

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE STAMFORD HOSPITAL

Employer identification number

06-0646917

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	
1b 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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
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:	X	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
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 discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,464,970.	2,310,120.	9,154,850.	2.06
b Medicaid (from Worksheet 3, column a)			95,776,227.	38,585,522.	57,190,705.	12.89
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,291,321.		2,291,321.	.52
d Total Financial Assistance and Means-Tested Government Programs			109,532,518.	40,895,642.	68,636,876.	15.47
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,549,875.		3,549,875.	.80
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			330,414.		330,414.	.07
j Total Other Benefits			3,880,289.		3,880,289.	.87
k Total. Add lines 7d and 7j.			113,412,807.	40,895,642.	72,517,165.	16.34

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	93,349,158.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	114,734,952.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-21,385,794.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

	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
1 THE STAMFORD HOSPITAL ONE HOSPITAL PLAZA STAMFORD CT 06904 WWW.STAMFORDHEALTH.ORG 0059	X			X		X	X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?		X
15	Explained the method for applying for financial assistance?		X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?		X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	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 checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	21	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 checked="" type="checkbox"/> Other (describe in Section C)			

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

22	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)			
23	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.	23		X
24	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.	24		X

Part V Facility Information (continued)

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

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5

IN THE FIRST PHASE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, DOZENS OF INTERVIEWS WERE CONDUCTED TO ENGAGE THE COMMUNITY IN THE ASSESSMENT PROCESS. THESE INTERVIEWS CAPTURED COMMUNITY PERCEPTIONS ON PRIORITY HEALTH ISSUES, SERVICE GAPS, AND BARRIERS TO ACCESS, AS WELL AS SUGGESTED STRATEGIC INITIATIVES TO ADDRESS THESE ISSUES. IN ALL, NEARLY 100 PEOPLE WERE INTERVIEWED, INCLUDING ADMINISTRATIVE AND CLINICAL STAFF FROM STAMFORD HOSPITAL, REPRESENTATIVES FROM LOCAL HEALTH AND SOCIAL SERVICE AGENCIES, PUBLIC HEALTH OFFICERS, OTHER PUBLIC AND ELECTED OFFICIALS, REPRESENTATIVES FROM ADVOCACY ORGANIZATIONS AND FOUNDATIONS, MEMBERS OF THE CLERGY, AND COMMUNITY RESIDENTS.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 22D

THE MAXIMUM AMOUNT CHARGED TO FAP ELIGIBLE INDIVIDUALS IS CALCULATED BASED ON FEDERAL POVERTY GUIDELINES. INDIVIDUAL FAMILY INCOME LEVELS ARE COMPARED TO FPG AND TOTAL CHARGES ARE REDUCED FROM 100%-60% BASED ON LEVEL OF INCOME.

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? _____

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

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7

THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE. THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE.

PART III, LINE 2:

THE COST OF BAD DEBT EXPENSE IS ESTIMATED BASED ON THE BAD DEBT PROVISION AT CHARGE, APPLIED TO THE RATIO OF TOTAL PATIENT CARE EXPENSES TO TOTAL CHARGES FOR ALL SERVICES RENDERED. ANY PAYMENTS OR DISCOUNTS ARE EXCLUDED FROM BAD DEBT EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE AND TEXT OF BAD DEBT EXPENSE FOOTNOTE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, TSH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), TSH RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE

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.
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- 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.

ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8B

MEDICARE COSTING METHODOLOGY

THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT.

PART III, LINE 8A

TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT

TO THE EXTENT THERE IS A MEDICARE 'SHORTFALL', THE HOSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES. THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND ARGUABLY (DIRECTLY AND INDIRECTLY) THE COMMUNITY IN WHICH THEY LIVE.

PART III, LINE 9B

COLLECTION PRACTICES

APPLICATION OF COLLECTION PRACTICES QUALIFYING FOR FINANCIAL ASSISTANCE

ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT

Part VI Supplemental Information

Provide the following information.

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

APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE.

FORM 990, SCHEDULE H, PART VI

NEEDS ASSESSMENT

THE STAMFORD HOSPITAL ("SH" OR "HOSPITAL") PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES ("STAMFORD HEALTH DEPT.") TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION.

SH WORKS WITH THE STAMFORD HEALTH DEPARTMENT'S HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT; INCLUDES PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EDUCATIONAL OUTREACH EFFORTS; PROVIDES HIV UPDATES FOR AIDS SERVICE PROVIDERS IN THE COMMUNITY; PERFORMS CLIENT HOME VISITS; AND CONDUCTS MONTHLY HIV POSITIVE WOMEN'S SUPPORT GROUP.

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.
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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.

SH PARTNERS WITH OPTIMUS HEALTH CENTER (FORMERLY BRIDGEPORT COMMUNITY HEALTH CENTER), A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD. THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2.8 MILLION IN FY15 TO ENSURE ITS CONTINUED VIABILITY.

COMMUNITY INPUT AND ENGAGEMENT TO ADDRESS CHILDHOOD OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY SH. THIS EFFORT FOCUSES ON PREVENTION, ADVOCACY, EDUCATION, AND TREATMENT AND IS A CITY-WIDE COLLABORATION THAT INCLUDES STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT, EARLY CHILDHOOD EDUCATORS, AFTER SCHOOL PROGRAMS AND COMMUNITY CENTERS AND COMMUNITY PEDIATRICIANS AND FAMILY MEDICINE PRACTITIONERS. SH'S KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES) PROGRAM, PROMOTING PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION, IS A CORNERSTONE OF THIS CHILDHOOD OBESITY INITIATIVE.

ANOTHER INITIATIVE REPRESENTATIVE OF THE COLLABORATIVE EFFORTS OF SH AND

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.

COMMUNITY ORGANIZATIONS IS "PAINT THE TOWN PINK," A COMMUNITY-WIDE BREAST CANCER AWARENESS PROGRAM. "PAINT THE TOWN PINK" HOLDS A MONTH-LONG SERIES OF EVENTS IN OCTOBER OF EACH YEAR. THE STAMFORD HOSPITAL PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES ("STAMFORD HEALTH DEPT.") TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION.

FORM 990, SCHEDULE H, PART VI

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE STAMFORD HOSPITAL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS.

1) SIGNS AND/OR BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS:

- * EMERGENCY ROOM WAITING ROOMS AND REGISTRATION STATIONS
- * IMMEDIATE CARE CENTER WAITING ROOM

Part VI Supplemental Information

Provide the following information.

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* PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY CAMPUS

* CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA

OF THE PATIENT BUSINESS SERVICES DEPARTMENT

* ANCILLARY DEPARTMENTS

* BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH.

2) THE HOSPITAL'S BILLING STATEMENTS INCLUDE AN INFORMATIONAL PAGE THAT IS PRINTED ON THE REVERSE SIDE OF THE STATEMENT OUTLINING THE FINANCIAL OPTIONS.

3) THE "ARE YOU UNINSURED NOTICE" IN ENGLISH AND SPANISH IS ATTACHED TO THE TRUE SELF PAY STATEMENTS.

4) STAFFING:

* STAMFORD HOSPITAL HAS A FULL-TIME DSS ST OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS.

* SOCIAL SERVICES DEPARTMENT

* CASE MANAGEMENT DEPARTMENT

* PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR

* PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS.

Part VI Supplemental Information

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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.

* THE DSS OUTREACH WORKER AND A TSH FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK.

* HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS.

* PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS, * PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE DSS LIAISON.

5) NOTIFICATIONS: PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS.

FORM 990, SCHEDULE H, PART VI

COMMUNITY INFORMATION

STAMFORD HEALTH PROVIDES A BROAD RANGE OF COMMUNITY OUTREACH AND EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES IN SOUTHERN FAIRFIELD COUNTY, CT. THE HOSPITAL'S SERVICE AREA WAS

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DEVELOPED THROUGH THE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD HEALTH'S STRATEGIC PLAN. THE HOSPITAL'S COMBINED PSA AND SSA INCLUDE AN ESTIMATED 136,091 HOUSEHOLDS WITH A TOTAL POPULATION OF 372,012 RESIDENTS. THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN, AND ROWAYTON, WITH AN ESTIMATED 54,472 HOUSEHOLDS AND A TOTAL POPULATION OF 150,116. STAMFORD COMPRISES AN ESTIMATED 46,376 HOUSEHOLDS WITH A TOTAL POPULATION OF 125,226. THE SSA INCLUDES THE COMMUNITIES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON, AND WILTON, WITH AN ESTIMATED 81,619 HOUSEHOLDS AND A TOTAL POPULATION OF 221,896. FOR THE PSA, 25.6% OF THE POPULATION IS ESTIMATED TO BE 19 YEARS OF AGE OR LESS; 36.2% IS 20 - 44; 25.6% IS 45-64; AND 12.6% IS 65 YEARS OF AGE AND OLDER. THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 27.3% OF ITS POPULATION 19 YEARS OF AGE OR LESS; 27.5% IS 20-44; 30.6% IS 45-64; AND 14.6% 65 YEARS OF AGE AND OLDER. REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 56.6% OF RESIDENTS ARE WHITE; 23.1% ARE HISPANIC; 11.0% BLACK; 7.5% ASIAN; AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER. STAMFORD IS ESTIMATED TO

Part VI Supplemental Information

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HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 13.2%, HISPANIC POPULATION REPRESENTING 27.0% AND ASIAN POPULATION REPRESENTING 8.4% OF ITS TOTAL POPULATION. FOR THE SSA, 72.7% OF THE TOTAL ESTIMATED POPULATION IS WHITE; 6.5% BLACK; 13.0% HISPANIC; 5.6% ASIAN; AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER. ALTHOUGH IN THE PSA AN ESTIMATED 20.8% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY. IN COMPARISON TO THE PSA, STAMFORD HAS ONLY AN ESTIMATED 16.2% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING \$200,000, AND 22.8% WITH HOUSEHOLD INCOMES LESS THAN \$35,000, 33.2% WITH LESS THAN \$45,000. IN THE SSA, AN ESTIMATED 28.2% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 16.7% HAVE HOUSEHOLD INCOMES LESS THAN \$35,000 AND 24.5% LESS THAN \$45,000.

THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (37.1%), FOLLOWED BY MEDICARE (25.0%); MEDICAID (28.3%); AND SELF-PAY/OTHER (9.6%). COMPARED TO THE PSA, STAMFORD HAS A HIGHER

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ESTIMATED PERCENTAGE OF MEDICAID AT 30.7% AND SELF-PAY/OTHER AT 10.4%.

FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (42.5%), FOLLOWED BY MEDICARE (27.5%); MEDICAID (21.9%); AND SELF-PAY/OTHER (8.1%).

FORM 990, SCHEDULE H, PART VI

PROMOTION OF COMMUNITY HEALTH

SH PROVIDES EXPERTISE AND SUPPORTS THE WEST SIDE NEIGHBORHOOD

REVITALIZATION ZONE (WSNRZ), A COMMUNITY EFFORT TO IMPROVE THE HEALTH, SAFETY, INFRASTRUCTURE, AND QUALITY OF LIFE IN THE WEST SIDE OF STAMFORD.

NEIGHBORS WORK SIDE-BY-SIDE WITH LOCAL BUSINESSES, LAW ENFORCEMENT, THE HOSPITAL'S HOUSING PARTNER, CHARTER OAK COMMUNITIES, INC. (FORMERLY THE STAMFORD HOUSING AUTHORITY), AND LOCAL ELECTED AND APPOINTED OFFICIALS.

SH IN PARTNERSHIP WITH CHARTER OAK COMMUNITIES, INC., (FORMERLY STAMFORD HOUSING AUTHORITY) ESTABLISHED THE VITA HEALTH AND WELLNESS DISTRICT IN THE WEST SIDE. IN PARTNERSHIP WITH THE WSNRZ, THE CITY OF STAMFORD AND SUPPORT FROM U.S.DEPT. OF HOUSING AND URBAN DEVELOPMENT (HUD), THE VITA PLAN IS INTENDED TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING

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HEALTH AND WELLNESS, NUTRITION AND ACCESS TO NUTRITIOUS FOOD, ACTIVE LIVING AND HEALTHY LIFESTYLES, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND IMPROVING THE HOSPITAL AND COMMUNITY CONNECTIONS. IN 2015, THE CROSS-SECTOR COMMUNITY COLLABORATIVE OF KEY STAKEHOLDERS ANALYZED STRATEGIES TO IMPROVE ACCESS TO CARE, COORDINATION OF CARE AND LIFESTYLES/BEHAVIORAL ISSUES TO ADDRESS THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY SH IN PARTNERSHIP WITH THE CITY OF STAMFORD HEALTH AND SOCIAL SERVICES DEPARTMENT.

PROMOTION OF COMMUNITY HEALTH

THE STAMFORD HOSPITAL ("SH" OR THE "HOSPITAL") PROVIDED A VARIETY OF PROGRAMS THAT BENEFITED THE COMMUNITY. THESE PROGRAMS INCLUDED, FOR EXAMPLE, HEALTH SCREENINGS, IMMUNIZATION PROGRAMS, SOCIAL SERVICES AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, CRISIS INTERVENTION, COMMUNITY HEALTH EDUCATION, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS. HEALTH EDUCATION PROGRAMS PROVIDED BY THE HOSPITAL FOR THE BENEFIT OF THE COMMUNITY INCLUDED: SMOKING CESSATION; WEIGHT LOSS; STRESS MANAGEMENT; AND PROGRAMS FOCUSED ON SUCH SPECIFIC HEALTH FACTORS

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OR DISEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, DIABETES
 SELF-MANAGEMENT, SLEEP DISORDERS, ARTHRITIS, HIGH CHOLESTEROL, CANCER
 PREVENTION, NUTRITION, STRESS MANAGEMENT, CIRCULATORY PROBLEMS, DIGESTIVE
 DISORDERS, ORTHOPEDICS, PAIN MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S
 NUTRITION.

SH OFFERED A MINI-MEDICAL SCHOOL, A FREE, SIX-WEEK SERIES OF LECTURES BY
 VOLUNTEER PHYSICIANS FOCUSING ON COMMON DISEASE STATES AND AVAILABLE
 TREATMENTS. TOPICS INCLUDE ANESTHESIOLOGY, CANCER, CARDIOLOGY,
 GASTROENTEROLOGY, GENERAL ANATOMY, GYNECOLOGY, INFECTIOUS DISEASES,
 INTEGRATIVE MEDICINE, MEDICAL DECISION-MAKING, PULMONARY MEDICINE AND
 ORTHOPEDICS.
 HOSPITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS
 SPEAKERS AT VARIOUS COMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT
 TOPICS. IN FISCAL YEARS ("FY") 2015, SH PARTICIPATED IN MORE THAN 100
 COMMUNITY HEALTH EVENTS; CONDUCTED MORE THAN 3,700 SCREENINGS, WITH TOTAL
 ATTENDANCE OF APPROX.. 10,000. THE EVENTS INCLUDED HEALTH FAIRS AT
 COMMUNITY CENTERS, SENIOR CENTERS, RELIGIOUS INSTITUTIONS, AND SCHOOLS;

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PHYSICIAN PRESENTATIONS AS WELL AS CAREER DAYS, SCHOOL TOURS AND

INFORMATIONAL SPECIAL EVENTS.

TELE-MEDICINE:

STAMFORD HOSPITAL OFFERED FREE SCREENINGS AT TWO VIRTUAL KIOSKS AT THE

I-95 SERVICE PLAZAS IN ITS PSA. IN FY2015,

SH COMPLETED 6,694 FREE SCREENINGS, A COMBINATION OF BLOOD PRESSURE

SCREENINGS, BMA, HEALTH RISK APPRAISALS AND CHOLESTEROL/GLUCOSE.

OTHER HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES

PROVIDED IN FY2015 ARE AS FOLLOWS:

AMERICARES FREE CLINIC OF STAMFORD:

IMPROVING ACCESS TO CARE: FY 2015 - \$542,000

STAMFORD HOSPITAL SUPPORTS THE AMERICARES FREE CLINIC OF STAMFORD,

PROVIDING READY ACCESS TO HIGH QUALITY DIAGNOSTICS, ESSENTIAL FOR THIS

PATIENT POPULATION WHICH IS UNINSURED AND DOES NOT QUALIFY FOR ANY

GOVERNMENT PROGRAMS. AMERICARES FREE CLINICS (AFC) ALSO PARTICIPATES

ACTIVELY IN THE STAMFORD COMMUNITY COLLABORATIVE. STAMFORD HOSPITAL

PROVIDES SPECIALTY CARE TO AFC PATIENTS PRIMARILY THROUGH STAMFORD

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HOSPITAL'S NETWORK OF SPECIALTY CLINICS. AMERICARES PARTICIPATES ON A HOSPITAL TEAM THAT IS WORKING TO INSTITUTE A NEW SYSTEM FOR CITY-WIDE SPECIALTY CARE THAT IS AIMED TO PROVIDE MORE TIMELY AND SEAMLESS ACCESS FOR BOTH MEDICAID AND UNINSURED PATIENTS.

THE MAJORITY OF THE VISITS MADE TO THE FREE CLINIC ARE BY PATIENTS WITH CHRONIC DISEASES - UNDIAGNOSED AND UNCONTROLLED DIABETES AND HYPERTENSION BEING THE MOST COMMON. WITH ONGOING SUPPORT THROUGH EDUCATION AND CLOSE MEDICAL MANAGEMENT, PATIENTS DEMONSTRATE COMPLIANCE AND GREATER CONTROL THEIR CHRONIC DISEASE AND REDUCTION IN EMERGENCY ROOM UTILIZATION.

ASTHMA EDUCATION:

SH CONDUCTED AN EVENT FOR THE COMMUNITY WITH EXHIBITS TO EDUCATE AND CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA. TOPICS INCLUDED KEEPING ASTHMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE ROLE OF ALLERGIES, AND THE FUTURE OF ASTHMA THERAPY. THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA.

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CANCER:

IN 2015, STAMFORD HOSPITAL'S CARL & DOROTHY BENNETT CANCER CENTER CONTINUED TO BUILD ON ITS REPUTATION FOR DELIVERING EXPERT CARE IN A WARM, NURTURING ENVIRONMENT. A MAJOR ACHIEVEMENT INCLUDED THE FORMATION OF THE CANCER CENTER'S OWN PATIENT AND FAMILY ADVISORY COUNCIL (PFAC), WHICH IS CONSISTENT WITH THE HOSPITAL'S PLANETREE PHILOSOPHY OF PATIENT-CENTERED CARE. WITH MEMBERS THAT INCLUDE STAFF, CANCER SURVIVORS AND CAREGIVERS, THE GOAL OF THE PFAC IS TO CONTINUE TO IMPROVE THE CARE AND SERVICES OFFERED AT THE BENNETT CANCER CENTER.

ADDITIONALLY, THE BENNETT CANCER CENTER TEAMED UP WITH ONCOLOGY REHAB PARTNERS TO BRING THE STAR (SURVIVORSHIP TRAINING & REHABILITATION) PROGRAM® TO ITS PATIENTS. STAR IS A NATIONALLY RECOGNIZED CANCER SURVIVORSHIP PROGRAM THAT FOCUSES ON HELPING SURVIVORS HEAL PHYSICALLY AND EMOTIONALLY.

CANCER OUTREACH AND EDUCATION:

AS REQUIRED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, A

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CANCER COMMITTEE OVERSEES STAMFORD HOSPITAL'S CANCER PROGRAM, OF WHICH EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A KEY COMPONENT.

DIRECT MAIL IS USED TO REMIND WOMEN OF THE IMPORTANCE OF SCREENING FOR BREAST CANCER. PAINT THE TOWN PINK, A COMMUNITY-WIDE BREAST CANCER AWARENESS PROGRAM, HELD A MONTH-LONG SERIES OF EVENTS IN OCTOBER. IN ADDITION, EDUCATIONAL LECTURES OFFERED THROUGHOUT THE YEAR FOR THE COMMUNITY INCLUDE TOPICS FOCUSED ON RAISING AWARENESS ABOUT THE DANGERS OF SUN EXPOSURE AND RISKS FOR SKIN CANCER, DIRECT MAIL INITIATIVES AND PROGRAMS TO UNDERSCORE THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF COLORECTAL CANCERS, AS WELL AS EDUCATION SURROUNDING TESTICULAR AND GYNECOLOGIC CANCERS. CANCER OUTREACH EFFORTS ALSO INCLUDE ANTI-TOBACCO LECTURES AND AN ANTI-SMOKING POSTER CONTEST FOR ELEMENTARY SCHOOL CHILDREN. THE HOSPITAL OFFERS FREEDOM FROM SMOKING-QUIT FOR GOOD CLASSES YEAR-ROUND. NUTRITION PROGRAMS, LED BY A REGISTERED DIETITIAN, ARE OFFERED THROUGHOUT THE YEAR.

CANCER SCREENINGS/MOBILE MAMMOGRAPHY:

STAMFORD HOSPITAL'S MOBILE WELLNESS CENTER OFFERED MAMMOGRAPHY SCREENING

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TO THE COMMUNITY AT NO COST TO PATIENTS WHO ARE UNINSURED. IN FY 15,
1,707 WOMEN RECEIVED MAMMOGRAMS, OF WHICH 1300 WERE PERFORMED AT NO COST.

TO REACH THE UNDERSERVED, THE HOSPITAL COLLABORATED WITH OPTIMUS HEALTH CARE ("OPTIMUS"), A FEDERALLY QUALIFIED HEALTH CENTER, THE WITNESS PROJECT OF CT, PLANNED PARENTHOOD OF CT, AND THE HISPANIC COUNCIL OF GREATER STAMFORD. OUTREACH WAS TARGETED TO UNDERINSURED AND UNINSURED WOMEN OF COLOR, AND ASSISTANCE PROVIDED TO ADDRESS LANGUAGE BARRIERS, NAVIGATE THE HEALTHCARE SYSTEM, AND COPE WITH FEAR.

OTHER KEY 2015 ACCOMPLISHMENTS FOR THE BENNETT CANCER CENTER INCLUDE:

- STAMFORD HOSPITAL'S CANCER PROGRAM WAS AWARDED THE GOLD AWARD BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.
- 100% OF THE OUTPATIENT NURSES AT THE BENNETT CANCER CENTER ACHIEVED ONCOLOGY NURSING CERTIFICATION
- THE MEDICAL ONCOLOGISTS AT THE BENNETT CANCER CENTER WERE RECOGNIZED BY THE QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION PROGRAM, AN AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO). THE

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QOPI CERTIFICATION PROGRAM PROVIDES A THREE-YEAR CERTIFICATION FOR
 OUTPATIENT HEMATOLOGY-ONCOLOGY PRACTICES THAT MEET THE HIGHEST STANDARDS
 FOR QUALITY CANCER CARE.

- 6% OF NEWLY DIAGNOSED PATIENTS WERE ENROLLED IN CLINICAL TRIALS
- SH MANAGER OF CANCER SUPPORT SERVICES AT THE BENNETT CANCER CENTER,
 RECEIVED THE 2013 ONCOLOGY SOCIAL WORKER OF THE YEAR AWARD FROM THE
 ASSOCIATION OF ONCOLOGY SOCIAL WORK (AOSW). THE PRESTIGIOUS AWARD
 RECOGNIZES AN ONCOLOGY SOCIAL WORKER WHO PROVIDES EXEMPLARY COMMITMENT TO
 THE DELIVERY OF COMPASSIONATE PATIENT CARE.

COMMUNITY-BASED CLINICAL CARE:

THE HOSPITAL CONTINUES TO EMPLOY THE PHYSICIANS AND MID-LEVEL PROVIDERS
 WHO WORK IN THE PRIMARY CARE CENTERS. OPTIMUS EMPLOYS ALL OTHER STAFF.
 THE BENEFITS OF THIS TRANSITION ARE: 1) THE CREATION OF AN INTEGRATED
 PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES
 IN STAMFORD; 2) ACCESS TO FEDERAL PROGRAMS TO SUPPORT THE EXPANSION OF
 THE PRIMARY CARE CENTERS' SERVICES TO INCLUDE PHARMACY AND DENTAL; AND 3)
 TO ENSURE THE AVAILABILITY OF THE PRIMARY CARE CENTERS AS AMBULATORY CARE

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TRAINING VENUES FOR THE HOSPITAL'S RESIDENCY PROGRAMS. THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2.8 MILLION IN FY 2015 TO ENSURE ITS CONTINUED VIABILITY.

EMERGENCY SERVICES AND EDUCATION:

STAMFORD'S EMS INSTITUTE, A DEPARTMENT OF SH, PROVIDED EMERGENCY MEDICAL SERVICE (EMS) TRAINING TO EMERGENCY MEDICAL TECHNICIANS ("EMTs"), NURSES, PHYSICIANS, PARAMEDICS, AND ANYONE IN THE PUBLIC WHO IS INTERESTED IN LEARNING THESE LIVE-SAVING SKILLS. THE HOSPITAL OFFERED AN INFANT AND CHILD CARE CLASS, AND AN ADULT CARDIO-PULMONARY RESUSCITATION ("CPR") AND EMT-BASIC COURSE. THE SH EMS INSTITUTE ALSO COLLABORATED WITH SEMS. REGARDING DISASTER PREPAREDNESS, THE HOSPITAL'S STAFF WORKED WITH REGIONAL AGENCIES TO COORDINATE EMERGENCY PLANS AND CONDUCTED JOINT SIMULATION DRILLS.

HEART DISEASE EDUCATION:

SH PROVIDED EDUCATION ABOUT RISK FACTORS AND LIFESTYLE BEHAVIORS THAT CONTRIBUTE TO HEART DISEASE AND STROKE. THE HOSPITAL PROVIDED SCREENINGS

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FOR CARDIOVASCULAR DISEASE AS PART OF ITS MOBILE COACH. IN ADDITION, THE HOSPITAL SUPPORTED COMMUNITY EVENTS ADDRESSING HEART DISEASE, INCLUDING 397 CARDIAC RISK ASSESSMENT SCREENINGS AT THE "TAKE HEART" EVENT IN FEBRUARY, WHICH IS HEART MONTH. PRESENTATIONS BY PHYSICIANS ON WOMEN'S HEART HEALTH, CONTROLLING HIGH BLOOD PRESSURE AND STRESS, WERE ALSO CONDUCTED THROUGHOUT THE YEAR AT BUSINESSES AND COMMUNITY CENTERS.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS: PEDIATRIC MEDICAL HOME INITIATIVE OF SWCT (CYSHCN):
 MEDICAL HOME INITIATIVE (MHI) COVERING SOUTHWEST CT ADDRESSES THE NEEDS OF CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS. CYSHCN IN THE REGION MEETING THEIR MEDICAL, SOCIAL AND EMOTIONAL NEEDS AND PROVIDES LINKAGES TO COMMUNITY RESOURCES AND FAMILY SUPPORT NETWORKS. FAMILIES ARE PROVIDED ASSISTANCE WITH CARE COORDINATION LIKE SECURING SPECIALIST APPOINTMENTS, TRANSPORTATION AND FUNDING FOR ESSENTIAL NEEDS LIKE RESPITE SERVICES, MEDICATIONS, DIAPERS, WHEELCHAIRS, RAMPS, ETC. IT ALSO PROVIDES FAMILIES WITH ADVOCACY IN ORGANIZATIONS LIKE SCHOOLS AND OTHERS; PARENTS ARE OFFERED SUPPORT GROUPS HELD REGULARLY IN STAMFORD AND BRIDGEPORT. IN

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2015, 1027 CHILDREN WERE SERVED, OF WHOM 546 WERE OF HIGH COMPLEXITY.

SOUTHWEST MHI IS FOCUSED ON PREVENTION AND INTERVENTIONS TARGETING CHILDHOOD OBESITY IN SWCT REGION AND BUILDING COMMUNITY COLLABORATION.

HIV-AIDS: RYAN WHITE PROGRAM

THE RYAN WHITE PROGRAM AT STAMFORD HOSPITAL CONTINUES TO SERVE HIV POSITIVE PATIENTS IN THE COMMUNITY. THE TEAM INCLUDES A DEDICATED NURSE PRACTITIONER (NP), ADHERENCE NURSE AND NUTRITIONIST WITH PROGRAM OVERSIGHT BY THE CHIEF OF INFECTIOUS DISEASE, DR. PARRY. THE HIV NP IS AS RESOURCE AND PROVIDES ONGOING HIV/AIDS PRIMARY CARE UPDATES TO INTERNAL MEDICINE RESIDENTS AND ATTENDING PHYSICIANS CARING FOR HIV POSITIVE PATIENTS IN THE STAMFORD HEALTH SYSTEM. MEDICAL RESIDENTS ARE ALSO GIVEN THE OPPORTUNITY TO CARE FOR HIV POSITIVE OUT-PATIENTS AT A BIMONTHLY INFECTIOUS DISEASE CLINIC THAT IS TRIAGED AND SCHEDULED BY THE HIV NURSE PRACTITIONER. AT THIS CLINIC, RESIDENTS WORK DIRECTLY WITH INFECTIOUS DISEASE ATTENDINGS AND THE HIV NP TO CARE FOR HIV POSITIVE OUT-PATIENTS. IN TOTAL, THE RYAN WHITE PROGRAM PROVIDES CARE TO APPROXIMATELY 90 PATIENTS IN THE CLINIC, WITH THE HIV NP PROVIDING DIRECT

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PRIMARY AND HIV CARE TO 70 OF THOSE PATIENTS. PATIENTS ARE SEEN AT THE CLINIC AND AS NEEDED DURING AN IN-PATIENT STAY AT THE HOSPITAL.

RYAN WHITE QUALITY IMPROVEMENT PROJECTS FOR THIS YEAR INCLUDE INCREASING THE NUMBER OF PATIENTS WHO RECEIVED INFLUENZA VACCINES AND ANNUAL CERVICAL CANCER SCREENINGS. INFLUENZA VACCINATIONS IMPROVED FROM 70% TO 88%, 96% EXCLUDING THOSE WHO REFUSED THE VACCINE. CERVICAL CANCER SCREENINGS INCREASED BY 7%, FROM 60 TO 67%. OTHER RYAN WHITE PERFORMANCE MEASURES, INCLUDING BIENNIAL CLINIC VISITS, SUPPRESSED HIV VIRAL LOADS AND SCREENING FOR OTHER SEXUALLY TRANSMITTED INFECTIONS, CONTINUE TO MEET OR EXCEED BENCHMARKS FOR PRIMARY CARE AND ADHERENCE, WITH AN AGGREGATE SCORE OF >90%. RYAN WHITE PATIENT SATISFACTION AND FEEDBACK CONTINUES TO BE MEASURED BY AN ANNUAL PATIENT SURVEY, WHICH IS DEVELOPED AND REVIEWED WITH OUR CONTRACTOR, FAMILY CENTERS. THIS YEAR, RESULTS CONTINUED TO SHOW 80 TO 90% PATIENT SATISFACTION. SPECIFICALLY, THE RESULTS INDICATE WE ARE PROVIDING CONVENIENT, CULTURALLY-SENSITIVE COMPREHENSIVE CARE. THE RYAN WHITE NP IS ALSO PART OF THE PERINATAL INFECTIOUS DISEASE TRANSMISSION PREVENTION COMMITTEE AND ALONG WITH ID ATTENDING, OB, INFECTIONS PREVENTION NURSES AND SOCIAL WORK, PARTICIPATES IN MANAGEMENT OF

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PREGNANCIES AFFECTED BY HIV OR OTHER INFECTIOUS DISEASES. IN THIS ROLE, THE NP SERVES AS A RESOURCE FOR COMMITTEE MEMBERS AS WELL AS STAFF AND PATIENTS.

COMMUNITY CARE TEAM:

STAMFORD HOSPITAL FORMED THE COMMUNITY CARE TEAM TO STRENGTHEN COORDINATION AND TO IMPROVE HEALTH OUTCOMES FOR VULNERABLE POPULATIONS, INCLUDING THOSE WHO ARE CHRONICALLY PHYSICALLY AND/OR MENTALLY ILL, HOMELESS, OR ABUSING SUBSTANCES. THE GOALS ARE TO IMPROVE CARE, INCREASE COMMUNITY SAFETY AND REDUCE COSTS BY PROVIDING WRAPAROUND SERVICES THROUGH A MULTI-AGENCY PARTNERSHIP. THE NAVIGATOR ESTABLISHES A RELATIONSHIP WITH THE PATIENT BY MAKING DIRECT AND INDIRECT REFERRALS FOR TREATMENT, BY ENGAGING THE PATIENT TOWARDS FINDING HOUSING AND SOCIAL WRAPAROUND SUPPORT SERVICES. THEY ALSO COMPLETE "CHECK-IN" CALLS FOR THOSE IN THE COMMUNITY WHO ARE STILL STRUGGLING. THE NAVIGATOR EMPLOYED BY STAMFORD HOSPITAL, IS CRITICAL TO THE WORK OF THE CCT IN ENSURING THE TEAM'S ABILITY TO CREATE COORDINATED CARE PLANS FOR EVERY CLIENT PRIORITIZED BY THE TEAM.

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THIS HOSPITAL-LED TEAM HAS DEMONSTRATED IMPROVED OUTCOMES AND SIGNIFICANT COST-SAVINGS. THE NAVIGATOR WORKS WITH THE ENTIRE COMMUNITY CARE TEAM, FOCUSING ON COORDINATING CARE FOR THE HIGH USERS OF OUR HOSPITAL EMERGENCY DEPARTMENT, THE MAJORITY OF WHOM ARE HOMELESS, SEVERELY MENTALLY ILL, OR ACTIVELY STRUGGLING WITH ADDICTION. THE STAMFORD CCT CONVENES PROVIDERS FROM ACROSS OUR COMMUNITY WHO CAN ASSIST IN CONNECTING PATIENTS TO CONSISTENT, QUALITY COMMUNITY-BASED HEALTH CARE, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. THEY ALSO HELP ACCESS TWO FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S), OTHER MEDICAL SERVICES, CITY SOCIAL SERVICES, THE STAMFORD HOUSING AUTHORITY, FAMILY CENTERS, HOMELESS SHELTERS AND VETERAN'S ADVOCATES. IN FY 2015, THE STAMFORD COMMUNITY CARE TEAM HAS DEMONSTRATED RESULTS. FOR EXAMPLE FOUR OF OUR MOST VULNERABLE PATIENTS WERE FOLLOWED FOR ONE YEAR AND SIGNIFICANT HEALTH AND FINANCIAL OUTCOMES WERE ACHIEVED. THERE WAS A 60% REDUCTION IN ACTUAL HEALTH SYSTEM COSTS RESULTING IN A \$378,000 SAVINGS IN REAL DOLLARS FOR THOSE FOUR PATIENTS ALONE. IN THE 90 DAYS PRIOR TO BEING HOUSED A HOMELESS DIABETIC WAS HOSPITALIZED A TOTAL OF 63 DAYS. POST HOUSING AND PHYSICIAN VISITS THE SAME PATIENT HAS BEEN HOSPITALIZED ONLY 8 DAYS WITHIN A 90 DAY

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PERIOD. ALL PATIENTS HAVE FOLLOWED UP WITH PRIMARY CARE PHYSICIANS AND HAVE BEEN COMPLIANT WITH MEDICATION. THE NAVIGATOR'S SALARY FOR FY 2015 IS \$95,000. THESE RESULTS SHOW SUPERIOR CLINICAL OUTCOMES FOR OUR PATIENTS ALONG WITH SIGNIFICANT FINANCIAL BENEFITS FOR THE HEALTH SYSTEM.

VITA/FAIRGATE FARM:

FAIRGATE FARM, IS A COMMUNITY BUILDING CATALYST FOR STAMFORD'S WEST SIDE AND BEYOND, THROUGH OPERATION OF AN INCLUSIVE, COMMUNAL AND SOCIALLY AND ENVIRONMENTALLY-RESPONSIBLE URBAN FARM THAT AIMS TO REDUCE HEALTH DISPARITIES, EXPAND ACCESS TO HEALTHY FOODS, FOSTER HEALTH-ORIENTED EDUCATION AND JOB TRAINING, AND INCREASE SOCIAL COHESION AMONG DIVERSE RESIDENTS.

THE LOW-INCOME, MINORITY WEST SIDE NEIGHBORHOOD IN STAMFORD, CT, FACES SIGNIFICANT HEALTH DISPARITIES, INCLUDING HIGH RATES OF CHRONIC MEDICAL CONDITIONS AND POOR SOCIAL DETERMINANTS OF HEALTH. WEST SIDE RESIDENTS FACE ENVIRONMENTAL BARRIERS TO HEALTHY FOOD ACCESS, INCLUDING UNAFFORDABILITY (COMPOUNDED BY STAMFORD'S EXTREMELY HIGH HOUSING PRICES)

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AND DEFICIENT NUTRITIONAL LITERACY, WHICH CONTRIBUTES TO HIGHER LEVELS OF OBESITY AND OTHER DIET-RELATED DISEASES, SUCH AS DIABETES AND HEART DISEASE. ADDITIONALLY, RESIDENTS REPORT THAT THEY STRUGGLE TO FIND TIME TO DEDICATE TO HEALTHY BEHAVIORS SUCH AS PHYSICAL FITNESS AND AT-HOME FOOD PREPARATION.

IN 2015, STAMFORD HOSPITAL CONDUCTED A SERIES OF NUTRITION EDUCATION AND COOKING DEMONSTRATIONS AT FAIRGATE FARM. SH POPULATION HEALTH STAFF DEVELOPED AND PLANNED THE PROGRAMMING, AND IMPLEMENTED THE SERIES AIMED AT LOW-INCOME FAMILIES LIVING IN THE WEST SIDE. SPECIFIC ACTIVITIES FOR ADULTS AND CHILDREN FOCUSED EACH WEEK ON A NUTRITIOUS, IN-SEASON VEGETABLE. SH KIDS'FANS NUTRITION EDUCATION PROGRAM WAS PROVIDED.

VITA HEALTH & WELLNESS INITIATIVE:

VITA STRIVES TO IMPROVE THE HEALTH OF THE WEST SIDE BY IMPROVING LIVING CONDITIONS INCLUDING HOUSING, ACCESS TO HEALTH CARE, AVAILABILITY OF NUTRITIOUS FOODS, WORKFORCE TRAINING AND PLANNING PUBLIC SPACES FOR PHYSICAL FITNESS ACTIVITIES. VITA ADDRESSES THE ASPECTS OF HEALTH THAT

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ARE INFLUENCED BY SOCIO-ECONOMIC FACTORS. IN FY2015, SH DEVELOPED AND IMPLEMENTED A SERIES OF NUTRITION-RELATED PROGRAMS FOR ADULTS AND CHILDREN. UNDER THE DIRECTION OF THE FARM MANAGER, COMMUNITY VOLUNTEERS PRODUCE PLANTS STARTED FROM SEEDS IN THE GREENHOUSE. HEALTHY-COOKING CLASSES CONDUCTED AT THE FARM AND LED BY A SH NUTRITIONIST/CHEF. THE FARM, LOCATED ACROSS THE STREET FROM THE SH-SUPPORTED OPTIMUS HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER, PROVIDES PATIENTS ACCESS TO VEGETABLES AND NUTRITION EDUCATION, COMMUNITY COHESION AND SOCIAL INTERACTION. IN FY15, VITA CONVENED WEST SIDE MERCHANTS TO WORK WITH THE STAMFORD POLICE DEPARTMENT TO ADDRESS AN INCREASE IN ALCOHOL ABUSE AND VIOLENT CRIME. A BUSINESS DEVELOPMENT INITIATIVE INCLUDED GROUP AND INDIVIDUAL COUNSELING AND TECHNICAL ASSISTANCE FOR WEST SIDE MERCHANTS AND ENTREPRENEURS. VITA, WORKING IN COLLABORATION WITH THE CITY OF STAMFORD AND LOCAL ELECTED OFFICIALS IMPLEMENTED TRAFFIC CALMING INITIATIVES, IMPROVED WALKABILITY INITIATIVES AND ADVOCATED FOR INCREASED SAFETY MEASURES IN THE NEIGHBORHOOD. VITA RECEIVED A ROBERT WOOD JOHNSON FOUNDATION "ROADMAPS TO HEALTH" TECHNICAL ASSISTANCE GRANT TO SUPPORT THE WORK OF THE COLLABORATIVE.

Part VI Supplemental Information

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THE VITA PARTNERS HAVE EXTENSIVE EXPERIENCE IMPLEMENTING AN ARRAY OF PUBLIC HEALTH INITIATIVES SUPPORTED BY FEDERAL, LOCAL, PHILANTHROPIC RESOURCES THROUGH THE "VITA HEALTH AND WELLNESS INITIATIVE," A WEST SIDE REVITALIZATION CORRIDOR THAT BEGAN WITH FAIRGATE FARM AND HAS GROWN TO INCLUDE NUMEROUS, NEEDS-INFORMED INITIATIVES DESIGNED TO IMPROVE THE BUILT ENVIRONMENT, REDUCE CHILDHOOD OBESITY, INCREASE WALKABILITY, AND FOSTER A CULTURE OF HEALTH AND WELLNESS.

THE VITA COMMUNITY COLLABORATIVE MEETS MONTHLY. SH AND CHARTER OAK COMMUNITIES (COC) ARE THE TWO BACKBONE INSTITUTIONS FUNDING AND LEADING THE COLLABORATIVE, WHICH INCLUDE KEY STRATEGIC PROVIDERS ALIGNED TO IMPROVE THE HEALTH OF THE PEOPLE LIVING IN THE WEST SIDE, CENSUS TRACTS 214 AND 215. SUBCOMMITTEE WORK IN FY15 FOCUSED ON ACCESS TO CARE, CARE COORDINATION AND LIFESTYLE/BEHAVIOR EDUCATION AND ECONOMIC DEVELOPMENT. AN INVENTORY OF COMMUNITY ASSETS WAS DEVELOPED, AND THE COMMITTEES ARE IN THE PROCESS OF DEVELOPING EVIDENCE-BASED PROGRAMS TO ADDRESS UNMET NEEDS. SH STAFF CONTRIBUTED HUNDREDS OF HOURS CONDUCTING RESEARCH OF BEST PRACTICES, DEVELOPING STRATEGIC DIRECTION AND DEVELOPING PROGRAMS. SH AND

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COC'S FINANCIAL CONTRIBUTION TO THE COLLABORATIVE SUPPORT THE SALARY OF
AN ADMINISTRATOR AND A COMMUNICATIONS CONSULTANT.

VITA: PARENTS AS CO-EDUCATORS PILOT PROJECT:

SH, AS A CO-BACKBONE LEADER OF THE VITA HEALTH & WELLNESS INITIATIVE,
DEVELOPED A THREE-YEAR RESEARCH AND DEVELOPMENT PROJECT TO ADDRESS
CULTURALLY RELATED ACHIEVEMENT GAPS BY BRINGING A FULL SPECTRUM OF
SERVICES TO THE FAMILIES MOST IN NEED. THE HOSPITAL PARTICIPATED IN THE
DESIGN OF THE PROGRAM IN PARTNERSHIP WITH CHARTER OAK COMMUNITIES, FAMILY
CENTERS, INC., THE CHILDCARE LEARNING CENTER AND NEIGHBORSLINK. THE
PROJECT IS BASED ON THE PARENTS-AS-TEACHERS MODEL, WHICH HAS PROVEN THAT
AS PARENTS BECOME MORE ACTIVE AS CO-EDUCATORS OF THEIR CHILDREN, A
MEASURABLE REDUCTION IN PUBLIC SCHOOL READINESS DISPARITIES DECREASE
SIGNIFICANTLY. THE PROJECT WAS DEVELOPED AND PRIVATELY FUNDED IN FY15.
THE CO-EDUCATORS PROGRAM HAS A SHARED MEASUREMENT SYSTEM SPEARHEADED BY
THE HARVARD BUSINESS SCHOOL-COMMUNITY PARTNERS. TWENTY-FIVE FAMILIES
VOLUNTEERED TO PARTICIPATE IN THE PROGRAM WHICH WAS LAUNCHED IN THE FALL
OF 2015. MORE THAN \$400,000 WAS RAISED FROM PRIVATE FOUNDATIONS TO

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SUPPORT THE THREE-YEAR PROGRAM.

STATE INNOVATION MODEL - IN-KIND CONTRIBUTION OF EXPERTISE - SH CHIEF
QUALITY OFFICER

SH CHIEF QUALITY OFFICER WAS APPOINTED TO THE QUALITY COMMITTEE OF
CONNECTICUT'S STATE INNOVATION MODEL TASK FORCE. THIS GROUP WILL
RECOMMEND A CORE MEASUREMENT SET FOR USE IN THE ASSESSMENT OF PRIMARY
CARE, SPECIALTY, AND HOSPITAL PROVIDER PERFORMANCE. THE COUNCIL WILL ALSO
RECOMMEND A COMMON PROVIDER SCORECARD FORMAT FOR USE BY ALL PAYERS. THE
MEASUREMENT SET WILL BE REASSESSED ON A REGULAR BASIS TO IDENTIFY GAPS,
TO INCORPORATE NEW NATIONAL MEASURES AS THEY BECOME AVAILABLE, AND TO
KEEP PACE WITH CHANGES IN TECHNOLOGY AND CLINICAL PRACTICE. IN FY15,
THERE WERE MORE THAN 30 CONFERENCE CALLS AND IN-PERSON MEETINGS.

KIDS' FANS:

STAMFORD HOSPITAL'S KIDS' FANS (FITNESS AND NUTRITION SERVICES) PROGRAM
IS A COMMUNITY HEALTH EDUCATION INITIATIVE WHICH PROMOTES HEALTHY EATING
AND PHYSICAL ACTIVITY THROUGH NUTRITION EDUCATION AND INTERVENTION. THE

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KIDS' FANS CURRICULUM IS DESIGNED TO BE INTERACTIVE AND ENGAGING AND TAILORED TO MEET THE NEEDS OF CHILDREN AGES PRE-K TO HIGH SCHOOL. KIDS' FANS ORIGINATED IN 2008 AS AN AFTER-SCHOOL PROGRAM AND HAS SINCE EXPANDED ITS SCOPE TO INCLUDE NUTRITION EDUCATION WITHIN SELECT ELEMENTARY SCHOOLS, SUMMER CAMPS AND COMMUNITY HEALTH FAIRS/COMMUNITY CENTERS. IN ADDITION, KIDS' FANS REGISTERED DIETITIANS PROVIDE INDIVIDUALIZED NUTRITION COUNSELING IN TWO OF STAMFORD'S SCHOOL BASED HEALTH CLINICS. KIDS' FANS ALSO PARTNERS WITH COMMUNITY MEMBERS THROUGH THE STAMFORD OBESITY TASK FORCE WHICH ALLOWS IT TO SHARE RESOURCES AND SERVICES WITH LIKE-MINDED ORGANIZATIONS IN AN EFFORT TO REACH MORE CHILDREN AND THEIR FAMILIES. WITHIN THE LAST YEAR (2014 - 2015), KIDS' FANS REACHED AT LEAST 1,750 CHILDREN IN STAMFORD. BUDGET \$22,500.

IN-KIND COMMUNITY SUPPORT:

SH DONATES ITS CONFERENCE ROOMS WEEKLY TO THE RED CROSS FOR BLOOD DRAW AND ALANON. MONTHLY MEETINGS ARE DONATED TO: NATIONAL ALLIANCE ON MENTAL HEALTH (NAMI); NEIGHBORSLINK BOARD MEETING; COMPASSIONATE FRIENDS, FOR PARENTS WHO HAVE LOST CHILDREN. THE TRI-STATE SCLERODERMA FOUNDATION,

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THE PARISH NURSES, THE AMPUTEE SUPPORT GROUP AND TOPS (TAKE OFF POUNDS SENSIBLY).

ORTHOPEDICS:

HEALTH EDUCATION PROGRAMS FOCUSING ON ORTHOPEDIC HEALTH, SPORTS MEDICINE AND CONCUSSION PREVENTION INFORMATION WAS PROVIDED, REACHING 1,080 COMMUNITY MEMBERS.

WOMEN'S HEALTH:

MOBILE MAMMOGRAPHY SERVICES REACHED 1,707 WOMEN; FREE MAMMOGRAMS PROVIDED TO 1,300 UNINSURED WOMEN; HEALTH EDUCATION PROGRAMS/OUTREACH REACHED 3,340 WOMEN IN FY2015.

FORM 990, SCHEDULE H, PART VI

STATE FILING OF COMMUNITY BENEFIT REPORT

A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT;

HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC.