

**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

ST. CATHERINE HOSPITAL, INC.

Employer identification number

35-1738708

**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 checked="" 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 care</i> ? 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 care</i> ? 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 checked="" type="checkbox"/> 300% <input 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? . . . . .		
<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) . . . . .		3574	4,568,320.	135,150.	4,433,170.	2.64
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		35051	37,771,276.	36,202,863.	1,568,413.	.94
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		38625	42,339,596.	36,338,013.	6,001,583.	3.58
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	196	6853	685,273.	48,165.	637,108.	.38
<b>f</b> Health professions education (from Worksheet 5) . . . . .	7	248	268,809.		268,809.	.16
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .		376	7,740,963.	6,437,820.	1,303,143.	.78
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	24		24,752.		24,752.	.01
<b>j Total.</b> Other Benefits . . . . .	227	7477	8,719,797.	6,485,985.	2,233,812.	1.33
<b>k Total.</b> Add lines 7d and 7j. . . . .	227	46102	51,059,393.	42,823,998.	8,235,395.	4.91

**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	8	1260	16,982.		16,982.	.01
7 Community health improvement advocacy	34	2519	27,885.	340.	27,545.	.02
8 Workforce development						
9 Other						
10 Total	42	3779	44,867.	340.	44,527.	.03

**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? . . . . .	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. . . . .		
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. . . . .		
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) . . . . .	52,202,620.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	60,522,922.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-8,320,302.
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 checked="" type="checkbox"/> Cost accounting system <input 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? . . . . .	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 . . . . .	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 (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 ST. CATHERINE HOSPITAL, 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding CHNA, implementation strategies, and excise taxes.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, 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>300</u> %		
<b>b</b>	<input 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 checked="" 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? . . . . . 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):	X	
<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 checked="" 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 type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>COMHS.ORG/STCATHERINE/CHARITY-CAR</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>COMHS.ORG/STCATHERINE/CHARITY-CARE</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>COMHS.ORG/STCATHERINE/CHARIT</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 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 ST. CATHERINE HOSPITAL, 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<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? . . . . . If "No," indicate why:		X
<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? . . . . . If "Yes," explain in Section C.		X
<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? . . . . . If "Yes," explain in Section C.		X

**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.

PART V, SECTION B, LINE 5 - COMMUNITY STAKEHOLDERS

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 44 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS) IN THE AREA WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN THE FOUR COUNTIES, INCLUDING LOW INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS. THE FIVE GROUPS CONSISTED OF DOCTORS, OTHER HEALTH PROVIDERS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS, AND OTHER COMMUNITY LEADERS. THE COMPLETE LIST CAN BE FOUND ON PAGES 103 AND 104 OF OUR CHNA.

PART V, SECTION B, LINE 6A - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH COMMUNITY HEALTHCARE SYSTEM:

COMMUNITY HOSPITAL

ST. MARY MEDICAL CENTER, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

**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.

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

OUR HOSPITALS CHOSE FOUR PRIORITY AREAS: DIABETES, HEART DISEASE & STROKE, NUTRITIONAL & WEIGHT STATUS AND MATERNAL, INFANT & CHILD HEALTH.

ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL SERVICES. KEY ISSUES OF CONCERNS AMONG OUR COMMUNITY INFORMANT INCLUDED ACCESS TO HEALTHCARE SERVICES, HEALTH EDUCATION AND PREVENTION, OBESITY AND SUBSTANCE ABUSE, AND AS SUCH ALIGN WITH THE FOCUS AREAS CHOSEN. IN TARGETING THESE FOUR AREAS FOR HEALTH IMPROVEMENT, THE HOSPITALS WILL SEEK TO:

- " ALIGN AND RE-ALIGN RESOURCES TO FOCUS ON THESE HEALTH ISSUES
- " DEVELOP PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH SCREENING AND EDUCATION INITIATIVES AS WELL AS TO TARGET AT-RISK POPULATIONS
- " EXPAND BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR, OUR EMPLOYED PHYSICIANS GROUP
- " SEEK ADDITIONAL OPPORTUNITIES TO ACHIEVE OUR GOALS
- " LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER COMMUNITY GROUPS AND SEEKING GRANT FUNDING

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN THE HOSPITAL'S IMPLEMENTATION PLAN.

THESE AREAS INCLUDE:

- " ACCESS TO HEALTH SERVICES
- " CANCER

**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.

" CHRONIC KIDNEY DISEASE

" FAMILY PLANNING

" INJURY & VIOLENCE PREVENTION

" ORAL HEALTH

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, COMMUNITY HEALTHCARE SYSTEM SUPPORTS A LARGE CANCER PROGRAM WITH A SEPARATE RESEARCH FOUNDATION FOCUSED ON IMPROVING ACCESS TO CLINICAL TRIALS FOR AREA RESIDENTS AS WELL AS PROVIDING FREE SUPPORT AND MIND-BODY SERVICES THROUGH ITS CANCER RESOURCE CENTRE. ALL HOSPITALS PROVIDE ROUTINE LOW-COST AND FREE SCREENING PROGRAMS FOR A VARIETY OF CANCERS.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOUR FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THREE OF THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF THE MOST VULNERABLE RESIDENTS - OUR NEWBORNS.

PART V, SECTION B, LINE 22D - FAP ELIGIBILITY

OUR MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE ARE BASED ON A SLIDING SCALE. UP TO 200% OF FEDERAL POVERTY GUIDELINES (FPG) IS 100% FREE CARE.

**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.

201%-300% IS CHARGED BASED ON MEDICARE RATES. OVER 300% IS CHARGED BASED  
ON AVERAGE OF MEDICARE AND LOWEST MANAGED CARE RATES COMBINED.

PATIENTS MAY ALSO BE ELIGIBLE FOR SELF-PAY/PROMPT PAY DISCOUNTS  
REGARDLESS OF FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE  
SELF-PAY ACCOUNTS AND AN ADDITIONAL 10% DISCOUNT FOR PROMPT PAYMENT.

**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? 3

Name and address	Type of Facility (describe)
<b>1</b> HOME HEALTH OF ST. CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO IN 46312	HOME HEALTH
<b>2</b> OCCUPATIONAL HEALTH 4320 FIR STREET, SUITE 313 EAST CHICAGO IN 46312	OUTPATIENT CENTER
<b>3</b> HESSVILLE FAMILY CARE CENTER 3432 169TH STREET HAMMOND IN 46323	OUTPATIENT CENTER
<b>4</b>	
<b>5</b>	
<b>6</b>	
<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.

PART I, LINE 3C - FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY

N/A - FPG IS THE ONLY FACTOR USED

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. ST. CATHERINE HOSPITAL, INC. MAKES ITS 990 AVAILABLE TO THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT AND DSH. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES:

COALITION BUILDING (LINE 6) - THIS CATEGORY IS TO INCLUDE "PARTICIPATION IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES." HERE WE HAVE INCLUDED COSTS FOR PROGRAMS PRESENTED MAINLY AT AREA SCHOOLS WHICH WERE DESIGNED

**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.

TO PROVIDE EDUCATION IN THE AREAS OF HEALTH, SAFETY AND CRIME PREVENTION.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY (LINE 7) - THIS CATEGORY IS TO INCLUDE "EFFORTS TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH ACCESS TO HEALTH CARE SERVICES." THE PRIMARY ACTIVITIES OF THE HOSPITAL IN THIS CATEGORY HAVE BEEN THE SPONSORSHIP OF A NUMBER OF COMMUNITY HEALTH FAIRS.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:  
THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:  
WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

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PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. 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, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. 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 BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH

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CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST  
THE ALLOWANCE FOR BAD DEBTS.

PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:

WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY  
FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE,  
QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE  
COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST  
ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:

COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED  
FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES  
BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS  
RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL  
ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A  
FINANCIAL ASSISTANCE REVIEW.

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## 2. NEEDS ASSESSMENT

IN COLLABORATION WITH COMMUNITY HEALTHCARE SYSTEM, FRANCISCAN ALLIANCE,  
AND THE METHODIST HOSPITALS, INC., ST. CATHERINE HOSPITAL, INC.,  
CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY HEALTH NEEDS  
ASSESSMENT AS PER REGULATION 501(R). THE MOST RECENT CHNA WAS CONDUCTED  
IN 2013 AND IS AVAILABLE ON THE FOLLOWING WEBSITES:

[HTTP://WWW.COMHS.ORG/STCATHERINE](http://www.comhs.org/stcatherine)

[HTTP://WWW.CHSSTCATHERINE.HEALTHFORECAST.NET](http://www.chsstcatherine.healthforecast.net)

## 3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE  
HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN  
INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO  
RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR  
MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A  
FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO  
DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE  
FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM

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AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

#### 4. COMMUNITY INFORMATION

LOCATED IN EAST CHICAGO, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING EAST CHICAGO TO THE STATE OF INDIANA:

	EAST CHICAGO	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	31.4%	24.8%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	11.3%	13.0%
WHITE ALONE, PERCENT, 2010 (A)	35.5%	84.3%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	42.9%	9.1%
HISPANIC OR LATINO, PERCENT, 2010 (B)	50.9%	6.0%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	7.2%	81.5%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2010-2014	71.8%	87.6%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2010-2014	7.5%	23.6%
MEDIAN HOUSEHOLD INCOME, 2010-2014	\$27,215	\$48,737
PERSONS IN POVERTY, PERCENT, 2010-2014	35.5%	15.2%

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(A) INCLUDES PERSONS REPORTING ONLY ONE RACE. (B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE CATEGORIES

#### 5. PROMOTION OF COMMUNITY HEALTH

ST. CATHERINE HOSPITAL IS A NOT-FOR-PROFIT HOSPITAL OPERATING AS PART OF THE COMMUNITY HEALTHCARE SYSTEM, WHICH INCLUDES COMMUNITY HOSPITAL IN MUNSTER, INDIANA AND ST. MARY MEDICAL CENTER IN HOBART, INDIANA. COMMUNITY HEALTHCARE SYSTEM IS THE LEADING MEDICAL PROVIDER IN NORTHWEST INDIANA, OPERATING THREE NOT-FOR-PROFIT HOSPITALS, SEVERAL OUTPATIENT CLINICS AND PHYSICIAN PRACTICES, A FITNESS FACILITY, THE CENTER FOR VISUAL AND PERFORMING ARTS, A CANCER RESOURCE CENTRE AND CANCER RESEARCH FOUNDATION AND HARTSFIELD VILLAGE, A SENIOR LIVING COMMUNITY. WE ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED. ST. CATHERINE HOSPITAL WAS ESTABLISHED IN 1928 IN EAST CHICAGO, INDIANA TO FILL A NEED FOR HEALTH SERVICE TO THE COMMUNITIES OF EAST CHICAGO, WHITING, HAMMOND AND

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GARY. TODAY, THE HOSPITAL CONTINUES TO PROVIDE A FULL RANGE OF IN- AND OUT-PATIENT MEDICAL SERVICES. IN THE SPIRIT OF KATHERINE KASPER'S FOUNDING CHARISMA, ST. CATHERINE HOSPITAL CONTINUES TO MINISTER TO OUR NEIGHBORS WITHIN THE COMMUNITY; PROVIDING COMPASSIONATE CARE OF MIND, BODY, AND SPIRIT.

ST. CATHERINE HOSPITAL FOCUSES ON DESIGNING AND PROVIDING SERVICES THAT MEET THE NEEDS OF ITS DIVERSE COMMUNITY IN EAST CHICAGO AND THE SURROUNDING COMMUNITIES OF NORTHWEST INDIANA. ST. CATHERINE HOSPITAL TAKES PRIDE IN BEING RESPONSIVE TO THE NEEDS OF OUR COMMUNITY. THE HOSPITAL REGULARLY SURVEYS ITS PATIENTS TO IDENTIFY THEIR OUTSTANDING NEEDS, ASCERTAIN THEIR SATISFACTION WITH OUR FACILITIES, CARE AND THE SERVICES THAT ARE OFFERED. BASED ON THE RESULTS OF THESE SURVEYS, ST. CATHERINE HOSPITAL HOUSES CYBERKNIFE, A HIGH PRECISION RADIATION TECHNOLOGY CANCER TREATMENT FOR PATIENTS WHOSE TUMORS, BENIGN OR CANCEROUS, WERE ONCE UNTREATABLE. THIS TREATMENT IS A PAINLESS, BLOODLESS PROCEDURE. IT IS A KEY COMPONENT OF THE CANCER TREATMENT IN COMMUNITY HEALTHCARE SYSTEM. THE JOINT ACADEMY AND HAND CENTER PROVIDES

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EVIDENCE BASED CARE FOR JOINT REPLACEMENT SURGERIES. THE CHEST PAIN CENTER PROVIDES EVIDENCE BASED GUIDELINES FOR PATIENTS ARRIVING WITH COMPLAINTS OF CHEST PAIN. THE STROKE UNIT HAS ACHIEVED JOINT COMMISSION ACCREDITATION. THE CENTER FOR DIABETES EDUCATION PROGRAMS ARE AMERICAN DIETARY ASSOCIATION APPROVED, NOW WORKING TOWARDS ACQUIRING JOINT COMMISSION ACCREDITATION. BEHAVIORAL HEALTH SERVICES HAS EXPANDED TO MEET THE NEEDS OF PATIENTS AND FAMILIES AFFECTED BY MENTAL ILLNESS. TWO OUTPATIENT CENTERS FOR MENTAL WELLNESS, EAST CHICAGO AND SCHERERVILLE, PROVIDE SERVICES WHICH INCLUDE INTENSIVE OUTPATIENT THERAPY. THE INPATIENT AND OLDER ADULT UNITS ARE ABLE TO PROVIDE PATIENTS THE CARE THEY NEED TO HEAL IN A FRIENDLY, SUPPORTIVE ATMOSPHERE. THE HOSPITAL HAS EXTENDED ITS MEDICAL SERVICES TO INCLUDE OUTPATIENT CLINICAL LOCATIONS. THE HESSVILLE FAMILY CARE CENTER OFFERS A WIDE RANGE OF MEDICAL SERVICES INCLUDING LABORATORY, FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS, GYNECOLOGY AND MORE. IT ALSO SERVES AS AN URGENT CARE LOCATION OPEN SIX DAYS PER WEEK. THE WHITING HEALTH COMMUNITY CENTER IS SCHEDULED TO OPEN IN SEPTEMBER OF 2015 AND WILL ALSO OFFER A WIDE RANGE OF SERVICES. THESE LOCATIONS PROVIDE CONVENIENCE AND ACCESS TO EXCELLENT CARE WITHIN THEIR

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COMMUNITY.

OVER THE LAST SEVERAL YEARS, EFFORTS HAVE BEEN MADE TO FURTHER DEVELOP OUTREACH EDUCATION PROGRAMS, SUPPORT GROUPS, AND OFFER HEALTH SCREENINGS THAT ADDRESS CHALLENGES IN OUR NEIGHBORHOODS. OUR EDUCATION PROGRAMS ARE ASSOCIATED WITH SERVICES WE OFFER SUCH AS TEEN CHILDBIRTH EDUCATION, KEEPING BABY SAFE AND HEALTHY, DIABETES AND CARDIOVASCULAR DISEASE. WE ARE WORKING WITH OUR SYSTEM HOSPITALS TO OFFER ADDITIONAL CLASSES AT ST. CATHERINE SUCH AS LAMAZE, GRANDPARENTS' CLASSES, ETC. WE ALSO OFFER CLASSES/PRESENTATIONS ON TOPICS THE COMMUNITY DEEMS IMPORTANT TO THEM, SUCH AS ALLERGY AND SINUS ISSUES, BREAST CANCER IN WOMEN AND MEN, FALLS AND BALANCE, MENTAL HEALTH, AND OVERALL WELLNESS. WE OFFER A VARIETY OF SUPPORT GROUPS TO THE COMMUNITY WITH TOPICS RANGING FROM CHRONIC DISEASE SUCH AS LUPUS, SPIRITUAL ISSUES SUCH AS DEALING WITH LOSS, AND HEALTH RECOVERY SUCH AS STROKE SUFFERERS. TRANSPLANT SUPPORT GROUP IS A PROGRAM COMMITTED TO PROVIDING AND DISTRIBUTING EDUCATIONAL INFORMATION AND MAINTAINING CONTACT WITH DONOR FAMILIES, TRANSPLANT RECIPIENTS AND PATIENTS WAITING ON DIALYSIS. PARTICIPANTS IN SUPPORT GROUPS RECEIVE

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EMOTIONAL SUPPORT, PRACTICAL ASSISTANCE IN COPING WITH THE ISSUES THEY  
FACE AND THE LATEST INFORMATION ABOUT RESEARCH AND TREATMENTS. HEALTH  
FAIRS PROVIDE AN OPPORTUNITY FOR PEOPLE TO HAVE BASIC SCREENINGS TO  
DETERMINE IF THERE IS CAUSE FOR FURTHER EVALUATION. WE OFFER BONE  
DENSITY, BALANCE, SIT-STAND, PULSE OXIMETER, CHOLESTEROL, HA1C, BLOOD  
PRESSURE, BMI, STRENGTH, HEIGHT, AND WEIGHT, AT LEAST TWICE PER YEAR. NO  
PHYSICIAN ORDER IS NECESSARY FOR THE SCREENING AND IS FREE TO THE PUBLIC.  
WE ARE MOVING TOWARDS INCORPORATING TRACKING MECHANISMS TO MAKE SURE  
PEOPLE ARE GETTING CARE IF IT IS WARRANTED. WE ALSO HAVE VENDORS TO  
PROVIDE INFORMATION AND RESOURCES FOR PARTICIPANTS. SPEAKERS AND  
PRESENTATIONS ARE PROVIDED BY ADVANCED PRACTICE STAFF AND PHYSICIANS TO  
FURTHER THE CAUSE OF EDUCATING THE PUBLIC. HEALTH SCREENINGS ARE  
OFFERED AT THE HOSPITAL OUTSIDE THE SCOPE OF A HEALTH FAIR. BONE DENSITY  
DETERMINES THE STRENGTH OF THE PARTICIPANT'S BONES BY MEASURING THE  
ANKLE. THIS SCREENING IS OFFERED MONTHLY FOR FREE. CORONARY HEALTH  
APPRAISAL HELPS TO DETERMINE RISK FOR HEART DISEASE AND OTHER RELATED  
MEDICAL CONDITIONS. SCREENING INCLUDES: CHOLESTEROL (TOTAL, HDL, LDL,  
TRIGLYCERIDES), BLOOD SUGAR, METABOLIC SYNDROME, BLOOD PRESSURE, BODY

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MASS INDEX AND A HEART HEALTH PROFILE. THIS IS OFFERED TWICE PER YEAR FOR A NOMINAL FEE. OUR NEWEST SCREENING IS THE VASCULAR SCREENING THAT WILL HELP IDENTIFY POSSIBLE RISKS FOR STROKE OR HEART ATTACK BEFORE SYMPTOMS COULD OCCUR. THE SCREENING INCLUDES STROKE/CAROTID ARTERY SCREENING, HEART RHYTHM, ABDOMINAL AORTIC ANEURYSM (AAA) AND PERIPHERAL ARTERIAL DISEASE SCREENING (PAD) FOR A NOMINAL FEE. THIS SCREENING IS OFFERED QUARTERLY.

COMMUNITY OUTREACH NATURALLY EXTENDS OUTSIDE THE WALLS OF THE HOSPITAL. WE PARTNER WITH AREA RELIGIOUS INSTITUTIONS, SOCIAL SERVICE AGENCIES AND CITY/TOWN DEPARTMENTS TO PROVIDE EDUCATION AND SUPPORT SERVICES. THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND COMFORTABLE AND CONVENIENT. WE HAVE A WELL WALKER'S CLUB IN 3 CITIES, EAST CHICAGO, HIGHLAND AND WHITING. THE CLUB SERVES AS A WAY TO EDUCATE THE PUBLIC DURING MONTHLY MEETINGS, ENCOURAGE EXERCISE VIA WALKING, OPPORTUNITY TO MEET NEW PEOPLE WITH SIMILAR INTERESTS, AND VIRTUALLY TOUR THE WORLD VIA A WALKING CAMPAIGN. THIS SUCCESSFUL LONG RUNNING PROGRAM IS CONTINUOUSLY EVOLVING AND MAINTAINING A LOYAL MEMBERSHIP. WE PROVIDE

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EDUCATION SESSIONS, MONTHLY BLOOD PRESSURE SCREENINGS AND GALLERY DISPLAYS IN PARTNERSHIP WITH MULTICULTURAL WELLNESS NETWORK AND EAST CHICAGO PUBLIC LIBRARIES. WE PROVIDE BLOOD PRESSURE SCREENINGS AND EDUCATIONAL SESSIONS WITH THE WHITING PUBLIC LIBRARY. PRESENTATIONS ARE HELD AT THE WHITING YMCA AND AT THE CENTER FOR VISUAL AND PERFORMING ARTS IN MUNSTER WITH PLANS FOR MORE PROGRAMS IN THE COMING YEAR. WE HAVE A CONCRETE PARTNERSHIP WITH THE SCHOOLS IN EAST CHICAGO. WE PROVIDE PRESENTATIONS FOR THE C.L.A.S.S. HEALTH CENTER ON A QUARTERLY BASIS; TOPICS INCLUDE ASTHMA, DIABETES, AND EXERCISE. CANCER SURVIVORS DAY IS HOSTED IN PARTNERSHIP WITH THE CANCER RESOURCE CENTRE AS A LOCAL CELEBRATION OF THIS NATIONAL EVENT, HONORING THE STRENGTH AND COURAGE OF THOSE WHO HAVE LIVED - AND CONTINUE TO LIVE - WITH CANCER. THIS IS AN OPPORTUNITY TO HAVE FUN AND SHARE STORIES OF TRIUMPH AND VICTORY OVER CANCER. FOOD, ENTERTAINMENT, MASSAGES, GAMES AND SMALL GIFTS ARE PROVIDED. HOSPITAL PERSONNEL PROVIDE SUPPORT (SCREENINGS, CLASSES, BOOTHS, ETC.) AT NUMEROUS HEALTH FAIRS THROUGHOUT OUR SERVICE AREA. BECAUSE WE UNDERSTAND THAT WELLNESS IS NOT DETERMINED BY ILLNESS OR LACK THEREOF, ST. CATHERINE HOSPITAL SERVES ON VARIOUS COLLABORATION/IMPACT

**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.
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PROJECTS. THE OVERALL GOAL OF THESE PROJECTS IS TO HELP IMPROVE THE HEALTH AND LIVES OF THE COMMUNITIES WE SERVE. THE BRIDGES OF CARE COLLECTIVE IMPACT INITIATIVE IS DESIGNED TO TAKE A GRASS-ROOTS, COMPREHENSIVE, FOCUSED APPROACH ON ASSISTING INDIVIDUALS AND FAMILIES OF EAST CHICAGO ACHIEVE A HIGHER QUALITY OF LIFE. THIS PROJECT FOCUSES ON ISSUES SPANNING THE ENTIRE LIFE CYCLE, FROM BIRTH TO DEATH. THE PROJECT HAS 5 WORK GROUPS: EDUCATION, HEALTH, ECONOMIC OPPORTUNITY, COMMUNITY/FAMILY AND ACCESS/MOBILITY. THESE GROUPS CONSIST OF NON-PROFITS ORGANIZATIONS AND PUBLIC AND PRIVATE SECTOR AGENCIES. BRIDGES TO WELLNESS NETWORK IS A COLLABORATION AMONG HEALTHVISIONS MIDWEST; ST. CATHERINE HOSPITAL; HEALTHLINC, A FEDERALLY QUALIFIED HEALTH CENTER; CATHOLIC CHARITIES; AND SALVATION ARMY. TOGETHER THEY CAN IMPROVE THE HEALTH AND WELLNESS OF THE CITIZENS OF EAST CHICAGO BY INCREASING ACCESS TO PROGRAMS THAT ENCOURAGE HEALTHY EATING, PHYSICAL ACTIVITY, TOBACCO CESSATION AND SELF-MANAGEMENT OF CHRONIC DISEASES. THE CURRENT GOALS OF THE PROGRAM ARE TO DEVELOP A CITY WIDE OUTREACH/REFERRAL SYSTEM TO IMPROVE THE HEALTH AND WELLNESS OF EAST CHICAGO RESIDENTS, AGE 45 AND OLDER AND IDENTIFY AND PARTNER WITH CHURCHES TO EXTEND THE REACH OF THE

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OUTREACH AND REFERRAL SYSTEM BY LINKING CHURCH MEMBERS TO HEALTH

EDUCATION AND ACCESS TO HEALTHCARE THROUGH PEER ADVISORS.

ST. CATHERINE HOSPITAL WAS INSTRUMENTAL IN HELPING ACQUIRE THE NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM FOR NORTHWEST INDIANA. THIS IS AN EVIDENCE-BASED, COMMUNITY HEALTH PROGRAM THAT HELPS TRANSFORM THE LIVES OF VULNERABLE MOTHERS PREGNANT WITH THEIR FIRST CHILD. EACH MOTHER SERVED BY NFP IS PARTNERED WITH A REGISTERED NURSE EARLY IN HER PREGNANCY AND RECEIVES ONGOING NURSE HOME VISITS THAT CONTINUE THROUGH HER CHILD'S SECOND BIRTHDAY. NURSE-FAMILY PARTNERSHIP IS A PROGRAM HELPING TO ADDRESS THE RISKS OF POVERTY, PRETERM BIRTHS, OTHER POOR MATERNAL AND CHILD HEALTH OUTCOMES, HIGH SCHOOL DROPOUT RATES, DOMESTIC VIOLENCE, AND CHILD MALTREATMENT.

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS CHALLENGES UNIQUE IN OUR NEIGHBORHOODS. STOP DIABETES IN EAST CHICAGO, TEEN LAMAZE CLASSES, LUPUS EDUCATION, A SUPPORT GROUP FOR THOSE DEALING

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WITH THE AFTERMATH OF A VIOLENT INCIDENT, THE WELL WALKERS' CLUB, AND FREE CAR SEATS PROVIDED TO ALL FAMILIES WHO DELIVER AT ST. CATHERINE HOSPITAL, INC. ARE JUST A FEW OF THESE PROGRAMS. WHEN POSSIBLE, OUR COMMUNITY OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE. THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND COMFORTABLE AND CONVENIENT.

#### 6. AFFILIATED HEALTH CARE SYSTEM

ST. CATHERINE HOSPITAL, INC. IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

#### 7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA