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St. Vincent Randolph Strategies
FY08-FY12

SVH Goal: Make SVH a Vital Presence in the communities we serve by continuously improving our care delivery so that all patients have appropriate access and receive the highest available quality of care, in support of Ascension Health’s Call to Action of Healthcare that Leaves No One Behind.

Measures of success:
• Benchmark Productivity measure

Strategies
1. SV Randolph will improve staffing and patient satisfaction of the Emergency Department to a level above the national average.

2. SVRH will maintain a chronic disease management program for the communities it serves in conjunction with the initiatives of Ascension Health and the Indiana State Department of Health.

3. SV Randolph will improve access through managed care contracts

4. SVRH will work with SVH, IRHA and other appropriate agencies to monitor proposed changes in the whole county HPSA (Health Professional Shortage Area) status of Randolph County, Indiana.

5. SV Randolph will develop access to Mental Health Services to meet the needs of the community
Original long-range hospital objectives for charity care

• Poverty
• Substance Abuse
• Education
Hospital Mission Statement

Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.
POLICY

In accordance with the Core Value of Integrity and Wisdom, this policy establishes the administrative level of approval required to write-off certain account balances that have been determined through routine assessment procedures to be uncollectible and therefore should be accounted for as either a Charity, Administrative write-off or Bad Debt.

Individual departmental procedures in accordance with the Patient Financial Services Department have set forth the guidelines for determining an account's eligibility to be considered for a write-off action.

DEPARTMENTS AFFECTED

1. Patient Financial Services
2. Administration
3. Clinical/charge areas

PROCEDURE

I. Charity Allowances

A. Once it has been determined that a guarantor lacks the resources to either pay for the costs of treatment or to have such costs paid by a bona-fide third party, a charity allowance of part or all of the account balance may be considered. Charity consideration is based on Department of Health and Human Services poverty level guidelines established annually. An explanation of the guarantor's financial circumstances should be documented on the Account Record. Appropriate administrative level approval(s) should then be obtained.

B. Approved (or rejected) charity accounts should be returned to PFS departmental management for processing. It is the responsibility of PFS departmental management to: a.) direct the execution and recording of the charity allowance transaction; and b.) notify the guarantor, by letter, indicating the Hospital's decision to forgive the debt as charity.
II. Administrative and Convenience Allowances:

A. Management in the PFS Department may, with proper justification and documentation, direct the submission of credit adjustments which are deemed necessary for the convenience of the Hospital or as a courtesy to patients when appropriate.
B. Management in other departments of the Hospital or at Satellite locations may, with proper justification and documentation (as approved by the Management in the PFS Department) submit credit adjustments to PFS which are deemed necessary to fulfill the Mission of the Hospital as a convenience or administrative write-off when appropriate.
C. Appropriate administrative level approval(s) should then be obtained by the PFS department manager or supervisor who is responsible for such account management.
D. After administrative approval is obtained, the PFS department is responsible for completing the transaction correctly and for notifying the patient in writing, when appropriate of the special adjustment.

III. Bad Debt Write-offs

A. The PFS Department is responsible for reviewing patient accounts which by virtue of their "account age" or other conditions are deemed to be presently uncollectible.
B. The PFS Department is responsible for summarizing the guarantor's financial circumstances and any other pertinent data on the Account Record or separate memo when necessary and submitting such records along with a recommendation to the appropriate level for approval.
C. The PFS Department is responsible for ensuring submission of proper transactions to record approved write-offs.
• IV. Bankruptcy Write-offs

A. The accounts for those patients who have filed a verified Petition in Bankruptcy may be approved for Bad Debt write-off based on Administrative approval limits.

V. Small Balance Write-offs

A. Accounts with a patient balance due of $9.99 or less will be automatically written off.
B. Accounts with a primary insurance balance due of $50.00 or less from a contracted payer after the primary insurance payment is posted will be written off as a contractual amount. These balances will be reconciled and recovery attempted with the respective payers on a periodic basis on a batch basis.

VI. Administrative Approval Limits

These limits apply to Charity, Bad Debt and the category of Administrative Allowance write-offs. Contractual write-offs related to contracted payer adjustments do not require approval for adjustment.

Allowance/Adjustment/Writeoff Amount

$0 - $250 Biller/Rep
$251 - $10,000 Team Leader
$10,001 - $25,000 Manager, PFS
$25,001 - $50,000 Director, PFS
$50,001 - $99,999 Executive Director of Finance
$100,000+ Chief Financial Officer, President and Board of Directors
POLICY

It is the policy of St. Vincent Health that each Health Ministry, guided by the Mission, Vision, Values, and Philosophy of the System, will plan for care of persons who are poor and for community benefit and will report annually on this plan.

PRINCIPLES

1. The principle of the common good obliges government, church and civic communities to address the needs and advocate for those who lack resources for a reasonable quality of life. St. Vincent Health desires to strengthen its commitment to this principle through a unified system of accountability.

2. Health Ministries will collaborate in assessing the needs and resources of individuals and communities they serve and will establish substantive goals directed toward those needs in the context of their strategic and financial planning.

3. Health Ministries will account annually to appropriate constituencies for progress toward achievement of these goals.

4. Annually St. Vincent Health will produce an aggregate report.

DEPARTMENTS AFFECTED

All Ministries
PROCEDURE

Subject

This procedure sets forth the requirement that each health ministry have an effective policy, and establishes a process to develop an annual Care of the Poor/Community Benefit goals and to report progress towards those goals. All activities related to the poor will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with poor and vulnerable persons, and our commitment to distributive justice and stewardship.

Rationale

Care of the Poor/Community Benefit planning and goals are incorporated into the existing Integrated Strategic and Financial Planning (ISFP) process. Progress towards established goals will be reported annually. This procedure provides guidelines to assist Health Ministries:

a. Establish care of the poor/community benefit goals within the framework of the ISFP process and report progress toward those goals.
b. Report costs for Categories I through V associated with allowable care of the poor/community benefit programs and services.

Charity Care Minimum Standards (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

1. Patients with income less that or equal to 200% of the Federal Poverty Limits (“FPL”), which may be adjusted for inflation utilizing local wage index vs. national wage index by the hospital, will be eligible for 100% charity care write off of the services that have been provided to them in accordance with Ascension Health Policy 9.
2. Patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as described in will receive a discount on the services provided to them based on a sliding scale. The sliding scale will subject to a Means Test to be determined by each hospital and/or Health Ministry in accordance with guidelines established in Policy 9.
3. Eligibility for charity care may be determined at any point in the revenue cycle.
Financial Assistance Minimum Standards  (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program.)

These minimum standards are designed to ensure each health ministry designs a methodology to determine qualifying incomes and/or assets available to satisfy the patient's obligation to the hospital.

1. All patients and families are advised of the hospital's applicable policies, including the Care of the Poor /Community Benefit policy and the availability of need-based financial assistance in easily understood terms, as well as in language commonly used by patients in the community.
2. The financial assistance policy must address a patient's eligible income and assets.
3. The policy may allow the determination to be made on a case-by-case basis, but in this circumstance, a review panel must be formed to insure a patient has the right to appeal a decision.
4. Requiring a patient to apply for public financial assistance program.

Other Requirements and Exceptions  (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program.)

1. Health Ministries require the uninsured to work with financial counselor and apply for Medicaid or other public assistance programs to qualify for charity.
2. Other program that allow for "packaging" payment programs are acceptable. For example, many Health Ministries package prenatal care and delivery charges into a "package" price for the uninsured. This in encouraged and will continue.
3. A nominal charge may be charged to patients qualifying for charity. The participation of individuals in the financial obligation of their health care is recommended by those who work with persons who are poor since it respects their dignity as well as their sense of responsibility.
Planning

1. As part of the annual ISFP process, establish substantial, measurable and meaningful Care of the Poor/Community Benefit goals. These goals should be derived from Ascension Health "Call To Action".
   a. Healthcare that Works
   b. Healthcare that is Safe
   c. Healthcare that leaves no one behind
   Each healthcare ministry will develop three to five local strategies in response to a community needs assessment and other initiatives.

2. The ISFP budget for Care of the Poor/Community Benefit should include budget dollars for Categories I-IV for upcoming fiscal year.

Definitions

1. Category I - Charity Care (free or reduced fee/sliding scale care for persons who qualify for financial assistance).
2. Category II - Unreimbursed cost of the care provided to patients enrolled in public programs.
3. Category III - Programs and services targeted to persons who are poor.
4. Category IV - Programs and services targeted to the general community.
5. Category V - Bad Debt costs attributable to Charity Care.
Guidelines

Guidelines for Category I
a. Charity care dollars should be an estimate of the cost to provide services to patients who qualify for charity care.
b. Charity care should include the cost of services provided to charity care patients in all settings (acute and non-acute settings such as ambulatory surgery centers, etc.).

Guidelines for Category II
a. Medicare losses/shortfalls should not be reported. This is consistent with standards set by the Catholic Health Association community benefit network and used by other Catholic systems.
b. Losses/shortfalls from all Medicaid sources, including Medicaid managed care products, should be included.
c. Medicaid disproportionate share (DSH) payments should be considered Medicaid payment/income.
d. Prior year settlements from Medicaid programs (including Medicaid DSH) should be considered as an offset to the cost of care provided and, accordingly, increase or decrease the shortfall reported.

Guidelines for Category III
a. The program/service/activity/event must respond to the needs of special populations; for example, the frail elderly, poor persons with disabilities, the chronically mentally ill, persons with AIDS, or those who find it hard to meet basic needs due to on-going poverty.
b. The program/service/activity/event should be quantifiable in terms of dollars and should not be included in Category I or II.
c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
d. The program/service/activity/event should generate a low or negative margin.
e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue is primarily motivated by a mission commitment versus a marketing interest.
f. The program/service/activity/event would no longer be available, or would be insufficiently available in the community, or would be the responsibility of the government if not provided by the healthcare organization.
Guidelines for Category IV
a. The program/service/activity/event should be quantifiable in terms of dollars.
b. The program/service/activity/event should generate a low or negative margin.
c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
d. The program/service/activity/event provides a response to a unique or a particular health problem in the community or is directed to promoting the wellness of the population in a holistic manner.
e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue generally represents a mission commitment versus a business decision.

Guidelines for Category V
Bad debt cost of services can be calculated for certain bad debt write-offs. This acknowledges that there are charity care patients that may not be identified initially as eligible for charity care. Two possible formulae for determining the cost of bad debt for services provided to charity care patients include:
a. Cost of bad debt excluding the portion related to coinsurance and deductibles. Patients who have a coinsurance payment or deductible are assumed to have insurance.
b. Identify the zip code average income that constitutes "poor" and count all bad debts from those zip codes, excluding the portion related to coinsurance and deductibles. It is recognized that while this methodology may count patients with the ability to pay who reside in these zip codes, the methodology also excludes patients from other zip codes that may not be able to pay.
Reporting Category I and II

1. Reporting Cost for category I and II
Finance department in collaboration with each local ministry reports on categories I and II.

Reporting Category III and IV

1. Reporting Cost for Categories III & IV Programs and Services
The following should serve as guidelines for reporting costs for programs, services, activities or events appropriate to be included in Category III - Programs and services targeted to the poor and Category IV - Programs and services targeted to the general community. (See Exhibit A Charity Care Intranet Reporting).

   a. Report cost less any reimbursement received.
   b. Medical Education programs should be reported as a community benefit.
      i. Medicare Graduate Medical Education (GME) payments should offset costs.
      ii. Medicare Indirect Medical Education (IME) payments should not be offset against the direct cost of medical education programs.
   c. Volunteering may be reported.
      i. Include paid associate time for volunteering at hospital supported activities such as:
         - Paid associate time to assist in health screenings performed after hours.
         - Replacement cost for associates performing management approved volunteer activities.
         - Paid associate time as a volunteer for organizational sponsored events.
         - Board representation on management approved organizations.

2. With the Care of the Poor/ Community Benefit report, a narrative for each Care of the Poor/ Community Benefit goal must be identified in the ISFP and describe progress towards achievement for each goal, including to the extent possible baseline measures of success being established, outcomes achieved, program impact, etc.

3. Care of the Poor/ Community Benefit goals are part of the ISFP. Therefore, reporting for Goals is due consistent with the ISFP timeline.
Reporting Category V

1. Reporting Cost for category V
Finance department in collaboration with each local ministry reports on category V.

Additional resources:
Ascension Health HOTLINE: 1-314-733-8138
Ascension Health e-mail address: policy9@ascensionhealth.org
EMERGENCY PATIENTS – PLEASE READ

If you have a medical emergency or are in labor, it is this hospital’s obligation by law to provide services within the capabilities of this hospital’s staff and facilities.

YOU HAVE THE RIGHT TO RECEIVE:

• An appropriate medical SCREENING EXAMINATION.
• Necessary STABILIZING TREATMENT (including treatment for an unborn child)
• And if necessary,
  An appropriate TRANSFER facility

Even if YOU CANNOT PAY OR DO NOT HAVE MEDICAL INSURANCE OR YOU ARE NOT ENTITLED TO MEDICARE OR MEDICAID

This hospital does participate in the Medicaid Program.
Randolph County Community Assessment Survey

Age Group Comparison
Respondents Characteristics
Job Characteristics

- Farming: Age below 55: 6.5%, Age above 55: 8%
- Manufacturing: Age below 55: 19.5%, Age above 55: 5.1%
- Retail or Services: Age below 55: 19.5%, Age above 55: 6.5%
- Technical: Age below 55: 5.2%, Age above 55: 0%
- Retired: Age above 55: 60.1%
Job Characteristics

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial or Professional</td>
<td>20.8%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Government</td>
<td>3.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Caregiver</td>
<td>5.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Stay-at-Home</td>
<td>9.1%</td>
<td>0%</td>
</tr>
<tr>
<td>Not Employed</td>
<td>10.4%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>
Reasons for Unemployment

- Disabled: 45.7% (Age below 55: 20%, Age above 55: 45.7%)
- Lack of skill: 0% (Age below 55: 0%, Age above 55: 2.2%)
- Unable to find employment: 46.7% (Age below 55: 6.5%, Age above 55: 33.3%)
- Choose not to work: 45.7% (Age below 55: 33.3%, Age above 55: 45.7%)

Age below 55: Yellow, Age above 55: Red
Access To Healthcare
Sources of Healthcare Coverage

- Employer
- Family Member's Employer
- Privately Paid Plan
- Medicare
- Medicaid or Hoosier Healthwise
- Do not have health insurance

Age below 55: 35.2%, 20.1%, 18.2%, 22.8%, 8%, 20.5%
Age above 55: 20.6%, 15.9%, 3.7%, 2.3%, 8.7%, 4.1%
Healthcare Coverage In The Past Year?

66.2% for Age below 55

92% for Age above 55
Types of Healthcare Coverage

- None: 7.4% (Age below 55) vs 2% (Age above 55)
- Doctor: 19.2% (Age below 55) vs 23.2% (Age above 55)
- Catastrophic: 10.3% (Age below 55) vs 7% (Age above 55)
- Prescription: 18.1% (Age below 55) vs 24.1% (Age above 55)
- Dental: 7.7% (Age below 55) vs 15.1% (Age above 55)
- Hospitalization: 27.8% (Age below 55) vs 19.2% (Age above 55)
- Vision: 10.7% (Age below 55) vs 8.3% (Age above 55)
Impact of Cost on Healthcare

Seeing a doctor or Other health Care professional

- Age below 55: 41.2%
- Age above 55: 41.5%

Seeing a Mental health Care professional

- Age below 55: 19.6%
- Age above 55: 20.7%

Filling or refilling a prescription

- Age below 55: 39.2%
- Age above 55: 37.8%
Is it hard to pay the co-pay or deductible required for insurance?
Health Insurance for Children

- Yes: 50.6%
- No: 23.8%
- Don't have dependent children: 6.3%

Age above 55:
- Yes: 72.3%
- No: 43%

Age below 55:
- Yes: 23.8%
- No: 6.3%

- 3.8%
Access To Healthcare Professionals

- 89.3% of 95.7% got the help needed within 24 hrs
- 74.6% of 83.8% got the help needed within 24 hrs
Physical And Mental Health
# Physical Health Ratings

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th></th>
<th>Age above 55</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Very Good</td>
<td>18</td>
<td>22.2</td>
<td>25</td>
<td>17.4</td>
</tr>
<tr>
<td>Good</td>
<td>56</td>
<td>69.1</td>
<td>91</td>
<td>63.2</td>
</tr>
<tr>
<td>Poor</td>
<td>7</td>
<td>8.6</td>
<td>27</td>
<td>18.8</td>
</tr>
<tr>
<td>Very Poor</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.7</td>
</tr>
</tbody>
</table>
# Mental Health Ratings

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Very Good</td>
<td>24</td>
<td>29.6</td>
</tr>
<tr>
<td>Good</td>
<td>50</td>
<td>61.7</td>
</tr>
<tr>
<td>Poor</td>
<td>6</td>
<td>7.4</td>
</tr>
<tr>
<td>Very Poor</td>
<td>1</td>
<td>1.2</td>
</tr>
</tbody>
</table>
History Of Chronic Conditions

- High Cholesterol: Age below 55 - 13.7%, Age above 55 - 19.3%
- High Blood Pressure: Age below 55 - 13.7%, Age above 55 - 21.4%
- Asthma: Age below 55 - 7.5%, Age above 55 - 4.8%
- Chronic Fatigue Syndrome: Age below 55 - 0.6%, Age above 55 - 1.7%
- Diabetes: Age below 55 - 1.9%, Age above 55 - 6.5%
- Lung Disease: Age below 55 - 0.6%, Age above 55 - 1.4%
- Overweight: Age below 55 - 17.4%, Age above 55 - 10.8%
History Of Chronic Conditions

- Sexually transmitted disease: 3.7% (Age below 55), 0.5% (Age above 55)
- Fibromyalgia: 1.9% (Age below 55), 1.7% (Age above 55)
- Depression: 16.8% (Age below 55), 8.7% (Age above 55)
- Anxiety: 12.4% (Age below 55), 6.5% (Age above 55)
- Heart disease: 1.2% (Age below 55), 6% (Age above 55)
- Cancer: 3.1% (Age below 55), 5.1% (Age above 55)
- Thyroid disease: 2.5% (Age below 55), 5.3% (Age above 55)
- High risk pregnancy: 3.1% (Age below 55), 0.2% (Age above 55)
Access To Treatment For STD

- Age below 55: 72.2%
- Age above 55: 67.7%
Problem With Mental Health Issues
(Hopelessness, Depression, Anxiety, Fatigue)
(for age < 55)

66.7% asked for help

61.8% of 66.7% asked for help

55.8% asked for help

68.4% of 55.8% asked for help
Sources of Help For Mental Health Issues

- Dunn Center: 19.4% (Age below 55), 20.4% (Age above 55)
- Winds of Change: 2.8%, 3.7%
- CMHS in Muncie: 2.8%, 3.7%
- Saint John's Health System, Anderson: 2.8%, 0%
Sources of Help For Mental Health Issues

- Doctor: 47.2% (Age below 55), 46.3% (Age above 55)
- Psychologist/Psychiatrist: 8.3% (Age below 55), 13% (Age above 55)
- Counseling: 5.6% (Age below 55), 3.7% (Age above 55)
- Hospital Emergency Room: 2.8% (Age below 55), 1.9% (Age above 55)
- Church: 2.8% (Age below 55), 5.6% (Age above 55)
- Other: 5.6% (Age below 55), 1.9% (Age above 55)
Got Help Needed For Mental Health Issues?
Problem With Alcohol

- 14.8% of those aged below 55 asked for help with alcohol problems.
- 12.1% of those aged above 55 asked for help with alcohol problems.

46.2% of 14.8% asked for help
36.8% of 12.1% asked for help
Sources of Help For Alcohol Problems

- 50% for Alcoholic Anonymous
- 37.5% for Dunn Center
- 16.7% for Aurora in Richmond
- 12.5% for St. John's Health System
- 12.5% for Richmond State Hospital
- 12.5% for St. Vincent's Stress Center
- 25% for Other

Legend:
- Red: Age below 55
- Green: Age above 55
Got Help Needed For Alcoholic Problems?

- 60% for Age below 55
- 72.7% for Age above 55
Was Help Useful In Reducing Alcohol Use?

- Age below 55: 37.5%
- Age above 55: 50%
Addiction To Illegal Substances

50% of 7.4% asked for help

50% of 3.6% asked for help
Sources of Help For Addiction To Illegal Substances

- Narchotics Anonymous
- Dunn Center
- Other

Age below 55
Age above 55
Got Help Needed With Addiction To Illegal Substances?

<table>
<thead>
<tr>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Was Help Useful In Quitting Illegal Drug Use?

Age below 55: 83.3%
Age above 55: 100%
Violence And Abuse Issues

46.2% of 32.1% asked for help

42.3% of 17.1% asked for help
Sources of Help For Violence And Abuse Issues

- Dunn Center: 30.8%
- Winds of Change: 23.1%
- Randolph County Christian Counseling Service: 7.7%
- A better way: 7.7%
- Genesis: 7.7%
- Sexual Assault Response Team (SART): 7.7%

Age below 55
- Dunn Center: 0%
- Winds of Change: 0%
- Randolph County Christian Counseling Service: 0%
- A better way: 0%
- Genesis: 0%
- Sexual Assault Response Team (SART): 0%

Age above 55
- Dunn Center: 7.7%
- Winds of Change: 7.7%
- Randolph County Christian Counseling Service: 7.7%
- A better way: 7.7%
- Genesis: 7.7%
- Sexual Assault Response Team (SART): 7.7%
Sources of Help For Violence And Abuse Issues

- Doctor: 7.7% (Age below 55), 0% (Age above 55)
- Psychologist/Psychiatrist: 15.4% (Age below 55), 7.7% (Age above 55)
- Counseling: 15.4% (Age below 55), 15.4% (Age above 55)
- Church: 7.7% (Age below 55), 15.4% (Age above 55)
- Other: 7.7% (Age below 55), 7.7% (Age above 55)
Was Help Useful In Reducing Violence And Abuse Issues?

- Age below 55: 53.3%
- Age above 55: 80%
Frequency of Doctor’s Visit

- Every 6 months or less: 17.5% (Age below 55), 56.3% (Age above 55)
- Every 7 months to one year: 41.3% (Age below 55), 25.7% (Age above 55)
- Every other year: 8.8% (Age below 55), 9.7% (Age above 55)
- Every several years: 16.3% (Age below 55), 6.3% (Age above 55)
- Never: 16.3% (Age below 55), 2.1% (Age above 55)
Frequency of Dental Examination

- Every 6 months or less: 40% (Age below 55), 38% (Age above 55)
- Every 7 months to one year: 18.8% (Age below 55), 16.8% (Age above 55)
- Every other year: 5% (Age below 55), 9.5% (Age above 55)
- Every several years: 22.5% (Age below 55), 13.9% (Age above 55)
- Never: 21.9% (Age below 55), 13.8% (Age above 55)

Legend:
- Green: Age below 55
- Red: Age above 55
Doctors Advice on Weight

Yes, lose weight: 22.2% (Age below 55) 25% (Age above 55)
Yes, gain weight: 1.2% (Age below 55) 2.2% (Age above 55)
Yes, maintain weight: 1.2% (Age below 55) 9.6% (Age above 55)
No: 66.7% (Age below 55) 55.1% (Age above 55)
Did not see a doctor or health care professional in the past year: 8.6% (Age below 55) 8.1% (Age above 55)
Frequency of Exercises

- Never or rarely: 26.3% (Age below 55), 26.5% (Age above 55)
- A few times per month: 25% (Age below 55), 11% (Age above 55)
- Weekly: 17.5% (Age below 55), 8.1% (Age above 55)
- Several times per week: 34.6% (Age below 55), 12.5% (Age above 55)
- Daily: 16.3% (Age below 55), 16.2% (Age above 55)
- More than once per day: 2.4% (Age below 55), 3.7% (Age above 55)
Where Do You Exercise?

- YMCA: 4.9% (Age below 55), 8.5% (Age above 55)
- Home: 70.7% (Age below 55), 76.9% (Age above 55)
- Park: 20.7% (Age below 55)
- School: 1.2% (Age below 55), 3.8% (Age above 55)
- Gym: 1.2% (Age below 55), 2.3% (Age above 55)
- Curves: 1.2% (Age below 55), 3.1% (Age above 55)
## Stress Level at School/Work

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>No Stress</td>
<td>9</td>
<td>11.7</td>
</tr>
<tr>
<td>Somewhat Stressful</td>
<td>48</td>
<td>62.3</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>17</td>
<td>22.1</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>3</td>
<td>3.9</td>
</tr>
</tbody>
</table>
## Stress Level at Home

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age below 55</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Stress</td>
<td>17</td>
<td>21%</td>
<td>55</td>
<td>38.7%</td>
</tr>
<tr>
<td>Somewhat Stressful</td>
<td>53</td>
<td>65.4%</td>
<td>76</td>
<td>53.5%</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>6</td>
<td>7.4%</td>
<td>11</td>
<td>7.7%</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>5</td>
<td>6.2%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Age above 55</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Stress</td>
<td>55</td>
<td>38.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Stressful</td>
<td>76</td>
<td>53.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Stressful</td>
<td>11</td>
<td>7.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community Characteristics
Community Housing Needs

- Single-Family Homeownership: 17.4%
- Single-Family Rental: 10.3%
- Condos: 5.4%
- Apartments: 8.7%
- Senior Rental: 14%
- Assisted Living For Seniors: 17.2%

- Age below 55:
- Age above 55:

Graph showing the percentage of community housing needs for different types of housing and age groups.
Community Housing Needs

- Emergency Shelters: 10.9% Age below 55, 10.4% Age above 55
- Transitional Housing: 3.8%
- Low-Income Housing: 15.8% Age below 55, 15.8% Age above 55
- Housing for youth aging out of foster care: 7.6% Age below 55, 6.8% Age above 55
- Housing with services for people with physical or mental disabilities: 12% Age below 55, 11.5% Age above 55
Community Public Facility Needs

- Senior Centers: 19.5%
- Youth centers: 11.7%
- Child care providers: 15.2%
- Center to serve people with disabilities: 12.1%
- Health facilities: 8.5%
- Parks or recreation facilities: 9.5%
- Indoor pools: 11.7%
- Walking and bike paths: 14.3%
- Age below 55: 6.9%
- Age above 55: 15.6%
- Park or recreation facilities: 8.7%
- Indoor pools: 15.5%
- Walking and bike paths: 3.8%

Age below 55 in green, Age above 55 in red.
Economic Development Needs

- Commercial development leading to job creation: 26.2% (Age below 55), 33.9% (Age above 55)
- Job training: 18.3% (Age below 55), 21% (Age above 55)
- Small business loans: 11.4% (Age below 55), 11.6% (Age above 55)
- Assistance for business: 9.9% (Age below 55), 8.6% (Age above 55)
- Educational opportunities: 23.8% (Age below 55), 15% (Age above 55)
- Leadership development: 10.4% (Age below 55), 9.9% (Age above 55)
Community Infrastructure Needs

- Storm water drains: 8.1% Age below 55, 8.4% Age above 55
- Side walks: 17.3% Age below 55, 12.8% Age above 55
- Streets and road maintenance: 17.3% Age below 55, 17% Age above 55
- Water and air quality: 5.5% Age below 55, 6.9% Age above 55
- Crime prevention: 8.9% Age below 55, 11.9% Age above 55
Community Infrastructure Needs

- Transportation services: 8.5% (Age below 55), 10.1% (Age above 55)
- Sewage treatment: 3% (Age below 55), 3.3% (Age above 55)
- Public indoor smoking ban: 8.5% (Age below 55), 13.7% (Age above 55)
- Recycling: 12.5% (Age below 55), 7.8% (Age above 55)
- Community pride: 10.3% (Age below 55), 8.1% (Age above 55)
How Well Does Community Education System Meet your Family Needs?

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th></th>
<th>Age above 55</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Very Well</td>
<td>14</td>
<td>20.0</td>
<td>31</td>
<td>34.8</td>
</tr>
<tr>
<td>Well</td>
<td>38</td>
<td>54.3</td>
<td>50</td>
<td>56.2</td>
</tr>
<tr>
<td>Poorly</td>
<td>13</td>
<td>18.6</td>
<td>6</td>
<td>6.7</td>
</tr>
<tr>
<td>Very Poorly</td>
<td>5</td>
<td>7.1</td>
<td>2</td>
<td>2.2</td>
</tr>
</tbody>
</table>
Use of Information & Communication Services

- Telephone: 18.4% (Age above 55), 15.3% (Age below 55)
- Cable or Satellite: 14.9% (Age above 55), 13.2% (Age below 55)
- Computer: 14.5% (Age above 55), 13.6% (Age below 55)
- Public Library: 7.9% (Age above 55), 9.2% (Age below 55)
- Television: 16.5% (Age above 55), 16.8% (Age below 55)
- Internet: 13.6% (Age above 55), 12.8% (Age below 55)
- Telephone (not your own): 15.7% (Age above 55), 13.6% (Age below 55)
- Cell Phone: 13.6% (Age above 55), 13.6% (Age below 55)
Income Vs. Use of Information & Communication Services

[Income > $30,000]

- Telephone
- Cable or Satellite
- Computer
- Public Library
- Television
- Internet
- Telephone (not your own)
- Cell Phone

Age below 55
Age above 55
Barriers In Participating In Community Activities

- Cultural differences: 11.3% / 3.1%
- Language differences: 6.3% / 3.9%
- Ability to read and write: 5% / 3.9%
- Disability: 10% / 22.7%
- Transportation: 12.5% / 21.1%
- Finances: 55% / 45.3%

Age below 55
Age above 55
# Community Participation

[Income <$30,000]

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barrier (%)</td>
<td>Not Barrier (%)</td>
</tr>
<tr>
<td>Cultural differences</td>
<td>3.7</td>
<td>40.7</td>
</tr>
<tr>
<td>Language difference</td>
<td>4.9</td>
<td>39.5</td>
</tr>
<tr>
<td>Ability to read and write</td>
<td>3.7</td>
<td>40.7</td>
</tr>
<tr>
<td>Disability</td>
<td>8.6</td>
<td>35.8</td>
</tr>
<tr>
<td>Transportation</td>
<td>11.1</td>
<td>34.6</td>
</tr>
<tr>
<td>Finances</td>
<td>34.6</td>
<td>12.3</td>
</tr>
</tbody>
</table>
# Community Participation

[Income > $30,000]

<table>
<thead>
<tr>
<th></th>
<th>Age below 55</th>
<th>Age above 55</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barrier (%)</td>
<td>Not Barrier (%)</td>
</tr>
<tr>
<td>Cultural differences</td>
<td>7.4</td>
<td>40.7</td>
</tr>
<tr>
<td>Language difference</td>
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</tr>
<tr>
<td>Ability to read and write</td>
<td>1.2</td>
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</tr>
<tr>
<td>Disability</td>
<td>1.2</td>
<td>46.9</td>
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<tr>
<td>Transportation</td>
<td>1.2</td>
<td>46.9</td>
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<tr>
<td>Finances</td>
<td>34.6</td>
<td>29.6</td>
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