

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MEMORIAL HOSPITAL OF SOUTH BEND, INC

Employer identification number

35-0868132

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

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

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

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			5,383,583.		5,383,583.	1.32
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			75,235,254.	69,739,878.	5,495,376.	1.35
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			80,618,837.	69,739,878.	10,878,959.	2.67
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			12,065,046.	1,889,089.	10,175,957.	2.49
<b>f</b> Health professions education (from Worksheet 5) . . . . .			7,592,526.	1,557,980.	6,034,546.	1.48
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .			46,569.	10,435.	36,134.	.01
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j</b> <b>Total.</b> Other Benefits . . . . .			19,704,141.	3,457,504.	16,246,637.	3.98
<b>k</b> <b>Total.</b> Add lines 7d and 7j. . . . .			100,322,978.	73,197,382.	27,125,596.	6.65

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			142.		142.	
7 Community health improvement advocacy			8,046.	7,919.	127.	
8 Workforce development						
9 Other						
10 Total			8,188.	7,919.	269.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	81,014,906.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	102,223,860.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-21,208,954.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

**1** MEMORIAL HOSPITAL OF SOUTH BEND, INC  
 615 N MICHIGAN STREET  
 SOUTH BEND IN 46545  
 WWW.QUALITYOFLIFE.ORG  
 14-005053-1

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X		X	X			

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL OF SOUTH BEND, INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

**Community Health Needs Assessment**

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	X	
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.QUALITYOFLIFE.ORG</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.STJOSEPHCOUNTYINDIANA.COM</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," (list url): <u>QUALITYOFLIFE.ORG/CHE/COMMUNITY-HEALTH-NEEDS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL OF SOUTH BEND, INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>QUALITYOFLIFE.ORG/ASSIST/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>QUALITYOFLIFE.ORG/ASSIST/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>QUALITYOFLIFE.ORG/ASSIST/</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information (continued)**

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL OF SOUTH BEND, INC

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		X
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		X
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .		X
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## FACILITY INFORMATION

PART V, SECTION B LINE 5, 6B, 11

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT MANDATES NON-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GUIDE THE EVALUATION OF COMMUNITY HEALTH PRIORITIES. MEMORIAL, IN PARTNERSHIP WITH SJCHD, SUCCESSFULLY COMPLETED A CHNA THAT INCLUDES THESE ELEMENTS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: 1) INPUT FROM REPRESENTATIVES OF THE BROAD COMMUNITY THROUGH A RANDOM TELEPHONE SURVEY OF 599 INDIVIDUALS, A LATINO SURVEY, INTERVIEWS WITH KEY INFORMANTS, AND A NUMBER OF FOCUS GROUPS; 2) INPUT FROM PUBLIC HEALTH EXPERTS WAS EVIDENCED IN BOTH THE PRELIMINARY WORK WITH THE LOCAL HEALTH SYSTEM CONDUCTED BY PURDUE UNIVERSITY AND THE CENTER FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM BASED SURVEY; 3) THE CHNA RESULTS ARE MADE WIDELY AVAILABLE BY POSTING THEM ON THE HOSPITAL'S WEBSITE [HTTPS://QUALITYOFLIFE.ORG/](https://qualityoflife.org/) , ON THE COUNTY HEALTH DEPARTMENT'S WEBSITE, [HTTP://WWW.STJOSEPHCOUNTYINDIANA.COM/DEPARTMENTS/SJCHD/PDFS/MEMHOSPSOUTHBE](http://www.stjosephcountyindiana.com/departments/sjchd/pdfs/memhospsouthbend.pdf) ND.PDF, AND ATTAINABLE IN PAPER-COPY UPON REQUEST; 4) THE CHNA PROVIDED THE BASIS FOR A WRITTEN IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED NEEDS, WITH EXPLANATIONS IF THOSE NEEDS WERE NOT ADDRESSED; AND 5) IT PROVIDES THE FOUNDATION FOR THE CHNA. AN ADVISORY COMMITTEE OF 23 COMMUNITY-BASED AND HEALTH SYSTEM STAFF SPENT SIX MONTHS PRIORITIZING THE INDICATORS FROM THE QUANTITATIVE AND QUALITATIVE RESEARCH FINDINGS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WITH THE CONTINUED COMMITMENT OF PARTNER ORGANIZATIONS TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY, THE 2013 CHNA DIRECTED MEMORIAL TO THE MOST PRESSING NEEDS IN THE COMMUNITY, TO ULTIMATELY ESTABLISH PROGRAMS TO IMPROVE THE WELL-BEING OF THE RESIDENTS OF ST. JOSEPH COUNTY, INDIANA. THIS COMPREHENSIVE CHNA PROCESS HAS IDENTIFIED THE COUNTY'S PRIORITY HEALTH ISSUES AS FOLLOWS:

- A. HEALTH DISPARITIES: INCOME, EDUCATION, RACE, AGE, GENDER
- B. PHYSICAL HEALTH: CHRONIC DISEASE, CHILDHOOD OBESITY, DIABETES, EXERCISE, SMOKING, BINGE DRINKING
- C. REPRODUCTIVE HEALTH: INFANT MORTALITY, TEEN BIRTH RATE, SEXUALLY TRANSMITTED INFECTION
- D. AGING POPULATION: HEALTH CARE AVAILABILITY, SAFE HOUSING, ALZHEIMER'S DISEASE
- E. EARLY CHILDHOOD DEVELOPMENT
- F. ACCESS TO HEALTH AND MEDICAL CARE
- G. VIOLENCE/SAFETY: STREET/NEIGHBORHOOD VIOLENCE, DOMESTIC/RELATIONSHIP VIOLENCE, CHILD ABUSE
- H. MENTAL HEALTH
- I. ECONOMIC STABILITY: UNEMPLOYMENT, UNINSURED/UNDERINSURED, GENERATIONAL POVERTY, AFFORDABLE, QUALITY HOUSING

THE FOLLOWING ARE EXAMPLES OF 2014 PROGRAMMING MEMORIAL HAS INITIATED TO ADDRESS THE CHNA PRIORITIES:

- A. HEALTH DISPARITIES: INCOME, EDUCATION, RACE, AGE, GENDER

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-IN COLLABORATION WITH 100 BLACK MEN OF GREATER SOUTH BEND WE SUPPORT THE MINORITY DIVERSITY LEADERSHIP INITIATIVE, AND THE AFRICAN AMERICAN MEN'S BARBERSHOP HEALTH PROGRAM.

-AFRICAN AMERICAN LITERACY COUNCILS ARE SPONSORED AT CHARLES MARTIN YOUTH CENTER, AND NEW GENERATIONS CHRISTIAN MINISTRIES.

-SICKLE CELL ANEMIA EDUCATION AND SCREENING IS A PART OF THE HEALTH AND TEACHER EDUCATION WITH THE SOUTH BEND SCHOOL CORPORATION, INCLUDING HIGH SCHOOL ATHLETES.

-MEMORIAL CONTINUES TO WORK WITH ST. JOSEPH BRIDGES OUT OF POVERTY, TO UNDERSTAND POVERTY AS A SOCIAL DETERMINANT OF HEALTH. WE ARE WORKING WITH THE SOUTH BEND COMMUNITY SCHOOL CORPORATION, ON DISPROPORTIONALITY IN EXPULSIONS AND SUSPENSIONS, USING THE CDC'S ADVERSE CHILDHOOD EXPERIENCES STUDY AS THE FOUNDATION FOR BECOMING A TRAUMA INFORMED COMMUNITY FOR CHILDREN.

-MEMORIAL'S LATINO DIABETES WAS EXPANDED TO BE BOTH LANGUAGE AND CULTURALLY APPROPRIATE, THE CURRICULUM WAS DESIGNED TO FACILITATE DISEASE STATE MANAGEMENT WITH LIMITED-ENGLISH-PROFICIENT (LEP) INDIVIDUALS, AS WELL AS THOSE WITH MINIMAL LITERACY SKILLS.

-EQUITY IN BIRTH OUTCOMES - THE RACIAL DISPARITY IN DEATH DURING THE FIRST 12 MONTHS OF LIFE WAS AMONG THE TOP FIVE PRIORITIES OF THE CHNA FOR ELKHART AND ST. JOSEPH COUNTIES. THIS REQUEST ATTEMPTED TO IDENTIFY VARIABLES THAT WERE HIGHLY CORRELATED WITH EARLY DEATH. DATA WAS ANALYZED BY A CONSULTANT JOINTLY HIRED BY MEMORIAL, ELKHART GENERAL HOSPITAL, SAINT JOSEPH REGIONAL MEDICAL CENTER (SJRMC), IU-GOSHEN, ELKHART COUNTY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH DEPARTMENT AND SJCHD, THE PROPOSAL WAS APPROVED BY ALL FOUR HOSPITALS' INSTITUTIONAL REVIEW BOARDS IN PARTNERSHIP WITH THE OTRO MAR PROJECT; A SOCIAL VENTURE LLC DEDICATED TO THE ELIMINATION OF HEALTH DISPARITIES. UNTIL THE HEALTH SYSTEMS KNOW WHAT THE DETERMINANTS ARE IMPACTING THE PROBLEM, ACTIVITIES CANNOT BE TARGETED FOR REMEDIATION. INITIAL RESULTS WERE INCONCLUSIVE; FURTHER ANALYSIS IS CURRENTLY UNDERWAY.

-BEBES DULCES SIN AZUCAR IS A GESTATIONAL DIABETES PROGRAMMING FOR LATINO WOMEN WHICH WAS BEGAN MORE THAN TEN YEARS AGO TO ASSIST VULNERABLE, LIMITED-ENGLISH-SPEAKERS LEARN THE NECESSARY TOOLS TO PROVIDE FOR HEALTHY BIRTH OUTCOMES AND RECOVERY.

-ALCANCE DE SALUD LATINO, LATINO HEALTH OUTREACH, IS BROADCAST WEEKLY AT WSBL - SABOR LATINO 93.5FM, SOUTH BEND, INDIANA

-UNITY GARDENS HAS BECOME AN EXPERT IN CONNECTING OUR COMMUNITY TO HEALTHY FOOD: 22 OF THEIR 56 UNITY GARDENS FOCUS ON CHILDREN, ESPECIALLY THOSE FROM VULNERABLE POPULATIONS SUCH AS: JUVENILE JUSTICE CENTER, MIGRANT FARM WORKERS, RED CROSS REFUGEES, KROC CENTER, ROBINSON LEARNING CENTER, YOUTH SERVICE BUREAU, MUESSEL SCHOOL, EL CAMPITO CHILDREN'S CENTER, AND THE CHILDREN LIVING AT SOUTH BEND BEACON HEIGHTS APARTMENTS.

IN 2014, THEY:

--DESIGNED A NEW CURRICULUM TO ENGAGE CHILDREN FROM BEACON HEIGHTS IN ENRICHING GARDEN EDUCATION AND DISCOVERY ACTIVITIES VIA TWO WEEKLY SUMMER CLASSES AND A ONE WEEK DAY CAMP. 14 STUDENTS ATTENDED THE WEEKLY SESSIONS; 40 STUDENTS ATTENDED THE CAMP, MOSTLY PRIMARY AND INTERMEDIATE AGED; 25% WERE FROM BEACON HEIGHTS.

**Part V Facility Information** (continued)

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--CREATED A UNITY GARDENS YOUTH DISCOVERY GARDEN WITH AREAS DEVOTED TO LEARNING AND PLAY, INCLUDING AN HEIRLOOM VEGETABLE SECTION, GRAIN GARDEN, PERMACULTURE GARDEN AND FOOD FOREST AREA, COMPOSTING AND ECO-RECYCLING STATION, BUTTERFLY GARDEN, SOIL AND WATER CONSERVATION SHED STATION, DISCOVERY TRAIL, OUTDOOR-CLASSROOM SEATING AREA, AND AN ACTIVE PLAY ZONE.

GOALS WERE TO INCREASE ACCESS TO AND AWARENESS OF HEALTHY FOOD, INCREASE PHYSICAL ACTIVITY, AND DEVELOP LEADERSHIP SKILLS IN OLDER YOUTH.

-VOYAGES TARGETS AFRICAN AMERICAN MALES IN GRADES 4-5; IT CONSISTS OF 19 SESSIONS OF AFROCENTRIC CURRICULUM LED BY A CERTIFIED CLINICAL SOCIAL WORKER AND OTHER MEMBERS OF THE COMMUNITY. IN 2014, TOPICS FOCUSED ON AFRICAN AMERICAN HISTORY, CULTURE AND IDENTITY, SOCIAL SKILLS, PERSONAL/SOCIAL RESPONSIBILITY, PEER RESISTANCE SKILLS RELATIVE TO RISKY BEHAVIORS, HEALTH/SEXUALITY, LIFE SKILLS, READING COMPREHENSION, MATH SKILLS, AND COLLABORATIVE PROBLEM SOLVING. THE CLASS SIZE IS LIMITED TO 20 STUDENTS WHO ARE STRUGGLING ACADEMICALLY AND/OR BEHAVIORALLY. STUDENTS ALSO HAVE THE OPPORTUNITY TO EARN MONEY THROUGH AN INCENTIVE/ REWARD ECONOMY.

-AUGUSTUS F. HAWKINS LITERACY CENTER- CHARLES MARTIN YOUTH CENTER

-STUDENTS (GRADES 3-5) FROM SOUTH BEND'S CENSUS TRACTS 19, 20, AND 21 ATTEND THE CENTER THREE DAYS A WEEK, FROM 2:30-5:30 P.M. THEY COMPLETE HOMEWORK ASSIGNMENTS AND THEN ACCESS THE MYON READER COMPUTER PROGRAM TO READ ENHANCED DIGITAL BOOKS. THE PROGRAM ASSESSES STUDENTS' INTERESTS AND READING ABILITIES AND CREATES A PERSONALIZED PROFILE FOR EACH PERSON WITH A RECOMMENDED BOOK LIST. THE PROGRAM TRACKS THE BOOKS READ AND MEASURES

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TIME TO COMPLETE AS WELL AS LEVEL OF COMPREHENSION. IN 2014, THE PROGRAM ALSO ESTABLISHED A LITERACY ACTIVITY CENTER WITH BOOKS, EDUCATIONAL VIDEOS/CDS, AND GAMES AT THE INSPIRATION BARBER SHOP.

-27 CHILDREN REGULARLY ENGAGE IN THE INSPIRATION BARBER SHOP LITERACY EXTENSION PROGRAM

--32 BOOKS AND 6 FREE HAIRCUTS WERE DISTRIBUTED

--OLDER SIBLINGS, PARENTS, AND GRANDPARENTS APPEARED MORE INTENTIONAL IN READING AS THEY WAITED FOR HAIRCUTS. THIS LED TO PLANS FOR A COMMUNITY DISCUSSION WITH AFRICAN AMERICAN MEN AND BOYS.

-32 STUDENTS INITIALLY ENROLLED IN FALL 2013 AT THE CENTER; BY SPRING 2014, 12 STUDENTS CONSISTENTLY ATTENDED. FALL 2014 ATTENDANCE CONSISTENTLY AVERAGES 20 STUDENTS WITH A WAITING LIST.

--APPROXIMATELY 60% WERE SUCCESSFULLY MATCHED WITH BIG BROTHERS/SISTERS

--CHILDREN ALSO PARTICIPATE IN VARIOUS FIELD TRIPS AND ENRICHMENT ACTIVITIES

--90% OF PARENTS ATTENDED FOLLOW-UP PROGRESS MEETINGS WITH THE DIRECTOR

--COLLABORATIONS-BIG BROTHER/BIG SISTER AND ST. MARY'S COLLEGE OF SOCIAL WORK; COMMUNITY VOLUNTEERS AND GUEST CELEBRITY READERS

--OUTCOMES: FROM MARCH-APRIL, 2014, STUDENTS READ 351 BOOKS;

COMPREHENSION SCORES AVERAGED 54%

B. PHYSICAL HEALTH: CHRONIC DISEASE

-BRAINWORKS ENCOURAGES ACTIVITIES, NUTRITION, AND SOCIALIZATION WHICH SUPPORT A LIFE-TIME OF BRAIN HEALTH.

**Part V Facility Information** (continued)

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-CHILDHOOD OBESITY & ACADEMIC PERFORMANCE -UNITED WAY OF ST. JOSEPH COUNTY CONVENED THIS TWO-YEAR PROJECT TO ADDRESS CHILDHOOD OBESITY COMMUNITY-WIDE AS A DISEASE PREVENTION MODEL. THE EFFORT WANTED TO REDUCE CHILDHOOD HUNGER, REDUCE CHILDHOOD OBESITY, RAISE AWARENESS OF THE EFFECTS OF HUNGER ON CHILDREN AND COLLABORATE TO IMPLEMENT PROGRAMS DESIGNED TO ADDRESS CHILDHOOD FOOD INSECURITY AND CHILDHOOD OBESITY, AND ITS DOCUMENTED EFFECT ON ACADEMIC PERFORMANCE. THEY INTENDED TO DO THIS BY INCREASING EXERCISE AND HEALTHY FOOD OPTIONS.

--YEAR 1 PRIMARILY EXPANDED AND COORDINATED OUTREACH ACTIVITIES ALREADY PROVIDED BY BACKBONE ORGANIZATIONS, COMMUNITY PARTNERS AND STAKEHOLDER AGENCIES.

--UNITED WAY HIRED ONE ADDITIONAL NUTRITION EDUCATOR ON THE PURDUE EXTENSION STAFF TO EXPAND PROGRAMING TO ADDITIONAL SCHOOLS.

--2,043 YOUTH THIRD THROUGH FIFTH GRADE (IMPROVEMENTS ON PRE/POST SURVEY RANGING FROM 12-31%)

--288 YOUTH NINTH THROUGH TWELFTH GRADE (IMPROVEMENTS ON PRE/POST SURVEY RANGING FROM 28-41%)

--63 ADULT PARTICIPANTS (IMPROVEMENTS ON PRE/POST SURVEY RANGING FROM 20-85%)

--RECRUITED AND TRAINED PHYSICIANS FROM NINE CLINICS (E.G., INDIANA HEALTH CENTER, E BLAIR WARNER, ST. JOSEPH REGIONAL MEDICAL CENTER, ST. JOSEPH COUNTY WOMEN, INFANTS, AND CHILDREN'S NUTRITION PROGRAM) TO ISSUE 130 PRESCRIPTIONS TO PLAY (A SJCHD PROGRAM) RESULTING IN 75 PARENTS AND CHILDREN REGULARLY ATTENDING COORDINATED APPROACH TO CHILD HEALTH (CATCH) PROGRAMMING AT FOUR LOCATIONS (I.E., RAY AND JOAN KROC CORPS COMMUNITY

**Part V Facility Information** (continued)

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CENTER, O'BRIEN FITNESS CENTER, CHARLES MARTIN YOUTH CENTER, MICHIANA FAMILY YMCA). THIS PROGRAM WAS FEATURED ON THE LOCAL CBS NEWS AFFILIATE EARLIER THIS YEAR.

--DEPLOYED A YOUNGER VERSION OF CATCH CURRICULUM IN PRESCHOOLS AND THE ELKHART & THE SJC HEAD START CONSORTIUM AT LASALLE ELEMENTARY SCHOOL IN SOUTH BEND. SOUTH BEND PRESCHOOLS ARE ALSO BEGINNING TO USE A BODY MASS INDEX (BMI) TRACKING SYSTEM.

--CONNECTED FAMILIES TO UNITY GARDENS AND OTHER FREE OR FEE REDUCED ACTIVITIES AND VENUES IN THE COMMUNITY THAT ENCOURAGE HEALTHIER, ENJOYABLE OUTCOMES.

--FACULTY AND STUDENTS FROM THE UNIVERSITY OF NOTRE DAME ADMINISTERED THE CAFETERIA ASSESSMENT FOR ELEMENTARY SCHOOLS (CAFES) TOOL AT NINE AREA SCHOOLS TO ASSESS HOW THE CAFETERIA ENVIRONMENT PROMOTES OR INHIBITS SELECTION AND CONSUMPTION OF FRUITS AND VEGETABLES, AND PROVIDE LOW- AND NO-COST INTERVENTION SUGGESTIONS.

--PROFESSOR NITESH CHAWLA AT THE INTERDISCIPLINARY CENTER FOR NETWORK SCIENCE AND APPLICATIONS (ICENSA) AT THE UNIVERSITY NOTRE DAME COMPLETED BETA TESTING FOR FITSPACE, A SOCIAL PLATFORM BEING DEPLOYED AT SOUTH BEND CAREER ACADEMY.

--ADDED THE COMPTON FAMILY ICE ARENA AS A NEW BACKBONE ORGANIZATION (E.G., EXPERIENCE THE ICE WINTER ACTIVITY PROGRAM).

--WORK IS ONGOING TO RECRUIT PRINCIPALS FOR THE COLLECTION OF BMI IN SIX TITLE 1 SOUTH BEND COMMUNITY SCHOOL CORPORATION (SBCSC) SCHOOLS.

-YMCA PRE-DIABETIC PROGRAM IS DESIGNED TO HELP THOSE AT HIGH RISK FOR DEVELOPING TYPE 2 DIABETES TO ADOPT AND MAINTAIN HEALTHIER LIFESTYLES TO

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PREVENT ONSET OF THE DISEASE. BY IMPLEMENTING THE CENTER FOR DISEASE CONTROL'S PROGRAM, THE YMCA NATIONALLY TARGETS OVERWEIGHT INDIVIDUALS WITH PRE-DIABETIC CONDITIONS AND ENGAGES THEM IN A GROUP LIFESTYLE INTERVENTION. THIS IS A FOUR-YEAR PARTNERSHIP. THE CURRICULUM CONSISTS OF 16 CORE SESSIONS THAT COVER A VARIETY OF TOPICS, INCLUDING HEALTHY EATING, PHYSICAL ACTIVITY, OVERCOMING STRESS, AND MOTIVATION. THEY ARE FACILITATED BY A TRAINED LIFESTYLE COACH. AFTER THE INITIAL SESSIONS, PARTICIPANTS MEET MONTHLY FOR ADDED SUPPORT AND HELP IN MAINTAINING THEIR PROGRESS TOWARD A HEALTHIER, DIABETES-FREE LIFE. IN 2014:

- CAPACITY BUILDING--TRAINED AND CERTIFIED TEN LIFESTYLE COACHES; ALL YMCA STAFF HAVE COMPLETED LISTEN FIRST TRAINING; FORMED PRODUCTIVE COLLABORATIONS WITH TEN ORGANIZATIONS
- RECRUITMENT--SCREENED 300 PLUS; FOUND 72 PEOPLE WHO QUALIFIED FOR THE PROGRAM AND 30 HIGH RISK INDIVIDUALS
- THROUGH SEPTEMBER, ENROLLED 32 PARTICIPANTS IN THE PROGRAM; THE GOAL FOR YEAR 1 WAS 30. THEY RANGE IN AGE FROM 28 TO 72; 20% ARE MALES; 7% QUALIFY FOR FREE PROGRAMMING; OTHERS RECEIVED FINANCIAL ASSISTANCE.
- COHORT 1 COMPLETED THE PROGRAM; COHORT 2 IS HALFWAY THROUGH THE PROGRAM; ATTENDANCE RATES FOR BOTH GROUPS EQUALED 92.5 %
- OUTCOMES:
- 75% OF PARTICIPANTS ARE EXERCISING 150 MIN A WEEK (THIS RATE INCREASED OVER TIME IN THE PROGRAM).
- COHORT 1 REPORT DECREASED NEED FOR CHOLESTEROL AND BLOOD PRESSURE MEDICATIONS, LESS ANXIETY, SMALLER PORTION SIZES, INCREASED STAMINA AND CONFIDENCE, IMPROVED QUALITY OF SLEEP

**Part V Facility Information** (continued)

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---COHORT 2 REPORT INCREASED ENERGY, REGULAR READING OF FOOD LABELS, AWARENESS OF WHAT THEY'RE EATING/HEALTHIER CHOICES WHEN EATING OUT, AND ACCOUNTABILITY TO OTHERS IN THE GROUP

-DIABETES OUTREACH COMPLETED ITS SECOND YEAR OF TRAINING AND UTILIZING COMMUNITY HEALTH WORKERS (CHWS) TO ASSIST INDIVIDUALS IN MANAGING THEIR DIABETES THROUGH THE HEALTHY DIABETICS PROGRAM. CHWS USE RELATIONSHIPS AS WELL AS CULTURAL AND LANGUAGE SKILLS, TO MAKE HEALTH AND DISEASE MANAGEMENT MORE UNDERSTANDABLE AND HEALTH CARE ACCESS LESS INTIMIDATING. THE PROGRAM RECRUITS CLIENTS FOR EDUCATION AND CASE MANAGEMENT SERVICES THROUGH MEMORIAL'S EMERGENCY/TRAUMA CENTER, PATIENT CARE UNITS, AND MEMORIAL MEDICAL GROUP CLINICS. THE PROGRAM USES A SOLID CURRICULUM WITH CLEAR GOALS AND MEASURABLE OUTCOMES.

--EACH QUARTER IN 2014, HEALTHY DIABETICS (HD) SERVED AN AVERAGE OF 342 MULTICULTURAL INDIVIDUALS WITH VARYING RISK LEVELS. THIS INCLUDES 77 GRADUATES, WHO RECEIVE MINIMAL MAINTENANCE SUPPORT. QUARTERLY RESULTS OF COMPARING CLIENTS' PREVIOUS HOSPITAL AND EMERGENCY DEPARTMENT (ED) VISITS/CHARGES FOR THE YEAR PRIOR TO JOINING HD WITH POST-PROGRAM VISITS/CHARGES SHOW CONSISTENT DECREASES IN BAD DEBT AND CHARITY CARE. SINCE ITS INCEPTION, DATA ALSO SHOWS THERE HAVE BEEN SIZEABLE DECLINES IN THE NUMBER OF VISITS/CHARGES TO THE ED AND HOSPITAL IN EVERY QUARTER EXCEPT ONE. THESE FINANCIAL TRENDS ARE MATCHED BY STATISTICALLY SIGNIFICANT LOWER BLOOD SUGAR LEVELS OVER TIME IN THE PROGRAM.

--THE DIABETES TEAM GUIDED 26 PREGNANT WOMEN WITH GESTATIONAL DIABETES TO MANAGE THEIR CONDITION THROUGH THE PROGRAM, BEBES DULCES SIN AZUCAR. ALL BABIES AND MOTHERS WERE COMPLICATION FREE; ALL BABIES WERE BORN AT A

**Part V Facility Information** (continued)

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HEALTHY WEIGHT AND ALL MOTHERS' BLOOD SUGARS RETURNED TO APPROPRIATE LEVELS WITHIN WEEKS OF DELIVERY.

--HEALTHY DIABETICS ENTERED INTO A CONTRACT WITH MICHIANA INFORMATION HEALTH NETWORK (MIHN) TO PROVIDE DIABETES EDUCATIONAL SERVICES TO 8,000 ADULTS IN FIVE COUNTIES THAT ARE COVERED UNDER MEDICAID.

--IN PARTNERSHIP WITH ENFOCUS AND BENDIX FAMILY PHYSICIANS, WE TOOK THE LEADERSHIP ROLE IN IMPLEMENTING AN EDUCATION PROGRAM USING SMARTPHONES TECHNOLOGY TO REDUCE ER VISITS; THE RESULTS HAVE BEEN SUBMITTED TO THE JOURNAL OF DIABETES CARE.

--TO REDUCE FOOD INSECURITIES, WE PARTNERED WITH THE FOOD BANK OF NORTHERN INDIANA TO OFFER TWO COOKING DEMONSTRATION SESSIONS FROM A LOCALLY RE-KNOWN CHEF EXCLUSIVELY TO HEALTHY DIABETIC CLIENTS. AT THE END OF THE SESSION, THE PARTICIPANTS TOOK ALL THE INGREDIENTS HOME WITH THE CORRESPONDING RECIPES. THEY ALSO RECEIVED FOUR BAGS OF FOOD APPROPRIATE FOR HEALTHY DIABETIC EATING.

C. REPRODUCTIVE HEALTH

-INCLUDES THE MICHIANA PERINATAL COALITION COMPRISED OF HEALTH PROFESSIONALS FROM ELKHART GENERAL HOSPITAL, IU-GOSHEN HOSPITAL, MEMORIAL HOSPITAL OF SOUTH BEND, SJRMC, AND SAINT JOSEPH AND ELKHART COUNTY HEALTH DEPARTMENTS

-PRENATAL CARE COORDINATION IS PROVIDED FREE OF CHARGE TO THE MOST VULNERABLE, HIGH-RISK PREGNANT WOMEN, ASSISTING WITH ACCESSING THE PHYSICAL AND SOCIAL NEEDS FOR THEIR GROWING FAMILY AND GETTING THE

**Part V Facility Information** (continued)

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MOTHER-TO-BE INTO PHYSICIANS' OFFICES FOR EARLY PRENATAL CARE.

-BEDS AND BRITCHES, ETC. (BABE) IS A COUPON STORE, PROVIDING PREGNANT WOMEN AND MOTHERS WITH EDUCATION AND INFANT DEVELOPMENT MATERIALS AND CLASSES FOR WELL-BABY HEALTH, WHICH IN-TURN PROVIDES COUPONS TO 'PURCHASE' CRIBS, DIAPERS, TOYS, OUTFITS, ETC. A PROGRAM THAT INCENTIVIZES WOMEN TO THE RIGHT THING FOR THEIR INFANT.

-MEMORIAL CHE'S SCHOOL HEALTH EDUCATION AND WELLNESS TEAM CONTINUES TO OFFER PROGRAMMING TO SOUTH BEND'S MIDDLE AND HIGH SCHOOL STUDENTS. IN 2014, THEY DELIVERED:

--DRAW THE LINE/RESPECT THE LINE, AN EVIDENCE-BASED PROGRAM, THAT DEVELOPS SKILLS NECESSARY TO PREVENT PREGNANCY, HIV, AND SEXUALLY TRANSMITTED INFECTIONS.

--YOUR BRAIN: THE OWNER'S MANUAL, A NEUROSCIENCE BASED PROGRAM FOR HIGH SCHOOL TEENS, PROVIDES STUDENTS A METAPHOR AND STORY BASED UNDERSTANDING OF HOW THEIR BRAIN WORKS. THREE PRIMARY AREAS OF THE BRAIN ARE PRESENTED THROUGH UNDERSTANDING THE BASICS OF HOW THE BRAIN OPERATES, YOUTH BEGIN TO MAKE CONNECTIONS BETWEEN WHAT'S HAPPENING IN THEIR BRAIN AND HOW THEY SEE THE WORLD, HOW THEY MAKE DECISIONS, AND WHAT PROMPTS SOME OF THEIR BEHAVIORS.

--THE ST. JOSEPH COUNTY VOICE GRANT CONTINUES TO INSPIRE HIGH-SCHOOL STUDENTS TO ADVOCATE AGAINST THE TOBACCO INDUSTRY ATTEMPTS AT RECRUITING TEENS AS NEW SMOKERS.

--CAPACITY BUILDING: THE SCHOOL TEAM ALSO EXPANDED CAPACITY BUILDING THROUGH ADDITIONAL TRAINING TO FACILITATE A MORE COMPREHENSIVE SOCIAL/EMOTIONAL CURRICULUM, POSITIVE POTENTIAL, WHICH HELPS STUDENTS

**Part V Facility Information** (continued)

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BUILD RESILIENCE AND PROMOTES NECESSARY LIFE SKILLS FOR THEIR FUTURE

SUCCESS. THEY ALSO COMPLETED TWO ADDITIONAL CERTIFICATIONS:

--SEXUAL RISK AVOIDANCE SPECIALIST (SRAS) - ENCOURAGES UNIFORM LEVELS OF PROFESSIONAL EXPERTISE IS SRA METHODOLOGY AND INCREASES THE OVERALL QUALITY OF SCHOOL SEXUAL HEALTH EDUCATION.

--MENTAL HEALTH FIRST AID FOR YOUTH - TEACHES THE SKILLS TO RESPOND TO SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE.

-OUTCOMES:

--OVER 3,000 STUDENTS IN GRADES SIX THROUGH EIGHT AT TEN SBCSC INTERMEDIATE SCHOOLS PARTICIPATED IN THE DRAW THE LINE; RESPECT THE LINE (DTL/RTL) PROGRAM. IN APRIL 2015, CHE CARRIED OUT A SURVEY OF 576 STUDENTS IN HEALTH CLASSES AT FOUR SOUTH BEND PUBLIC HIGH SCHOOLS. THE DATA SHOWS THAT STUDENTS WHO PARTICIPATED IN DTL/RTL HAD HIGHER RATINGS OF KNOWLEDGE AND BEHAVIOR IN THE FOLLOWING CATEGORIES: 1) I SET LIMITS/BOUNDARIES; 2) I MAKE HEALTHY CHOICES; 3) I KNOW HOW TO RESIST PEER PRESSURE; AND 4) ABSTINENCE

--A PRE AND POST KNOWLEDGE SURVEY SHOWED 58% OF THE STUDENTS HAD INCREASED KNOWLEDGE OF THE "PART OF THE BRAIN RESPONSIBLE FOR LOGIC, PLANNING AND PRIORITIZATION". SIXTY-ONE PERCENT RESPONDED WITH A GREATER UNDERSTANDING OF THE "PART OF THE BRAIN THAT STORES MEMORIES AND KNOWLEDGE." THIS PROGRAM PROVIDES YOUTH WITH SOME REMINDERS ON HOW TO BEST CARE FOR THEIR ONE AND ONLY AMAZING BRAIN.

--ADDITIONAL ANALYSES WITH TIME IN THE PROGRAM AS THE INDEPENDENT VARIABLE SHOWED THAT SEVEN OF THE NINE AREAS WHERE SIGNIFICANT DIFFERENCES OCCURRED WAS DUE TO DIFFERENCES WITH STUDENTS WHO HAD THREE

**Part V Facility Information** (continued)

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YEARS OF TRAINING. THIS SUGGESTS THAT THE CUMULATIVE EFFECT OF TRAINING BECOMES STRONGER OVER TIME WITH CONTINUED REPETITION AND REINFORCEMENT.

--VOICE PROGRAMMING IS IN ALL FOUR SOUTH BEND, MISHAWAKA, PHM, AND ROLLING PRAIRIE HIGH SCHOOLS.

## D. AGING POPULATION

--AGING IN PLACE (AIP) IS AN INNOVATIVE PARTNERSHIP THAT ENABLES OLDER PEOPLE TO REMAIN INDEPENDENT IN THEIR OWN HOMES, SURROUNDED BY A CARING COMMUNITY OF PEERS. A NURSE AND LIFE SKILLS ADMINISTRATOR FURTHER FACILITATE INDEPENDENCE AND COMMUNITY BUILDING. THE PROGRAM IS EXPERIENCING STEADY AND CONTINUED GROWTH, KEEPING PACE WITH THE NEEDS WITHIN THE COMMUNITY AS THE DESIRE TO REMAIN INDEPENDENT BECOMES AN INCREASINGLY RELEVANT ISSUE FOR MORE AND MORE FAMILIES. SERVICES, PROVIDED BY A NURSE AND A RESIDENT-LIFE ASSISTANT, INCLUDE HEALTH OVERSIGHT AND EDUCATION, COMMUNITY RESOURCE NAVIGATION, AND SOCIAL ACTIVITIES TO HELP RESIDENTS LIVE HEALTHY, PRODUCTIVE AND INDEPENDENT LIVES. IN 2014, AIP SERVED 275 SOUTH BEND RESIDENTS, BOTH MALES (45%) AND FEMALES (55%). REGARDLESS OF SITE, MOST PARTICIPANTS REPORTED BEING IN THEIR 60'S, DIVORCED OR NEVER MARRIED, AND WITH A HIGH SCHOOL DIPLOMA OR GED. ETHNICITY VARIED BY SITE (E.G., NON-HISPANIC WHITE AT ROBERTSON'S; BLACK AT THE OTHER TWO SITES).

--OUTCOMES: PRE/POST- INTERVENTION SURVEYS WITH DEMOGRAPHIC ITEMS AND ASSESSMENTS OF MOOD, LIFE SATISFACTION, QUALITY OF LIFE (SF-12 V2), AND SENSE OF COMMUNITY HAVE BEEN ADMINISTERED ANNUALLY TO ALL AIP

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPANTS SINCE 2009. RESULTS SHOWED:

---SLIGHT CHANGES IN POSITIVE FEELINGS OF "WELL-BEING" FOR THOSE IN THE PROGRAM FOR FOUR YEARS.

---"MOOD" SCORES MEASURING THE LIKELIHOOD OF DEPRESSION IMPROVED THE FIRST YEAR, WITH MORE PARTICIPANTS SHOWING NO SIGNS OF DEPRESSION. AFTER YEAR FOUR RATES STABILIZED.

---"SENSE OF COMMUNITY" RATINGS VARIED BY LOCATION FOR YEARS ONE AND TWO. OVER TIME, THERE WAS A STEADY PROGRESSION UPWARD EXCEPT FOR THE HOUSING AUTHORITY OF SOUTH BEND, WHICH SHOWED DECLINES IN YEAR 4 CORRESPONDING WITH A CHANGE IN MANAGEMENT.

---"PHYSICAL" AND "MENTAL" COMPONENTS OF QUALITY METRIC'S SF-12 SHOWED CONSISTENTLY SLIGHT IMPROVEMENTS BY THE END OF YEAR ONE AND THEN STABILIZED.

---ACCESS TO HEALTH CARE WAS FACILITATED AND CONTINUES TO BE SUPPORTED BY THE BENDIX FAMILY PHYSICIANS, AN OFFICE PRACTICE WHICH IS IN AN UNDERSERVED, VULNERABLE NEIGHBORHOOD ADJACENT TO THE MOST RECENT AGING IN PLACE LOW-INCOME SENIOR HOUSING APARTMENTS. BENDIX HOSTS THE VOLUNTEER PROVIDER NETWORK, WHICH INCLUDES OVER 300 PHYSICIANS, PRIMARILY SPECIALTY PROVIDERS, WHO PROVIDE UNCOMPENSATED CARE FOR UNINSURED ADULTS. THIS CARE IS PROVIDED IN PARTNERSHIP WITH DIAGNOSTIC LABS AND X-RAYS, AND BY TWO HOSPITALS.

ON-GOING DEVELOPMENTS:

-ESENIORCARE - IN COLLABORATION WITH THE UNIVERSITY OF NOTRE DAME INTERDISCIPLINARY CENTER FOR NETWORK SCIENCE AND APPLICATIONS, A RESEARCH

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROJECT WAS LAUNCHED WITHIN AGING IN PLACE. SIXTEEN RESIDENTS PARTICIPATED IN THE PROJECT. IN 2014, THE MAJORITY (N=12) USED THE MEDICATION COMPONENT TO TRACK THEIR MEDICATIONS. THIS WAS VERIFIED BY DATA ANALYSIS OF THE QUESTIONNAIRES, FEEDBACK SESSIONS AND USER LOGS. SIXTY-NINE PERCENT (N=11) INDICATED LOW/MEDIUM MEDICATION ADHERENCE. AS A RESULT, THIS INFORMATION PROMPTS DIALOGUE AND ACTION STEPS TOWARDS REACHING MEDICATION ADHERENCE. THE REAL-TIME FOLLOW-UP BY THE RESIDENT LIFE AND HEALTH ADMINISTRATOR (RLHA) KEPT THE PARTICIPANTS ENGAGED IN THE STUDY, SHOWING THAT OVERSIGHT AND COMMUNICATION WITH AIP'S RLHA WAS A CRITICAL ELEMENT DRIVING THE USAGE OF THE APPLICATION AND RETENTION OF THE PARTICIPANTS. THE APPLICATION MADE PARTICIPANTS MORE AWARE OF THEIR HEALTH AND WELLNESS, EMPOWERING THEM TO SHARE THEIR EXPERIENCES AND MEDICATION COMPLIANCE INFORMATION WITH THEIR PHYSICIANS. ALTHOUGH AN ARTICLE HAS BEEN SUBMITTED FOR PUBLICATION, FURTHER ENHANCEMENT AND EVALUATION OF THE APPLICATION IN 2015 WILL COLLECT ADDITIONAL DATA NEEDED BEFORE A WIDESPREAD ADOPTION IS PRESCRIBED.

-MEMORIAL FAMILY MEDICINE RESIDENCY PROGRAM - THIS PARTNERSHIP BRINGS INCREASED HEALTH CARE OVERSIGHT AS RESIDENT PHYSICIANS ARE ON SITE TO PROVIDE BLOOD PRESSURE CHECKS, HEALTH SCREENINGS, HEALTH RISK INSPECTIONS, GROUP HEALTH MEETINGS, AND HOME VISITS TO OUR AIP CLIENTS. IN 2014, OVER A 9 MONTH SPAN, RESIDENT PHYSICIANS MET WITH RESIDENTS 26 TIMES. ON AVERAGE, TEN RESIDENTS MET WITH PHYSICIANS PER VISIT. ORDINARILY, A RESIDENT MET WITH A PHYSICIAN AN AVERAGE OF THREE TIMES.

E. EARLY CHILDHOOD DEVELOPMENT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-BRAINWORKS PROVIDES PROGRAMMING AIMED AT MAXIMIZING EARLY CHILDHOOD DEVELOPMENT, THESE PROGRAMS INCLUDE: BABY BRAIN, ZUMBINI, FITNOGGINS, BREASTFEEDING AND THE BRAIN, INFANT MASSAGE, HORNETS & HIPPOS, FOSTER HEALTHY EARLY CHILDHOOD BRAIN DEVELOPMENT.

-HEALTHWORKS! KIDS MUSEUM HOSTS THE INFANT'S AND TODDLER'S LITTLE NOGGIN' NOOK, AN INTERACTIVE EXHIBIT WITH DEVELOPMENTALLY APPROPRIATE ACTIVITIES FOR INFANTS AND TODDLERS.

-EARLY-CHILDHOOD SERVICES UMBRELLA OF CHE INCLUDES: SICKLE CELL ANEMIA SCREENING AND EDUCATION, PRENATAL CARE COORDINATION, B.A.B.E. COUPON STORE, WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM AND WIC-SPONSORED BREASTFEEDING PROGRAMS. WIC IMPROVES NUTRITION BY PROVIDING VOUCHERS FOR SPECIFIC TYPES OF FOODS (E.G., FRUITS, VEGETABLES, WHOLE GRAINS, AND LOW-FAT DAIRY PRODUCTS) THAT TEND TO BE LACKING IN THE DIETS OF LOW-INCOME WOMEN AND YOUNG CHILDREN. NATIONALLY, PRENATAL WIC PARTICIPATION IS ASSOCIATED WITH HEALTHIER BIRTHS AND LOWER INFANT MORTALITY RATES. WIC IS ALSO LINKED WITH STRONGER CONNECTIONS TO PREVENTIVE HEALTH CARE, AND HELPS ENSURE THAT CHILDREN ARE PROPERLY IMMUNIZED. FOR MORE THAN TWENTY YEARS, MEMORIAL HAS OPERATED THIS FEDERALLY FUNDED PROGRAM THAT SERVES MORE THAN 14,000 WOMEN, INFANTS, AND CHILDREN ANNUALLY; ST. JOSEPH COUNTY'S GRANT TOTALS \$1,098,945. PARTICIPATION IS ON THE RISE. IN OCTOBER OF 2014, WE SAW 7,585 CLIENTS OF WHICH 43% IDENTIFIED AS WHITE, 28% IDENTIFIED AS BLACK, 19% IDENTIFIED AS LATINO, 8% WERE MIXED RACE AND 2% IDENTIFIED AS ASIAN. IN 2014:

--WE HAD 18 EMPLOYEES CERTIFIED AS LACTATION SPECIALISTS, ENABLING THEM

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO COUNSEL NEW AND EXPECTANT MOTHERS ABOUT BREASTFEEDING AS THE OPTIMAL INFANT FEEDING CHOICE THAT CAN IMPROVE THE NUTRITIONAL STATUS OF INFANTS. BY THE YEAR'S END, 79.0% OF LOCAL WIC MOTHERS CHOSE TO BREASTFEED THEIR INFANTS, COMPARED WITH 77.25% IN 2013.

--WE RECEIVED A "COOKING MATTERS" GRANT FROM SHARE OUR STRENGTH TO CONDUCT GROCERY STORE TOURS FOR WIC CLIENTS, WHICH INCLUDES A \$10 GROCERY STORE GIFT CARD FOR EACH PARTICIPANT.

--IN ADDITION TO OUR REGULARLY SCHEDULED WEIGHT CHECK FOR BREASTFED BABIES, WE ALSO PROVIDE THIS SERVICE AT A WEST-SIDE, COMMUNITY-BUILDING FACILITY FOR THE LATINO POPULATION EVEN THOUGH THE CDC BREASTFEEDING OUTREACH GRANT ENDED.

--THE PRENATAL CARE COORDINATION PROGRAM SAW 206 OF THE MOST AT-RISK PREGNANT WOMEN. ALL WERE REFERRED TO BABE, WIC, 1-800 QUIT-LINE, AND THE PRENATAL PASSPORT PROGRAM. IF NEEDED, THEY WERE REFERRED TO A PHYSICIAN. THE PNCC PROGRAM CONDUCTED TEN PRENATAL SUPPORT GROUPS DURING THE YEAR WITH 192 ATTENDEES. SIXTY CLIENTS ATTENDED A SAFE SLEEP CLASS AND 70 CLIENTS ATTENDED A SAFETY CLASS.

--WIC RECEIVED A FIFTH GANEY COLLABORATIVE COMMUNITY-BASED RESEARCH SEED GRANT: "IDENTIFYING PROCESSES UNDERLYING BREASTFEEDING SUCCESS IN WOMEN EXPOSED TO ADVERSITY". THIS WILL BE CONDUCTED WITH PROFESSOR LAURA MILLER, PHD, ASSISTANT PROFESSOR OF PSYCHOLOGY AT THE UNIVERSITY OF NOTRE DAME.

--OUTCOMES:

---THE ST. JOE COUNTY WIC PROGRAM RANKS SEVENTH (OUT OF 41 LOCAL AGENCIES) BASED ON BREASTFEEDING START AND CONTINUATION RATES, SECOND IN

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NUTRITION CONTACTS AND RETENTION OF CLIENTS AND PERCENT OF COMPLETED

NUTRITION EDUCATION.

-CENTER FOR THE HOMELESS: PLAY, EXPLORATION & DEVELOPMENTAL SUPPORT (PEDS) IS A COMPREHENSIVE EARLY CHILDHOOD INTERVENTION PROGRAM FOR CFH CHILDREN AGES TWO MONTHS TO THREE-YEARS. SOME CARRY THE EFFECTS OF NEGLECT OR HAVE MODERATE TO SEVERE DEVELOPMENTAL DELAYS. PEDS PROGRAM STAFF PARTNER CLOSELY WITH BOTH CHILD AND PARENT IN ORDER TO OPTIMIZE CHILD DEVELOPMENT AND GROWTH, ENCOURAGE PARTICIPATORY LEARNING, AND SUPPORT PARENT UNDERSTANDING OF BECOMING THE BEST POSSIBLE PARENTS THEY CAN BE. PARENTS ALSO RECEIVE INSTRUCTION ON A VARIETY OF TOPICS EACH WEEK. IN 2014:

--THE PROGRAM SERVED ELEVEN CHILDREN IN THE FIRST NINE MONTHS OF 2014, AND ONLY TWO OF THEM (18%) WERE REFERRED TO FIRST STEPS (VS. 33% IN 2013).

--100% OF THE CHILDREN IMPROVED IN THEIR INDIVIDUAL DEVELOPMENT PLANS (NO DETAILS ON SIZE OF IMPROVEMENT OR IN WHAT AREAS).

--CAPACITY BUILDING AND SUSTAINABILITY: ALL NEW PROGRAM STAFF ARE BEING TRAINED AND CERTIFIED IN HIGH SCOPE AND THE PROGRAM IS ACTIVELY PURSUING A DESIGNATION AS A STATE LICENSED CHILD CARE CENTER IN ORDER TO BE ELIGIBLE TO RECEIVE INDIANA CHILD CARE DEVELOPMENT FUND REVENUES.

F. ACCESS TO HEALTH AND MEDICAL CARE

-SOUTHEAST NEIGHBORHOOD CENTER, FATHER RICHARD WARNER HEALTH CENTER

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

(LOCATED AT THE CENTER FOR THE HOMELESS), AND CENTENNIAL CLINIC ON THE HOSPITAL CAMPUS, SERVE UNINSURED AND UNDERINSURED POPULATIONS; AS DOES BENDIX FAMILY PHYSICIANS WHICH MEMORIAL SUBSIDIZED THROUGH TITHING GRANT FUNDS.

## G. VIOLENCE/SAFETY

-THE SOUTH BEND GROUP VIOLENCE INTERVENTION (SBGVI) COMMISSIONED BY SOUTH BEND MAYOR, PETE BUTTIGIEG, UNITES COMMUNITY LEADERS AROUND A COMMON GOAL: TO STOP GUN VIOLENCE AND KEEP SOUTH BEND'S HIGHEST RISK CITIZENS ALIVE AND OUT OF PRISON. SBGVI IS A PARTNERSHIP AMONG SOUTH BEND LAW ENFORCEMENT, GOVERNMENT, EDUCATION, CIVIL SERVICE, HEALTH-CARE AND FAITH-BASED AGENCIES. SBGVI ADVOCATES DIRECT, SUSTAINED ENGAGEMENT WITH STREET GROUPS WHICH CAUSE THE MAJORITY OF SOUTH BEND'S GUN VIOLENCE. THE JOHN JAY COLLEGE STRATEGY EMPOWERS COMMUNITY MEMBERS TO SET CLEAR MORAL STANDARDS AGAINST VIOLENCE IN THEIR COMMUNITIES AND RECLAIM A VOICE IN THE WAY THEY WANT TO LIVE. IT COORDINATES THE EFFORTS OF LOCAL, STATE AND FEDERAL LAW ENFORCEMENT TO FOCUS CRIME PREVENTION EFFORTS ON THE GROUPS MOST ASSOCIATED WITH GUN VIOLENCE. SBGVI ALSO DRAWS ON THE EXPERTISE OF SOCIAL SERVICE PROVIDERS TO OFFER GANG MEMBERS A PATH AWAY FROM VIOLENCE.

THREE DIRECT COMMUNICATIONS, OR "CALL-INS," BETWEEN THE SBGVI COALITION AND STREET GROUP MEMBERS HAVE BEEN ORCHESTRATED. TO DATE, A TOTAL OF 66 MEN WITH CRIMINAL HISTORIES, REPRESENTING AT LEAST 27 DIFFERENT GANG ASSOCIATIONS, MET WITH OUR COMMUNITY AND LAW ENFORCEMENT REPRESENTATIVES

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO HEAR A SIMPLE MESSAGE: "THE VIOLENCE MUST STOP. WE WILL HELP YOU IF YOU LET US. WE WILL STOP YOU IF YOU MAKE US."

-OUTCOMES:

--SOUTH BEND IS ADAPTING THIS STRATEGY TO A CITY OUR SIZE AND DOING MORE WITH LESS

--FROM MAY 15, 2013 TO JANUARY 31, 2014 SEVENTY ONE (71) PEOPLE WERE CRIMINALLY ASSAULTED BY BEING SHOT IN THE CITY OF SOUTH BEND. DURING THAT SAME TIME PERIOD AFTER THE SBGVI STRATEGY WAS INTRODUCED (FROM MAY 15, 2014 TO JANUARY 31, 2015), 44 PEOPLE HAVE BEEN CRIMINALLY ASSAULTED BY BEING SHOT - A 38% DECREASE

--MORE PEOPLE ARE GETTING SERVICES TO CHANGE THEIR LIFESTYLES

--MORE COLLABORATIONS HAVE BEEN BUILT ACROSS ALL PUBLIC SAFETY GROUPS

--TRUST IS BEING BUILT ACROSS RACES AND ETHNICITY AS GROUPS PUT SKEPTICISM ASIDE TO ENGAGE AND BELIEVE IT'S REAL

--NEEDS AND OPPORTUNITIES ARE BETTER INTEGRATED

--PANORAMIC PERSPECTIVES ARE BEING DEVELOPED

#### H. MENTAL HEALTH

-CENTER FOR THE HOMELESS: GENESIS CENTER FOR STRENGTH & WELLNESS IS AN ON-SITE MENTAL HEALTH COUNSELING PROGRAM AVAILABLE TO ALL HOMELESS INDIVIDUALS AGES THREE AND UP, WHO ARE SUFFERING FROM MENTAL ILLNESS, ADDICTIONS, AND/OR PROFOUND TRAUMA AND LOSS. THE MENTAL HEALTH NEEDS OF THE HOMELESS POPULATION ARE SHIFTING TOWARD HIGHER LEVELS OF RISK AND SYMPTOM DISTRESS, AND GENESIS COUNSELORS ARE SPECIFICALLY TRAINED TO

**Part V Facility Information** (continued)

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EFFECTIVELY ADDRESS THE INTERSECTION OF MENTAL HEALTH, TRAUMA, ADDICTION AND HOMELESSNESS. IN 2014:

--75 INDIVIDUALS RECEIVED CRITICAL MENTAL HEALTH, ADDICTION, AND TRAUMA INTERVENTION SERVICES FROM JANUARY-SEPTEMBER.

--COUNSELORS UTILIZED EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) FOR ONE YEAR AND PROVIDED ANECDOTAL DETAILS ABOUT ONE CLIENT.

--OUTCOMES:

OF THE CLIENTS, 65% INCREASED THEIR COMPLIANCE WITH PSYCHOTROPIC MEDICATION, 83% REPORTED IMPROVEMENTS IN DAILY FUNCTIONING, AND 92% INDICATED THEY ARE BETTER ABLE TO EXPRESS THEIR THOUGHTS AND EMOTIONS

-EYE MOVEMENT DESENSITIZATION AND REPROCESSING IS AN EFFECTIVE INTERVENTION USED TO RELIEVE MENTAL HEALTH SYMPTOMS ASSOCIATED WITH TRAUMATIC EVENTS. THE TRAINING WAS PROVIDED TO THERAPISTS AND LICENSED COMMUNITY AND HOSPITAL-BASED SOCIAL WORKERS IN ST. JOSEPH AND ELKHART COUNTIES. NON-PROFIT AGENCIES RECEIVED A DISCOUNT THROUGH A GRANT OBTAINED FROM A NATIONAL FOUNDATION. FIFTY EIGHT PEOPLE WERE TRAINED IN EMDR DURING 2014. ADDITIONALLY, 77 RECEIVED TRAINING IN A-TIP, A SHORT-TERM INTERVENTION TO HELP INDIVIDUALS BECOME MORE STABLE AND CALM, DIMINISHING THE POSSIBILITY OF BECOMING TRAUMATIZED. SOME OF THE ORGANIZATIONS REPRESENTED INCLUDED: MEMORIAL, YOUTH SERVICE BUREAU, OAKLAWN, CENTER FOR THE HOMELESS, YWCA CHILDREN'S COUNSELING, ST. MARGARET'S HOUSE, BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY, FAMILY AND CHILDREN SERVICES, THE SAMARITAN CENTER, DEPARTMENT OF CHILDREN'S SERVICES, HOPE MINISTRIES, LA CASA DE AMISTAD, BASHOR CHILDREN'S HOME,

**Part V Facility Information** (continued)

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ST. ADALBERT'S, OUR LADY OF HUNGRY ELEMENTARY SCHOOLS, AND SOUTH BEND CAREER ACADEMY.

## I. ECONOMIC STABILITY

-PRIORITY NOT RECEIVING DIRECT FUNDING:

THE PRIORITY RECEIVING THE LEAST RESOURCE INVESTMENT WAS ECONOMIC STABILITY, DETAILED AS UNEMPLOYMENT, UNINSURED/UNDERINSURED, GENERATIONAL POVERTY, AND AFFORDABLE AND QUALITY HOUSING. MEMORIAL HAS AN IMPACT IN THESE AREAS BECAUSE WE ARE THE SECOND LARGEST EMPLOYER OF THE CITY/COUNTY, BEHIND THE UNIVERSITY OF NOTRE DAME. THE HOSPITAL HAS GENERATED A NUMBER OF CAREER PATHS FOR EMPLOYMENT IN HEALTHCARE, BEGINNING WITH CERTIFIED NURSING ASSISTANT, COMMUNITY HEALTH WORKER, RADIOLOGY TECHNICIAN, LICENSED PRACTICAL NURSE, REGISTERED NURSE, BACHELOR'S AND MASTER'S DEGREES IN NURSING, AND ADVANCED PRACTICE NURSE.

-TO SUPPORT THE INDIANA HEALTH PLAN, MARKETPLACE HEALTH PLANS, AND MEDICAID COVERAGE, 15 CHE ASSOCIATES SUCCESSFULLY PASSED THE INDIANA NAVIGATOR TRAINING PROGRAM AND CERTIFICATION TEST. AFFORDABLE CARE ACT/MEDICAID ENROLLMENTS ARE BEING FACILITATED IN THE COMMUNITY, AS WELL AS AT THE HOSPITAL.

--STATE-CERTIFIED NAVIGATORS ENROLLED 83 PEOPLE IN THE FIRST ROUND OF THE AFFORDABLE CARE ACT.

INDICATOR FRAMEWORK:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FRAMEWORK FOR INDICATOR SELECTION WITHIN THE HEALTH CATEGORY IS BASED ON THE HEALTH AND HUMAN SERVICES' HEALTHY PEOPLE INITIATIVE. "HEALTHY PEOPLE 2020" ESTABLISHES SCIENCE-BASED OBJECTIVES FOR IMPROVING THE HEALTH OF THE NATION. THE INITIATIVE ESTABLISHES BENCHMARKS EVERY TEN YEARS AND TRACKS PROGRESS TOWARD THESE ACHIEVABLE GOALS. THIS FRAMEWORK ENCOURAGES COLLABORATION ACROSS SECTORS AND ALLOWS COMMUNITIES TO TRACK IMPORTANT HEALTH AND QUALITY OF LIFE INDICATORS FOCUSING ON GENERAL HEALTH STATUS, HEALTH-RELATED QUALITY OF LIFE AND WELL-BEING, DETERMINANTS OF HEALTH, AND DISPARITIES.

PROGRAMMING CURRENTLY SUPPORTED BY TITHING WILL BE ENHANCED AND OPENED FOR ADDITIONAL PARTNERSHIP ACTIVITIES. EACH PRIORITY WILL HAVE AN AIM STATEMENT, WITH A LOGIC CHAIN ANALYSIS. SELECTED PRIORITIES FOR IMPLEMENTATION WILL HAVE MULTIPLE-ACTIONABLE ACTIVITIES WITH A SHARED IMPACT OR OUTCOME MEASUREMENT. AN ADVISORY COUNCIL COMPOSED OF BOARD MEMBERS, SYSTEM EMPLOYEES, AND COMMUNITY RESIDENTS HAS OVERSIGHT OF THE IMPLEMENTATION STRATEGIC PROCESS AND ACCOUNTABILITY.

APPROVAL FOR ST. JOSEPH COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY: A BEACON TO HEALTH AND WELL-BEING WAS GIVEN WITH A SIGNED RESOLUTION BY THE MEMORIAL HOSPITAL BOARD ON MAY 23, 2013. IMPLEMENTATION BEGAN IMMEDIATELY WITH A COMMUNITY-WIDE PUBLIC EVENT AND ANNOUNCEMENT OF A POTENTIAL PARTNERSHIP. SHORTLY FOLLOWING THE SIGNING OF THE IMPLEMENTATION STRATEGY, THE BEACON HEALTH SYSTEM BOARD SIGNED A POLICY CONFIRMING THE FINANCIAL COMMITMENT TO COMMUNITY BENEFIT INVESTMENT. THE IMPLEMENTATION PLAN CONTINUED THROUGH 2014.

[HTTP://ASSETS.THEHCN.NET/CONTENT/SITES/QUALITYOFLIFE/2013\\_TITHINGPOLICY\\_SI](http://ASSETS.THEHCN.NET/CONTENT/SITES/QUALITYOFLIFE/2013_TITHINGPOLICY_SI)

**Part V Facility Information** (continued)

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EDUCATION AND RESEARCH FOR A HEALTHY FUTURE

WE CONSIDER EDUCATION AND RESEARCH TO BE PART OF OUR MISSION. EACH IS VITAL TO PREPARING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS TO MEET FUTURE HEALTH CARE DEMANDS. AS OUR COUNTRY AGES, WE WILL NEED MORE CAREGIVERS THAN EVER BEFORE; AT THE SAME TIME, THERE IS A SHORTAGE OF NEW GRADUATES IN KEY CLINICAL AND TECHNICAL POSITIONS. TO ENSURE THAT WE HAVE THE QUALITY WORKFORCE WE NEED TO CARE FOR OUR PATIENTS IN THE FUTURE, WE ARE COMMITTED TO THE EDUCATION OF CURRENT AND FUTURE CAREGIVERS, AND HAVE PARTNERED WITH LOCAL HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES INCLUDING THE INDIANA UNIVERSITY MEDICAL SCHOOL AT NOTRE DAME.

PREPARING FOR TOMORROW'S HEALTH CARE NEEDS REQUIRES A COMMITMENT TO RESEARCHING NEW AND INNOVATIVE TREATMENTS THAT BATTLE TOMORROW'S HEALTH CARE CHALLENGES. CLINICAL RESEARCH IS A PART OF PROGRAMMING ACROSS THE HEALTH SYSTEM. PHYSICIANS AT MEMORIAL PARTICIPATE IN VARIOUS RESEARCH PROJECTS THAT ARE NATIONAL IN SCOPE AND ARE EVALUATED BY FDA GUIDELINES BY MEMORIAL'S INSTITUTIONAL REVIEW BOARD (IRB). ONCOLOGY AND PEDIATRIC CLINICAL TRIALS CONTINUE TO BE A SIGNIFICANT PORTION OF THE PROTOCOLS SUBMITTED TO THE IRB. OUR MEDICAL AND HEALTH CARE STAFF ARE WORKING TO FIND TOMORROW'S TREATMENTS AND CURES TODAY.

RESEARCH ALSO EVOLVES FROM THE NURSING, PRE-MEDICAL, PHYSICAL THERAPY AND SOCIAL SERVICE DISCIPLINES AT THE LOCAL POST-SECONDARY EDUCATION

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INSTITUTIONS. THE UNIVERSITY OF NOTRE DAME IS A CLOSE PARTNER IN COMMUNITY-BASED RESEARCH, WHICH INCLUDES EVALUATING EDUCATION CURRICULA, AND INTERVENTION MODALITIES, USING BOTH QUANTITATIVE ANALYSIS AND QUALITATIVE RESEARCH METHODS. TOGETHER, WE OFFER A COMPREHENSIVE LEARNING EXPERIENCE FOR MEDICAL STUDENTS, ENABLING INTERNS, RESIDENTS, AND FELLOWS TO UTILIZE OUR STATE-OF-THE-ART TRAINING FACILITIES AND INTEGRATE ADVANCED TECHNOLOGY LEARNED IN THE CLASSROOM DIRECTLY WITH PATIENT CARE. WE UTILIZE EVIDENCE FROM COMMUNITY-BASED RESEARCH IN ADDITION TO CLINICAL RESEARCH, PARTICULARLY IN THE INTERSECTION OF NEUROSCIENCE AND MEDICAL INTERVENTIONS. EVALUATING HOW THE IMPACT OF CHEMOTHERAPY ON THE MEMORY AND COGNITIVE FUNCTIONING OF BREAST CANCER VICTIMS; THIS INCLUDES ASSESSING THE NEUROSCIENCE OF BEHAVIORAL CHANGE IS A COMPONENT OF CHRONIC DISEASE SELF-MANAGEMENT.

PART V, SECTION B LINE 15E AND 16I

FINANCIAL ASSISTANCE POLICY

THE COLLECTION POLICY AND PROCEDURES RELATED TO PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE AS FOLLOWS:

TO ENSURE THE HOSPITAL FULFILLS ITS MISSION AND COMMITMENT TO THE POOR, THE HOSPITAL SHALL ANNUALLY PLAN FOR AND PROVIDE FREE AND REDUCED HEALTH CARE AND HEALTH-RELATED SERVICES TO THE POOR AND QUALIFIED UNINSURED/UNDERINSURED. A PATIENT IS CONSIDERED FOR FINANCIAL ASSISTANCE IF ALL OTHER STATE AND FEDERAL ASSISTANCE OPPORTUNITIES HAVE BEEN EXHAUSTED AND ALL OTHER THIRD PARTY PAYMENT SOURCES HAVE BEEN EXHAUSTED.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FEDERAL INCOME AND POVERTY GUIDELINES WILL SERVE AS A GUIDE IN DETERMINING THOSE PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ALL PATIENTS SHALL BE TREATED CONSISTENTLY IN THE APPROVAL PROCESS INCLUDING MEDICARE AND NON MEDICARE PATIENTS.

## PURPOSE:

TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO CANNOT AFFORD TO PAY AND TO PROVIDE DISCOUNTED CARE TO UNINSURED PATIENTS RECEIVING MEDICALLY NECESSARY AND/OR EMERGENT HEALTHCARE SERVICES FROM MEMORIAL HOSPITAL OF SOUTH BEND.

## PROCEDURE:

1. MEMORIAL HOSPITAL WILL ASSIST PATIENTS IN MAKING A DETERMINATION REGARDING WHETHER OR NOT THE PATIENT MAY BE ABLE TO QUALIFY FOR SOME FORM OF ENTITLEMENT THROUGH A FEDERAL OR STATE GOVERNMENT PROGRAM AND COMPLETE THE APPROPRIATE APPLICATIONS FOR ASSISTANCE. IT IS REQUIRED THAT THE PATIENT WILL ASSIST IN THE DETERMINATION AND APPLICATION PROCESS. IF THE PATIENT DOES NOT QUALIFY FOR ANY FEDERAL OR STATE ASSISTANCE, WE WILL START THE FINANCIAL ASSISTANCE APPROVAL PROCESS.

2. THE AVAILABILITY OF FINANCIAL ASSISTANCE IS PUBLICIZED VIA SIGNAGE POSTED IN REGISTRATION AREAS, BY INCLUDING INFORMATION ON EVERY STATEMENT ABOUT FINANCIAL ASSISTANCE, AND BY PUBLISHING THE POLICY ON OUR WEBSITE.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

3. IDENTIFY PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE THROUGH THE PRE-REGISTRATION, ADMISSION, ELIGIBILITY PROCESS, OR THROUGH SELF PAY ACCOUNT REVIEW AND COLLECTION ACTIVITIES.

4. PROVIDE TO THE PATIENT A FINANCIAL EVALUATION FORM.

5. OBTAIN OR RECEIVE A SIGNED, COMPLETED FINANCIAL EVALUATION FORM FROM THE PATIENT.

6. DETERMINE ELIGIBILITY BY OBTAINING THE FOLLOWING INFORMATION FROM THE PATIENT:

- A) GROSS INCOME AND MOST RECENT W-2
- B) PRIOR YEARS TAX RETURN (INCLUDING ALL SCHEDULES)
- C) LAST 3 PAY STUBS (IF UNEMPLOYED, WORK ONE STATEMENT OF EARNINGS)
- D) EMPLOYMENT STATUS AND FUTURE EARNINGS CAPACITY
- E) FAMILY SIZE
- F) MEDICAL EXPENSES INCLUDING DRUGS AND MEDICAL SUPPLIES
- G) LAST THREE BANK STATEMENTS

IF THE PATIENT DOES NOT HAVE A PRIOR YEAR TAX RETURN, WE WILL MAKE OUR DETERMINATION BASED ON CURRENT INCOME. A CREDIT REPORT MAY BE RUN TO SUBSTANTIATE DOCUMENTATION. THERE MAY BE CIRCUMSTANCES WHERE A PATIENT MAY NOT BE ABLE TO PROVIDE ALL THE ABOVE DOCUMENTATION NEEDED TO APPROVE FINANCIAL ASSISTANCE. IT WILL BE UP TO THE DISCRETION OF THE DEPARTMENT DIRECTOR AND/OR THE CFO TO GRANT APPROVAL IN THIS CIRCUMSTANCE.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

7. DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE BY UTILIZING THE FEDERAL POVERTY GUIDELINES AS A BASIS FOR QUALIFICATION LEVELS. GROSS ANNUAL INCOME PLUS CASH ASSETS ARE USED AS THE BASIS FOR INCOME CALCULATIONS. PATIENTS MAY QUALIFY FOR COMPLETE OR PARTIAL FINANCIAL ASSISTANCE. THE MINIMUM AMOUNT BILLED TO A PATIENT WHO QUALIFIES FOR FINANCIAL ASSISTANCE IS LIMITED TO THE AMOUNTS GENERALLY BILLED TO THOSE WITH INSURANCE AND THIS PERCENTAGE WAS CALCULATED BASED ON THE AVERAGE DISCOUNT AMONGST MEDICARE AND COMMERCIAL PAYERS.

FINANCIAL ASSISTANCE WILL BE GRANTED FOR THOSE PATIENTS WHO ARE HOMELESS. IF A PATIENT IS DECEASED AND HAS NO ESTATE, WE WILL GRANT CHARITY ON ANY OUTSTANDING SELF PAY ACCOUNT BALANCES. DOCUMENTATION THAT AN ESTATE HAS NOT BEEN FILED WILL BE ATTACHED TO THE FINANCIAL ASSISTANCE APPROVAL FORM. PRESUMPTIVE FINANCIAL ASSISTANCE WILL BE GRANTED FOR THOSE PATIENTS WHO ARE COVERED UNDER A LIMITED BENEFIT MEDICAID PLAN (I.E. FAMILY PLANNING MEDICAID, EMERGENCY ONLY MEDICAID, PREGNANCY ONLY MEDICAID, ETC.) WHEN THE SERVICES ARE NOT COVERED UNDER THEIR POLICY.

NOTE: APPROVAL MAY BE MADE BASED ON MEDICAL INDIGENCE. IE: PATIENTS WHO HAVE EXCESSIVE PHARMACY, OXYGEN, OR ONGOING MEDICAL EXPENSE. THIS AMOUNT WOULD BE DEDUCTED FROM THEIR GROSS INCOME.

FINANCIAL ASSISTANCE WILL NOT BE GRANTED FOR NON-MEDICALLY NECESSARY SERVICES.

8. COMPLETE THE FINANCIAL ASSISTANCE APPROVAL FORM AND FORWARD TO THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COLLECTION COORDINATOR.

9. THE COLLECTION COORDINATOR WILL REVIEW THE FINANCIAL ASSISTANCE APPLICATION TO ENSURE THAT IT IS COMPLETE.

THE COORDINATOR WILL APPROVE OR DENY THE APPLICATION BEFORE SENDING IT TO THE PATIENT ACCOUNT MANAGER FOR APPROVAL. DEPENDING ON THE DOLLAR AMOUNT OF THE FINANCIAL ASSISTANCE WRITE-OFF, APPROVAL SIGNATURES ARE REQUIRED.

THE APPROVAL GUIDELINES ARE AS FOLLOWS:

\$1.00 TO \$2,500.00 COLLECTION COORDINATOR

\$2,501.00 TO \$10,000.00 PATIENT ACCOUNT SERVICE MANAGER

\$10,001.00 TO \$25,000.00 DIRECTOR, PATIENT ACCOUNT SERVICES

\$25,001.00 AND ABOVE VICE PRESIDENT, CFO

10. AFTER ALL THE APPROPRIATE SIGNATURES HAVE BEEN OBTAINED, THE FINANCIAL ASSISTANCE WRITE-OFF ALONG WITH THE CORRESPONDING DOCUMENTATION WILL BE FORWARDED TO CASH APPLICATION FOR WRITE-OFF.

11. SEND DETERMINATION LETTER TO NOTIFY PATIENT OF THE APPROVAL FOR FINANCIAL ASSISTANCE.

12. FINANCIAL ASSISTANCE APPROVALS WILL APPLY RETROACTIVELY TO ALL OPEN ACCOUNTS WITH EXISTING BALANCES (INCLUDING ACCOUNTS IN COLLECTIONS) AND WILL BE ACTIVE FOR 6 MONTHS FOLLOWING THE DATE OF APPROVAL.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

13. THE DOCUMENT WILL BE PLACED IN THE FINANCIAL ASSISTANCE FILE DRAWER UNDER THE DATE THE WRITE OFF WAS POSTED.

UNINSURED SELF PAY DISCOUNTS:

FOR THOSE PATIENTS WHO HAVE NO INSURANCE AND DO NOT MEET THE ABOVE FINANCIAL ASSISTANCE GUIDELINES, MEMORIAL HOSPITAL WILL PROVIDE A 35% UNINSURED DISCOUNT.

ANY EXCEPTIONS MUST BE APPROVED BY THE DEPARTMENT MANAGER OR DIRECTOR.

PART V, SECTION B LINE 22D

WHEN MEMORIAL HOSPITAL MAKES A DETERMINATION THAT AN INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THIS FINANCIAL ASSISTANCE POLICY, MEMORIAL WILL NOT CHARGE SUCH INDIVIDUAL MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. MEMORIAL USES THE LOOK-BACK METHOD TO CALCULATE THE AGB PERCENTAGE THAT IT USES TO DETERMINE AGB FOR PARTICULAR CARE PROVIDED TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE. MEMORIAL CALCULATED ITS CURRENT AGB PERCENTAGE, 57%, BY DIVIDING (1) ALL CLAIMS ALLOWED DURING THE 12-MONTH PERIOD FROM 1/1/2013 TO 12/31/2013 BY MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE HOSPITAL FACILITY BY (2) THE SUM OF THE ASSOCIATED GROSS CHARGES FOR THOSE CLAIMS. TO DETERMINE AGB FOR A PARTICULAR EPISODE OF CARE, MEMORIAL MULTIPLIES ITS GROSS CHARGES FOR THAT CARE BY THE AGB PERCENTAGE

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
<b>1</b> MEMORIAL SLEEP DISORDER CENTER 53990 CARMICHAEL DRIVE SOUTH BEND IN 46601	OUTPATIENT CLINIC PROVIDING SLEEP RELATED DIAGNOSIS AND TREATMENT
<b>2</b> MEMORIAL HEALTH PLEX 111 W JEFFERSON ST SOUTH BEND IN 46601	OUTPATIENT REHABILITATION FACILITY AND FITNESS FACILITY
<b>3</b> MEMORIAL BREAST CARE CENTER 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
<b>4</b> MEMORIAL CHILDREN'S THERAPY CENTER 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
<b>5</b> MEMORIAL RADIOLOGY 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
<b>6</b> MEMORIAL LIGHTHOUSE PHYSICAL THERAPY 6913 N MAIN STREET GRANGER IN 46530	OUTPATIENT DIAGNOSIS AND TREATMENT
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**Part VI Supplemental Information**

Provide the following information.

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

## SUPPLEMENTAL INFORMATION

PART I, LINE 3C

NOT APPLICABLE

PART I, LINE 6A

CREATING COMMUNITY HEALTH IS AT THE CORE OF MEMORIAL HOSPITAL OF SOUTH BEND, INC.'S ("MEMORIAL", "THE HOSPITAL" OR "WE") MISSION. WE VIEW THE PROMOTION OF COMMUNITY HEALTH AS OUR SOCIAL RESPONSIBILITY AND A KEY TO LONG-TERM COST EFFECTIVENESS. WE ALSO DEFINE IMPROVING THE HEALTH STATUS OF A COMMUNITY TO BE AS MUCH A SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUE, AS A MEDICAL ONE. OUR ORGANIZATION TAKES A BROAD APPROACH TO CREATING COMMUNITY HEALTH. THIS APPROACH HAS INCLUDED: ONGOING EDUCATION OF BOARD MEMBERS, STAFF AND LOCAL LEADERS THROUGH COMMUNITY PLUNGES (EXPERIENTIAL ACTIVITIES FOCUSED ON THE SPECIFIC ISSUES OF COMMUNITY RESIDENTS WITH A NEIGHBORHOOD-BASED AGENCY), COMMUNITY FOUNDATION SUPPORT, STRATEGIC ALLOCATION OF TITHING RESOURCES, A CLEAR STATEMENT OF VISION AND GOALS, A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT, AND PROMOTION OF VOLUNTEER INVOLVEMENT AND COMMUNITY PARTNERSHIPS.

**Part VI Supplemental Information**

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AS A COMMUNITY NOT-FOR-PROFIT ORGANIZATION, WE TAKE SERIOUSLY OUR RESPONSIBILITY TO INVEST OUR RESOURCES AND ENERGIES INTO UNDERSTANDING AND MEETING THE DIVERGENT HEALTH CARE NEEDS OF ALL; WE STRIVE TO ENSURE THAT EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY, RECEIVES THE CARE THEY NEED. MEMORIAL HAS LONG BEEN RECOGNIZED FOR THE COLLABORATION EFFORTS WHICH ENGAGE INDIVIDUALS AND ORGANIZATIONS WITH DIVERSE SOCIO-ECONOMIC RELIGIOUS, ETHNIC, RACE, AGE, AND GENDER IDENTITY CHARACTERISTICS.

OUR TEAM OF PASSIONATE AND DEDICATED HEALTH CARE PROFESSIONALS, ALONG WITH MANY PARTNERS THROUGHOUT THE NORTHERN INDIANA AND SOUTHERN MICHIGAN REGION (MICHIANA), HELPED US CONTRIBUTE SIGNIFICANTLY TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FOR EXAMPLE, ST. JOSEPH COUNTY PUBLIC HEALTH SYSTEM PARTNERS MET IN 2012; INCLUDING MORE THAN 160 HEALTHCARE AND SOCIAL SERVICE AGENCIES TO SUPPORT THE RESIDENTS OF NINE CITIES AND TOWNS AND 13 TOWNSHIPS. PUBLIC HEALTH SYSTEM PARTNERS ACROSS THE COUNTY ARE COMMITTED TO ENHANCING SYSTEMIC PERFORMANCE BY ENGAGING PARTNERSHIPS, SUPPORT, AND INPUT, SO THAT TOGETHER WE CAN BETTER SERVE THE RESIDENTS OF

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ST. JOSEPH COUNTY. THIS IS THE FOUNDATION TO STRENGTHEN LOCAL PUBLIC HEALTH SYSTEM INFRASTRUCTURE WITH THE CAPACITY AND RESOURCES TO IMPROVE QUALITY AND EFFECTIVENESS OF HEALTHCARE SERVICES IN ST. JOSEPH COUNTY. THE HEALTH IMPROVEMENT ALLIANCE'S COLLABORATION CONTINUES UNDER THE LEADERSHIP OF THE ST. JOSEPH COUNTY HEALTH DEPARTMENT (SJCHD). A PRIMARY COMPONENT OF SUCH A PROCESS INCLUDES A FOCUS ON PARTNERSHIPS AND COLLABORATION TO ENSURE SUSTAINABILITY. FURTHER, MEMORIAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A WHOLE.

PART I, LINE 7, COLUMN F

BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES \$35,599,378

PART I, LINE 7B

UNREIMBURSED MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAMS IN 2014, TOTAL OFFSETTING REVENUE FOR LINE 7B, MEDICAID DID NOT INCLUDE AMOUNTS THAT WERE RECEIVED IN 2014 THAT RELATED TO PRIOR YEARS. THOSE

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AMOUNTS ARE HOSPITAL ASSESSMENT FEE (HAF) RECEIPTS FOR 2013 IN THE AMOUNT OF 18,362,168, ALONG WITH HAF PAYMENTS MADE IN 2014 THAT RELATED TO 2013 IN THE AMOUNT OF 7,520,768 WHICH WAS EXCLUDED FROM THE COMPUTATIONS FOR WORKSHEET 2, COST TO CHARGE RATIO.

COSTING METHODOLOGY

PART I, LINE 7

DONATIONS - THE ACTUAL COST OF THE DONATION OR DEPARTMENTAL NET CONTRIBUTION, WHICHEVER IS APPROPRIATE, FROM GENERAL LEDGER RECORDS AND REPORTS ARE INCLUDED. IN-KIND/VOLUNTEER SERVICES - WHEN A SPECIFIC PERSON IS LISTED AS THE EVENT VOLUNTEER, THE YTD HOURLY WAGE IS PULLED FROM THE LABOR DISTRIBUTION REPORT FOR 12/31, MULTIPLIED BY THE NUMBER OF HOURS AT THE EVENT(S). WHEN A SPECIFIC JOB CLASS IS LISTED (I.E. "PEDS REHAB"), THE AVERAGE HOURLY WAGE IS COMPUTED FOR ALL EMPLOYEES IN THAT JOB CLASS AND DEPARTMENT AND USED IN THE SAME MANNER. BENEFITS ARE ADDED TO EACH AT A RATIO OF BENEFIT DOLLARS TO TOTAL SALARIES, MULTIPLIED BY TOTAL SALARIES CALCULATED FOR THE EVENT.

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## COMMUNITY BUILDING ACTIVITIES

## PART II

MEMORIAL HAS LONG BEEN A SUPPORTER OF LEADERSHIP BUILDING. IN 2014, COMMUNITY MEMBERS ATTENDED MULTIPLE-DAY TRAININGS AT THE PFEIL INNOVATION CENTER, HOSTING EDUCATION FORUMS, AND INVITING COMMUNITY MEMBERS TO LEADERSHIP PRESENTATIONS.

MEMORIAL ALSO HAS A HISTORY OF SUPPORTING COALITIONS. IN 2014, THE CHILDHOOD OBESITY PROGRAM WAS CONVENED BY UNITED WAY OF ST. JOSEPH COUNTY. SEVENTEEN AGENCIES JOINED FORCES TO DEVELOP AND IMPLEMENT A COLLECTIVE IMPACT STRATEGY TO REDUCE OBESITY AMONG CHILDREN. PARTIALLY FUNDED BY MEMORIAL, THIS TWO-YEAR PROJECT ADDRESSES CHILDHOOD OBESITY COMMUNITY-WIDE, AS A DISEASE PREVENTION MODEL. MEMORIAL HAS ALSO BEEN INSTRUMENTAL IN SUPPORTING THE MICHIANA GERONTOLOGICAL INSTITUTE, A COLLABORATIVE OF PROFESSIONALS PROVIDING RESEARCH AND SERVICES FOR THE AGING POPULATION.

**Part VI Supplemental Information**

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PART III, LINE 2

THE CORPORATION EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYOR CLASS, AND THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON HISTORICAL EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. THE COSTING METHODOLOGY IS THE SAME AS THE TAX FORM 990, SCHEDULE H, WORKSHEET 2 METHODOLOGY. PATIENT CARE COST IS ADJUSTED BY NON-PATIENT ACTIVITY, EXPENSES, AND PATIENT CARE CHARGES.

PART III, LINE 3

BAD DEBT ATTRIBUTABLE TO THE FAP IS ESTIMATED BASED ON THE HISTORICAL TREND OF THE SOURCES OF THE BAD DEBT. THE MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO UNINSURED PATIENTS WHICH REPRESENT THE MAJORITY OF THE POPULATION THAT WOULD FALL UNDER THE FAP. WE HAVE APPLIED THE HISTORICAL

**Part VI Supplemental Information**

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ESTIMATE TO THE TOTAL BAD DEBT EXPENSE IN THE CURRENT YEAR TO DETERMINE  
AMOUNT ATTRIBUTABLE TO THE FAP.

PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF  
HISTORICAL AND EXPECTED NET COLLECTIONS TAKING INTO CONSIDERATION THE  
TRENDS IN HEALTH CARE COVERAGE, HISTORICAL ECONOMIC TRENDS, AND OTHER  
COLLECTION INDICATORS. MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCES  
PERIODICALLY THROUGHOUT THE YEAR BASED UPON HISTORICAL WRITE-OFF  
EXPERIENCE BY MAJOR PAYOR CATEGORY. THE RESULTS OF THE REVIEW ARE THEN  
UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD  
DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.  
A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE  
UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE CORPORATION RECORDS  
A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN  
THE PERIOD THE SERVICES ARE PROVIDED.

**Part VI Supplemental Information**

Provide the following information.

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RATIONALE FOR INCLUSION OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT

PART III, LINE 8

PARTICIPATION IN THE GOVERNMENTAL MEDICARE PROGRAM DOES NOT PROVIDE THE OPPORTUNITY FOR A HOSPITAL TO NEGOTIATE A REIMBURSEMENT RATE OR STRUCTURE THAT WOULD ALLOW THE HOSPITAL TO COVER THE COST OF THE MEDICAL SERVICE RENDERED TO THE PROGRAM PARTICIPANT, AS WOULD BE THE CASE IN CONTRACTUAL NEGOTIATIONS WITH COMMERCIAL INSURANCE COMPANIES. NOR IS THE HOSPITAL ALLOWED TO PROVIDE ONLY THE SERVICES FOR WHICH REIMBURSEMENT COVERS THE DIRECT COST OF CARE. THIS PRODUCES THE SAME SHORTFALL OUTCOME AS DOES THE PARTICIPATION IN THE MEDICAID PROGRAM. THE MEDICAID PROGRAM IS RECOGNIZED AS A COMMUNITY BENEFIT ON SCHEDULE H AND ON COMMUNITY BENEFIT REPORTS FOR MOST STATES. THE QUALITY AND COST OF THE PATIENT CARE IS THE SAME REGARDLESS OF PAYOR SOURCE. HENCE THE ACCEPTANCE OF MEDICARE REIMBURSEMENT REPRESENTS A REDUCTION OR RELIEF OF THE GOVERNMENT BURDEN TO PAY THE FULL COST OF CARE PROVIDED.

**Part VI Supplemental Information**

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## FINANCIAL ASSISTANCE POLICY

PART III, LINE 9B

THE COLLECTION POLICY AND PROCEDURES RELATED TO PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE AS FOLLOWS:

TO ENSURE THE HOSPITAL FULFILLS ITS MISSION AND COMMITMENT TO THE POOR, THE HOSPITAL SHALL ANNUALLY PLAN FOR AND PROVIDE FREE AND REDUCED HEALTH CARE AND HEALTH-RELATED SERVICES TO THE POOR AND QUALIFIED UNINSURED/UNDERINSURED. A PATIENT IS CONSIDERED FOR FINANCIAL ASSISTANCE IF ALL OTHER STATE AND FEDERAL ASSISTANCE OPPORTUNITIES HAVE BEEN EXHAUSTED AND ALL OTHER THIRD PARTY PAYMENT SOURCES HAVE BEEN EXHAUSTED. THE FEDERAL INCOME AND POVERTY GUIDELINES WILL SERVE AS A GUIDE IN DETERMINING THOSE PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ALL PATIENTS SHALL BE TREATED CONSISTENTLY IN THE APPROVAL PROCESS INCLUDING MEDICARE AND NON MEDICARE PATIENTS.

PURPOSE:

TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO CANNOT AFFORD TO PAY AND TO PROVIDE DISCOUNTED CARE TO UNINSURED PATIENTS RECEIVING

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MEDICALLY NECESSARY AND/OR EMERGENT HEALTHCARE SERVICES FROM MEMORIAL  
HOSPITAL OF SOUTH BEND.

PROCEDURE :

1. MEMORIAL HOSPITAL WILL ASSIST PATIENTS IN MAKING A DETERMINATION REGARDING WHETHER OR NOT THE PATIENT MAY BE ABLE TO QUALIFY FOR SOME FORM OF ENTITLEMENT THROUGH A FEDERAL OR STATE GOVERNMENT PROGRAM AND COMPLETE THE APPROPRIATE APPLICATIONS FOR ASSISTANCE. IT IS REQUIRED THAT THE PATIENT WILL ASSIST IN THE DETERMINATION AND APPLICATION PROCESS. IF THE PATIENT DOES NOT QUALIFY FOR ANY FEDERAL OR STATE ASSISTANCE, WE WILL START THE FINANCIAL ASSISTANCE APPROVAL PROCESS.
2. THE AVAILABILITY OF FINANCIAL ASSISTANCE IS PUBLICIZED VIA SIGNAGE POSTED IN REGISTRATION AREAS, BY INCLUDING INFORMATION ON EVERY STATEMENT ABOUT FINANCIAL ASSISTANCE, AND BY PUBLISHING THE POLICY ON OUR WEBSITE.
3. IDENTIFY PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE

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THROUGH THE PRE-REGISTRATION, ADMISSION, ELIGIBILITY PROCESS, OR THROUGH  
SELF PAY ACCOUNT REVIEW AND COLLECTION ACTIVITIES.

4. PROVIDE TO THE PATIENT A FINANCIAL EVALUATION FORM.

5. OBTAIN OR RECEIVE A SIGNED, COMPLETED FINANCIAL EVALUATION FORM FROM  
THE PATIENT.

6. DETERMINE ELIGIBILITY BY OBTAINING THE FOLLOWING INFORMATION FROM THE  
PATIENT:

- A) GROSS INCOME AND MOST RECENT W-2
- B) PRIOR YEARS TAX RETURN (INCLUDING ALL SCHEDULES)
- C) LAST 3 PAY STUBS (IF UNEMPLOYED, WORK ONE STATEMENT OF EARNINGS)
- D) EMPLOYMENT STATUS AND FUTURE EARNINGS CAPACITY
- E) FAMILY SIZE
- F) MEDICAL EXPENSES INCLUDING DRUGS AND MEDICAL SUPPLIES
- G) LAST THREE BANK STATEMENTS

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IF THE PATIENT DOES NOT HAVE A PRIOR YEAR TAX RETURN, WE WILL MAKE OUR DETERMINATION BASED ON CURRENT INCOME. A CREDIT REPORT MAY BE RUN TO SUBSTANTIATE DOCUMENTATION. THERE MAY BE CIRCUMSTANCES WHERE A PATIENT MAY NOT BE ABLE TO PROVIDE ALL THE ABOVE DOCUMENTATION NEEDED TO APPROVE FINANCIAL ASSISTANCE. IT WILL BE UP TO THE DISCRETION OF THE DEPARTMENT DIRECTOR AND/OR THE CFO TO GRANT APPROVAL IN THIS CIRCUMSTANCE.

7. DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE BY UTILIZING THE FEDERAL POVERTY GUIDELINES AS A BASIS FOR QUALIFICATION LEVELS. GROSS ANNUAL INCOME PLUS CASH ASSETS ARE USED AS THE BASIS FOR INCOME CALCULATIONS. PATIENTS MAY QUALIFY FOR COMPLETE OR PARTIAL FINANCIAL ASSISTANCE. THE MINIMUM AMOUNT BILLED TO A PATIENT WHO QUALIFIES FOR FINANCIAL ASSISTANCE IS LIMITED TO THE AMOUNTS GENERALLY BILLED TO THOSE WITH INSURANCE AND THIS PERCENTAGE WAS CALCULATED BASED ON THE AVERAGE DISCOUNT AMONGST MEDICARE AND COMMERCIAL PAYERS.

FINANCIAL ASSISTANCE WILL BE GRANTED FOR THOSE PATIENTS WHO ARE HOMELESS.

IF A PATIENT IS DECEASED AND HAS NO ESTATE, WE WILL GRANT CHARITY ON ANY OUTSTANDING SELF PAY ACCOUNT BALANCES. DOCUMENTATION THAT AN ESTATE HAS

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NOT BEEN FILED WILL BE ATTACHED TO THE FINANCIAL ASSISTANCE APPROVAL FORM. PRESUMPTIVE FINANCIAL ASSISTANCE WILL BE GRANTED FOR THOSE PATIENTS WHO ARE COVERED UNDER A LIMITED BENEFIT MEDICAID PLAN (I.E. FAMILY PLANNING MEDICAID, EMERGENCY ONLY MEDICAID, PREGNANCY ONLY MEDICAID, ETC.) WHEN THE SERVICES ARE NOT COVERED UNDER THEIR POLICY.

NOTE: APPROVAL MAY BE MADE BASED ON MEDICAL INDIGENCE. IE: PATIENTS WHO HAVE EXCESSIVE PHARMACY, OXYGEN, OR ONGOING MEDICAL EXPENSE. THIS AMOUNT WOULD BE DEDUCTED FROM THEIR GROSS INCOME.

FINANCIAL ASSISTANCE WILL NOT BE GRANTED FOR NON-MEDICALLY NECESSARY SERVICES.

8. COMPLETE THE FINANCIAL ASSISTANCE APPROVAL FORM AND FORWARD TO THE COLLECTION COORDINATOR.

9. THE COLLECTION COORDINATOR WILL REVIEW THE FINANCIAL ASSISTANCE APPLICATION TO ENSURE THAT IT IS COMPLETE.

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THE COORDINATOR WILL APPROVE OR DENY THE APPLICATION BEFORE SENDING IT TO THE PATIENT ACCOUNT MANAGER FOR APPROVAL. DEPENDING ON THE DOLLAR AMOUNT OF THE FINANCIAL ASSISTANCE WRITE-OFF, APPROVAL SIGNATURES ARE REQUIRED.

THE APPROVAL GUIDELINES ARE AS FOLLOWS:

\$1.00 TO \$2,500.00 COLLECTION COORDINATOR

\$2,501.00 TO \$10,000.00 PATIENT ACCOUNT SERVICE MANAGER

\$10,001.00 TO \$25,000.00 DIRECTOR, PATIENT ACCOUNT SERVICES

\$25,001.00 AND ABOVE VICE PRESIDENT, CFO

10. AFTER ALL THE APPROPRIATE SIGNATURES HAVE BEEN OBTAINED, THE FINANCIAL ASSISTANCE WRITE-OFF ALONG WITH THE CORRESPONDING DOCUMENTATION WILL BE FORWARDED TO CASH APPLICATION FOR WRITE-OFF.

11. SEND DETERMINATION LETTER TO NOTIFY PATIENT OF THE APPROVAL FOR FINANCIAL ASSISTANCE.

12. FINANCIAL ASSISTANCE APPROVALS WILL APPLY RETROACTIVELY TO ALL OPEN ACCOUNTS WITH EXISTING BALANCES (INCLUDING ACCOUNTS IN COLLECTIONS) AND

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WILL BE ACTIVE FOR 6 MONTHS FOLLOWING THE DATE OF APPROVAL.

13. THE DOCUMENT WILL BE PLACED IN THE FINANCIAL ASSISTANCE FILE DRAWER  
UNDER THE DATE THE WRITE OFF WAS POSTED.

UNINSURED SELF PAY DISCOUNTS:

FOR THOSE PATIENTS WHO HAVE NO INSURANCE AND DO NOT MEET THE ABOVE  
FINANCIAL ASSISTANCE GUIDELINES, MEMORIAL HOSPITAL WILL PROVIDE A 35%  
UNINSURED DISCOUNT.

ANY EXCEPTIONS MUST BE APPROVED BY THE DEPARTMENT MANAGER OR DIRECTOR.

NEEDS ASSESSMENT

PART VI, LINE 2

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT MANDATES NON-PROFIT  
HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GUIDE

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THE EVALUATION OF COMMUNITY HEALTH PRIORITIES. MEMORIAL, IN PARTNERSHIP WITH SJCHD, SUCCESSFULLY COMPLETED A CHNA THAT INCLUDES THESE ELEMENTS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT: 1) INPUT FROM REPRESENTATIVES OF THE BROAD COMMUNITY THROUGH A RANDOM TELEPHONE SURVEY OF 599 INDIVIDUALS, A LATINO SURVEY, INTERVIEWS WITH KEY INFORMANTS, AND A NUMBER OF FOCUS GROUPS; 2) INPUT FROM PUBLIC HEALTH EXPERTS WAS EVIDENCED IN BOTH THE PRELIMINARY WORK WITH THE LOCAL HEALTH SYSTEM CONDUCTED BY PURDUE UNIVERSITY AND THE CENTER FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM BASED SURVEY; 3) THE CHNA RESULTS ARE MADE WIDELY AVAILABLE BY POSTING THEM ON THE HOSPITAL'S WEBSITE [HTTPS://QUALITYOFLIFE.ORG/](https://qualityoflife.org/) , ON THE COUNTY HEALTH DEPARTMENT'S WEBSITE, [HTTP://WWW.STJOSEPHCOUNTYINDIANA.COM/DEPARTMENTS/SJCHD/PDFS/MEMHOSPSOUTHBE](http://www.stjosephcountyindiana.com/departments/sjchd/pdfs/memhospsouthbend.pdf) ND.PDF, AND ATTAINABLE IN PAPER-COPY UPON REQUEST; 4) THE CHNA PROVIDED THE BASIS FOR A WRITTEN IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED NEEDS, WITH EXPLANATIONS IF THOSE NEEDS WERE NOT ADDRESSED; AND 5) IT PROVIDES THE FOUNDATION FOR THE CHNA. AN ADVISORY COMMITTEE OF 23 COMMUNITY-BASED AND

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HEALTH SYSTEM STAFF SPENT SIX MONTHS PRIORITIZING THE INDICATORS FROM THE  
QUANTITATIVE AND QUALITATIVE RESEARCH FINDINGS.

WITH THE CONTINUED COMMITMENT OF PARTNER ORGANIZATIONS TO IMPROVE THE  
HEALTH STATUS OF OUR COMMUNITY, THE 2013 CHNA DIRECTED MEMORIAL TO THE  
MOST PRESSING NEEDS IN THE COMMUNITY, TO ULTIMATELY ESTABLISH PROGRAMS TO  
IMPROVE THE WELL-BEING OF THE RESIDENTS OF ST. JOSEPH COUNTY, INDIANA.  
THIS COMPREHENSIVE CHNA PROCESS HAS IDENTIFIED THE COUNTY'S PRIORITY  
HEALTH ISSUES AS FOLLOWS:

- A. HEALTH DISPARITIES: INCOME, EDUCATION, RACE, AGE, GENDER
- B. PHYSICAL HEALTH: CHRONIC DISEASE, CHILDHOOD OBESITY, DIABETES,  
EXERCISE, SMOKING, BINGE DRINKING
- C. REPRODUCTIVE HEALTH: INFANT MORTALITY, TEEN BIRTH RATE, SEXUALLY  
TRANSMITTED INFECTION
- D. AGING POPULATION: HEALTH CARE AVAILABILITY, SAFE HOUSING,  
ALZHEIMER'S DISEASE
- E. EARLY CHILDHOOD DEVELOPMENT
- F. ACCESS TO HEALTH AND MEDICAL CARE

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G. VIOLENCE/SAFETY: STREET/NEIGHBORHOOD VIOLENCE, DOMESTIC/RELATIONSHIP

VIOLENCE, CHILD ABUSE

H. MENTAL HEALTH

I. ECONOMIC STABILITY: UNEMPLOYMENT, UNINSURED/UNDERINSURED, GENERATIONAL

POVERTY, AFFORDABLE, QUALITY HOUSING

THE FOLLOWING ARE EXAMPLES OF 2014 PROGRAMMING MEMORIAL HAS INITIATED TO ADDRESS THE CHNA PRIORITIES:

A. HEALTH DISPARITIES: INCOME, EDUCATION, RACE, AGE, GENDER

-IN COLLABORATION WITH 100 BLACK MEN OF GREATER SOUTH BEND WE SUPPORT THE MINORITY DIVERSITY LEADERSHIP INITIATIVE, AND THE AFRICAN AMERICAN MEN'S BARBERSHOP HEALTH PROGRAM.

-AFRICAN AMERICAN LITERACY COUNCILS ARE SPONSORED AT CHARLES MARTIN YOUTH CENTER, AND NEW GENERATIONS CHRISTIAN MINISTRIES.

-SICKLE CELL ANEMIA EDUCATION AND SCREENING IS A PART OF THE HEALTH AND TEACHER EDUCATION WITH THE SOUTH BEND SCHOOL CORPORATION, INCLUDING HIGH SCHOOL ATHLETES.

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-MEMORIAL CONTINUES TO WORK WITH ST. JOSEPH BRIDGES OUT OF POVERTY, TO UNDERSTAND POVERTY AS A SOCIAL DETERMINANT OF HEALTH. WE ARE WORKING WITH THE SOUTH BEND COMMUNITY SCHOOL CORPORATION, ON DISPROPORTIONALITY IN EXPULSIONS AND SUSPENSIONS, USING THE CDC'S ADVERSE CHILDHOOD EXPERIENCES STUDY AS THE FOUNDATION FOR BECOMING A TRAUMA INFORMED COMMUNITY FOR CHILDREN.

-MEMORIAL'S LATINO DIABETES WAS EXPANDED TO BE BOTH LANGUAGE AND CULTURALLY APPROPRIATE, THE CURRICULUM WAS DESIGNED TO FACILITATE DISEASE STATE MANAGEMENT WITH LIMITED-ENGLISH-PROFICIENT (LEP) INDIVIDUALS, AS WELL AS THOSE WITH MINIMAL LITERACY SKILLS.

-EQUITY IN BIRTH OUTCOMES - THE RACIAL DISPARITY IN DEATH DURING THE FIRST 12 MONTHS OF LIFE WAS AMONG THE TOP FIVE PRIORITIES OF THE CHNA FOR ELKHART AND ST. JOSEPH COUNTIES. THIS REQUEST ATTEMPTED TO IDENTIFY VARIABLES THAT WERE HIGHLY CORRELATED WITH EARLY DEATH. DATA WAS ANALYZED BY A CONSULTANT JOINTLY HIRED BY MEMORIAL, ELKHART GENERAL HOSPITAL, SAINT JOSEPH REGIONAL MEDICAL CENTER (SJRMC), IU-GOSHEN, ELKHART COUNTY HEALTH DEPARTMENT AND SJCHD, THE PROPOSAL WAS APPROVED BY ALL FOUR HOSPITALS' INSTITUTIONAL REVIEW BOARDS IN PARTNERSHIP WITH THE OTRO MAR

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PROJECT; A SOCIAL VENTURE LLC DEDICATED TO THE ELIMINATION OF HEALTH DISPARITIES. UNTIL THE HEALTH SYSTEMS KNOW WHAT THE DETERMINANTS ARE IMPACTING THE PROBLEM, ACTIVITIES CANNOT BE TARGETED FOR REMEDIATION. INITIAL RESULTS WERE INCONCLUSIVE; FURTHER ANALYSIS IS CURRENTLY UNDERWAY.

-BEBES DULCES SIN AZUCAR IS A GESTATIONAL DIABETES PROGRAMMING FOR LATINO WOMEN WHICH WAS BEGAN MORE THAN TEN YEARS AGO TO ASSIST VULNERABLE, LIMITED-ENGLISH-SPEAKERS LEARN THE NECESSARY TOOLS TO PROVIDE FOR HEALTHY BIRTH OUTCOMES AND RECOVERY.

-ALCANCE DE SALUD LATINO, LATINO HEALTH OUTREACH, IS BROADCAST WEEKLY AT WSBL - SABOR LATINO 93.5FM, SOUTH BEND, INDIANA

-UNITY GARDENS HAS BECOME AN EXPERT IN CONNECTING OUR COMMUNITY TO HEALTHY FOOD: 22 OF THEIR 56 UNITY GARDENS FOCUS ON CHILDREN, ESPECIALLY THOSE FROM VULNERABLE POPULATIONS SUCH AS: JUVENILE JUSTICE CENTER, MIGRANT FARM WORKERS, RED CROSS REFUGEES, KROC CENTER, ROBINSON LEARNING CENTER, YOUTH SERVICE BUREAU, MUESSEL SCHOOL, EL CAMPITO CHILDREN'S CENTER, AND THE CHILDREN LIVING AT SOUTH BEND BEACON HEIGHTS APARTMENTS.

IN 2014, THEY:

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--DESIGNED A NEW CURRICULUM TO ENGAGE CHILDREN FROM BEACON HEIGHTS IN ENRICHING GARDEN EDUCATION AND DISCOVERY ACTIVITIES VIA TWO WEEKLY SUMMER CLASSES AND A ONE WEEK DAY CAMP. 14 STUDENTS ATTENDED THE WEEKLY SESSIONS; 40 STUDENTS ATTENDED THE CAMP, MOSTLY PRIMARY AND INTERMEDIATE AGED; 25% WERE FROM BEACON HEIGHTS.

--CREATED A UNITY GARDENS YOUTH DISCOVERY GARDEN WITH AREAS DEVOTED TO LEARNING AND PLAY, INCLUDING AN HEIRLOOM VEGETABLE SECTION, GRAIN GARDEN, PERMACULTURE GARDEN AND FOOD FOREST AREA, COMPOSTING AND ECO-RECYCLING STATION, BUTTERFLY GARDEN, SOIL AND WATER CONSERVATION SHED STATION, DISCOVERY TRAIL, OUTDOOR-CLASSROOM SEATING AREA, AND AN ACTIVE PLAY ZONE.

GOALS WERE TO INCREASE ACCESS TO AND AWARENESS OF HEALTHY FOOD, INCREASE PHYSICAL ACTIVITY, AND DEVELOP LEADERSHIP SKILLS IN OLDER YOUTH.

-VOYAGES TARGETS AFRICAN AMERICAN MALES IN GRADES 4-5; IT CONSISTS OF 19 SESSIONS OF AFROCENTRIC CURRICULUM LED BY A CERTIFIED CLINICAL SOCIAL WORKER AND OTHER MEMBERS OF THE COMMUNITY. IN 2014, TOPICS FOCUSED ON AFRICAN AMERICAN HISTORY, CULTURE AND IDENTITY, SOCIAL SKILLS, PERSONAL/SOCIAL RESPONSIBILITY, PEER RESISTANCE SKILLS RELATIVE TO RISKY

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BEHAVIORS, HEALTH/SEXUALITY, LIFE SKILLS, READING COMPREHENSION, MATH SKILLS, AND COLLABORATIVE PROBLEM SOLVING. THE CLASS SIZE IS LIMITED TO 20 STUDENTS WHO ARE STRUGGLING ACADEMICALLY AND/OR BEHAVIORALLY. STUDENTS ALSO HAVE THE OPPORTUNITY TO EARN MONEY THROUGH AN INCENTIVE/ REWARD ECONOMY.

-AUGUSTUS F. HAWKINS LITERACY CENTER- CHARLES MARTIN YOUTH CENTER

-STUDENTS (GRADES 3-5) FROM SOUTH BEND'S CENSUS TRACTS 19, 20, AND 21 ATTEND THE CENTER THREE DAYS A WEEK, FROM 2:30-5:30 P.M. THEY COMPLETE HOMEWORK ASSIGNMENTS AND THEN ACCESS THE MYON READER COMPUTER PROGRAM TO READ ENHANCED DIGITAL BOOKS. THE PROGRAM ASSESSES STUDENTS' INTERESTS AND READING ABILITIES AND CREATES A PERSONALIZED PROFILE FOR EACH PERSON WITH A RECOMMENDED BOOK LIST. THE PROGRAM TRACKS THE BOOKS READ AND MEASURES TIME TO COMPLETE AS WELL AS LEVEL OF COMPREHENSION. IN 2014, THE PROGRAM ALSO ESTABLISHED A LITERACY ACTIVITY CENTER WITH BOOKS, EDUCATIONAL VIDEOS/CDS, AND GAMES AT THE INSPIRATION BARBER SHOP.

-27 CHILDREN REGULARLY ENGAGE IN THE INSPIRATION BARBER SHOP LITERACY EXTENSION PROGRAM

--32 BOOKS AND 6 FREE HAIRCUTS WERE DISTRIBUTED

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--OLDER SIBLINGS, PARENTS, AND GRANDPARENTS APPEARED MORE INTENTIONAL IN READING AS THEY WAITED FOR HAIRCUTS. THIS LED TO PLANS FOR A COMMUNITY DISCUSSION WITH AFRICAN AMERICAN MEN AND BOYS.

-32 STUDENTS INITIALLY ENROLLED IN FALL 2013 AT THE CENTER; BY SPRING 2014, 12 STUDENTS CONSISTENTLY ATTENDED. FALL 2014 ATTENDANCE CONSISTENTLY AVERAGES 20 STUDENTS WITH A WAITING LIST.

--APPROXIMATELY 60% WERE SUCCESSFULLY MATCHED WITH BIG BROTHERS/SISTERS

--CHILDREN ALSO PARTICIPATE IN VARIOUS FIELD TRIPS AND ENRICHMENT ACTIVITIES

--90% OF PARENTS ATTENDED FOLLOW-UP PROGRESS MEETINGS WITH THE DIRECTOR

--COLLABORATIONS--BIG BROTHER/BIG SISTER AND ST. MARY'S COLLEGE OF SOCIAL WORK; COMMUNITY VOLUNTEERS AND GUEST CELEBRITY READERS

--OUTCOMES: FROM MARCH--APRIL, 2014, STUDENTS READ 351 BOOKS;

COMPREHENSION SCORES AVERAGED 54%

B. PHYSICAL HEALTH: CHRONIC DISEASE

--BRAINWORKS ENCOURAGES ACTIVITIES, NUTRITION, AND SOCIALIZATION WHICH

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SUPPORT A LIFE-TIME OF BRAIN HEALTH.

-CHILDHOOD OBESITY & ACADEMIC PERFORMANCE -UNITED WAY OF ST. JOSEPH

COUNTY CONVENED THIS TWO-YEAR PROJECT TO ADDRESS CHILDHOOD OBESITY

COMMUNITY-WIDE AS A DISEASE PREVENTION MODEL. THE EFFORT WANTED TO REDUCE

CHILDHOOD HUNGER, REDUCE CHILDHOOD OBESITY, RAISE AWARENESS OF THE

EFFECTS OF HUNGER ON CHILDREN AND COLLABORATE TO IMPLEMENT PROGRAMS

DESIGNED TO ADDRESS CHILDHOOD FOOD INSECURITY AND CHILDHOOD OBESITY, AND

ITS DOCUMENTED EFFECT ON ACADEMIC PERFORMANCE. THEY INTENDED TO DO THIS

BY INCREASING EXERCISE AND HEALTHY FOOD OPTIONS.

--YEAR 1 PRIMARILY EXPANDED AND COORDINATED OUTREACH ACTIVITIES ALREADY

PROVIDED BY BACKBONE ORGANIZATIONS, COMMUNITY PARTNERS AND STAKEHOLDER

AGENCIES.

--UNITED WAY HIRED ONE ADDITIONAL NUTRITION EDUCATOR ON THE PURDUE

EXTENSION STAFF TO EXPAND PROGRAMING TO ADDITIONAL SCHOOLS.

--2,043 YOUTH THIRD THROUGH FIFTH GRADE (IMPROVEMENTS ON PRE/POST SURVEY

RANGING FROM 12-31%)

--288 YOUTH NINTH THROUGH TWELFTH GRADE (IMPROVEMENTS ON PRE/POST SURVEY

RANGING FROM 28-41%)

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--63 ADULT PARTICIPANTS (IMPROVEMENTS ON PRE/POST SURVEY RANGING FROM 20-85%)

--RECRUITED AND TRAINED PHYSICIANS FROM NINE CLINICS (E.G., INDIANA HEALTH CENTER, E BLAIR WARNER, ST. JOSEPH REGIONAL MEDICAL CENTER, ST. JOSEPH COUNTY WOMEN, INFANTS, AND CHILDREN'S NUTRITION PROGRAM) TO ISSUE 130 PRESCRIPTIONS TO PLAY (A SJCHD PROGRAM) RESULTING IN 75 PARENTS AND CHILDREN REGULARLY ATTENDING COORDINATED APPROACH TO CHILD HEALTH (CATCH) PROGRAMMING AT FOUR LOCATIONS (I.E., RAY AND JOAN KROC CORPS COMMUNITY CENTER, O'BRIEN FITNESS CENTER, CHARLES MARTIN YOUTH CENTER, MICHIANA FAMILY YMCA). THIS PROGRAM WAS FEATURED ON THE LOCAL CBS NEWS AFFILIATE EARLIER THIS YEAR.

--DEPLOYED A YOUNGER VERSION OF CATCH CURRICULUM IN PRESCHOOLS AND THE ELKHART & THE SJC HEAD START CONSORTIUM AT LASALLE ELEMENTARY SCHOOL IN SOUTH BEND. SOUTH BEND PRESCHOOLS ARE ALSO BEGINNING TO USE A BODY MASS INDEX (BMI) TRACKING SYSTEM.

--CONNECTED FAMILIES TO UNITY GARDENS AND OTHER FREE OR FEE REDUCED ACTIVITIES AND VENUES IN THE COMMUNITY THAT ENCOURAGE HEALTHIER, ENJOYABLE OUTCOMES.

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--FACULTY AND STUDENTS FROM THE UNIVERSITY OF NOTRE DAME ADMINISTERED THE CAFETERIA ASSESSMENT FOR ELEMENTARY SCHOOLS (CAFES) TOOL AT NINE AREA SCHOOLS TO ASSESS HOW THE CAFETERIA ENVIRONMENT PROMOTES OR INHIBITS SELECTION AND CONSUMPTION OF FRUITS AND VEGETABLES, AND PROVIDE LOW- AND NO-COST INTERVENTION SUGGESTIONS.

--PROFESSOR NITESH CHAWLA AT THE INTERDISCIPLINARY CENTER FOR NETWORK SCIENCE AND APPLICATIONS (ICENSA) AT THE UNIVERSITY NOTRE DAME COMPLETED BETA TESTING FOR FITSPACE, A SOCIAL PLATFORM BEING DEPLOYED AT SOUTH BEND CAREER ACADEMY.

--ADDED THE COMPTON FAMILY ICE ARENA AS A NEW BACKBONE ORGANIZATION (E.G., EXPERIENCE THE ICE WINTER ACTIVITY PROGRAM).

--WORK IS ONGOING TO RECRUIT PRINCIPALS FOR THE COLLECTION OF BMI IN SIX TITLE 1 SOUTH BEND COMMUNITY SCHOOL CORPORATION (SBCSC) SCHOOLS.

-YMCA PRE-DIABETIC PROGRAM IS DESIGNED TO HELP THOSE AT HIGH RISK FOR DEVELOPING TYPE 2 DIABETES TO ADOPT AND MAINTAIN HEALTHIER LIFESTYLES TO PREVENT ONSET OF THE DISEASE. BY IMPLEMENTING THE CENTER FOR DISEASE CONTROL'S PROGRAM, THE YMCA NATIONALLY TARGETS OVERWEIGHT INDIVIDUALS WITH PRE-DIABETIC CONDITIONS AND ENGAGES THEM IN A GROUP LIFESTYLE

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INTERVENTION. THIS IS A FOUR-YEAR PARTNERSHIP. THE CURRICULUM CONSISTS OF 16 CORE SESSIONS THAT COVER A VARIETY OF TOPICS, INCLUDING HEALTHY EATING, PHYSICAL ACTIVITY, OVERCOMING STRESS, AND MOTIVATION. THEY ARE FACILITATED BY A TRAINED LIFESTYLE COACH. AFTER THE INITIAL SESSIONS, PARTICIPANTS MEET MONTHLY FOR ADDED SUPPORT AND HELP IN MAINTAINING THEIR PROGRESS TOWARD A HEALTHIER, DIABETES-FREE LIFE. IN 2014:

--CAPACITY BUILDING--TRAINED AND CERTIFIED TEN LIFESTYLE COACHES; ALL YMCA STAFF HAVE COMPLETED LISTEN FIRST TRAINING; FORMED PRODUCTIVE COLLABORATIONS WITH TEN ORGANIZATIONS

--RECRUITMENT--SCREENED 300 PLUS; FOUND 72 PEOPLE WHO QUALIFIED FOR THE PROGRAM AND 30 HIGH RISK INDIVIDUALS

--THROUGH SEPTEMBER, ENROLLED 32 PARTICIPANTS IN THE PROGRAM; THE GOAL FOR YEAR 1 WAS 30. THEY RANGE IN AGE FROM 28 TO 72; 20% ARE MALES; 7% QUALIFY FOR FREE PROGRAMMING; OTHERS RECEIVED FINANCIAL ASSISTANCE.

COHORT 1 COMPLETED THE PROGRAM; COHORT 2 IS HALFWAY THROUGH THE PROGRAM; ATTENDANCE RATES FOR BOTH GROUPS EQUALED 92.5 %

--OUTCOMES:

---75% OF PARTICIPANTS ARE EXERCISING 150 MIN A WEEK (THIS RATE INCREASED

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OVER TIME IN THE PROGRAM).

---COHORT 1 REPORT DECREASED NEED FOR CHOLESTEROL AND BLOOD PRESSURE

MEDICATIONS, LESS ANXIETY, SMALLER PORTION SIZES, INCREASED STAMINA AND

CONFIDENCE, IMPROVED QUALITY OF SLEEP

---COHORT 2 REPORT INCREASED ENERGY, REGULAR READING OF FOOD LABELS,

AWARENESS OF WHAT THEY'RE EATING/HEALTHIER CHOICES WHEN EATING OUT, AND

ACCOUNTABILITY TO OTHERS IN THE GROUP

-DIABETES OUTREACH COMPLETED ITS SECOND YEAR OF TRAINING AND UTILIZING

COMMUNITY HEALTH WORKERS (CHWS) TO ASSIST INDIVIDUALS IN MANAGING THEIR

DIABETES THROUGH THE HEALTHY DIABETICS PROGRAM. CHWS USE RELATIONSHIPS AS

WELL AS CULTURAL AND LANGUAGE SKILLS, TO MAKE HEALTH AND DISEASE

MANAGEMENT MORE UNDERSTANDABLE AND HEALTH CARE ACCESS LESS INTIMIDATING.

THE PROGRAM RECRUITS CLIENTS FOR EDUCATION AND CASE MANAGEMENT SERVICES

THROUGH MEMORIAL'S EMERGENCY/TRAUMA CENTER, PATIENT CARE UNITS, AND

MEMORIAL MEDICAL GROUP CLINICS. THE PROGRAM USES A SOLID CURRICULUM WITH

CLEAR GOALS AND MEASURABLE OUTCOMES.

--EACH QUARTER IN 2014, HEALTHY DIABETICS (HD) SERVED AN AVERAGE OF 342

MULTICULTURAL INDIVIDUALS WITH VARYING RISK LEVELS. THIS INCLUDES 77

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GRADUATES, WHO RECEIVE MINIMAL MAINTENANCE SUPPORT. QUARTERLY RESULTS OF  
 COMPARING CLIENTS' PREVIOUS HOSPITAL AND EMERGENCY DEPARTMENT (ED)  
 VISITS/CHARGES FOR THE YEAR PRIOR TO JOINING HD WITH POST-PROGRAM  
 VISITS/CHARGES SHOW CONSISTENT DECREASES IN BAD DEBT AND CHARITY CARE.  
 SINCE ITS INCEPTION, DATA ALSO SHOWS THERE HAVE BEEN SIZEABLE DECLINES IN  
 THE NUMBER OF VISITS/CHARGES TO THE ED AND HOSPITAL IN EVERY QUARTER  
 EXCEPT ONE. THESE FINANCIAL TRENDS ARE MATCHED BY STATISTICALLY  
 SIGNIFICANT LOWER BLOOD SUGAR LEVELS OVER TIME IN THE PROGRAM.

--THE DIABETES TEAM GUIDED 26 PREGNANT WOMEN WITH GESTATIONAL DIABETES TO  
 MANAGE THEIR CONDITION THROUGH THE PROGRAM, BEBES DULCES SIN AZUCAR. ALL  
 BABIES AND MOTHERS WERE COMPLICATION FREE; ALL BABIES WERE BORN AT A  
 HEALTHY WEIGHT AND ALL MOTHERS' BLOOD SUGARS RETURNED TO APPROPRIATE  
 LEVELS WITHIN WEEKS OF DELIVERY.

--HEALTHY DIABETICS ENTERED INTO A CONTRACT WITH MICHIANA INFORMATION  
 HEALTH NETWORK (MIHN) TO PROVIDE DIABETES EDUCATIONAL SERVICES TO 8,000  
 ADULTS IN FIVE COUNTIES THAT ARE COVERED UNDER MEDICAID.

--IN PARTNERSHIP WITH ENFOCUS AND BENDIX FAMILY PHYSICIANS, WE TOOK THE  
 LEADERSHIP ROLE IN IMPLEMENTING AN EDUCATION PROGRAM USING SMARTPHONES

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TECHNOLOGY TO REDUCE ER VISITS; THE RESULTS HAVE BEEN SUBMITTED TO THE JOURNAL OF DIABETES CARE.

--TO REDUCE FOOD INSECURITIES, WE PARTNERED WITH THE FOOD BANK OF NORTHERN INDIANA TO OFFER TWO COOKING DEMONSTRATION SESSIONS FROM A LOCALLY RE-KNOWN CHEF EXCLUSIVELY TO HEALTHY DIABETIC CLIENTS. AT THE END OF THE SESSION, THE PARTICIPANTS TOOK ALL THE INGREDIENTS HOME WITH THE CORRESPONDING RECIPES. THEY ALSO RECEIVED FOUR BAGS OF FOOD APPROPRIATE FOR HEALTHY DIABETIC EATING.

C. REPRODUCTIVE HEALTH

-INCLUDES THE MICHIANA PERINATAL COALITION COMPRISED OF HEALTH PROFESSIONALS FROM ELKHART GENERAL HOSPITAL, IU-GOSHEN HOSPITAL, MEMORIAL HOSPITAL OF SOUTH BEND, SJRMC, AND SAINT JOSEPH AND ELKHART COUNTY HEALTH DEPARTMENTS

-PRENATAL CARE COORDINATION IS PROVIDED FREE OF CHARGE TO THE MOST VULNERABLE, HIGH-RISK PREGNANT WOMEN, ASSISTING WITH ACCESSING THE PHYSICAL AND SOCIAL NEEDS FOR THEIR GROWING FAMILY AND GETTING THE

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MOTHER-TO-BE INTO PHYSICIANS' OFFICES FOR EARLY PRENATAL CARE.

-BEDS AND BRITCHES, ETC. (BABE) IS A COUPON STORE, PROVIDING PREGNANT WOMEN AND MOTHERS WITH EDUCATION AND INFANT DEVELOPMENT MATERIALS AND CLASSES FOR WELL-BABY HEALTH, WHICH IN-TURN PROVIDES COUPONS TO 'PURCHASE' CRIBS, DIAPERS, TOYS, OUTFITS, ETC. A PROGRAM THAT INCENTIVIZES WOMEN TO THE RIGHT THING FOR THEIR INFANT.

-MEMORIAL CHE'S SCHOOL HEALTH EDUCATION AND WELLNESS TEAM CONTINUES TO OFFER PROGRAMMING TO SOUTH BEND'S MIDDLE AND HIGH SCHOOL STUDENTS. IN 2014, THEY DELIVERED:

--DRAW THE LINE/RESPECT THE LINE, AN EVIDENCE-BASED PROGRAM, THAT DEVELOPS SKILLS NECESSARY TO PREVENT PREGNANCY, HIV, AND SEXUALLY TRANSMITTED INFECTIONS.

--YOUR BRAIN: THE OWNER'S MANUAL, A NEUROSCIENCE BASED PROGRAM FOR HIGH SCHOOL TEENS, PROVIDES STUDENTS A METAPHOR AND STORY BASED UNDERSTANDING OF HOW THEIR BRAIN WORKS. THREE PRIMARY AREAS OF THE BRAIN ARE PRESENTED THROUGH UNDERSTANDING THE BASICS OF HOW THE BRAIN OPERATES, YOUTH BEGIN TO MAKE CONNECTIONS BETWEEN WHAT'S HAPPENING IN THEIR BRAIN AND HOW THEY SEE THE WORLD, HOW THEY MAKE DECISIONS, AND WHAT PROMPTS SOME OF THEIR

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BEHAVIORS.

--THE ST. JOSEPH COUNTY VOICE GRANT CONTINUES TO INSPIRE HIGH-SCHOOL STUDENTS TO ADVOCATE AGAINST THE TOBACCO INDUSTRY ATTEMPTS AT RECRUITING TEENS AS NEW SMOKERS.

--CAPACITY BUILDING: THE SCHOOL TEAM ALSO EXPANDED CAPACITY BUILDING THROUGH ADDITIONAL TRAINING TO FACILITATE A MORE COMPREHENSIVE SOCIAL/EMOTIONAL CURRICULUM, POSITIVE POTENTIAL, WHICH HELPS STUDENTS BUILD RESILIENCE AND PROMOTES NECESSARY LIFE SKILLS FOR THEIR FUTURE SUCCESS. THEY ALSO COMPLETED TWO ADDITIONAL CERTIFICATIONS:

--SEXUAL RISK AVOIDANCE SPECIALIST (SRAS) - ENCOURAGES UNIFORM LEVELS OF PROFESSIONAL EXPERTISE IS SRA METHODOLOGY AND INCREASES THE OVERALL QUALITY OF SCHOOL SEXUAL HEALTH EDUCATION.

--MENTAL HEALTH FIRST AID FOR YOUTH - TEACHES THE SKILLS TO RESPOND TO SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE.

-OUTCOMES:

--OVER 3,000 STUDENTS IN GRADES SIX THROUGH EIGHT AT TEN SBCSC INTERMEDIATE SCHOOLS PARTICIPATED IN THE DRAW THE LINE; RESPECT THE LINE (DTL/RTL) PROGRAM. IN APRIL 2015, CHE CARRIED OUT A SURVEY OF 576

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STUDENTS IN HEALTH CLASSES AT FOUR SOUTH BEND PUBLIC HIGH SCHOOLS. THE DATA SHOWS THAT STUDENTS WHO PARTICIPATED IN DTL/RTL HAD HIGHER RATINGS OF KNOWLEDGE AND BEHAVIOR IN THE FOLLOWING CATEGORIES: 1) I SET LIMITS/BOUNDARIES; 2) I MAKE HEALTHY CHOICES; 3) I KNOW HOW TO RESIST PEER PRESSURE; AND 4) ABSTINENCE

--A PRE AND POST KNOWLEDGE SURVEY SHOWED 58% OF THE STUDENTS HAD INCREASED KNOWLEDGE OF THE "PART OF THE BRAIN RESPONSIBLE FOR LOGIC, PLANNING AND PRIORITIZATION". SIXTY-ONE PERCENT RESPONDED WITH A GREATER UNDERSTANDING OF THE "PART OF THE BRAIN THAT STORES MEMORIES AND KNOWLEDGE." THIS PROGRAM PROVIDES YOUTH WITH SOME REMINDERS ON HOW TO BEST CARE FOR THEIR ONE AND ONLY AMAZING BRAIN.

--ADDITIONAL ANALYSES WITH TIME IN THE PROGRAM AS THE INDEPENDENT VARIABLE SHOWED THAT SEVEN OF THE NINE AREAS WHERE SIGNIFICANT DIFFERENCES OCCURRED WAS DUE TO DIFFERENCES WITH STUDENTS WHO HAD THREE YEARS OF TRAINING. THIS SUGGESTS THAT THE CUMULATIVE EFFECT OF TRAINING BECOMES STRONGER OVER TIME WITH CONTINUED REPETITION AND REINFORCEMENT.

--VOICE PROGRAMMING IS IN ALL FOUR SOUTH BEND, MISHAWAKA, PHM, AND ROLLING PRAIRIE HIGH SCHOOLS.

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## D. AGING POPULATION

-AGING IN PLACE (AIP) IS AN INNOVATIVE PARTNERSHIP THAT ENABLES OLDER PEOPLE TO REMAIN INDEPENDENT IN THEIR OWN HOMES, SURROUNDED BY A CARING COMMUNITY OF PEERS. A NURSE AND LIFE SKILLS ADMINISTRATOR FURTHER FACILITATE INDEPENDENCE AND COMMUNITY BUILDING. THE PROGRAM IS EXPERIENCING STEADY AND CONTINUED GROWTH, KEEPING PACE WITH THE NEEDS WITHIN THE COMMUNITY AS THE DESIRE TO REMAIN INDEPENDENT BECOMES AN INCREASINGLY RELEVANT ISSUE FOR MORE AND MORE FAMILIES. SERVICES, PROVIDED BY A NURSE AND A RESIDENT-LIFE ASSISTANT, INCLUDE HEALTH OVERSIGHT AND EDUCATION, COMMUNITY RESOURCE NAVIGATION, AND SOCIAL ACTIVITIES TO HELP RESIDENTS LIVE HEALTHY, PRODUCTIVE AND INDEPENDENT LIVES. IN 2014, AIP SERVED 275 SOUTH BEND RESIDENTS, BOTH MALES (45%) AND FEMALES (55%). REGARDLESS OF SITE, MOST PARTICIPANTS REPORTED BEING IN THEIR 60'S, DIVORCED OR NEVER MARRIED, AND WITH A HIGH SCHOOL DIPLOMA OR GED. ETHNICITY VARIED BY SITE (E.G., NON-HISPANIC WHITE AT ROBERTSON'S; BLACK AT THE OTHER TWO SITES).

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--OUTCOMES: PRE/POST- INTERVENTION SURVEYS WITH DEMOGRAPHIC ITEMS AND ASSESSMENTS OF MOOD, LIFE SATISFACTION, QUALITY OF LIFE (SF-12 V2), AND SENSE OF COMMUNITY HAVE BEEN ADMINISTERED ANNUALLY TO ALL AIP PARTICIPANTS SINCE 2009. RESULTS SHOWED:

---SLIGHT CHANGES IN POSITIVE FEELINGS OF "WELL-BEING" FOR THOSE IN THE PROGRAM FOR FOUR YEARS.

---"MOOD" SCORES MEASURING THE LIKELIHOOD OF DEPRESSION IMPROVED THE FIRST YEAR, WITH MORE PARTICIPANTS SHOWING NO SIGNS OF DEPRESSION. AFTER YEAR FOUR RATES STABILIZED.

---"SENSE OF COMMUNITY" RATINGS VARIED BY LOCATION FOR YEARS ONE AND TWO. OVER TIME, THERE WAS A STEADY PROGRESSION UPWARD EXCEPT FOR THE HOUSING AUTHORITY OF SOUTH BEND, WHICH SHOWED DECLINES IN YEAR 4 CORRESPONDING WITH A CHANGE IN MANAGEMENT.

---"PHYSICAL" AND "MENTAL" COMPONENTS OF QUALITY METRIC'S SF-12 SHOWED CONSISTENTLY SLIGHT IMPROVEMENTS BY THE END OF YEAR ONE AND THEN STABILIZED.

---ACCESS TO HEALTH CARE WAS FACILITATED AND CONTINUES TO BE SUPPORTED BY THE BENDIX FAMILY PHYSICIANS, AN OFFICE PRACTICE WHICH IS IN AN

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UNDERSERVED, VULNERABLE NEIGHBORHOOD ADJACENT TO THE MOST RECENT AGING IN PLACE LOW-INCOME SENIOR HOUSING APARTMENTS. BENDIX HOSTS THE VOLUNTEER PROVIDER NETWORK, WHICH INCLUDES OVER 300 PHYSICIANS, PRIMARILY SPECIALTY PROVIDERS, WHO PROVIDE UNCOMPENSATED CARE FOR UNINSURED ADULTS. THIS CARE IS PROVIDED IN PARTNERSHIP WITH DIAGNOSTIC LABS AND X-RAYS, AND BY TWO HOSPITALS.

ON-GOING DEVELOPMENTS:

-ESENIORCARE - IN COLLABORATION WITH THE UNIVERSITY OF NOTRE DAME INTERDISCIPLINARY CENTER FOR NETWORK SCIENCE AND APPLICATIONS, A RESEARCH PROJECT WAS LAUNCHED WITHIN AGING IN PLACE. SIXTEEN RESIDENTS PARTICIPATED IN THE PROJECT. IN 2014, THE MAJORITY (N=12) USED THE MEDICATION COMPONENT TO TRACK THEIR MEDICATIONS. THIS WAS VERIFIED BY DATA ANALYSIS OF THE QUESTIONNAIRES, FEEDBACK SESSIONS AND USER LOGS. SIXTY-NINE PERCENT (N=11) INDICATED LOW/MEDIUM MEDICATION ADHERENCE. AS A RESULT, THIS INFORMATION PROMPTS DIALOGUE AND ACTION STEPS TOWARDS REACHING MEDICATION ADHERENCE. THE REAL-TIME FOLLOW-UP BY THE RESIDENT LIFE AND HEALTH ADMINISTRATOR (RLHA) KEPT THE PARTICIPANTS ENGAGED IN THE

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STUDY, SHOWING THAT OVERSIGHT AND COMMUNICATION WITH AIP'S RLHA WAS A CRITICAL ELEMENT DRIVING THE USAGE OF THE APPLICATION AND RETENTION OF THE PARTICIPANTS. THE APPLICATION MADE PARTICIPANTS MORE AWARE OF THEIR HEALTH AND WELLNESS, EMPOWERING THEM TO SHARE THEIR EXPERIENCES AND MEDICATION COMPLIANCE INFORMATION WITH THEIR PHYSICIANS. ALTHOUGH AN ARTICLE HAS BEEN SUBMITTED FOR PUBLICATION, FURTHER ENHANCEMENT AND EVALUATION OF THE APPLICATION IN 2015 WILL COLLECT ADDITIONAL DATA NEEDED BEFORE A WIDESPREAD ADOPTION IS PRESCRIBED.

-MEMORIAL FAMILY MEDICINE RESIDENCY PROGRAM - THIS PARTNERSHIP BRINGS INCREASED HEALTH CARE OVERSIGHT AS RESIDENT PHYSICIANS ARE ON SITE TO PROVIDE BLOOD PRESSURE CHECKS, HEALTH SCREENINGS, HEALTH RISK INSPECTIONS, GROUP HEALTH MEETINGS, AND HOME VISITS TO OUR AIP CLIENTS. IN 2014, OVER A 9 MONTH SPAN, RESIDENT PHYSICIANS MET WITH RESIDENTS 26 TIMES. ON AVERAGE, TEN RESIDENTS MET WITH PHYSICIANS PER VISIT. ORDINARILY, A RESIDENT MET WITH A PHYSICIAN AN AVERAGE OF THREE TIMES.

E. EARLY CHILDHOOD DEVELOPMENT

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-BRAINWORKS PROVIDES PROGRAMMING AIMED AT MAXIMIZING EARLY CHILDHOOD

DEVELOPMENT, THESE PROGRAMS INCLUDE: BABY BRAIN, ZUMBINI, FITNOGGINS,

BREASTFEEDING AND THE BRAIN, INFANT MASSAGE, HORNETS & HIPPOS, FOSTER

HEALTHY EARLY CHILDHOOD BRAIN DEVELOPMENT.

-HEALTHWORKS! KIDS MUSEUM HOSTS THE INFANT'S AND TODDLER'S LITTLE NOGGIN'

NOOK, AN INTERACTIVE EXHIBIT WITH DEVELOPMENTALLY APPROPRIATE ACTIVITIES

FOR INFANTS AND TODDLERS.

-EARLY-CHILDHOOD SERVICES UMBRELLA OF CHE INCLUDES: SICKLE CELL ANEMIA

SCREENING AND EDUCATION, PRENATAL CARE COORDINATION, B.A.B.E. COUPON

STORE, WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM AND

WIC-SPONSORED BREASTFEEDING PROGRAMS. WIC IMPROVES NUTRITION BY PROVIDING

VOUCHERS FOR SPECIFIC TYPES OF FOODS (E.G., FRUITS, VEGETABLES, WHOLE

GRAINS, AND LOW-FAT DAIRY PRODUCTS) THAT TEND TO BE LACKING IN THE DIETS

OF LOW-INCOME WOMEN AND YOUNG CHILDREN. NATIONALLY, PRENATAL WIC

PARTICIPATION IS ASSOCIATED WITH HEALTHIER BIRTHS AND LOWER INFANT

MORTALITY RATES. WIC IS ALSO LINKED WITH STRONGER CONNECTIONS TO

PREVENTIVE HEALTH CARE, AND HELPS ENSURE THAT CHILDREN ARE PROPERLY

IMMUNIZED. FOR MORE THAN TWENTY YEARS, MEMORIAL HAS OPERATED THIS

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FEDERALLY FUNDED PROGRAM THAT SERVES MORE THAN 14,000 WOMEN, INFANTS, AND CHILDREN ANNUALLY; ST. JOSEPH COUNTY'S GRANT TOTALS \$1,098,945.

PARTICIPATION IS ON THE RISE. IN OCTOBER OF 2014, WE SAW 7,585 CLIENTS OF WHICH 43% IDENTIFIED AS WHITE, 28% IDENTIFIED AS BLACK, 19% IDENTIFIED AS LATINO, 8% WERE MIXED RACE AND 2% IDENTIFIED AS ASIAN. IN 2014:

--WE HAD 18 EMPLOYEES CERTIFIED AS LACTATION SPECIALISTS, ENABLING THEM TO COUNSEL NEW AND EXPECTANT MOTHERS ABOUT BREASTFEEDING AS THE OPTIMAL INFANT FEEDING CHOICE THAT CAN IMPROVE THE NUTRITIONAL STATUS OF INFANTS. BY THE YEAR'S END, 79.0% OF LOCAL WIC MOTHERS CHOSE TO BREASTFEED THEIR INFANTS, COMPARED WITH 77.25% IN 2013.

--WE RECEIVED A "COOKING MATTERS" GRANT FROM SHARE OUR STRENGTH TO CONDUCT GROCERY STORE TOURS FOR WIC CLIENTS, WHICH INCLUDES A \$10 GROCERY STORE GIFT CARD FOR EACH PARTICIPANT.

--IN ADDITION TO OUR REGULARLY SCHEDULED WEIGHT CHECK FOR BREASTFED BABIES, WE ALSO PROVIDE THIS SERVICE AT A WEST-SIDE, COMMUNITY-BUILDING FACILITY FOR THE LATINO POPULATION EVEN THOUGH THE CDC BREASTFEEDING OUTREACH GRANT ENDED.

--THE PRENATAL CARE COORDINATION PROGRAM SAW 206 OF THE MOST AT-RISK

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PREGNANT WOMEN. ALL WERE REFERRED TO BABE, WIC, 1-800 QUIT-LINE, AND THE PRENATAL PASSPORT PROGRAM. IF NEEDED, THEY WERE REFERRED TO A PHYSICIAN. THE PNCC PROGRAM CONDUCTED TEN PRENATAL SUPPORT GROUPS DURING THE YEAR WITH 192 ATTENDEES. SIXTY CLIENTS ATTENDED A SAFE SLEEP CLASS AND 70 CLIENTS ATTENDED A SAFETY CLASS.

--WIC RECEIVED A FIFTH GANEY COLLABORATIVE COMMUNITY-BASED RESEARCH SEED GRANT: "IDENTIFYING PROCESSES UNDERLYING BREASTFEEDING SUCCESS IN WOMEN EXPOSED TO ADVERSITY". THIS WILL BE CONDUCTED WITH PROFESSOR LAURA MILLER, PHD, ASSISTANT PROFESSOR OF PSYCHOLOGY AT THE UNIVERSITY OF NOTRE DAME.

--OUTCOMES:

---THE ST. JOE COUNTY WIC PROGRAM RANKS SEVENTH (OUT OF 41 LOCAL AGENCIES) BASED ON BREASTFEEDING START AND CONTINUATION RATES, SECOND IN NUTRITION CONTACTS AND RETENTION OF CLIENTS AND PERCENT OF COMPLETED NUTRITION EDUCATION.

-CENTER FOR THE HOMELESS: PLAY, EXPLORATION & DEVELOPMENTAL SUPPORT (PEDS) IS A COMPREHENSIVE EARLY CHILDHOOD INTERVENTION PROGRAM FOR CFH

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CHILDREN AGES TWO MONTHS TO THREE-YEARS. SOME CARRY THE EFFECTS OF  
 NEGLECT OR HAVE MODERATE TO SEVERE DEVELOPMENTAL DELAYS. PEDS PROGRAM  
 STAFF PARTNER CLOSELY WITH BOTH CHILD AND PARENT IN ORDER TO OPTIMIZE  
 CHILD DEVELOPMENT AND GROWTH, ENCOURAGE PARTICIPATORY LEARNING, AND  
 SUPPORT PARENT UNDERSTANDING OF BECOMING THE BEST POSSIBLE PARENTS THEY  
 CAN BE. PARENTS ALSO RECEIVE INSTRUCTION ON A VARIETY OF TOPICS EACH  
 WEEK. IN 2014:

--THE PROGRAM SERVED ELEVEN CHILDREN IN THE FIRST NINE MONTHS OF 2014,  
 AND ONLY TWO OF THEM (18%) WERE REFERRED TO FIRST STEPS (VS. 33% IN  
 2013).

--100% OF THE CHILDREN IMPROVED IN THEIR INDIVIDUAL DEVELOPMENT PLANS (NO  
 DETAILS ON SIZE OF IMPROVEMENT OR IN WHAT AREAS).

--CAPACITY BUILDING AND SUSTAINABILITY: ALL NEW PROGRAM STAFF ARE BEING  
 TRAINED AND CERTIFIED IN HIGH SCOPE AND THE PROGRAM IS ACTIVELY PURSUING  
 A DESIGNATION AS A STATE LICENSED CHILD CARE CENTER IN ORDER TO BE  
 ELIGIBLE TO RECEIVE INDIANA CHILD CARE DEVELOPMENT FUND REVENUES.

F. ACCESS TO HEALTH AND MEDICAL CARE

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-SOUTHEAST NEIGHBORHOOD CENTER, FATHER RICHARD WARNER HEALTH CENTER  
(LOCATED AT THE CENTER FOR THE HOMELESS), AND CENTENNIAL CLINIC ON THE  
HOSPITAL CAMPUS, SERVE UNINSURED AND UNDERINSURED POPULATIONS; AS DOES  
BENDIX FAMILY PHYSICIANS WHICH MEMORIAL SUBSIDIZED THROUGH TITHING GRANT  
FUNDS.

G. VIOLENCE/SAFETY

-THE SOUTH BEND GROUP VIOLENCE INTERVENTION (SBGVI) COMMISSIONED BY SOUTH  
BEND MAYOR, PETE BUTTIGIEG, UNITES COMMUNITY LEADERS AROUND A COMMON  
GOAL: TO STOP GUN VIOLENCE AND KEEP SOUTH BEND'S HIGHEST RISK CITIZENS  
ALIVE AND OUT OF PRISON. SBGVI IS A PARTNERSHIP AMONG SOUTH BEND LAW  
ENFORCEMENT, GOVERNMENT, EDUCATION, CIVIL SERVICE, HEALTH-CARE AND  
FAITH-BASED AGENCIES. SBGVI ADVOCATES DIRECT, SUSTAINED ENGAGEMENT WITH  
STREET GROUPS WHICH CAUSE THE MAJORITY OF SOUTH BEND'S GUN VIOLENCE. THE  
JOHN JAY COLLEGE STRATEGY EMPOWERS COMMUNITY MEMBERS TO SET CLEAR MORAL

**Part VI Supplemental Information**

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STANDARDS AGAINST VIOLENCE IN THEIR COMMUNITIES AND RECLAIM A VOICE IN THE WAY THEY WANT TO LIVE. IT COORDINATES THE EFFORTS OF LOCAL, STATE AND FEDERAL LAW ENFORCEMENT TO FOCUS CRIME PREVENTION EFFORTS ON THE GROUPS MOST ASSOCIATED WITH GUN VIOLENCE. SBGVI ALSO DRAWS ON THE EXPERTISE OF SOCIAL SERVICE PROVIDERS TO OFFER GANG MEMBERS A PATH AWAY FROM VIOLENCE.

THREE DIRECT COMMUNICATIONS, OR "CALL-INS," BETWEEN THE SBGVI COALITION AND STREET GROUP MEMBERS HAVE BEEN ORCHESTRATED. TO DATE, A TOTAL OF 66 MEN WITH CRIMINAL HISTORIES, REPRESENTING AT LEAST 27 DIFFERENT GANG ASSOCIATIONS, MET WITH OUR COMMUNITY AND LAW ENFORCEMENT REPRESENTATIVES TO HEAR A SIMPLE MESSAGE: "THE VIOLENCE MUST STOP. WE WILL HELP YOU IF YOU LET US. WE WILL STOP YOU IF YOU MAKE US."

-OUTCOMES:

--SOUTH BEND IS ADAPTING THIS STRATEGY TO A CITY OUR SIZE AND DOING MORE WITH LESS

--FROM MAY 15, 2013 TO JANUARY 31, 2014 SEVENTY ONE (71) PEOPLE WERE CRIMINALLY ASSAULTED BY BEING SHOT IN THE CITY OF SOUTH BEND. DURING THAT

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SAME TIME PERIOD AFTER THE SBGVI STRATEGY WAS INTRODUCED (FROM MAY 15, 2014 TO JANUARY 31, 2015), 44 PEOPLE HAVE BEEN CRIMINALLY ASSAULTED BY BEING SHOT - A 38% DECREASE

--MORE PEOPLE ARE GETTING SERVICES TO CHANGE THEIR LIFESTYLES

--MORE COLLABORATIONS HAVE BEEN BUILT ACROSS ALL PUBLIC SAFETY GROUPS

--TRUST IS BEING BUILT ACROSS RACES AND ETHNICITY AS GROUPS PUT

SKEPTICISM ASIDE TO ENGAGE AND BELIEVE IT'S REAL

--NEEDS AND OPPORTUNITIES ARE BETTER INTEGRATED

--PANORAMIC PERSPECTIVES ARE BEING DEVELOPED

#### H. MENTAL HEALTH

-CENTER FOR THE HOMELESS: GENESIS CENTER FOR STRENGTH & WELLNESS IS AN ON-SITE MENTAL HEALTH COUNSELING PROGRAM AVAILABLE TO ALL HOMELESS INDIVIDUALS AGES THREE AND UP, WHO ARE SUFFERING FROM MENTAL ILLNESS, ADDICTIONS, AND/OR PROFOUND TRAUMA AND LOSS. THE MENTAL HEALTH NEEDS OF THE HOMELESS POPULATION ARE SHIFTING TOWARD HIGHER LEVELS OF RISK AND SYMPTOM DISTRESS, AND GENESIS COUNSELORS ARE SPECIFICALLY TRAINED TO

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EFFECTIVELY ADDRESS THE INTERSECTION OF MENTAL HEALTH, TRAUMA, ADDICTION  
AND HOMELESSNESS. IN 2014:

--75 INDIVIDUALS RECEIVED CRITICAL MENTAL HEALTH, ADDICTION, AND TRAUMA  
INTERVENTION SERVICES FROM JANUARY-SEPTEMBER.

--COUNSELORS UTILIZED EYE MOVEMENT DESENSITIZATION AND REPROCESSING  
(EMDR) FOR ONE YEAR AND PROVIDED ANECDOTAL DETAILS ABOUT ONE CLIENT.

--OUTCOMES:

OF THE CLIENTS, 65% INCREASED THEIR COMPLIANCE WITH PSYCHOTROPIC  
MEDICATION, 83% REPORTED IMPROVEMENTS IN DAILY FUNCTIONING, AND 92%  
INDICATED THEY ARE BETTER ABLE TO EXPRESS THEIR THOUGHTS AND EMOTIONS

-EYE MOVEMENT DESENSITIZATION AND REPROCESSING IS AN EFFECTIVE  
INTERVENTION USED TO RELIEVE MENTAL HEALTH SYMPTOMS ASSOCIATED WITH  
TRAUMATIC EVENTS. THE TRAINING WAS PROVIDED TO THERAPISTS AND LICENSED  
COMMUNITY AND HOSPITAL-BASED SOCIAL WORKERS IN ST. JOSEPH AND ELKHART  
COUNTIES. NON-PROFIT AGENCIES RECEIVED A DISCOUNT THROUGH A GRANT  
OBTAINED FROM A NATIONAL FOUNDATION. FIFTY EIGHT PEOPLE WERE TRAINED IN  
EMDR DURING 2014. ADDITIONALLY, 77 RECEIVED TRAINING IN A-TIP, A

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SHORT-TERM INTERVENTION TO HELP INDIVIDUALS BECOME MORE STABLE AND CALM,  
 DIMINISHING THE POSSIBILITY OF BECOMING TRAUMATIZED. SOME OF THE  
 ORGANIZATIONS REPRESENTED INCLUDED: MEMORIAL, YOUTH SERVICE BUREAU,  
 OAKLAWN, CENTER FOR THE HOMELESS, YWCA CHILDREN'S COUNSELING, ST.  
 MARGARET'S HOUSE, BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY, FAMILY AND  
 CHILDREN SERVICES, THE SAMARITAN CENTER, DEPARTMENT OF CHILDREN'S  
 SERVICES, HOPE MINISTRIES, LA CASA DE AMISTAD, BASHOR CHILDREN'S HOME,  
 ST. ADALBERT'S, OUR LADY OF HUNGRY ELEMENTARY SCHOOLS, AND SOUTH BEND  
 CAREER ACADEMY.

I. ECONOMIC STABILITY

-PRIORITY NOT RECEIVING DIRECT FUNDING:  
 THE PRIORITY RECEIVING THE LEAST RESOURCE INVESTMENT WAS ECONOMIC  
 STABILITY, DETAILED AS UNEMPLOYMENT, UNINSURED/UNDERINSURED, GENERATIONAL  
 POVERTY, AND AFFORDABLE AND QUALITY HOUSING. MEMORIAL HAS AN IMPACT IN  
 THESE AREAS BECAUSE WE ARE THE SECOND LARGEST EMPLOYER OF THE  
 CITY/COUNTY, BEHIND THE UNIVERSITY OF NOTRE DAME. THE HOSPITAL HAS

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GENERATED A NUMBER OF CAREER PATHS FOR EMPLOYMENT IN HEALTHCARE,  
 BEGINNING WITH CERTIFIED NURSING ASSISTANT, COMMUNITY HEALTH WORKER,  
 RADIOLOGY TECHNICIAN, LICENSED PRACTICAL NURSE, REGISTERED NURSE,  
 BACHELOR'S AND MASTER'S DEGREES IN NURSING, AND ADVANCED PRACTICE NURSE.

-TO SUPPORT THE INDIANA HEALTH PLAN, MARKETPLACE HEALTH PLANS, AND  
 MEDICAID COVERAGE, 15 CHE ASSOCIATES SUCCESSFULLY PASSED THE INDIANA  
 NAVIGATOR TRAINING PROGRAM AND CERTIFICATION TEST. AFFORDABLE CARE  
 ACT/MEDICAID ENROLLMENTS ARE BEING FACILITATED IN THE COMMUNITY, AS WELL  
 AS AT THE HOSPITAL.

--STATE-CERTIFIED NAVIGATORS ENROLLED 83 PEOPLE IN THE FIRST ROUND OF THE  
 AFFORDABLE CARE ACT.

INDICATOR FRAMEWORK:

THE FRAMEWORK FOR INDICATOR SELECTION WITHIN THE HEALTH CATEGORY IS BASED  
 ON THE HEALTH AND HUMAN SERVICES' HEALTHY PEOPLE INITIATIVE. "HEALTHY  
 PEOPLE 2020" ESTABLISHES SCIENCE-BASED OBJECTIVES FOR IMPROVING THE  
 HEALTH OF THE NATION. THE INITIATIVE ESTABLISHES BENCHMARKS EVERY TEN

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YEARS AND TRACKS PROGRESS TOWARD THESE ACHIEVABLE GOALS. THIS FRAMEWORK

ENCOURAGES COLLABORATION ACROSS SECTORS AND ALLOWS COMMUNITIES TO TRACK

IMPORTANT HEALTH AND QUALITY OF LIFE INDICATORS FOCUSING ON GENERAL

HEALTH STATUS, HEALTH-RELATED QUALITY OF LIFE AND WELL-BEING,

DETERMINANTS OF HEALTH, AND DISPARITIES.

PROGRAMMING CURRENTLY SUPPORTED BY TITHING WILL BE ENHANCED AND OPENED

FOR ADDITIONAL PARTNERSHIP ACTIVITIES. EACH PRIORITY WILL HAVE AN AIM

STATEMENT, WITH A LOGIC CHAIN ANALYSIS. SELECTED PRIORITIES FOR

IMPLEMENTATION WILL HAVE MULTIPLE-ACTIONABLE ACTIVITIES WITH A SHARED

IMPACT OR OUTCOME MEASUREMENT. AN ADVISORY COUNCIL COMPOSED OF BOARD

MEMBERS, SYSTEM EMPLOYEES, AND COMMUNITY RESIDENTS HAS OVERSIGHT OF THE

IMPLEMENTATION STRATEGIC PROCESS AND ACCOUNTABILITY.

APPROVAL FOR ST. JOSEPH COMMUNITY HEALTH NEEDS ASSESSMENT AND

IMPLEMENTATION STRATEGY: A BEACON TO HEALTH AND WELL-BEING WAS GIVEN

WITH A SIGNED RESOLUTION BY THE MEMORIAL HOSPITAL BOARD ON MAY 23, 2013.

IMPLEMENTATION BEGAN IMMEDIATELY WITH A COMMUNITY-WIDE PUBLIC EVENT AND

ANNOUNCEMENT OF A POTENTIAL PARTNERSHIP. SHORTLY FOLLOWING THE SIGNING OF

THE IMPLEMENTATION STRATEGY, THE BEACON HEALTH SYSTEM BOARD SIGNED A

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POLICY CONFIRMING THE FINANCIAL COMMITMENT TO COMMUNITY BENEFIT

INVESTMENT. THE IMPLEMENTATION PLAN CONTINUED THROUGH 2014.

[HTTP://ASSETS.THEHCN.NET/CONTENT/SITES/QUALITYOFLIFE/2013\\_TITHINGPOLICY\\_SINGNED.PDF](http://assets.thehcn.net/content/sites/qualityoflife/2013_tithingpolicy_singned.pdf)

EDUCATION AND RESEARCH FOR A HEALTHY FUTURE

WE CONSIDER EDUCATION AND RESEARCH TO BE PART OF OUR MISSION. EACH IS VITAL TO PREPARING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS TO MEET FUTURE HEALTH CARE DEMANDS. AS OUR COUNTRY AGES, WE WILL NEED MORE CAREGIVERS THAN EVER BEFORE; AT THE SAME TIME, THERE IS A SHORTAGE OF NEW GRADUATES IN KEY CLINICAL AND TECHNICAL POSITIONS. TO ENSURE THAT WE HAVE THE QUALITY WORKFORCE WE NEED TO CARE FOR OUR PATIENTS IN THE FUTURE, WE ARE COMMITTED TO THE EDUCATION OF CURRENT AND FUTURE CAREGIVERS, AND HAVE PARTNERED WITH LOCAL HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES INCLUDING THE INDIANA UNIVERSITY MEDICAL SCHOOL AT NOTRE DAME.

PREPARING FOR TOMORROW'S HEALTH CARE NEEDS REQUIRES A COMMITMENT TO RESEARCHING NEW AND INNOVATIVE TREATMENTS THAT BATTLE TOMORROW'S HEALTH

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CARE CHALLENGES. CLINICAL RESEARCH IS A PART OF PROGRAMMING ACROSS THE HEALTH SYSTEM. PHYSICIANS AT MEMORIAL PARTICIPATE IN VARIOUS RESEARCH PROJECTS THAT ARE NATIONAL IN SCOPE AND ARE EVALUATED BY FDA GUIDELINES BY MEMORIAL'S INSTITUTIONAL REVIEW BOARD (IRB). ONCOLOGY AND PEDIATRIC CLINICAL TRIALS CONTINUE TO BE A SIGNIFICANT PORTION OF THE PROTOCOLS SUBMITTED TO THE IRB. OUR MEDICAL AND HEALTH CARE STAFF ARE WORKING TO FIND TOMORROW'S TREATMENTS AND CURES TODAY.

RESEARCH ALSO EVOLVES FROM THE NURSING, PRE-MEDICAL, PHYSICAL THERAPY AND SOCIAL SERVICE DISCIPLINES AT THE LOCAL POST-SECONDARY EDUCATION INSTITUTIONS. THE UNIVERSITY OF NOTRE DAME IS A CLOSE PARTNER IN COMMUNITY-BASED RESEARCH, WHICH INCLUDES EVALUATING EDUCATION CURRICULA, AND INTERVENTION MODALITIES, USING BOTH QUANTITATIVE ANALYSIS AND QUALITATIVE RESEARCH METHODS. TOGETHER, WE OFFER A COMPREHENSIVE LEARNING EXPERIENCE FOR MEDICAL STUDENTS, ENABLING INTERNS, RESIDENTS, AND FELLOWS TO UTILIZE OUR STATE-OF-THE-ART TRAINING FACILITIES AND INTEGRATE ADVANCED TECHNOLOGY LEARNED IN THE CLASSROOM DIRECTLY WITH PATIENT CARE. WE UTILIZE EVIDENCE FROM COMMUNITY-BASED RESEARCH IN ADDITION TO CLINICAL

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RESEARCH, PARTICULARLY IN THE INTERSECTION OF NEUROSCIENCE AND MEDICAL INTERVENTIONS. EVALUATING HOW THE IMPACT OF CHEMOTHERAPY ON THE MEMORY AND COGNITIVE FUNCTIONING OF BREAST CANCER VICTIMS; THIS INCLUDES ASSESSING THE NEUROSCIENCE OF BEHAVIORAL CHANGE IS A COMPONENT OF CHRONIC DISEASE SELF-MANAGEMENT.

PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

WHEN UNINSURED PATIENTS PRESENT TO OUR HOSPITAL, THEY ARE OFFERED THE OPPORTUNITY TO MEET WITH OUR ELIGIBILITY SPECIALISTS. OUR ELIGIBILITY SPECIALISTS DISCUSS THE POTENTIAL ELIGIBILITY OF THE PATIENT FOR MULTIPLE ASSISTANCE PROGRAMS, INCLUDING OUR OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM. OUR STATEMENTS ALSO INCLUDE A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO PATIENTS, AND THEY CAN CONTACT OUR CUSTOMER SERVICE GROUP FOR GUIDELINES.

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## COMMUNITY INFORMATION

PART VI, 4

ESTABLISHED IN 1830, ST. JOSEPH COUNTY, INDIANA HAS BECOME THE FOURTH LARGEST COUNTY IN THE STATE OF INDIANA. THE COUNTY SPANS 467 SQUARE MILES, WHICH INCLUDES A COMFORTABLE MIX OF RURAL CULTURAL HERITAGE AND URBAN AMENITIES. ST. JOSEPH COUNTY IS ALSO THE REGIONAL CENTER FOR HIGHER EDUCATION. WITH MORE THAN EIGHT COLLEGES AND UNIVERSITIES, INCLUDING BUT NOT LIMITED TO UNIVERSITY OF NOTRE DAME, INDIANA UNIVERSITY SOUTH BEND, IVY TECH COMMUNITY COLLEGE, PURDUE UNIVERSITY, HOLY CROSS COLLEGE, BETHEL COLLEGE AND ST. MARY'S COLLEGE.

THE HEART OF THE HOSPITAL IS LOCATED WITHIN A MILE OF THE UNIVERSITY OF NOTRE DAME, TEN MILES SOUTH OF THE MICHIGAN STATE LINE, AND FORTY MILES EAST OF LAKE MICHIGAN. THROUGH THE YEARS, THE ENVIRONMENT OF SOUTH BEND, THE LARGEST CITY IN ST. JOSEPH COUNTY, HAS CHANGED FROM A FOCUS ON MANUFACTURING (STUDEBAKER, BOSCH, AND UNIROYAL) TO A SERVICE INDUSTRY. IN FACT, AMONG THE TEN LARGEST EMPLOYERS IN THE COUNTY, JUST TWO REPRESENT MANUFACTURING. THE UNIVERSITY OF NOTRE DAME IS THE LARGEST EMPLOYER,

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FOLLOWED BY MEMORIAL HOSPITAL OF SOUTH BEND, THE SOUTH BEND COMMUNITY SCHOOL CORPORATION, AM GENERAL, AND ST. JOSEPH REGIONAL MEDICAL CENTER.

THE FIVE CONTIGUOUS COUNTIES COMPRISING ST. JOSEPH COUNTY'S SECONDARY SERVICE AREA AND 12 COUNTIES IN ITS TERTIARY SERVICE AREA ARE CHARACTERIZED BY A MIX OF SMALL TO MID-SIZE METROPOLITAN AREAS AND RURAL COMMUNITIES. THE POPULATION MIX IS DIVERSE AND INCLUDES LARGE NUMBERS OF FIRST-GENERATION EUROPEAN, AFRICAN, MIDDLE EASTERN IMMIGRANTS, AFRICAN AMERICANS, ASIANS, HISPANICS, AND AMISH.

THE POPULATION FOR ST. JOSEPH COUNTY IN 2014 WAS ESTIMATED AT 267,618 INDIVIDUALS. ACCORDING TO THE UNITED STATES CENSUS IN 2013 THE RACIAL STATISTICS IN THE COUNTY ARE 75% CAUCASIANS, 13% AFRICAN AMERICA, 8% HISPANIC AND 2% ASIAN. AS EXPECTED, WITH AN AREA WELL-SATURATED WITH POST-SECONDARY EDUCATIONAL INSTITUTIONS, THE COUNTY HAS HIGHER THAN WOULD BE PROJECTED EDUCATIONAL LEVELS; 87.8 PERCENT OF THE POPULATION ARE HIGH SCHOOL GRADUATES, AND 26.5% HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME WAS \$44,582; PERSONS BELOW THE POVERTY LEVEL

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ACCOUNTED FOR 17.7 % OF THE POPULATION; WHILE THE POVERTY RATE AMONG CHILDREN UNDER 18 WAS 26.9%.

OF THE PRIMARY AND SECONDARY MEMORIAL SERVICE AREA, ST. JOSEPH COUNTY IS THE LARGEST, FOLLOWED BY ELKHART COUNTY ESTIMATED AT 201,971. ELKHART COUNTY CONTINUES TO HAVE AN INDUSTRIAL FOCUS AS A MAJOR CENTER OF THE AUTOMOTIVE, RECREATIONAL VEHICLE, MANUFACTURED HOUSING AND MUSICAL INSTRUMENT INDUSTRIES. ADDITIONAL SECONDARY SERVICE AREA COUNTIES AND THEIR ESTIMATED POPULATIONS INCLUDE BERRIEN (MI) 155,233, LAPORTE (IN) 111,444, CASS (MI) 51,608 AND MARSHALL (IN) 47,107

OUR SERVICE AREA INCLUDES PATIENTS FROM ST. JOSEPH AND SURROUNDING COUNTIES IN INDIANA AND MICHIGAN; A PEDIATRIC EMERGENCY TRANSPORT PROGRAM SERVES 18 COUNTIES AND OUR MEDFLIGHT HELICOPTER COVERS COMMUNITIES WITHIN A 150-MILE RADIUS. WE HAVE THE REGION'S ONLY LEVEL 3 NEWBORN INTENSIVE CARE UNIT, THE ONLY PEDIATRIC INTENSIVE CARE UNIT AND THE ONLY PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM IN THE AREA. MEMORIAL IS ALSO THE ONLY HOSPITAL IN THE REGION WITH PEDIATRIC HOSPITALIST AND CHILD LIFE

**Part VI Supplemental Information**

Provide the following information.

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PROGRAMS .

MEMORIAL IS NOT ONLY RECOGNIZED NATIONALLY AS A LEADER IN PROVIDING HIGH-QUALITY CARE, BUT ALSO AS A LEADER IN INNOVATION, OFFERING NEW APPROACHES TO PATIENT SATISFACTION AND CUSTOMER SERVICE THAT SET US APART FROM OTHER HEALTH CARE PROVIDERS.

AS THE REGION'S ONLY DESIGNATED CHILDREN'S HOSPITAL, MEMORIAL CHILDREN'S HOSPITAL WELCOMES AND TREATS CHILDREN WITH A WIDE VARIETY OF MEDICAL AND SURGICAL DIAGNOSES FROM MORE THAN 20 REFERRAL HOSPITALS THROUGHOUT SOUTHWESTERN MICHIGAN AND NORTHERN INDIANA. OUR WORLD-CLASS TEAM INCLUDES PEDIATRIC HOSPITALISTS AND INTENSIVISTS, REGISTERED NURSES, CHILD LIFE SPECIALISTS, PEDIATRIC DIABETIC EDUCATORS, PEDIATRIC DIETITIANS, SOCIAL WORKERS, NEONATOLOGISTS, PEDIATRIC ONCOLOGISTS, RESPIRATORY THERAPISTS, CLINICAL NURSE SPECIALISTS, PASTORAL CARE, AND PEDIATRIC SPECIALISTS IN PHYSICAL THERAPY, PULMONARY MEDICINE AND INFECTIOUS DISEASE.

MEMORIAL AND BEACON HEALTH SYSTEM SERVE THE COMMUNITY WITH MEMORIAL

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NEIGHBORHOOD HEALTH CENTER - SOUTHEAST CLINIC, THE FATHER RICHARD WARNER CLINIC AT THE CENTER FOR THE HOMELESS, AND A THIRD CENTER STARTED IN 2013, CENTENNIAL CLINIC ON THE HOSPITAL'S CAMPUS. THIS LAST CENTER WAS BUILT IN RESPONSE TO THE EXPRESSED NEED OF THE COMMUNITY. TOGETHER THESE THREE CLINICS OFFER PRIMARY HEALTH CARE SERVICES, INCLUDING ALL BASIC SERVICES AS WELL AS FAMILY PLANNING AND REPRODUCTIVE HEALTH, LOW-RISK OBSTETRICS, AND COLONOSCOPY SERVICES.

SERVICES ARE AVAILABLE TO ANYONE, AND OUR FEES ARE WITHIN THE CUSTOMARY RANGE FOR THE COMMUNITY. WE ACCEPT MEDICAID, MEDICARE AND PRIVATE INSURANCE, AND OFFER A SLIDING FEE SCALE BASED ON INCOME GUIDELINES FOR UNINSURED. WE ALSO PARTICIPATE IN HOOSIER HEALTHWISE, HEALTHY INDIANA PLAN, AND THE CHIP PROGRAM THAT PROVIDES HEALTHCARE FOR INDIANA CHILDREN, PREGNANT WOMEN AND LOW-INCOME FAMILIES.

OTHER HOSPITALS IN OUR REGION INCLUDE: ST. JOSEPH REGIONAL MEDICAL CENTER, ELKHART GENERAL HOSPITAL, GOSHEN HOSPITAL AND LAKELAND HEALTH CARE. AN AFFILIATION WITH ELKHART GENERAL OCCURRED IN 2010, AND BEACON

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HEALTH SYSTEM EMERGED FROM THIS UNION.

PROMOTION OF COMMUNITY HEALTH

PART VI, 5

MEMORIAL HOSPITAL IS A NON-FOR-PROFIT COMMUNITY HOSPITAL. AS SUCH, THE LEADERSHIP PROVIDED BY THE BOARD OF TRUSTEES IS FROM VOLUNTEERS IN THE COMMUNITY. THE BOARD COMMITTEES AND THE COMMUNITY HEALTH ENHANCEMENT ADVISORY COUNCIL ARE ALSO COMPRISED OF COMMUNITY RESIDENTS.

MEMORIAL HOSPITAL TITHES 10% OF THE PREVIOUS YEAR'S INCOME FROM OPERATIONS FOR COMMUNITY BENEFIT INVESTMENT IN THE COMMUNITY. THIS INVESTMENT IS IN ADDITION TO THE HOSPITAL'S CHARITY CARE AND PREVENTION AND EDUCATION ACTIVITIES SUPPORTED THROUGH ITS OPERATING BUDGET. THE COMMUNITY HEALTH ENHANCEMENT COUNCIL OF THE BOARD MAKES ONGOING POLICY AND OVERSEES THE ADMINISTRATION OF THE FUND AND DETERMINES SPECIFIC INVESTMENT ALLOCATIONS BASED UPON THE ASSETS AND NEEDS OF THE COMMUNITY. VOLUNTEERS AND STAFF ARE COMMITTED TO PRUDENTLY INVESTING THESE RESOURCES

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IN AN ACCOUNTABLE MANNER.

AFFILIATED HEALTH CARE SYSTEM ROLES

PART VI, 6

HEALTHWORKS! KIDS' MUSEUM WAS CONCEIVED AS AN INNOVATIVE INVESTMENT THAT GOES TO THE VERY CORE OF THE SYSTEM'S MISSION: "IMPROVING THE QUALITY OF LIFE OF THOSE WHO LIVE IN OUR COMMUNITY." IT PROVIDES A NEW KIND OF LEARNING ENVIRONMENT FOR CHILDREN AND FAMILIES TO EXPLORE WHY AND HOW TO MAKE HEALTHY DECISIONS ABOUT THEIR LIVES WHICH MAY ULTIMATELY PROVIDE THE MOST POWERFUL LONG-TERM LEVERAGE FOR ACCOMPLISHING MEMORIAL'S MISSION. WITH SCHOOLS AS PRIMARY PARTNERS, THE BUSINESS PLAN FOR HEALTHWORKS! IS DIRECTED AT CONNECTING AND CULTIVATING RELATIONSHIPS WITH EVERY GROWING FAMILY IN THE SERVICE AREA. A HEALTHWORKS! HUMMER ALLOWS INTERACTIVE HEALTH EDUCATION PROGRAMS TO BE TAKEN TO SCHOOLS AND OTHER TRADITIONAL AND NON-TRADITIONAL LEARNING VENUES TO PROMOTE HEALTHY LIVING. MORE THAN 70,000 CHILDREN AND ADULTS PARTICIPATE IN HEALTHWORKS! EXPERIENCES EACH YEAR. SEVERAL INITIATIVES ARE UNDER WAY TO PROMOTE THE REPLICATION OF

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HEALTHWORKS! IN OTHER COMMUNITIES AROUND THE COUNTRY.

EDUCATION AND SUPPORTIVE PROGRAMMING ARE KEY FACTORS TO HEALTHY AGING.

SUPPORT GROUPS INCLUDE ALZHEIMER'S SERVICES, DIABETES, OSTOMY, ARTHRITIS,

LACTATION CLASSES, AFRICAN AMERICAN WOMEN-IN-TOUCH, VARIOUS CANCER

SURVIVOR PROGRAMS, AND SELF-HELP FOR THE HARD OF HEARING (S-H-H-H). MORE

THAN 3,000 PEOPLE ATTEND THESE GROUPS REGULARLY AT DIVERSE LOCATIONS ON

CAMPUS.

BRAINWORKS, THE LIFESPAN BASED PROGRAM THAT TRANSLATES MESSAGES FROM

NEUROSCIENCE INTO ACTIONABLE STRATEGIES FOR HEALTHY BRAIN DEVELOPMENT,

PERFORMANCE, MAINTENANCE, AND DISEASE RESILIENCE FOR ALL AGES, CONTINUES

TO EXPAND ITS AUDIENCES AND SERVICES, GROWING REPLICATION, REVENUE, AND

COLLABORATION OPPORTUNITIES. BRAINWORKS DELIVERS PROGRAMS IN DIVERSE WAYS

BASED ON THE AUDIENCE, INCLUDING IN PERSON EDUCATIONAL PROGRAMS,

CONTINUING EDUCATION UNITS (CEU) PROFESSIONAL DEVELOPMENT PROGRAMS,

CONFERENCE SPEAKING ENGAGEMENTS, AND WEBINARS. TOPICS INCLUDED

ALZHEIMER'S FROM RESEARCH TO RESILIENCE, YOUR BABY'S BRAIN, LIFESTYLE

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HABITS OF EFFECTIVE MINDS, HEALTHY AGING, AND ADVERSE CHILDHOOD

EXPERIENCES AWARENESS AND TRAINING. MAJOR 2014 HIGHLIGHTS INCLUDE:

-BRAINWORKS DELIVERED 23 WEBINARS TO 591 PARTICIPANTS FROM NATIONAL

ASSOCIATIONS, AN INTERNATIONAL SAGE-ING ORGANIZATION, AND BEACON

ASSOCIATES ON TOPICS SUCH AS STRATEGIES FOR MITIGATING AND MANAGING

STRESS, PLANNING, PRIORITIZATION AND PROJECT MANAGEMENT, THE UPSIDE OF

AGING.

-LEIGHTON LECTURE: THE LEIGHTON LECTURE, WHICH HOSTED KELLY MCGONIGAL,

PH.D., HAD 800 PARTICIPANTS IN THE EVENING PROGRAM AND 68 PARTICIPANTS AT

THE AFTERNOON CME EVENT FOR THE MEDICAL EDUCATION DEPARTMENT. THIS WAS

OPEN TO ALL CLINICIANS CREDENTIALLED AT BEACON, AND RESIDENTS.

-ADDITIONAL PROGRAMS FOR THE LOCAL COMMUNITY REACHED 1,887 PARTICIPANTS

--ORGANIZATIONAL REQUESTS FOR BRAINWORKS TO FACILITATE PROGRAMMING IN

OTHER LOCATIONS ACROSS THE STATE: 1,000 PARTICIPANTS

--BRAINWORKS PROGRAMMING DELIVERED OUT-OF-STATE OR AT NATIONAL

CONFERENCES ENGAGED: 626 ATTENDEES

BENDIX FAMILY PHYSICIANS AND VOLUNTEER PROVIDER NETWORK

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BENDIX FAMILY PHYSICIANS (BFP) IS A FULL SERVICE MEDICAL PRACTICE THAT PROVIDES COMPREHENSIVE, HIGH-QUALITY, AND PATIENT-FRIENDLY CARE TO MEDICALLY ISOLATED AND UNDER-SERVED SOUTH BEND RESIDENTS. BFP EMPLOYS A FAMILY PHYSICIAN, AN ADVANCED PRACTICE NURSE, AND ADDITIONAL SERVICES ARE PROVIDED THROUGH THE VOLUNTEER PROVIDER NETWORK (VPN), BY MORE THAN 350 LOCAL PHYSICIANS WHO VOLUNTEER TIME AND SERVICES. A PARTNERSHIP BETWEEN MEMORIAL, THE CITY OF SOUTH BEND, AND ST. JOSEPH REGIONAL MEDICAL CENTER, THE PRACTICE CONTINUES TO GROW AND EXPAND.

LANGUAGE SERVICES PROVIDES INTERPRETATION AND ALSO CONDUCTS OUTREACH TO THE LATINO COMMUNITY AND PROVIDES DIABETES CASE MANAGEMENT SERVICES FOR MEDICALLY UNDERSERVED. THE DIVISION EXPERIENCED CONSIDERABLE GROWTH, AND THE 2014 HIGHLIGHTS INCLUDE:

- SERVED 1,167 ADULTS AND 1,845 CHILDREN AND THEIR FAMILIES IN 21 DIFFERENT LANGUAGES.
- MARIA PALOMO WAS AWARDED THE NATIONAL MEDICAL INTERPRETATION CERTIFICATION
- RECEIVED A \$1,500 GRANT FROM VIA TRANSLATION COMPANY TO TRANSLATE

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DIABETES EDUCATION MATERIAL FROM ENGLISH TO ARABIC SO WE CAN SERVE THE GROWING POPULATION WITH DIABETES THAT ARE POLITICAL REFUGEES FROM IRAQ, AS MANY MORE FAMILIES ARE EXPECTED TO COME TO OUR COUNTY IN THE NEXT YEAR.

-HAVE EXPANDED THE SERVICES TO INCLUDE ASL AND VIETNAMESE INTERPRETERS, KEEPING UP WITH THE NEEDS OF OUR COMMUNITY.

NEW COMMUNITY-BASED PARTNERSHIPS INITIATED IN 2014: ADDRESSING THESE CHNA PRIORITIES: VIOLENCE/ SAFETY AND MENTAL HEALTH

DEVELOPING A TRAUMA INFORMED SYSTEM OF CARE IN SJC-TRAUMA IS A WIDESPREAD AND COSTLY PUBLIC HEALTH PROBLEM THAT RESULTS FROM VIOLENCE, ABUSE, NEGLECT, LOSS, DISASTER, AND OTHER EMOTIONALLY CHALLENGING EXPERIENCES. TRAUMA AFFECTS CHILDREN, YOUTH, FAMILIES AND COMMUNITIES FROM EVERY RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, GEOGRAPHY AND SOCIO-ECONOMIC STATUS. IT SHOWS UP FREQUENTLY WHEN ADDRESSING CHILDREN, YOUTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, CHILD WELFARE, SPECIAL EDUCATION AND INCREASINGLY IN MENTAL HEALTH TREATMENT. UNDERSTANDING AND ADDRESSING

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TRAUMA IS MOST EFFECTIVE IF IT HAPPENS ON A COMMUNITY-WIDE BASIS, AND THEREFORE REQUIRES A MULTI-AGENCY AND ORGANIZATIONAL APPROACH TO CREATING AN INTEGRATED SYSTEM OF CARE. OUR GOAL IS FOR ALL CHILDREN FROM BEFORE THEY ARE BORN THROUGH THE TIME THEY ARE TRANSITIONING TO INDEPENDENCE, AS WELL AS THEIR FAMILIES, TO HAVE CONSISTENT, TRAUMA-INFORMED EXPERIENCES, SERVICES AND SUPPORTS IN ALL PUBLIC AND PRIVATE ENVIRONMENTS LEADING TO PRODUCTIVE AND HEALTHY LIVES.

IN 2014, AN ALLIANCE WAS FORMED FROM MULTIPLE AGENCIES AND ORGANIZATIONS IN OUR COMMUNITY (E.G., CHE, OAKLAWN, JUVENILE JUSTICE CENTER, CHANGE MATRIX, SBCSC, AND ENFOCUS). THIS YEAR, THEY RECEIVED A GRANT FROM THE STATE TO BEGIN IMPLEMENTING SEVERAL INITIATIVES IN 2015.

MORE INFORMATION ABOUT THE PROGRAMS AND SERVICES PROVIDED BY MEMORIAL TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY CAN BE FOUND AT:  
[HTTPS://QUALITYOFLIFE.ORG/MEMORIALCMS/INDEX.CFM/ABOUT/COMMUNITY-HEALTH-PROGRAMS-SERVICES/](https://qualityoflife.org/memorialcms/index.cfm/about/community-health-programs-services/).

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STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, 7

MEMORIAL PREPARES A COMMUNITY BENEFIT REPORT FOR THE STATE OF INDIANA.