

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

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MARION GENERAL HOSPITAL INC.

Employer identification number

35-0868130

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
b If "Yes," was it a written policy? . . . . .	X	
2 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		
3 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.		
a 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 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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
c 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
6a Did the organization prepare a community benefit report during the tax year? . . . . .	X	
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) . . . . .		6078	9,085,868.		9,085,868.	6.19
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			30,603,557.	22,106,494.	8,497,063.	5.79
<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 . . . . .		6078	39,689,425.	22,106,494.	17,582,931.	11.98
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		131401	1,484,930.	28,248.	1,456,682.	.99
<b>f</b> Health professions education (from Worksheet 5) . . . . .		2048	583,245.		583,245.	.40
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .		58	797.		797.	
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		2535	1,467,556.		1,467,556.	1.00
<b>j</b> Total Other Benefits . . . . .		136042	3,536,528.	28,248.	3,508,280.	2.39
<b>k</b> Total. Add lines 7d and 7j. . . . .		142120	43,225,953.	22,134,742.	21,091,211.	14.37

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2012

JSA 2E1284 1.000

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			11,229.			.01
3 Community support			7,222.			
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,562,810.			1.06
9 Other						
10 Total			1,581,261.			1.07

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	32,809,204.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	39,226,520.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-6,417,316.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PROGRESSIVE CANCER C	CANCER CARE CENTER	50.98000	5.18000	30.25000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

Name, address, and primary website address

**1** MARION GENERAL HOSPITAL INC  
 441 N. WABASH AVENUE  
 MARION IN 46952  
 WWW.MGH.NET

	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
<b>1</b>	X	X					X		OFF-CAMPUS RADIOLOGY ONCOLOGY, SLEEP LAB PHYSICAL MED, LAB	
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										

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 MARION GENERAL HOSPITAL INC

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

**Part V Facility Information (continued)**

Financial Assistance Policy		MARION GENERAL HOSPITAL 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 Part VI 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>0</u> <u>0</u> % If "No," explain in Part VI 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 type="checkbox"/> Uninsured discount			
f	<input type="checkbox"/> Medicaid/Medicare			
g	<input type="checkbox"/> State regulation			
h	<input type="checkbox"/> Other (describe in Part VI)			
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 checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" 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 Part VI)			

**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 patient'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 Part VI)			
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 patient'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 Part VI)			

**Part V Facility Information (continued)** MARION GENERAL HOSPITAL 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 patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** 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? . . . . .

	Yes	No
<b>19</b>	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

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

**20** 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  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)


**21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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? . . . . .

<b>20</b>		X

If "Yes," explain in Part VI.

**22** 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? . . . . .

<b>21</b>		X

If "Yes," explain in Part VI.

**Part V Facility Information** (continued)

**Section C. 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? \_\_\_\_\_

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2012

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## REQUIRED DESCRIPTIONS

PART I, LINE 7

BAD DEBT EXPENSE IN THE AMOUNT OF \$14,664,079 IS EXCLUDED FROM TOTAL EXPENSES FOR THE PURPOSES OF CALCULATING PERCENTS IN COLUMN F.

COST OF CHARITY CARE IS ESTIMATED BY MULTIPLYING GROSS CHARGES FORGIVEN FOR CHARITY CARE FOR THE YEAR BY THE AVERAGE COST-TO-CHARGE RATIO AS DERIVED FROM DATA FROM THE FILED MEDICARE COST REPORT.

PART III, SECTION A, LINE 2A

BAD DEBT AT COST IS ESTIMATED BY MULTIPLYING TOTAL PROVISION FOR BAD DEBT FOR THE YEAR BY THE AVERAGE COST-TO-CHARGE RATIO AS DERIVED FROM THE FILED MEDICARE COST REPORT.

PART III, SECTION A, LINE 3A

THE AMOUNT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FINANCIAL ASSISTANCE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

POLICIES IS ESTIMATED BASED UPON PAST EXPERIENCE.

PART III, SECTION A, LINE 4

SEE PAGE 8 OF THE ATTACHED FINANCIAL STATEMENTS, UNDER THE HEADING  
"ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS".

PART III, SECTION B, LINE 8A

MGH BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED WHEN  
ATTEMPTING TO REFLECT THE FINANCIAL BENEFIT THAT THE ORGANIZATION  
PROVIDES TO ITS COMMUNITY. TO THAT END, MGH SHOWS THIS AMOUNT SEPARATELY  
ON ITS ANNUAL COMMUNITY BENEFIT REPORT. SERVICES ARE PROVIDED TO MEDICARE  
PATIENTS BY MGH WHILE, AT THE SAME TIME, WE FULLY EXPECT TO RECEIVE LESS  
IN REIMBURSEMENT THAN IT COSTS TO PROVIDE THESE SERVICES. WE ARE  
BENEFITING THE COMMUNITY BY BEING A CONVENIENT AND REPUTABLE SOURCE  
WITHIN THE COMMUNITY TO RECEIVE SUCH SERVICES. THE MEDICARE ALLOWABLE  
COSTS OF CARE IS TAKEN DIRECTLY FROM THE FILED MEDICARE COST REPORT.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART III, SECTION C, LINE 9B

MGH'S COLLECTION POLICY DISTINGUISHES BETWEEN 'FINANCIAL ASSISTANCE' - PATIENTS UNABLE TO PAY, AND 'BAD DEBT' - PATIENTS UNWILLING TO PAY. MGH PLACES A COURTESY COLLECTION CALL ON PAST DUE PATIENT ACCOUNTS OVER SIXTY (60) DAYS ON ACCOUNTS \$1,000 OR GREATER. CALLS ARE DOCUMENTED IN THE AR SYSTEM FOR FURTHER FOLLOW-UP ACTION. PAYMENT IN FULL IS ALWAYS THE PREFERRED METHOD OF RESOLUTION FOR A SELF-PAY BALANCE. IF THIS IS NOT POSSIBLE, THE PATIENT SERVICE REPRESENTATIVE OR FINANCIAL COUNSELOR PROVIDES INFORMATION TO THE PATIENT AND/OR AN OTHER RESPONSIBLE PARTY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM IN A WAY THAT IS EASY TO UNDERSTAND. THE PATIENT SERVICE REPRESENTATIVE OR FINANCIAL COUNSELOR RESPONDS PROMPTLY TO QUESTIONS ABOUT THE PATIENT'S BILLS AND REQUESTS FOR FINANCIAL ASSISTANCE. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT REPORTED TO A COLLECTION AGENCY AS LONG AS REQUESTED DOCUMENTATION IS PROVIDED TIMELY.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART V, SECTION B, LINE 3

COMMUNITY ADVISORY GROUPS & CONSULTANTS FOR IMPLEMENTATION PLAN

MGH WORKED DIRECTLY WITH THE FOLLOWING COMMUNITY MEMBERS IN PLANNING THE PROCESS AND DETERMINING THE NEEDS ASSOCIATED WITH THE EXECUTION AND OUTCOMES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. COMMUNITY LEADERS AND PARTNERS MET FACE TO FACE AND ELECTRONICALLY TO PLAN THE COMMUNITY HEALTH NEEDS ASSESSMENT GOALS, PROCESSES AND COMPLETION DATES. MGH STAFF DEVELOPED AND TRAINED COMMUNITY MEMBERS AND UNIVERSITY STUDENTS TO COMPLETE THE ASSESSMENT. ONGOING COMMUNICATION WITH ALL MEMBERS THROUGHOUT THE THREE YEAR CYCLE ASSURED APPROPRIATE COMMUNITY OWNERSHIP AND INCLUSION OF THE PROJECT. IT WAS IMPORTANT IN OUR RURAL COMMUNITY WITH SCARCE RESOURCES THAT WE ENSURE THE RESULTS WOULD BENEFIT OTHER ORGANIZATIONS WITHIN OUR COMMUNITY.

1. CHP ADVISORY GROUP: MGH WORKED DIRECTLY WITH THE FOLLOWING COMMUNITY MEMBERS TO COMPLETE THE CHNA.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- INDIANA WESLEYAN UNIVERSITY (IWU)

- BARBARA IHRKE, RN, MSN, PHD: DEAN OF THE SCHOOL OF NURSING. SHE HAS BEEN DEAN FOR 15 YEARS, NURSING FACULTY, AND DEPARTMENT CHAIR PRIOR TO BECOMING DEAN, TEACHING COMMUNITY HEALTH. MS. IRKHE ALSO SERVES ON THE BOARD OF DIRECTORS OF MGH

- PAM HARRISON, RN, MSN, PHD: PRE-LICENSURE FACULTY AT IWU FOR SENIOR LEVEL CLASSES IN LEADERSHIP & MANAGEMENT, AND COMMUNITY HEALTH. TEACHING NURSING FOR OVER 30 YEARS

- PAM LESLIE, RN, MSN: PRE-LICENSURE FACULTY AT IWU FOR SENIOR LEVEL CLASSES IN LEADERSHIP & MANAGEMENT, AND COMMUNITY HEALTH, HOME CARE AND HOSPICE. TEACHING FOR FOURTEEN YEARS.

- ROB DAWSON, RN, NP, PHD: CHAIR OF THE PRE-LICENSURE PROGRAM AT IWU, HE HAS BEEN IN THAT POSITION FOR FOUR YEARS, PRIOR TO THAT HE TAUGHT CLINICAL ASSESSMENT FOR TEN YEARS.

- GRANT COUNTY HEALTH DEPARTMENT

- AMY COLGAN, LPN, PUBLIC HEALTH, NURSE FOR THE HEALTH DEPARTMENT FOR

**Part VI Supplemental Information**

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PAST SIX YEARS. SPEARHEADS NUMEROUS COMMUNITY HEALTH EDUCATION,  
DISSEMINATION AND COLLECTION OF HEALTH MATTERS AFFECTING GRANT COUNTY.

- AMBER TURNER, RN, PUBLIC HEALTH, NURSE EDUCATOR FOR THE HEALTH  
DEPARTMENT OFFERING HEALTH EDUCATION.

- CAREY SERVICES - SERVICES FOR INDIVIDUALS WITH EMOTIONAL AND PHYSICAL  
DISABILITIES, INCLUDING AUTISM, EARLY HEAD START, GROUP HOMES, JOB  
OPPORTUNITIES AND PARENT SUPPORT GROUPS

- MARK DRAVES, CEO & PRESIDENT: MARK HAS BEEN SERVING CAREY SERVICES AND  
GRANT COUNTY FOR 33 YEARS.

- FAMILY SERVICES SOCIETY, INC - THE LARGEST SOCIAL SERVICE PROVIDER IN  
THE COUNTY. SERVICES INCLUDE: ADDICTION COUNSELING AND RECOVERY PROGRAMS,  
PSYCHO-SOCIAL COUNSELING, SCHOOL SUPPORT, HOMELESS SUPPORT, AND  
GRANDPARENTS RAISING CHILDREN SUPPORT

- CONNIE ROSE, EXECUTIVE DIRECTOR - CONNIE HAS SERVED IN THIS FIELD FOR  
31 YEARS AND IS THE LEAD FOR NUMEROUS COMMUNITY NEEDS AND IMPROVEMENT

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## ACTIVITIES.

- BARB NEHRING, BSW - BARB WORKS WITH THE SCHOOL SOCIAL WORKERS AND NURSES, AS WELL AS THE JUVENILE DETENTION CENTER INMATES.
- MARION COMMUNITY SCHOOLS - LARGEST PUBLIC K-12 SCHOOL SYSTEM IN GRANT COUNTY
- SUE NICHOLSON, RN, BSN - SUPERVISES ALL OF THE SCHOOL SYSTEM NURSES EMPLOYED IN THE EMERGENCY DEPARTMENT OF MGH.
- CANCER SERVICES OF GRANT COUNTY - PROVIDES SUPPORT SERVICES FOR CANCER PATIENTS AND FAMILIES, PROVIDES FREE MAMMOGRAMS FOR ANY GRANT COUNTY RESIDENT
- JENNIFER LANE-REIFLER, BA, CHE, EXECUTIVE DIRECTOR - JENNIFER IS A HEALTH EDUCATION SPECIALIST AND HAS SERVED AS THE EXECUTIVE DIRECTOR FOR 13 YEARS.
- NEW HOPE HOSPICE

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- TAMMY WEAVER, RN, ASN, DIRECTOR OF NEW HOPE HOSPICE - SHE HAS BEEN

WORKING IN HOSPICE FOR SIXTEEN YEARS

- INDIANA HEALTH CENTER - FEDERALLY QUALIFIED HEALTH CLINIC

- ROB DAWSON, RN, NP, PHD. PRIMARY CARE PROVIDER AT INDIANA HEALTH CENTER

FOR TEN YEARS.

- MARION GENERAL HOSPITAL

- KELLEY HOCHSTETLER, MA, CLS, MT - MANAGES THE HOSPITAL'S COMMUNITY BENEFIT PLAN, A TEAM MEMBER OF MGH COMMUNITY OUTREACH, THE PARISH NURSE PROGRAM, AND BRIDGES TO HEALTH FREE CLINIC.

- PAM LESLIE, RN, MSN - PARISH NURSE COORDINATOR FOR MGH, WHICH PARTNERS WITH 88 CONGREGATIONS AND OVER 140 PARISH NURSES, SHE HAS BEEN IN THAT POSITION FOR 14 YEARS. PAM IS ALSO PART OF THE COMMUNITY OUTREACH TEAM AT MGH TO PROVIDE WELLNESS IN THE COMMUNITY

- ANN VERMILION, MBA, FACHE - ADMINISTRATIVE DIRECTOR OF MEDICAL STAFF AND COMMUNITY OUTREACH FOR SEVEN YEARS, THE CHAIRMAN FOR UNITED WAY

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CAMPAIGN FOR THREE YEARS AND BOARD MEMBER OF THE BOYS AND GIRLS CLUB FOR  
THREE YEARS

- LISA PADILLA, RN, BSN - MGH STAFF NURSE WHO IS PART OF THE HISPANIC  
COMMUNITY ROUNDTABLE AND HELPS WITH ACCESS TO THE HISPANIC COMMUNITY  
WITHIN THE COUNTY

- GRANT COUNTY SUPERINTENDENTS COUNCIL  
REPRESENTATIVES FROM SCHOOL ADMINISTRATIONS INCLUDING MARION COMMUNITY  
SCHOOLS, EASTBROOK COMMUNITY SCHOOLS, OAK HILL COMMUNITY SCHOOLS,  
MISSISSINEWA COMMUNITY SCHOOLS, LAKEVIEW CHRISTIAN SCHOOL, ST. PAUL  
PARISH SCHOOL, AND MADISON-GRANT SCHOOLS

- BRIDGES TO HEALTH - PROVIDES MEDICAL AND DENTAL CARE FOR UNINSURED  
INDIVIDUALS

- CHARLOTTE PEEL, RN, BSN - CLINIC NURSE MANAGER THOUGHT OVERSEES PATIENT  
CARE, MEDICATION ASSISTANCE AND VOLUNTEER PROVIDERS. SHE HAS WORKED AT  
BRIDGES TO HEALTH FOR TEN YEARS.

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- COMMUNITY ROUND TABLE - APPROXIMATELY 40 ORGANIZATIONS WERE REPRESENTED AT A PUBLIC PRESENTATION OF THE PREVIOUS COMMUNITY HEALTH PROFILE NEEDS ASSESSMENT PRESENTATION OF THE FINAL REPORT AND PARTICIPATED IN A ROUND TABLE DISCUSSION.

## 2. THIRD PARTY CONSULTANT

- CONSULTANT: ANDERSON UNIVERSITY, FALLS SCHOOL OF BUSINESS  
KEVIN J. BROWN, PHD, ASSISTANT PROFESSOR OF FINANCE PROVIDED THE STATISTICAL ANALYSIS AND SUMMARY OF THE NEEDS ASSESSMENT. AFTER CAREFUL ANALYSIS DR. BROWN PROVIDED THREE LEVELS OF REPORTS FOR OUR COMMUNITY HEALTH NEEDS ASSESSMENT WITH AN EXECUTIVE SUMMARY THAT HAS BEEN REVIEWED AND WILL BE UTILIZED IN DEVELOPING OUR IMPLEMENTATION PLAN.

PART V, SECTION B, LINE 7

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## IDENTIFIED HEALTH NEEDS

BASED UPON THE ANALYSIS OF THE SURVEY RESULTS, MANY HEALTH AND HUMAN RELATED ISSUES IN GRANT COUNTY COULD BE HIGHLIGHTED AND ADDRESSED. DATA WILL BE PROVIDED TO THE COMMUNITY AGENCIES, AREA ORGANIZATIONS, PARTNERS AND HEALTHCARE SERVICES TO SUPPORT OR PROVIDE DATA FOR CHANGE AND OR NEW PROGRAMS.

AN APPRAISAL OF THE FULL DATA-REPORT SUGGESTS THAT THESE PARTICULAR ISSUES SHOULD BE GIVEN PRIORITY CONSIDERATION. THE FOUR KEY AREAS IDENTIFIED ARE AS FOLLOWS:

## 1) MENTAL HEALTH STATUS

FOUR AREAS WERE IDENTIFIED UNDER THE MENTAL HEALTH STATUS HEADING WHICH WOULD SUGGEST ADDITIONAL COMMUNITY ATTENTION MIGHT BE NEEDED. THESE INCLUDE DEPRESSION (OR DEPRESSIVE DISORDER), SOCIAL AND EMOTIONAL SUPPORT, SUICIDE, AND FINANCIAL STRESS.

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MGH CHOSE NOT TO PURSUE THESE RESULTS, AS OTHERS IN THE COMMUNITY WITH THIS EXPERTISE ARE EVALUATING THE RESULTS AND POSSIBLE STRATEGIES IN ADDRESSING THEM. ORGANIZATIONS INCLUDE GRANT BLACKFORD MENTAL HEALTH, FAMILY SERVICES SOCIETY, AREA SCHOOL CORPORATIONS, AND THE MAYOR'S SYNERGY INITIATIVE CONCERNING POVERTY.

2) SOCIAL DETERMINANTS OF HEALTH

AREAS WHICH WERE IDENTIFIED AS TARGETED AREAS FOR IMPROVEMENT INCLUDE: ALCOHOL USE, CIGARETTE USE, DIET & EXERCISE, SLEEP, TEEN VIOLENCE & BULLYING, TEEN ALCOHOL USE, AND PHYSICAL ACTIVITY.

MGH CHOSE NOT TO PURSUE THESE RESULTS, AS OTHER ORGANIZATIONS IN THE COMMUNITY WITH THIS FOCUSED EXPERTISE HAVE ALREADY BEGUN PROGRAMMING AND TACTICS TO ADDRESS THESE ISSUES OR ARE WORKING ON STRATEGIES. ORGANIZATIONS INCLUDING YMCA, AREA SCHOOL CORPORATIONS, GRANT COUNTY TOBACCO COALITION, CORNERSTONE ADDICTION CENTER, AND HANDS OF HOPE.

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## 3) CHRONIC DISEASES

ACCORDING TO THE CDC, CHRONIC DISEASES SUCH AS HEART DISEASE, CANCER, OR DIABETES, ACCOUNT FOR 70% OF ALL DEATHS IN THE UNITED STATES. AFTER REVIEWING THE DATA FROM OUR SURVEY, THREE KEY AREAS OF CHRONIC DISEASE WERE IDENTIFIED AS DEMANDING GREATER ATTENTION: DIABETES, BLOOD PRESSURE & ARTHRITIS.

\*\* IT IS THE AREA OF DIABETES IN WHICH MGH WILL BE FOCUSING A COMPREHENSIVE IMPLEMENTATION STRATEGY. MGH FEELS DIABETES IS AN AREA WHERE INCREASED EDUCATION AND ACCESS TO DIABETIC CARE AND PRACTITIONER TRACKING MECHANISMS CAN BE IMPLEMENTED TO IMPROVE THE OUTCOMES OF THIS CHRONIC DISEASE IN GRANT COUNTY.

THE MGH ACCREDITED DIABETIC EDUCATION PROGRAM IS EXCEPTIONAL AND UNDERUTILIZED IN TERMS OF REFERRALS RECEIVED AMONG AREA PHYSICIANS AND CLINICS. AFTER CONSULTATION WITH PRIMARY CARE PROVIDERS THROUGHOUT THE COUNTY AND SEVERAL MEMBERS OF THE ADVISORY GROUP, THE IMPLEMENTATION TEAM

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CHOOSE TO FOCUS ON DIABETES, PRE-DIABETES AND RISK REDUCTION. THESE STATISTICS HIGHLIGHT OUR PRIORITY CHOICE OF DIABETES AND LOWERS LIFE EXPECTANCY BY UP TO 15 YEARS, INCREASES THE RISK OF HEART DISEASE BY 2 TO 4 TIMES, IS THE LEADING CAUSE OF KIDNEY FAILURE, LOWER LIMB AMPUTATIONS, AND ADULT-ONSET BLINDNESS. THE ESTIMATED TOTAL FINANCIAL BURDEN OF DIABETES IN INDIANA WAS ESTIMATED TO COST 5.6 BILLION DOLLARS IN 2007. THE AVERAGE ANNUAL HEALTH CARE COST FOR A PERSON WITH DIABETES IN INDIANA IS \$11,744, COMPARED WITH \$2,935 FOR A PERSON WITHOUT DIABETES (HEALTHY PEOPLE 2020, INDIANA DEPARTMENT OF HEALTH, COUNTY HEALTH RANKINGS, 2012 CHP RESULTS, AND CHNA.ORG). MGH FEELS DIABETES IS A CHRONIC DISEASE AREA WHERE MEASURABLE RESULTS CAN BE SEEN IN SUBSEQUENT YEARS.

4) HEALTH CARE ACCESS

RESULTS FROM THE SURVEY SUGGESTED THAT GRANT COUNTY RESIDENTS MIMIC THE NATIONAL EPIDEMIC IN THE STRUGGLE TO TACKLE HEALTH INSURANCE AND ACCESS TO PRIMARY CARE PROVIDERS, ALL WHICH AFFECT THEIR ABILITIES TO BE

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PROACTIVE IN MAINTAINING HEALTHY LIFESTYLES.

MGH WILL CONTINUE TO ASSIST OUR COUNTY IN PROVIDING ACCESS TO QUALITY CARE. MGH HAS NUMEROUS AVENUES ALREADY IN PLACE TO INCREASE PATIENT ACCESS TO PROVIDERS AND FINANCIAL ASSISTANCE, AND REFERRAL PARTNERSHIPS FOR HEALTH INSURANCE AND SUPPORT OPTIONS.

PART V, SECTION B, LINE 14

THE POLICY IS NOT "ATTACHED" TO THE BILLING INVOICES, BUT A STATEMENT IS MADE THAT THERE IS A FINANCIAL ASSISTANCE POLICY.

PART V, SECTION B, LINE 20D

MGH FOLLOWED THE FINANCIAL ASSISTANCE POLICY, EXTENDING FREE CARE FOR THOSE AT OR LESS THAN 200% OF FEDERAL POVERTY LEVEL, AND DISCOUNTED CARE (60% AND 80%) FOR THOSE WITH INCOME LEVELS AT MORE THAN 200% BUT LESS THAN OR EQUAL TO 300% OF FEDERAL POVERTY LEVEL.

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## NEEDS ASSESSMENT

MARION GENERAL HOSPITAL FACILITATES AND HOSTS THE COMMUNITY NEEDS ASSESSMENT PROCESS AND DATA FOR GRANT COUNTY. EVERY THREE YEARS MGH PARTNERS WITH THE LOCAL UNIVERSITY, INDIANA WESLEYAN UNIVERSITY AND THEIR NURSING AND SOCIAL WORK DEPARTMENTS COMPLETE A COMPREHENSIVE SURVEY UTILIZING THE CENTER FOR DISEASE CONTROL (CDC) BEHAVIOR RISK ASSESSMENT. PRIMARY DATA IS COLLECTED IN ALL GEOGRAPHIC SEGMENTS OF GRANT COUNTY WHICH IS OUR (MGH) PRIMARY SERVICE AREA. MGH FACILITIES AND HOSTS THE COMMUNITY HEALTH PROFILE (CHP) - WHICH IS AN OVERARCHING COMMUNITY INITIATIVE TO UTILIZE PRIMARY AND SECONDARY DATA FOR THE ONGOING PROCESS OF IMPLEMENTING AND EVALUATING COMMUNITY NEEDS ASSESSMENTS. RESULTS FOR THE 2010 AND 2013 PRIMARY NEEDS ASSESSMENT SURVEY ALONG WITH SECONDARY DATA WERE REVIEWED BY THE COMMUNITY BENEFIT ALLIANCE GROUP INCLUDING THE COUNTY HEALTH DEPARTMENT, AREA NOT-FOR-PROFIT SERVICE AGENCIES, BUSINESS SECTOR, AREA UNIVERSITIES AND AREA HEALTHCARE PROVIDERS. THE PRIMARY SURVEY DATA AND SUMMARIES ARE LOCATED ON WWW.MGH.NET AND [HTTP://HEALTHYGRANTCOUNTY.NET](http://HEALTHYGRANTCOUNTY.NET) (WHICH IS HOSTED BY MGH) AS WELL AS LINKS

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TO MANY SOURCES OF SECONDARY DATA FROM THE COMMUNITY. PRINTED AND  
ELECTRONIC ACCESS TO BOTH WEBSITES PROVIDES EASY ACCESS TO COMMUNITY-WIDE  
DATA FOR PEOPLE FROM DIVERSE BACKGROUNDS.

IN THE SPRING OF 2013, A SERIES OF MEETINGS AND COMMUNITY FORUMS WERE  
HELD. THERE WAS INPUT FROM MGH INPATIENTS, OUTPATIENT SERVICES AND  
PRIMARY CARE PRACTICES, WITH APPROVAL FROM THE MGH GOVERNING BOARD WHICH  
LED TO THE CREATION OF A COMMUNITY-WIDE IMPLEMENTATION PLAN. THE  
IMPLEMENTATION PLAN WILL BE FOR A THREE-YEAR FOCUS INVOLVING A  
COMMUNITY-WIDE INITIATIVE INCLUDING: COMMUNITY SERVICE AGENCIES, AREA  
CLINICS, PRIMARY CARE AND OUTPATIENT OBJECTIVES AND GOALS. THE FIRST  
YEAR WILL ALSO INVOLVE OBTAINING AND SETTING BASELINE DATA IN ORDER TO  
DOCUMENT PROGRESS OF GOALS AND MEASUREMENT FOR ALL AREAS.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE  
AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, MGH HAS SIGNAGE AT ALL  
REGISTRATION POINTS INTO THE FACILITY AND THE HOSPITAL'S BUSINESS OFFICE

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ADVISING THEM OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. WE HAVE A BROCHURE TITLED 'UNDERSTANDING HOSPITAL BILLS & INSURANCE' THAT DIRECTS THEM TO CALL US IF THEY DO NOT HAVE INSURANCE OR THE ABILITY TO PAY THEIR BILL. ALL BEDDED PATIENTS RECEIVE THIS BROCHURE UPON ADMISSION.

ON OUR BILLING STATEMENTS, WE ADVISE PATIENTS THAT WE OFFER FINANCIAL ASSISTANCE. HOWEVER, THEY NEED TO APPLY AND THEY CAN CONTACT US, AND WE WILL HELP THEM COMPLETE THE APPLICATION. WE ALSO POST THE POLICY ON OUR WEBSITE ALONG WITH OUR TELEPHONE NUMBER TO CONTACT US IF THEY BELIEVE THEY MIGHT QUALIFY. ONCE A PATIENT IS APPROVED FOR ASSISTANCE, THEY ARE QUALIFIED FOR A PERIOD OF ONE YEAR FROM APPROVAL OF THE APPLICATION. MGH ALSO ASSISTS PATIENTS WITH THE APPLICATION PROCESS FOR STATE AND FEDERAL GOVERNMENT BENEFIT PROGRAMS.

COMMUNITY INFORMATION

MGH CONTINUES TO SERVE THE PRIMARY MARKET OF GRANT COUNTY, INDIANA. MGH ALSO PROVIDES HEALTHCARE SERVICES TO RESIDENTS IN THE NEIGHBORING

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COUNTIES OF WABASH, MIAMI, BLACKFORD, AND HUNTINGTON (ALL IN INDIANA).

MARION, THE GRANT COUNTY SEAT, IS JOINED WITH THE COMMUNITIES OF GAS

CITY, JONESBORO, FAIRMOUNT, MATTHEWS, UPLAND, VAN BUREN, SWEETSER,

SWAYZEE, AND CONVERSE. ALL OF THESE SURROUNDING COMMUNITIES HAVE

POPULATIONS OF LESS THAN 6,000. GRANT COUNTY'S POPULATION, AS PROJECTED

BY THE 2010 U.S. CENSUS, IS 70,061 AND THE HOUSEHOLD COUNT IS 30,443.

GRANT COUNTY CONTINUES TO BE A VERY DIVERSE COMMUNITY. EVEN WITH RECENT

ECONOMIC SUCCESSES, OUR MARKET TENDS TO FALL BELOW STATE AND NATIONAL

AVERAGES FOR STATISTICS SUCH AS HOUSEHOLD INCOME, EDUCATION AND

EMPLOYMENT RATES. 19.8% OF GRANT COUNTY'S RESIDENTS FALL BELOW FEDERAL

POVERTY GUIDELINES. THIS RATE IS HIGHER THAN ANY OF THE

SURROUNDING COUNTIES. (U.S. CENSUS BUREAU, 2010)

PROMOTION OF COMMUNITY HEALTH

FOR ALMOST 110 YEARS, MARION GENERAL HOSPITAL HAS ACTIVELY ENGAGED OUR

COMMUNITY BY PROVIDING SUPPORT AND LEADERSHIP IN IDENTIFYING AND

ADDRESSING HEALTHCARE NEEDS AND CONCERNS. MGH IS DEDICATED TO

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PROMOTING WELLNESS IN OUR REGION THROUGH PARTNERSHIPS WITH MORE THAN 25  
 LOCAL ORGANIZATIONS AND OFFERING MORE THAN 75 HEALTH-EDUCATIONAL  
 MATERIALS AND PROGRAMS THROUGHOUT OUR COMMUNITY. THE HOSPITAL'S  
 COMMITMENT IS INTEGRATED AND COMMUNICATED IN THE MISSION AND VISION  
 STATEMENT AND IN ANNUAL STRATEGIC INITIATIVES.

IN 2013, MGH'S COMMUNITY OUTREACH EDUCATION FOCUSED ON THE HEALTH NEEDS  
 OF OUR COMMUNITY WITH AN ACTIVE COMMUNITY OUTREACH PROGRAM UTILIZING  
 EMPLOYEES FROM EVERY DEPARTMENT. THE MGH PARISH NURSE PROGRAM COORDINATED  
 HEALTH EDUCATION MATERIALS, HEALTH SCREENINGS, AND HEALTH COUNSELING IN  
 70 CHURCHES THROUGH 130 UNPAID PARISH NURSES. MGH PROVIDED HEALTH  
 EDUCATION ON A WIDE RANGE OF TOPICS AT SCHOOLS, UNIVERSITIES, DAYCARES,  
 AREA EVENTS, HEALTH SPEAKING ENGAGEMENTS, COMMUNITY BOARDS AND  
 COALITIONS, AND NUMEROUS MEDIA VENUES.

HEALTH EDUCATION TOPICS EMPHASIZED IN 2013 INCLUDED: HEALTHY WEIGHT,  
 STROKE PREVENTION, SEXUALLY TRANSMITTED DISEASES AND INFECTIONS, CARDIAC

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HEALTH, NUTRITION AND EXERCISE, TOBACCO CESSATION, DIABETIC SCREENING, DIABETIC DISEASE MANAGEMENT, CAR SEAT SAFETY INSPECTIONS, AND SIDS PREVENTION. OUR CONTINUED PARTNERSHIP WITH BRIDGES TO HEALTH, GRANT COUNTY'S FREE HEALTH CLINIC, PROVIDES MUCH NEEDED MEDICAL AND DENTAL SERVICES FOR UNINSURED RESIDENTS.

OTHER HIGHLIGHTS FROM 2013 INCLUDE: 1) MARION GENERAL HOSPITAL RENEWED THE BUILDING LEASE FOR BRIDGES TO HEALTH BY DONATING 5,000 SQ. FT OF CLINIC SPACE FOR \$1/YEAR, AND CONTINUES TO BE BRIDGES LARGEST FINANCIAL DONOR 2) MGH WAS SUCCESSFUL IN ADDING PHYSICIANS IN NEEDED MEDICAL SPECIALTIES INCLUDING PRIMARY CARE, RADIOLOGY (TELEMEDICINE), OCCUPATIONAL MEDICINE, OTOLARYNGOLOGY, NEPHROLOGY, COSMETIC SURGERY, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS. 3) MGH CONTINUED TO INCREASE ACCESS TO PRIMARY CARE AND OUTPATIENT SERVICES WITH SOUTH MARION MEDICAL PARK. 4) MGH EXPANDED HEALTH SCREENING LOCATIONS. 5) LAUNCHED A COMMUNITY-WIDE IMPLEMENTATION PLAN FOR DIABETES DISEASE MANAGEMENT.

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MGH IS COMMITTED TO OUR MISSION STATEMENT OF PROMOTING WELLNESS IN OUR HEALTHCARE COMMUNITY. MGH IS A STRONG CORPORATE CITIZEN OF THE COMMUNITY AND SECOND LARGEST EMPLOYER. LOCAL RESIDENTS AND HEALTH GROUPS LOOK TO MGH FOR LEADERSHIP AND GUIDANCE IN MANY AREAS. MGH PROVIDED OPPORTUNITIES FOR EMPLOYEES TO SERVE ON COMMUNITY BOARDS AND PROGRAMS INCLUDING THE GRANT COUNTY ECONOMIC GROWTH COUNCIL, MARION-GRANT CHAMBER OF COMMERCE, BRIDGES TO HEALTH, MAIN STREET MARION, HEAD START, YMCA, CAREY SERVICES DOWNTOWN REVITALIZATION GROUP, INDIANA WESLEYAN UNIVERSITY ADVISORY TEAMS, BOYS AND GIRLS CLUB, MARION PHILHARMONIC, UNITED WAY CHAIRMAN, SYNERGY 2013, AND NUMEROUS COMMUNITY NON-PROFIT BOARDS. OUR EMPLOYEES SERVED AS INNOVATIVE LEADERS CREATING OPPORTUNITIES TO EDUCATE THE PUBLIC ABOUT HEALTH ISSUES, INTERVENTIONS, AND OUTCOMES.

MGH IS COMMITTED TO BUILDING OUR COMMUNITY. WE HAVE BEEN INVOLVED WITH ECONOMIC GROWTH, EDUCATION INITIATIVES, CAPITAL IMPROVEMENTS, AND PARTICIPATION IN AREA CHAMBERS. MANY ORGANIZATIONS HAVE RECOGNIZED

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AND APPLAUDED OUR COMMITMENT TO BUILDING AND SUSTAINING OUR HEALTHCARE

COMMUNITY. IN ADDITION, MGH HAS WORKED VERY CLOSELY WITH OUR AREA

EDUCATIONAL INSTITUTIONS (FROM PRESCHOOL TO UNIVERSITY LEVEL) TO EXECUTE

OUR COUNTY-WIDE COMMUNITY HEALTH PROFILE.

MGH HAS RAISED THE STANDARD FOR COMMUNITY INVOLVEMENT THROUGH EDUCATIONAL

AND OUTREACH PROGRAMS, FISCAL SUPPORT, AND PARTNERSHIPS GEARED TO IMPROVE

THE HEALTH OF OUR COMMUNITY.

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STATE FILING OF COMMUNITY BENEFIT REPORT

IN,