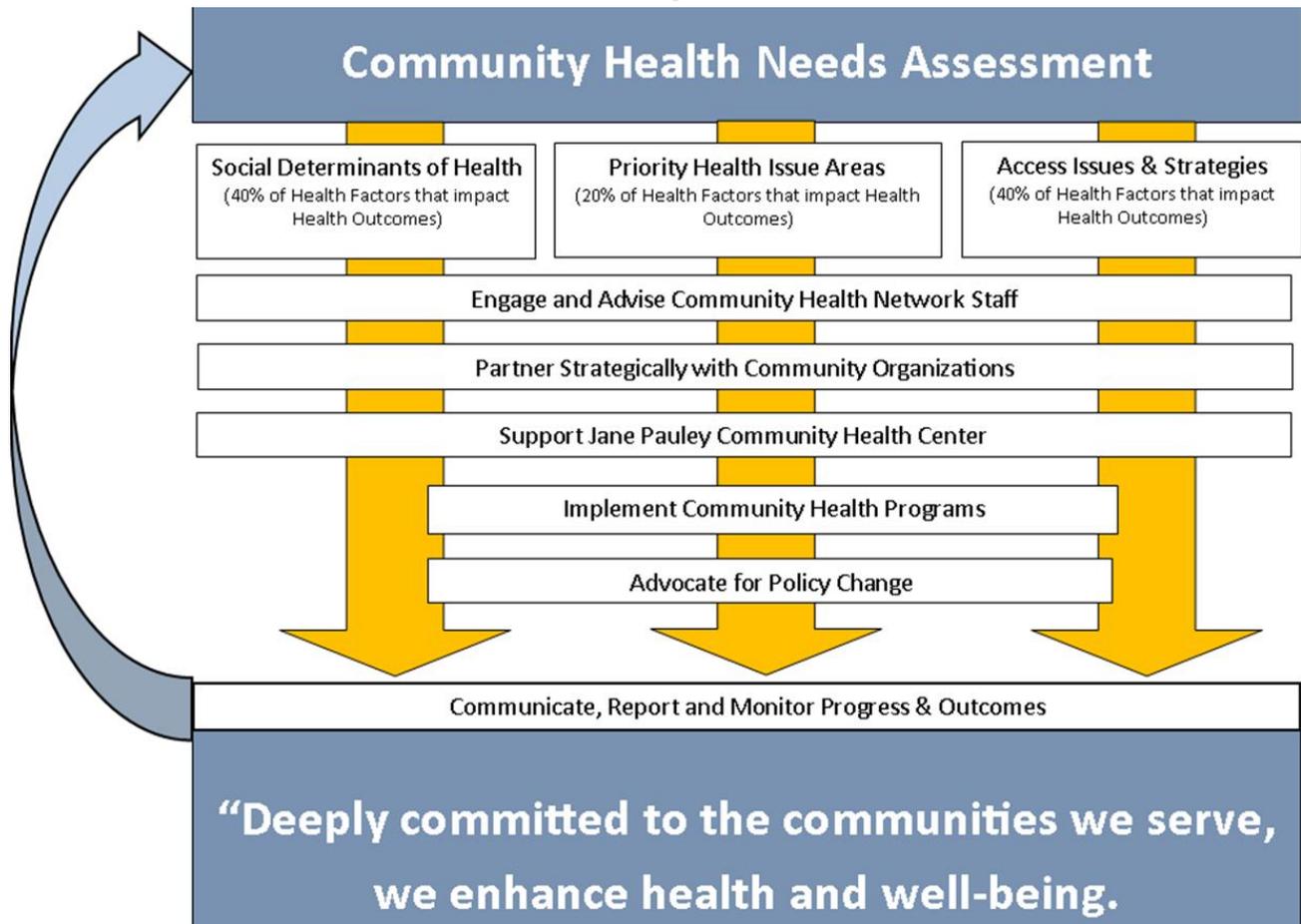
*To be an integrated health care delivery system – centered on patients and inspired by physicians and other clinicians, recognized and accountable for:*

*Advancing the health status of our communities through outreach, wellness and prevention.*

The board of our network plays an integral role in the community benefit plan and is involved in setting strategy, communicating the plan within the organization and the community at large. In the 2010 with the IRS 990 Schedule H, the board participated and encouraged the network to be a leader in the country, so we were among the first to file under the new IRS guidelines. The VP of Community Benefit is housed along with other the compliance positions and reports directly to the Chief Counsel.



*The Internal Community Benefit Prioritization Process*



**7. Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.**

The health network does not have the resources to meet all of the needs identifies in our community health needs assessments. Consequently we have established the culture of collaborating to optimize community resoruces. All of our community work is performed with the buy in from the communities we plan to work with and with the added valuse of the organizaitons they respect and trust.

***Part VI / 7 State filling of a community benefit report***

The organization files a community benefit report in the state of Indiana