

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ 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>1b</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 free 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 discounted 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 income based criteria 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>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</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>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**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) . . . . .			5,668,251.		5,668,251.	1.50
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			62,263,797.	59,537,970.	2,725,827.	.73
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			67,932,048.	59,537,970.	8,394,078.	2.23
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			10,938,539.	2,026,463.	8,912,076.	2.36
<b>f</b> Health professions education (from Worksheet 5) . . . . .			6,286,398.	1,622,719.	4,663,679.	1.25
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .			572,288.	520,089.	52,199.	.01
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			958,312.	242,694.	715,618.	.19
<b>j</b> Total. Other Benefits . . . . .			18,755,537.	4,411,965.	14,343,572.	3.81
<b>k</b> Total. Add lines 7d and 7j. . . . .			86,687,585.	63,949,935.	22,737,650.	6.04

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.

Table with 6 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with 3 columns: Question, Yes, No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. (Amount: 9,953,694). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (Amount: 4,976,847). Row 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

Table for Section B with 3 columns: Question, Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (Amount: 82,478,915). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (Amount: 96,005,382). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (Amount: -13,526,467). Row 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: [ ] Cost accounting system, [X] Cost to charge ratio, [ ] Other.

Section C. Collection Practices

Table for Section C with 3 columns: Question, Yes, No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: 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 (Yes: X).

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

Table with 5 columns: (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 %. Rows 1 through 13 are currently blank.

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

1 MEMORIAL HOSPITAL OF SOUTH BEND, INC
615 N MICHIGAN STREET
SOUTH BEND IN 46545
WWW.QUALITYOFLIFE.ORG
13-005053-1

Table with columns: 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. Row 1 contains 'X' marks for Licensed, General medical & surgical, Children's, Teaching, Critical access, Research, and ER-24 hours.

Form with numbered rows 2 through 10 for listing additional hospital facilities.

**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 facility reporting group MEMORIAL HOSPITAL OF SOUTH BEND, INC

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

**Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

- 1 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 9. . . . . **1** X
- If "Yes," indicate what the CHNA report describes (check all that apply):
  - a  A definition of the community served by the hospital facility
  - b  Demographics of the community
  - c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
  - d  How data was obtained
  - e  The health needs of the community
  - f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
  - g  The process for identifying and prioritizing community health needs and services to meet the community health needs
  - h  The process for consulting with persons representing the community's interests
  - i  Information gaps that limit the hospital facility's ability to assess the community's health needs
  - j  Other (describe in Section C)
- 2 Indicate the tax year the hospital facility last conducted a CHNA: 20 1 3
- 3 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 . . . . . **3** X
- 4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . . **4** X
- 5 Did the hospital facility make its CHNA report widely available to the public? . . . . . **5** X
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
  - a  Hospital facility's website (list url): QUALITYOFLIFE.ORG/CHNA
  - b  Other website (list url): WWW.STJOSEPHCOUNTYINDIANA.COM
  - c  Available upon request from the hospital facility
  - d  Other (describe in Section C)
- 6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):
  - a  Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
  - b  Execution of the implementation strategy
  - c  Participation in the development of a community-wide plan
  - d  Participation in the execution of a community-wide plan
  - e  Inclusion of a community benefit section in operational plans
  - f  Adoption of a budget for provision of services that address the needs identified in the CHNA
  - g  Prioritization of health needs in its community
  - h  Prioritization of services that the hospital facility will undertake to meet health needs in its community
  - i  Other (describe in Section C)
- 7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs . . . . . **7** X
- 8a 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)? . . . . . **8a** X
- 8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . . **8b**
- 8c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
<b>1</b>	X	
<b>3</b>	X	
<b>4</b>		X
<b>5</b>	X	
<b>7</b>		X
<b>8a</b>		X
<b>8b</b>		

**Part V Facility Information (continued)**

**Financial Assistance Policy** 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:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>5</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? . . . . .	X	
14	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	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

15	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 actions the hospital facility may take upon non-payment? . . . . .	X	
16	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:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third 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
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information (continued)** MEMORIAL HOSPITAL OF SOUTH BEND, INC

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</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.			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
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			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>21</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>22</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

FACILITY INFORMATION

PART V, SECTION B LINES 1J, 3, 6I, 7

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "NEEDS ASSESSMENT

PART VI, LINE 2"

PART V, SECTION B LINE 14G

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "PATIENT EDUCATION

AND ELIGIBILITY FOR ASSISTANCE PART VI, LINE 3"

PART V, SECTION B LINE 20D

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "FINANCIAL ASSISTANCE

POLICY

PART III, LINE 9B"

PART V, SECTION B LINE 7

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "NEEDS ASSESSMENT

PART VI, LINE 2"

PART V, SECTION B LINE 14G

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "PATIENT EDUCATION

AND ELIGIBILITY FOR ASSISTANCE PART VI, LINE 3"

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B LINE 20D

SEE SUPPLEMENTAL INFORMATION IN PART VI REFERENCING "FINANCIAL ASSISTANCE

POLICY PART III, LINE 9B"

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

Table with 2 columns: Name and address, Type of Facility (describe). Rows include Memorial Sleep Disorder Center, Memorial Health Plex, Memorial Breast Care Center, Memorial Children's Therapy Center, Memorial Radiology, Memorial Lighthouse Physical Therapy.

**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 MISSION. PROMOTION OF COMMUNITY HEALTH IS OUR SOCIAL RESPONSIBILITY AND A KEY TO LONG-TERM COST EFFECTIVENESS. IN ADDITION, IMPROVING THE HEALTH STATUS OF A COMMUNITY IS AS MUCH A SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUE, AS IT IS A MEDICAL ONE. CONSEQUENTLY, THE 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 TO INVOLVE THE 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**

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.

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, AND 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 (MICHIANA) REGION, HELPED US CONTRIBUTE SIGNIFICANTLY TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FURTHER, MEMORIAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A WHOLE.

HOSTED BY THE ST. JOSEPH COUNTY HEALTH DEPARTMENT, ST. JOSEPH COUNTY PUBLIC HEALTH SYSTEM PARTNERS MET REGULARLY THROUGHOUT 2013; INCLUDING MORE THAN 160 HEALTHCARE AND SOCIAL SERVICE AGENCIES TO SUPPORT THE RESIDENTS OF NINE CITIES AND TOWNS AND 13 TOWNSHIPS. PUBLIC HEALTH SYSTEM

**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.

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 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. A PRIMARY COMPONENT OF SUCH A PROCESS INCLUDES A FOCUS ON PARTNERSHIPS AND COLLABORATION TO ENSURE SUSTAINABILITY.

PART I, LINE 7, COLUMN F

BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES \$35,209,387

PART I, LINE 7G

NOT APPLICABLE

**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.

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.

COMMUNITY BUILDING ACTIVITIES

PART II

**Part VI Supplemental Information**

Provide the following information.

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MEMORIAL HAS LONG BEEN A SUPPORTER OF LEADERSHIP BUILDING, MOST RECENTLY THAT HAS INCLUDED COMMUNITY MEMBERS ATTENDING MULTIPLE-DAY TRAININGS AT THE PFEIL INNOVATION CENTER, HOSTING EDUCATION FORUMS, AND INVITING COMMUNITY MEMBERS TO LEADERSHIP PRESENTATIONS. IN PARTNERSHIP WITH 100 BLACK MEN OF GREATER SOUTH BEND, MEMORIAL DEVELOPED AND HOSTED A TWELVE WEEK LEADERSHIP PROGRAM FOR YOUNG AFRICAN AMERICAN AND LATINO PROFESSIONALS.

MEMORIAL HAS A HISTORY OF BUILDING PARTNERSHIPS AND SUPPORTING COALITIONS. A GOOD EXAMPLE IS THE CHILDHOOD OBESITY PROGRAM CONVENED IN THE FALL OF 2013 BY UNITED WAY OF ST. JOSEPH COUNTY. SEVENTEEN AGENCIES HAVE JOINED FORCES TO DEVELOP AND IMPLEMENT A COLLECTIVE IMPACT STRATEGY TO REDUCE OBESITY AMONG CHILDREN. MEMORIAL HAS ALSO BEEN INSTRUMENTAL IN SUPPORTING THE MICHIANA GERONTOLOGICAL INSTITUTE, A COLLABORATIVE OF PROFESSIONALS PROVIDING RESEARCH AND SERVICES FOR THE AGING POPULATION.

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PART III, LINE 2, 3

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 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

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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 UNABLE OR 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.

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

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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.

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 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. THE FEDERAL  
INCOME AND POVERTY GUIDELINES SERVE AS A GUIDE IN DETERMINING THOSE

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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 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. IDENTIFY PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE THROUGH

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

3. PROVIDE A FINANCIAL EVALUATION FORM TO THE PATIENT.

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

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

- A) GROSS INCOME AND MOST RECENT W-2;
- B) PRIOR YEAR'S 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.

6.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. 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.

NOTE: APPROVAL MAY BE MADE BASED ON MEDICAL INDIGENCE (I.E. PATIENTS WHO

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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.

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

8. 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

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9. 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.

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

11. 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.

12. 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

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FINANCIAL ASSISTANCE GUIDELINES, MEMORIAL HOSPITAL WILL PROVIDE AN UNINSURED DISCOUNT BASED ON THE FOLLOWING TIERED STRUCTURE:

30% DISCOUNT IF ACCOUNT IS PAID WITHIN 30 DAYS FROM DATE OF SERVICE
20% DISCOUNT IF ACCOUNT IS PAID WITHIN 90 DAYS FROM DATE OF SERVICE
10% DISCOUNT IF PATIENT CHOOSES TO PARTICIPATE IN THE CAREPAYMENT FINANCING

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

NEEDS ASSESSMENT

PART VI, LINE 2

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT'S (PPACA) MANDATE FOR NON-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GUIDE THE EVALUATION OF COMMUNITY HEALTH PRIORITIES WAS A MAJOR FOCUS OF ACTIVITY IN 2013. MEMORIAL HOSPITAL, IN PARTNERSHIP WITH ST. JOSEPH COUNTY HEALTH DEPARTMENT, SUCCESSFULLY COMPLETED A CHNA THAT

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INCLUDES THE ELEMENTS REQUIRED BY THE PPACA: SPECIFICALLY: 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 AS THE ST. JOSEPH COUNTY HEALTH DEPARTMENT TEAM MEMBERS WERE IN PARTNERSHIP WITH MEMORIAL HOSPITAL 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 IS MADE WIDELY AVAILABLE AS IT IS POSTED ON THE HOSPITAL'S WEBSITE WWW.QUALITYOFLIFE.ORG/CHNA AS WELL AS POSTED ON THE COUNTY HEALTH DEPARTMENT'S WEBSITE, WWW.STJOSEPHCOUNTYINDIANA.COM/DEPARTMENTS/SJCHD/PDFS/MEMHOSPSOUTHBEND.PDF BASIS FOR A WRITTEN IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED NEEDS, WITH EXPLANATION IF THOSE NEEDS ARE 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.

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WITH THE CONTINUED COMMITMENT OF PARTNER ORGANIZATIONS TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY, THE CHNA DIRECTED US TO THE MOST PRESSING NEEDS IN THE COMMUNITY, AND ULTIMATELY TO IMPROVE THE WELL-BEING OF THE RESIDENTS OF ST. JOSEPH COUNTY, INDIANA. EMPLOYING SURVEYS, FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND A COMMUNITY ADVISORY BOARD, THE CHNA PROCESS HAS IDENTIFIED THE COUNTY'S PRIORITY HEALTH ISSUES. THE IDENTIFIED PRIORITIES WILL GUIDE THE ACTIVITIES AND MEASURES OF WELL-BEING IN OUR COMMUNITY. COALITIONS ARE BEING FORMED TO ADDRESS MANY OF THESE ISSUES. MEMORIAL HOSPITAL WILL PLAY A ROLE IN THESE COALITIONS; THOUGH, IT MAY BE ONE OF LEADERSHIP, OR SECONDARY PARTNER. THESE WERE THE PRIORITIES IDENTIFIED BY THE CHNA, THE FOCUS GROUPS, MINORITY POPULATION SURVEYS, AND PUBLIC HEALTH AND HEALTH CARE PROVIDERS (THEMES AND DETAIL):

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

PHYSICAL HEALTH: CHRONIC DISEASE, CHILDHOOD OBESITY, DIABETES, EXERCISE,

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SMOKING, BINGE DRINKING

MENTAL HEALTH

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

VIOLENCE, CHILD ABUSE

REPRODUCTIVE HEALTH: INFANT MORTALITY, TEEN BIRTH RATE, SEXUALLY

TRANSMITTED INFECTION

ACCESS TO HEALTH AND MEDICAL CARE

ECONOMIC STABILITY: UNEMPLOYMENT, UNINSURED/UNDERINSURED, GENERATIONAL

POVERTY, AFFORDABLE, QUALITY HOUSING

AGING POPULATION: HEALTH CARE AVAILABILITY, SAFE HOUSING, ALZHEIMER'S

DISEASE

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EARLY CHILDHOOD DEVELOPMENT

EXAMPLES OF PROGRAMMING MEMORIAL HAS INITIATED WHICH ADDRESS THESE

PRIORITIES:

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

IN COLLABORATION WITH 100 BLACK MEN OF GREATER SOUTH BEND WE HELP FACILITATE 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.

COMMUNITY EDUCATION, SCREENING, AND VACCINES ARE PROVIDED AT VARIOUS

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SITES UNDER THE COMMUNITY-WIDE SUPER SHOT PROGRAM, THE  
FEDERALLY-SPONSORED SENIORS' MEAL PROGRAM AND HEALTH FAIRS.

MEMORIAL CONTINUES TO WORK WITH ST. JOSEPH BRIDGES OUT OF POVERTY,  
UNDERSTANDING POVERTY AS A SOCIAL DETERMINANT OF HEALTH. WE ALSO ARE  
WORKING WITH THE SOUTH BEND SCHOOL SYSTEM, 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 DEVELOPED TO BE BOTH LANGUAGE AND  
CULTURALLY APPROPRIATE, THE CURRICULUM WAS DESIGNED TO FACILITATE DISEASE  
STATE MANAGEMENT WITH LIMITED-ENGLISH-PROFICIENT 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 STUDY IS TO IDENTIFY THE VARIABLES

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WHICH MOST IMPACT THE CAUSE OF EARLY DEATH. UNTIL THE HEALTH SYSTEMS KNOW

WHAT ARE THE DETERMINANTS IMPACTING THE PROBLEM, ACTIVITIES CANNOT BE

TARGETED TOWARD REMEDIATION. THIS PROPOSAL WAS A REQUEST FROM SAINT

JOSEPH REGIONAL MEDICAL CENTER, MEMORIAL HOSPITAL, ELKHART GENERAL

HOSPITAL, IU-GOSHEN HOSPITAL, AND ELKHART AND ST. JOSEPH COUNTY HEALTH

DEPARTMENT AND 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.

BEBES DULCES SIN AZUCAR IS AN EXTREMELY SUCCESSFUL GESTATIONAL DIABETES

PROGRAM FOR LATINO WOMEN WHICH WAS CREATED NEARLY TEN YEARS AGO TO ASSIST

VULNERABLE, LIMITED-ENGLISH-SPEAKERS, LEARN THE NECESSARY TOOLS TO

PROVIDE FOR A HEALTHY DELIVERY.

ALCANCE DE SALUD LATINO, LATINO HEALTH OUTREACH, WEEKLY AT WSBL - SABOR

LATINO 93.5FM, SOUTH BEND, IN

PHYSICAL HEALTH: CHRONIC DISEASE

NEW DEVELOPMENTS FOR 2013:

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CHRONIC DISEASES, BEGINNING FIRST WITH A DIABETES PILOT FOR THE MOST AT-RISK, VULNERABLE CLIENTS, EMPLOYING A COMMUNITY-HEALTH-WORKER MODEL OF EDUCATION AND COACHING; THE ONE-YEAR PILOT STUDY CONDUCTED IN 2013.

CHILDHOOD OBESITY IS BEING APPROACHED COMMUNITY-WIDE AS A DISEASE PREVENTION MODEL, ADDRESSING NUTRITION AND EXERCISE IN PARTNERSHIP WITH THE FARMERS MARKET AND COMMUNITY GARDENS, PURPLE PORCH FOOD COOPERATIVE, SOUTH BEND COMMUNITY SCHOOL CORPORATION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, THE JOAN AND RAY KROC COMMUNITY CENTER, ST. JOSEPH COUNTY MINORITY HEALTH COALITION, YMCA, BOYS & GIRLS CLUBS AND HEALTHWORKS! KIDS MUSEUM. BRAINWORKS ENCOURAGES ACTIVITIES, NUTRITION, AND SOCIALIZATION WHICH SUPPORT A LIFE-TIME OF BRAIN HEALTH.

REPRODUCTIVE HEALTH

INCLUDES THE MICHIANA PERINATAL COALITION COMPRISED OF HEALTH PROFESSIONALS FROM ELKHART GENERAL HOSPITAL, IU-GOSHEN HOSPITAL, MEMORIAL HOSPITAL OF SOUTH BEND, SAINT JOSEPH REGIONAL MEDICAL CENTER,

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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 THEM IN ACCESSING THE PHYSICAL AND SOCIAL NEEDS FOR THEIR GROWING FAMILY AND GETTING THE 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 DO THE RIGHT THING FOR THEIR INFANT.

TEEN BIRTH RATE IS ADDRESSED BY THREE PROGRAMS HELD AT MIDDLE-SCHOOLS, AFTER-SCHOOL PROGRAMS, AND AT CHURCHES. "BABY THINK IT OVER," "DRAW THE LINE, HOLD THE LINE," AND THE NEW "SEX, BULLYING AND MAKING GOOD DECISIONS" ARE PART OF THE HEALTH CURRICULUM AVAILABLE TO THE COMMUNITY.

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FETAL ALCOHOL SYNDROME IS BEING ADDRESSED WITH THE COMMISSION OF A COMPARISON STUDY TO REVIEW THE MEDICAL RECORDS FOR THE LAST FIVE YEARS, GATHERING MATERNAL, GESTATIONAL, BIRTHING, AND THE FIRST 12 MONTHS AFTER DELIVERY DATA OF THE DEMISED CHILDREN AND A MATCHED SAMPLE COHORT. THIS WILL PROVIDE SOUND RESULTS WHICH CAN FORM THE FOUNDATION FOR ACTIONABLE, MEASURABLE ACTIVITIES.

AGING IN PLACE IS AN INNOVATIVE PARTNERSHIP THAT ENABLES THE ELDERLY TO REMAIN INDEPENDENT IN THEIR OWN HOMES AS THEY ARE SURROUNDED BY A CARING COMMUNITY OF PEERS. A NURSE AND LIFE SKILLS ADMINISTRATOR FURTHER FACILITATES 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 ACCESS TO HEALTH CARE WAS FACILITATED AND CONTINUES TO BE SUPPORTED BY THE BENDIX FAMILY PHYSICIANS, AN OFFICE PRACTICE WHICH WAS IN AN UNDERSERVED, VULNERABLE NEIGHBORHOOD ADJACENT TO THE MOST RECENT AGING IN PLACE LOW-INCOME SENIOR HOUSING APARTMENTS. BENDIX HOSTS THE VOLUNTEER

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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.

AGING IN PLACE, PROVIDES NURSING OVERSIGHT AND HEALTH EDUCATION, AS WELL AS SOCIAL SERVICE SUPPORT TO SENIORS LIVING IN LOW-INCOME HOUSING. THE GOALS OF THE PROJECTS ARE TO AVOID PREMATURE OR UNNECESSARY NURSING HOME PLACEMENT, WHILE IMPROVING LIFE SATISFACTION AND WELL-BEING FOR THE RESIDENTS.

NEW DEVELOPMENTS:

IN COLLABORATION WITH THE UNIVERSITY OF NOTRE DAME INTERDISCIPLINARY CENTER FOR NETWORK SCIENCE AND APPLICATIONS, A RESEARCH PROJECT WAS LAUNCHED WITHIN AGING IN PLACE. THE HYPOTHESIS IS: THE INTERSECTION OF TECHNOLOGY AND RELATIONSHIP-BUILDING CAN IMPROVE THE HEALTH AND QUALITY OF LIFE FOR SENIOR CITIZENS, WHILE SIMULTANEOUSLY IMPACTING HEALTHCARE COSTS. THIS STUDY WILL LEAD TO A COMPREHENSIVE UNDERSTANDING OF THE IMPACT OF SMART HEALTH TECHNOLOGY IN PROVIDING A FOUNDATION FOR HEALTH

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AND WELLNESS, ESPECIALLY FOR A SENIOR POPULATION. DOVETAILED INTO THIS RESEARCH, MEMORIAL BRAINWORKS DELIVERS THEIR AWARD WINNING PROGRAMS, THE HEART OF AGING WITH WISDOM AND VITALITY, SAGING CIRCLE SERIES TO RESEARCH PARTICIPANTS, AND HERITAGE SQUARE RESIDENTS. BRAINWORKS PROVIDES CLASSES FOR SENIORS TO BOOST MEMORY SKILLS, AND INCLUDES POTENTIALLY DEMENTIA PREVENTION ACTIVITIES.

EARLY CHILDHOOD DEVELOPMENT

BRAINWORKS PROVIDE PROGRAMS AIMED AT MAXIMIZING EARLY CHILDHOOD DEVELOPMENT, THESE PROGRAMS INCLUDE: TALK WITH BABY, AND BRAIN TRAIN. BRAINWORKS BUILT DEVELOPMENTAL PLAY SPACES AT ST. MARGARET'S HOUSE, A DAY CENTER FOR WOMEN AND CHILDREN, THE ST. JOSEPH COUNTY PUBLIC LIBRARY, THE YWCA WHICH SERVES AS A RESIDENTIAL CARE AND TREATMENT FACILITY FOR WOMEN WITH ADDICTIONS AND VICTIMS OF DOMESTIC VIOLENCE, AND THE YOUTH SERVICES BUREAU.

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

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FOR INFANTS AND TODDLERS.

THE EARLY-CHILDHOOD SERVICES UMBRELLA OF CHE INCLUDES: MINORITY HEALTH AND SICKLE CELL ANEMIA SCREENING AND EDUCATION, PRENATAL CARE COORDINATION, B.A.B.E. COUPON STORE, FETAL ALCOHOL PREVENTION, WIC NUTRITION PROGRAM AND THE CDC AND WIC-SPONSORED BREASTFEEDING PROGRAMS. HIGHLIGHTS AMONG THIS ARRAY OF SERVICES OVER THE PAST YEAR INCLUDE:

MEMORIAL CONTINUES TO RECEIVE THE WIC GRANT FOR ST. JOSEPH COUNTY. MEMORIAL HAS OPERATED THE FEDERALLY FUNDED WOMEN, INFANT, AND CHILDREN'S NUTRITION PROGRAM FOR MORE THAN 20 YEARS, SUCCESSFULLY COMPLETING THE COMPETITIVE APPLICATION PROCESS. CHE SERVES MORE THAN 14,000 WOMEN, INFANTS, AND CHILDREN ANNUALLY THROUGH WIC.

CERTIFYING SIX EMPLOYEES TO BECOME LACTATION SPECIALISTS, ENABLING THEM TO COUNSEL NEW AND EXPECTANT MOTHERS WAS PROMISING FOR THE FUTURE HEALTH OF OUR CHILDREN. A MAJOR GOAL OF THE WIC PROGRAM IS IMPROVING THE NUTRITIONAL STATUS OF INFANTS; WIC PROMOTES BREASTFEEDING AS THE OPTIMAL

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INFANT FEEDING CHOICE. BY THE YEAR'S END, 77.25% OF LOCAL WIC MOTHERS  
CHOSE TO BREASTFEED THEIR INFANTS, AN INCREASE FROM PREVIOUS YEARS.

WIC RECEIVED A GROUND-BREAKING OPPORTUNITY TO RESEARCH PREGNANCY OUTCOMES  
AMONG WIC CLIENTS WHO WERE EXPOSED TO ADVERSE CHILDHOOD EXPERIENCES AND  
THE IMPACT ON THE BIRTHING OUTCOMES AND INFANTS. THIS IS THEIR SECOND  
CONSECUTIVE GANEY FOUNDATION MINI-GRANT; DATA GATHERING WAS RECENTLY  
COMPLETED FOR THE PREVIOUS GRANT, WHICH INVESTIGATED BREAST FEEDING AMONG  
AFRICAN AMERICAN WOMEN.

WE INTRODUCED A CASE MANAGEMENT SYSTEM FOR CLIENTS WITH SICKLE CELL  
DISEASE WHO FREQUENTLY SEEK ACUTE CARE INAPPROPRIATELY. THIS SERVICE,  
PROVIDED IN COLLABORATION WITH MEMORIAL'S EMERGENCY DEPARTMENT, AIMS TO  
REDUCE UNNECESSARY AND PREVENTABLE EMERGENCY ROOM VISITS.

THE CONTINUATION OF A CDC BREASTFEEDING OUTREACH GRANT, WHICH IS ENABLING  
A WEIGHT CHECK CLINIC FOR BREAST-FED INFANTS AT THE MINORITY HEALTH  
COALITION. THIS SERVICE WILL BE PRIMARILY FOCUSED ON THE LATINA

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POPULATION.

ACCESS TO HEALTH AND MEDICAL CARE

SOUTHEAST NEIGHBORHOOD CENTER, FATHER RICHARD WARNER HEALTH CENTER  
(LOCATED AT THE CENTER FOR THE HOMELESS), AND CENTENNIAL CLINIC ON THE  
HOSPITAL CAMPUS (NEW IN 2013) SERVE UNINSURED AND UNDERINSURED  
POPULATIONS; AS DOES BENDIX FAMILY PHYSICIANS WHICH MEMORIAL HOSPITAL  
SUBSIDIZES.

VIOLENCE, SAFETY AND MENTAL HEALTH

FAMILY, RELATIONSHIP AND NEIGHBORHOOD VIOLENCE AND MENTAL HEALTH WILL  
INCLUDE PROGRAMS BASED UPON THE CDC'S ADVERSE CHILDHOOD EXPERIENCES STUDY  
SHOWING CLEARLY THESE INCIDENTS WHICH ARE FAR TOO COMMON ARE THE NUMBER  
ONE PREDICTOR OF CHRONIC DISEASE IN ADULT HOOD.

SOUTH BEND'S ANTI-VIOLENCE COMMISSION WILL REPLICATE THE GROUP VIOLENCE  
REDUCTION STRATEGY DEVELOPED AT JOHN JAY COLLEGE OF CRIMINAL JUSTICE. THE  
INITIAL FOCUS IS TO REDUCE GUN VIOLENCE, AND THEN EXPAND TO ADDRESS DRUG

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ACTIVITY, ROBBERIES, AND DOMESTIC VIOLENCE. MEMORIAL HOSPITAL'S FUNDING PARTNERS INCLUDE THE AFRICAN AMERICAN COMMUNITY FUND, ST. JOSEPH COUNTY COMMUNITY FOUNDATION, CITY OF SOUTH BEND, SAINT JOSEPH REGIONAL MEDICAL CENTER, THE UNIVERSITY OF NOTRE DAME, AND THE JUDD LEIGHTON FOUNDATION.

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'S IMPACT IN THESE AREAS COULD BE EVALUATED ON BEING THE SECOND LARGEST EMPLOYER OF THE CITY/COUNTY, BEHIND THE UNIVERSITY OF NOTRE DAME. IN ADDITION, THE HOSPITAL HAS GENERATED A NUMBER OF CAREER PATHS FOR EMPLOYMENT IN HEALTHCARE; THESE BEGIN 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.

THE FRAMEWORK FOR INDICATOR SELECTION WITHIN THE HEALTH CATEGORY IS BASED

**Part VI Supplemental Information**

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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, AND A LOGIC CHAIN ANALYSIS DRAFTED. SELECTED PRIORITIES FOR IMPLEMENTATION WILL HAVE MULTIPLE ACTIONABLE ACTIVITIES WITH A SHARED IMPACT OR OUTCOME MEASUREMENT. AN ADVISORY COUNCIL COMPOSED OF BOARD MEMBERS 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.

**Part VI Supplemental Information**

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IMPLEMENTATION BEGAN IMMEDIATELY WITH A COMMUNITY-WIDE PUBLIC EVENT AND ANNOUNCEMENT OF 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.

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

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. THE COUNTY IS HOME TO MORE THAN EIGHT COLLEGES AND UNIVERSITIES, INCLUDING BUT NOT LIMITED TO NOTRE DAME UNIVERSITY, INDIANA UNIVERSITY, 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, 10 MILES SOUTH OF THE MICHIGAN STATE LINE, AND 40 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 ONE OF SERVICE

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INDUSTRY. IN FACT, AMONG THE TEN LARGEST EMPLOYERS IN THE COUNTY, JUST TWO REPRESENT MANUFACTURING. THE UNIVERSITY OF NOTRE DAME IS THE LARGEST EMPLOYER, FOLLOWED BY MEMORIAL HOSPITAL OF SOUTH BEND/BEACON HEALTH SYSTEM, THE SOUTH BEND COMMUNITY SCHOOL CORPORATION, AM GENERAL, AND ST. JOSEPH REGIONAL MEDICAL CENTER.

ST. JOSEPH COUNTY, THE FIVE CONTIGUOUS COUNTIES COMPRISING ITS 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. 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 2012 WAS ESTIMATED AT 266,931 INDIVIDUALS. THE RACIAL STATISTICS IN THE COUNTY ARE 78% CAUCASIANS, 12% AFRICAN AMERICAN, 7% HISPANIC AND 1% ASIAN. AS EXPECTED, WITH AN AREA WELL-SATURATED WITH POST-SECONDARY EDUCATIONAL INSTITUTIONS, THE COUNTY HAS HIGHER THAN WOULD BE PROJECTED EDUCATIONAL LEVEL; 87.8 PERCENT OF THE

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POPULATION ARE HIGH SCHOOL GRADUATES, AND 26.2% HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME WAS \$45,248; PERSONS BELOW THE POVERTY LEVEL ACCOUNTED FOR 16.6% OF THE POPULATION; WHILE THE POVERTY RATE AMONG CHILDREN UNDER 18 WAS 24%.

OF THE PRIMARY AND SECONDARY MEMORIAL SERVICE AREA, ST. JOSEPH COUNTY IS THE LARGEST, FOLLOWED BY ELKHART COUNTY ESTIMATED AT 200,563. 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) 155,252, LAPORTE (IN) 111,281, CASS (MI) 51,910 AND MARSHALL (IN) 47,109.

OUR SERVICE AREA INCLUDES PATIENTS FROM ST. JOSEPH AND SURROUNDING COUNTIES IN INDIANA AND MICHIGAN; A PEDIATRIC EMERGENCY TRANSPORT PROGRAM SERVING 18 COUNTIES AND OUR MEDFLIGHT HELICOPTER THAT 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

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PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM IN THE AREA. MEMORIAL IS ALSO THE ONLY HOSPITAL IN THE REGION WITH PEDIATRIC HOSPITALIST AND CHILD LIFE 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.

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MEMORIAL HOSPITAL AND BEACON HEALTH SYSTEM ALSO SERVE THE COMMUNITY WITH MEMORIAL NEIGHBORHOOD HEALTH CENTER - SOUTHEAST CLINIC, THE FATHER RICHARD WARNER CLINIC AT THE CENTER FOR THE HOMELESS, AND RESPONDING TO THE EXPRESSED NEED OF THE COMMUNITY, ADDED A THIRD CENTER IN 2013, CENTENNIAL CLINIC ON THE HOSPITAL'S CAMPUS. 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 LAKE LAND HEALTH CARE. AN AFFILIATION WITH ELKHART

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GENERAL OCCURRED IN 2010, AND BEACON HEALTH SYSTEM EMERGED.

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." CREATING A NEW KIND OF LEARNING ENVIRONMENT FOR CHILDREN AND FAMILIES TO EXPLORE WHY AND HOW TO MAKE HEALTHY DECISIONS ABOUT HIS OR HER LIFE 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 LEARNING TRADITIONAL AND NON-TRADITIONAL VENUES TO PROMOTE HEALTHY LIVING. MORE THAN 70,000 CHILDREN AND ADULTS PARTICIPATE IN HEALTHWORKS! EXPERIENCES EACH YEAR. SEVERAL INITIATIVES ARE UNDER WAY PROMOTING THE REPLICATION

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OF HEALTHWORKS! IN OTHER COMMUNITIES AROUND THE COUNTRY.

EDUCATION AND SUPPORTIVE PROGRAMMING ARE KEY FACTORS TO HEALTHY AGING.

SUPPORT GROUPS, INCLUDING 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), AND NUMBERING MORE THAN 3,000 PEOPLE MEET 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 AT ALL AGE, CONTINUED

EXPANDING ITS AUDIENCES AND SERVICES, GROWING REPLICATION, REVENUE, AND

COLLABORATION OPPORTUNITIES.

MAJOR 2013 HIGHLIGHTS INCLUDE:

BRAINWORKS WAS THE AMERICAN SOCIETY ON AGING AND METLIFE FOUNDATION'S

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2013 MINDALERT AWARD WINNER IN THE CATEGORY OF OVERALL MENTAL FITNESS FOR OLDER ADULTS FOR THEIR GRANDBUDDIES, INTERGENERATIONAL PROGRAM. A REPLICATION MANUAL FOR THIS PROGRAM WAS CREATED AND EXISTS FOR PURCHASE BY OTHERS WISHING TO BRING BRAIN FITNESS BASED INTERGENERATIONAL PROGRAMS TO THEIR ORGANIZATION.

FUNDING FROM THE BUTLER OARE FOUNDATION SUPPORTED RECORD BREAKING ATTENDANCE AT THE 2013 MARY MORRIS LEIGHTON LECTURE, FEATURING DAN BUETTNER, NATIONAL GEOGRAPHIC FELLOW AND AUTHOR OF THE INTERNATIONAL BEST SELLER BLUE ZONES. THE ALMOST 700 PERSON AUDIENCE SAW PICTURES OF THOSE AROUND THE WORLD WHO ARE LIVING, AND LIVING HEALTHILY, WELL INTO THEIR HUNDREDS, AND LEARNED THE STORIES AND SECRETS TO LIVING A LONG HEALTHY AND HAPPY LIFE.

THROUGH PROGRAMS DELIVERED AT BRAINWORKS, AT WIC, IN THE COMMUNITY, AND IN COLLABORATION WITH HEALTHWORKS, LITTLE NOGGINS NOOK, A BRAINWORKS BRAIN BASED PLAY AT HEALTHWORKS KIDS MUSEUM CONTINUED TO FOCUS THE COMMUNITY'S ATTENTION ON EARLY BRAIN DEVELOPMENT AS A CRITICAL FOUNDATION

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FOR THE DEVELOPMENT HEALTHY LIFE SKILLS WHICH MAXIMIZE POTENTIAL,  
LEARNING AND RELATING ABILITIES OVER THE LIFESPAN.

BRAINWORKS IS HIGHLY INVOLVED IN THE ACTIVITIES OF THE NEWLY FORMED  
MICHIANA GERONTOLOGY INSTITUTE (MGI) AT HOLY CROSS COLLEGE. IN ADDITION  
TO BEING PART OF THEIR BOARD, BRAINWORKS AND THE UNIVERSITY OF NOTRE DAME  
CENTER FOR COMPASSIONATE CARE IN MEDICINE PRESENTED THE PRE-CONFERENCE  
SESSION ON BRINGING COMPASSIONATE CARE TO WORKING WITH OLDER ADULTS.  
BRAINWORKS ALSO OFFERED A COMPLIMENTARY LECTURE SERIES TO THE COMMUNITY  
THROUGH THE MGI COMMUNITY HEALTH LECTURE SERIES.

COLLABORATION CONTINUES WITH THE RUTH HILLEBRAND CENTER FOR COMPASSIONATE  
CARE IN MEDICINE. BRAINWORKS HOSTED PRESENTATIONS TO THE MEDICAL  
COMMUNITY, AND TO THE GENERAL PUBLIC ON THE NEUROSCIENCE OF COMPASSION.  
IN OCTOBER, BRAINWORKS AND THE CENTER FOR COMPASSIONATE CARE IN MEDICINE  
INTRODUCED A "SEE IT, FEEL IT, DO IT" MODEL FOR EXPANDING COMPASSION IN  
THE COMMUNITY.

**Part VI Supplemental Information**

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MEMORIAL BRAINWORKS' SCHOOL TEAM CONTINUES TO OFFER EVIDENCE-BASED PREVENTION PROGRAMS WITHIN SOUTH BEND'S MIDDLE SCHOOLS. APPROXIMATELY, 4,000 STUDENTS IN THE INTERMEDIATE SCHOOLS PARTICIPATE IN THE DRAW THE LINE; RESPECT THE LINE PROGRAM FOCUSING ON DEVELOPING THE SKILLS NECESSARY TO PREVENT PREGNANCY, HIV, AND SEXUALLY TRANSMITTED INFECTIONS.

AT OTHER AGES BOTH IN THE SCHOOLS, AND THROUGH ORGANIZATIONS IN THE COMMUNITY, THE BRAINWORKS SCHOOL TEAM BRINGS BRAIN HEALTH AND DECISION MAKING PROGRAMS TO RELEVANT AUDIENCES. NEW PROGRAMS IN 2013 INCLUDE:

HIGH-SCHOOL STUDENTS BECAME EXPOSED TO INFORMATION ABOUT THEIR BRAIN THROUGH THE ROLLOUT OF THREE NEW BRAINWORKS DEVELOPED CLASSES BEING DELIVERED IN HEALTH CLASSES. YOUR BRAIN: AN OWNER'S MANUAL IS BASED ON THE BASIC SCIENCE AND OPERATIONS OF THE BRAIN, USING POP CULTURE CATEGORIES, CHANTS, AND STORIES TO HELP YOUTH LEARN THE IMPORTANT CHANGES HAPPENING IN THEIR MIND AND HOW IT CONTRIBUTES TO THEIR THINKING AND DECISION MAKING.

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THE CHOICE TO EXERCISE LOOKS AT THE IMPACT OF EXERCISE IN FIVE CATEGORIES OF LIFE COMPARING THE DIFFERENCES WITH OR WITHOUT EXERCISE. THE SECRETS TO ACHIEVING LIFE GOALS INCORPORATES INFORMATION FROM THE PREVIOUS TWO CLASSES WITH EXECUTIVE FUNCTIONING SKILLS TO PAINT A PICTURE OF THE STEPS TOWARD LONG-TERM PLANNING AND GOAL ACHIEVEMENT.

FITNOGGINS! AN INNOVATIVE BRAIN AND EXERCISE PROGRAM FOR ELEMENTARY AND MIDDLE SCHOOL CHILDREN WAS CREATED. THIS PROGRAM BLENDS BRAIN HEALTH FACTOIDS WITH ZUMBA TO TEACH CHILDREN THE IMPORTANCE OF HAVING A FIT BRAIN THROUGHOUT THEIR LIVES.

YOUR BABY'S BRAIN EDUCATION WAS DELIVERED AT WIC, PORCH LIGHT, AND FOR THE SCHOOL-AGE MOTHERS' PROGRAM.

BRAINWORKS RECEIVED RENEWAL OF THE ST. JOSEPH COUNTY VOICE GRANT, ENABLING PROGRAMS TO INSPIRE HIGH-SCHOOL STUDENTS TO ADVOCATE AGAINST THE TOBACCO INDUSTRY ATTEMPTS TO RECRUIT TEENS AS NEW SMOKERS. PROGRAMS ARE

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HELD IN SOUTH BEND COMMUNITY SCHOOL CORPORATION, MISHAWAKA CITY SCHOOLS,  
PENN HARRIS MADISON SCHOOL DISTRICT, AND ROLLING PRAIRIE HIGH SCHOOLS.

BENDIX FAMILY PHYSICIANS AND VOLUNTEER PROVIDER NETWORK

BENDIX FAMILY PHYSICIANS 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, AND 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.

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

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AS THE HOSPITAL.

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

RESPONDING TO THE EVER-GROWING DEMAND FOR MEDICAL INTERPRETATION SERVICES  
IN OUR COMMUNITY THE LANGUAGE SERVICES TEAM SUPPLIED THEIR SERVICES TO  
OVER THIRTY MEDICAL PROVIDERS AND PRACTICES THROUGHOUT THE AREA. THE TEAM  
ALSO WORKED TO EQUIP OUR REGION TO PROVIDE THIS SERVICE AS CHE OFFERED A  
60-HOUR MEDICAL INTERPRETATION TRAINING COURSE TO THIRTY-SEVEN  
INDIVIDUALS.

A SPANISH MEDICAL TERMINOLOGY COURSE WAS ALSO PROVIDED TO TWENTY STUDENTS  
FROM THE UNIVERSITY OF NOTRE DAME IN PUEBLA, MEXICO.

HOSTING THE MEDICAL STUDENTS EXCHANGE PROGRAM THAT ALLOWED TWO MEDICAL

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STUDENTS FROM PUEBLA, MEXICO TO SPEND FOUR WEEKS IN ROTATION WITH PHYSICIANS AT MEMORIAL, ELKHART GENERAL, AND MEMORIAL MEDICAL GROUP'S CENTRAL CLINIC.

EXPANDING THE RANGE OF LANGUAGES FOR WHICH IN-PERSON INTERPRETIVE SERVICES CAN BE PROVIDED; TWO ARABIC INTERPRETERS HAVE BEEN ADDED TO MEMORIAL'S TEAM IN RESPONSE TO AN EVER-GROWING DEMAND.

DIABETES OUTREACH IMPLEMENTED THE LAUNCH OF AN AMBITIOUS PILOT PROGRAM THAT DRAWS UPON LESSONS LEARNED FROM THE SUCCESSFUL DIABETICOS SALUDABLES PROGRAM AND UTILIZING COMMUNITY HEALTH WORKERS (CHWS) TO ASSIST INDIVIDUALS IN MANAGING THEIR DIABETES. THE CHW MODEL TRAINS NON-HEALTH PROFESSIONAL COMMUNITY MEMBERS TO SERVE AS A LINK OR LIAISON BETWEEN HEALTH AND SOCIAL SERVICES AND CLIENTS. CHWS USE RELATIONSHIP AS WELL AS CULTURAL AND LANGUAGE SKILLS TO MAKE HEALTH AND DISEASE MANAGEMENT MORE UNDERSTANDABLE AND HEALTH CARE ACCESS LESS INTIMIDATING. WITH THE PILOT PROGRAM, CHWS ARE RECRUITING CLIENTS FOR EDUCATION AND CASE MANAGEMENT SERVICES THROUGH MEMORIAL'S EMERGENCY/TRAUMA CENTER AND PATIENT CARE

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UNITS AND MEMORIAL MEDICAL GROUP CLINICS.

THE DIABETES CARE MANAGEMENT IS BASED UPON A SOLID CURRICULUM, THE IMPACT AND OUTCOMES OF WHICH ARE CAREFULLY MEASURED AND DOCUMENTED, DEFINING THIS AS AN EVIDENCED-BASED PROGRAM WITH GOALS, AND MEASURABLE OUTCOMES. THE PROGRAM HAS SERVED 368 INDIVIDUALS, AVOIDING NEARLY A MILLION DOLLARS IN COSTS, AND DECREASED BAD DEBT AND CHARITY CARE, WHILE IMPROVING THE DISEASE MANAGEMENT PROCESS AND THE HEALTH OF THE PARTICIPANTS WITH STATISTICALLY SIGNIFICANT RESULTS. OF SPECIAL NOTE, THE 'MOST AT RISK' GROUP OF PARTICIPANTS (147 INDIVIDUALS REPRESENTING 40.2% OF THE STUDY SAMPLE EVIDENCED A1C ? 9.0) AFTER NINE MONTHS 9 INDIVIDUALS REMAINED AT HIGH RISK (12.1% OF THE SAMPLE).

DEVELOPING A COMMUNITY HEALTH WORKER TRAINING CURRICULUM IN COLLABORATION WITH IVY TECH STATE COMMUNITY COLLEGE HAS PUT MEMORIAL'S TEAM IN A LEADERSHIP POSITION AT THE STATE-LEVEL. THIS PROGRAM WILL STRIVE TO MEET THE INDIANA HEALTH PROFESSIONS BUREAU CERTIFICATION GUIDELINES SCHEDULED TO BE IN PLACE IN 2014.

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NEW COMMUNITY-BASED PARTNERSHIPS INITIATED IN 2013

(ADDRESSING THESE CHNA PRIORITIES: VIOLENCE, CHILDHOOD OBESITY, ACADEMIC PERFORMANCE, FRESH VEGETABLES IN URBAN FOOD DESERT, CHRONIC DISEASE-DIABETES PREVENTION, CHILDHOOD DEVELOPMENT)

HEALING VIOLENCE WITH HOPE REPLICATES A SUCCESSFUL TRAUMA CENTER-BASED MODEL DEVELOPED AT WISHARD HOSPITAL IN INDIANAPOLIS. THIS IS IN COLLABORATION WITH YOUTH SERVICES BUREAU, AND OAKLAWN IS ACTIONABLE AND MEASURABLE. THE PROJECT IDENTIFIES VULNERABLE POPULATIONS AND PROVIDES THERAPEUTIC AND STABILIZATION PROGRAMMING TO SUPPORT POSITIVE BEHAVIORAL CHANGES. THE PROPOSAL ALIGNS WITH THE VIOLENCE AND SAFETY IDENTIFIED PRIORITY.

THE CHE COUNCIL APPROVED THE FUNDING OF CREATING LARGE-SCALE SOCIAL CHANGE IN CHILDHOOD OBESITY & ACADEMIC PERFORMANCE. UNITED WAY OF ST. JOSEPH COUNTY CONVENEED AND SPONSORED THE INITIAL APPROACH TO A TWO-YEAR PROJECT TO TACKLE CHILDHOOD OBESITY COMMUNITY-WIDE AS A DISEASE

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PREVENTION MODEL, ADDRESSING NUTRITION AND EXERCISE IN PARTNERSHIP WITH THE FARMERS MARKET AND VARIOUS COMMUNITY GARDENS, PURPLE PORCH FOOD COOPERATIVE, SOUTH BEND COMMUNITY SCHOOL CORPORATION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, THE JOAN AND RAY KROC COMMUNITY CENTER, ST. JOSEPH COUNTY MINORITY HEALTH COALITION, YMCA, BLAIR WARNER FAMILY PRACTICE CENTER, BOYS & GIRLS CLUBS, SOUTH BEND CAREER ACADEMY, HOPE MINISTRIES, ST. JOSEPH COUNTY MINORITY HEALTH COALITION, CENTER FOR THE HOMELESS, UNITY GARDENS, UNIVERSITY OF NOTRE DAME, AND HEALTHWORKS! KIDS MUSEUM.

UNITY GARDEN HAS BECOME EXPERT IN CONNECTING OUR COMMUNITY TO HEALTHY FOOD, ESPECIALLY CHILDREN! TWENTY-TWO OF THE 56 UNITY GARDENS FOCUS ON CHILDREN IN THEIR GARDEN ACTIVITIES; INCLUDING SUCH VULNERABLE POPULATIONS AS: JUVENILE JUSTICE CENTER, MIGRANT FARM WORKERS AT LAKEVILLE UNITY GARDEN, RED CROSS REFUGEE UNITY GARDENS, KROC CENTER, ROBINSON LEARNING CENTER, YOUTH SERVICE BUREAU, MUESSEL SCHOOL, EL CAMPITO CHILDREN'S CENTER, AND THE CHILDREN LIVING AT BEACON HEIGHTS APARTMENTS.

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THE SUCCESSFUL PROPOSAL IS TO DEVELOP A CURRICULUM DESIGNED FOR ENRICHING GARDEN EDUCATION AND DISCOVERY ACTIVITIES. THE ADOLESCENT PARTICIPANTS WILL HELP BUILD AND DEVELOP THE AREA, THEN MENTOR THEIR YOUNGER PEERS. THE NEW UNITY GARDENS YOUTH DISCOVERY GARDEN WILL INCLUDE AREAS DEVOTED TO LEARNING AND PLAY, INCLUDING AN HEIRLOOM VEGETABLE SECTION, A GRAIN GARDEN, A PERMACULTURE GARDEN AND FOOD FOREST AREA, COMPOSTING AND ECO-RECYCLING STATION, BUTTERFLY GARDEN, SOIL AND WATER CONSERVATION SHED STATION, A DISCOVERY TRAIL, OUTDOOR-CLASSROOM SEATING AREA, AND AN ACTIVE PLAY ZONE.

DIABETES PREVENTION IS DESIGNED TO HELP THOSE AT HIGH RISK ADOPT AND MAINTAIN HEALTHY LIFESTYLES THAT WILL REDUCE THE POTENTIAL FOR DEVELOPING TYPE 2 DIABETES. THE YMCA'S CENTER FOR DISEASE CONTROL NATIONAL PROGRAM TARGETS OVERWEIGHT INDIVIDUALS WITH PRE-DIABETIC CONDITIONS AND ENGAGES THEM IN A GROUP LIFESTYLE INTERVENTION HELPING THEM TO AVOID THE DEVASTATING EFFECTS OF DIABETES. SIXTEEN CORE SESSIONS, FACILITATED BY A TRAINED LIFESTYLE COACH, COVER VARIOUS TOPICS, INCLUDING HEALTHY EATING, PHYSICAL ACTIVITY, OVERCOMING STRESS, AND MOTIVATION. AFTER THE INITIAL

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SESSIONS, PARTICIPANTS MEET MONTHLY FOR ADDED SUPPORT AND TO HELP THEM MAINTAIN THEIR PROGRESS TOWARD A HEALTHIER, DIABETES-FREE LIFE. THIS IS A FOUR-YEAR PARTNERSHIP WITH ACTIONABLE AND MEASURABLE OUTCOMES.

BOYS & GIRLS CLUB OF ST. JOSEPH COUNTY IS UTILIZING THE BEST PRACTICES OF CREATIVE, OUTCOME-BASED, HANDS-ON ACADEMIC ENRICHMENT, INNOVATIVE BRAIN SCIENCE KNOWLEDGE, AND PHYSICAL, EMOTIONAL AND SOCIAL SUPPORT TO ENGAGE YOUNG PEOPLE IN LEARNING, ENCOURAGE THEM TO SUCCEED IN SCHOOL AND HELP THEM TO LIVE HEALTHY, PRODUCTIVE LIVES NOW AND IN THE FUTURE. PARTNERSHIP WITH MEMORIAL PROVIDES QUALITY PROGRAMS THAT WILL ENSURE THE SAME POSITIVE OUTCOMES AT O.C. CARMICHAEL JR. YOUTH CENTER AS PROVIDED AT THE SCHOOL-BASED 21ST CENTURY COMMUNITY LEARNING SITES. ADDITIONAL PROGRAMMING TO SUPPORT CHILDHOOD TRAUMA INTERVENTION WAS ALSO APPROVED.

MORE INFORMATION ABOUT THE PROGRAMS AND SERVICES PROVIDED BY MEMORIAL HOSPITAL OF SOUTH BEND TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY CAN BE FOUND AT:

[WWW.QUALITYOFLIFE.ORG/MEMORIALCMS/INDEX.CFM/ABOUT/COMMUNITY-HEALTH-PROGRAM](http://WWW.QUALITYOFLIFE.ORG/MEMORIALCMS/INDEX.CFM/ABOUT/COMMUNITY-HEALTH-PROGRAM)

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S-SERVICES/.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, 7

A COMMUNITY BENEFIT REPORT WAS COMBINED WITH THE HOSPITAL'S FISCAL REPORT TO THE STATE OF INDIANA.