

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

THE STAMFORD HOSPITAL

Employer identification number

06-0646917

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
b If "Yes," was it a written policy?

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.

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 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) to determine eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
 100% 150% 200% Other _____ %

b Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
 200% 250% 300% 350% 400% Other _____ %

c If the organization did not use FPG to determine 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, to determine 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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
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?

6a Did the organization prepare a community benefit report during the tax year?
b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b		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
a Financial Assistance at cost (from Worksheet 1)			26,367,737.	22,747,614.	3,620,123.	.83
b Medicaid (from Worksheet 3, column a)			56,658,124.	36,819,909.	19,838,215.	4.52
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			85,317,182.	59,567,523.	25,749,659.	5.87
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	23257	1,319,435.	171,161.	1,148,274.	.26
f Health professions education (from Worksheet 5)	1		51,600.		51,600.	.01
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	160	991,757.		991,757.	.23
j Total. Other Benefits	20	23417	2,362,792.	171,161.	2,191,631.	.50
k Total. Add lines 7d and 7j.	20	23417	87,679,974.	59,738,684.	27,941,290.	6.37

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

Schedule H (Form 990) 2011

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	2	260	578,443.		578,443.	.13
10 Total	2	260	578,443.		578,443.	.13

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No

2 Enter the amount of the organization's bad debt expense **2** **14,102,613.**

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy **3** **298,975.**

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** **81,921,723.**

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** **104,838,090.**

7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** **-22,916,367.**

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? **9a** Yes

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 (see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

Name and address

1 THE STAMFORD HOSPITAL

30 SHELBYNE RD

STAMFORD

CT 06902

Licensed hospital	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Other (describe)
X				X	X			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: THE STAMFORD HOSPITALLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1 0 0 %</u>		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) THE STAMFORD HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care?	10 X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 4 0 0 %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	11 X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 X	
13 Included measures to publicize the policy within the community served by the hospital facility?	13 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" 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 type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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?	14 X	
15 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)		
16 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?	16 X	
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) THE STAMFORD HOSPITAL**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
 If "No," indicate why:

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)

	Yes	No
18	X	

Individuals Eligible for Financial Assistance

19 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)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?
 If "Yes," explain in Part VI.

20	X	
21		X

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	

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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.

SCHEDULE H, SUPPLEMENTAL INFORMATION**PART I, LINE 6A EXPLANATION**

A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT;
HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC.

PART III, LINE 4 EXPLANATION

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN
EVALUATING THE COLLECTABILITY 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
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, THE HOSPITAL 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,

Part VI Supplemental Information

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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), THE HOSPITAL 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 ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8 EXPLANATION

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 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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT.

PART III, LINE 9B EXPLANATION

ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE.

PART V, LINE 19D

MAXIMUM AMOUNTS CHARGED ARE BASED INDIVIDUALS INCOME LEVELS AND/OR ASSETS AND HOLDINGS. COMPLETE CHARITY CARE IS PROVIDED FOR INDIVIDUALS WITH INCOME THAT IS BELOW FEDERAL POVERTY GUIDELINES.

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 HEALTH DEPARTMENT (SHD) TO IDENTIFY NEEDS AND DEVELOP

Part VI Supplemental Information

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PROGRAMS, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION. WITH THE SHD, SH SPONSORED A JOINT CITY-WIDE IMMUNIZATION CAMPAIGN TO REDUCE THE NUMBER OF FLU-RELATED HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS. THE CAMPAIGN INCLUDED: A JOINT SENIOR HEALTH FAIR/COMMUNITY PROJECTS; A COMMON ELECTRONIC DATABASE; SHARED VACCINE SUPPLIES AND REDISTRIBUTION TO LOCAL PROVIDERS; FLU HOTLINE; ARRANGEMENTS FOR VACCINATION OF HOMEBOUND INDIVIDUALS; AND VACCINATION CLINICS AT BOTH THE STAMFORD HEALTH DEPT, AND HOSPITAL STAFFED WITH VOLUNTEERS AND CROSS-OVERSTAFFING. IN FY12, THE HOSPITAL'S OUTPATIENT COMPONENT OF THIS EFFORT TOTLED 2,109 VACCINATIONS.

SH COLLABORATES WITH THE STAMFORD HEALTH DEPARTMENT'S HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDE HIV MEDICAL CASE MANAGEMENT. ALSO, THIS COLLABORATION 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 A MONTHLY HIV- POSITIVE WOMEN SUPPORT GROUP.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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 CARE (FORMERLY BRIDGEPORT COMMUNITY HEALTH CENTER), A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED IN STAMFORD. THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2,291,321 IN FY12 TO ENSURE ITS CONTINUED VIABILITY.

COMMUNITY INPUT TO PREVENT CHILDHOOD OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY SH. THIS EFFORT FOCUSES ON PREVENTION, ADVOCACY, TREATMENT, AND RESEARCH, AND IS A CITY-WIDE COLLABORATION THAT INCLUDES THE STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT, EARLY CHILDHOOD AND AFTER-SCHOOL PROVIDERS AND EDUCATORS, AS WELL AS COMMUNITY PEDIATRICIANS AND FAMILY MEDICINE PRACTITIONERS. SH'S KIDS FANS PROGRAM (KIDS' FITNESS AND NUTRITION SERVICES) PROMOTES PHYSICAL ACTIVITY AND HEALTH-CONSCIOUS NUTRITION, A CORNERSTONE OF THIS CHILDHOOD OBESITY INITIATIVE. KIDS FANS RECEIVED THE 2010 CONNECTICUT HOSPITAL ASSOCIATION/ CONNECTICUT DEPARTMENT OF PUBLIC HEALTH COMMUNITY SERVICE AWARD WHICH RECOGNIZES HOSPITALS THAT MAKE AN OUTSTANDING CONTRIBUTION TO ITS COMMUNITY. SH WAS HONORED FOR TACKLING THE SERIOUS ISSUE OF CHILDHOOD OBESITY IN SOUTHWESTERN CT.

Part VI Supplemental Information

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SH'S DOMESTIC VIOLENCE MEDICAL ADVOCACY PROGRAM ENCOMPASSES A COMPREHENSIVE APPROACH. THE MEDICAL ADVOCACY PROGRAM MEETS ONCE A MONTH; THE COMMITTEE IS COMPRISED OF PHYSICIANS, NURSES, SOCIAL WORKERS, CASE MANAGERS, SECURITY PERSONNEL, HUMAN RESOURCES STAFF OF THE DOMESTIC VIOLENCE CRISIS CENTER, THE STAMFORD POLICE DEPARTMENT SPECIAL VICTIMS UNIT AND STAMFORD EMERGENCY MEDICAL SERVICES. ACCOMPLISHMENTS INCLUDE: EDUCATIONAL PROGRAMS AND OUTREACH; OVER 995 SH EMPLOYEES COMPLETED TRAINING IN THE IDENTIFICATION AND MANAGEMENT OF VICTIMS OF ABUSE TRAINING MODULE; ADMISSIONS DATA BASES FOR INPATIENTS AND EMERGENCY ROOM PATIENTS WERE UPGRADED TO INCLUDE QUESTIONS FOR ASSESSING ALL PATIENTS 13 YEARS AND OLDER FOR EXPOSURE TO INTIMATE PARTNER VIOLENCE; AND A SCORE CARD WAS DEVELOPED TO TRACK THE NUMBER OF PATIENTS REFERRED FOR SERVICES AS WELL AS THE NUMBER OF POLICE CALLS RELATED TO DOMESTIC VIOLENCE.

OUR CENTER FOR INTEGRATED MEDICINE AND WELLNESS AT THE TULLY HEALTH CENTER WORKS CLOSELY WITH THE SH BREAST CENTER AND OPTIMUS FAMILY MEDICINE CENTER (AN FQHC); IN FY2012 THE CENTER TREATED 50 PATIENTS WHO

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WERE UNINSURED; THE PROGRAM SERVED THOSE PATIENTS WHO WERE APPROVED TO RECEIVE A STAMFORD HOSPITAL FINANCIAL ASSISTANCE PROGRAM CARD. SH ALSO PROVIDES SUPPORT FOR THE PARENT LEADERSHIP TRAINING INSTITUTE (PLTI), A 20-WEEK PROGRAM FOR PARENTS AND THEIR CHILDREN. PARENTS LEARN HOW TO BECOME ADVOCATES FOR THEIR CHILDREN IN THE SCHOOLS, THE VALUE OF CIVIC ENGAGEMENT AND PARENTING SKILLS FOCUSED ON HEALTHY DEVELOPMENT.

SH ACTIVELY SUPPORTS THE WEST SIDE NEIGHBORHOOD REVITALIZATION ZONE, A COMMUNITY-LED EFFORT TO IMPROVE THE HEALTH, SAFETY, INFRASTRUCTURE, AND QUALITY OF LIFE IN THE NEIGHBORHOOD, WHICH HAS EXPERIENCED CRIME AND ECONOMIC DECLINE. SH PROVIDED FUNDING AND STAFF EXPERTISE TO THIS GRASSROOTS ORGANIZATION WHERE NEIGHBORS WORK SIDE-BY-SIDE WITH LOCAL BUSINESSES, LAW ENFORCEMENT, THE HOSPITAL'S HOUSING PARTNER, CHARTER OAK COMMUNITIES, INC. (COC, FORMERLY THE STAMFORD HOUSING AUTHORITY), AND LOCAL ELECTED AND APPOINTED OFFICIALS. THE HOSPITAL AND COC ARE WORKING IN PARTNERSHIP TO ACHIEVE COMMON GOALS FOR THE REVITALIZATION OF THE WEST SIDE NEIGHBORHOOD. THE INITIATIVE, KNOWN AS VITA, HAS ALREADY ESTABLISHED THE NEIGHBORHOOD AS A HEALTH & WELLNESS DISTRICT; RECENT ACCOMPLISHMENTS

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INCLUDE FAIRGATE FARM, WHICH ENJOYED A SUCCESSFUL SECOND YEAR WITH PRODUCTIVITY MORE THAN TRIPLING OUTPUT IN 2012. THE FARM PROVIDES OPPORTUNITIES FOR YOUTH AND ADULTS TO LEARN ABOUT PLANTING, HARVESTING AND NUTRITION AND HEALTHY COOKING. PARTICIPANTS INCLUDE VOLUNTEERS FROM THE BOYS & GIRLS CLUB AND YMCA AS WELL AS LOCAL RESIDENTS AND BUSINESSES. THE VITA HEALTH & WELLNESS DISTRICT ALSO HOSTS THE FAIRGATE HEALTH CENTER, A PARTNERSHIP WITH OPTIMUS HEALTH CARE AND COC.

SH PARTNERED WITH NORWALK COMMUNITY COLLEGE, OPTIMUS AND CT APPLESEED ON AN INITIATIVE TO IMPROVE CARE TEAMS AND LEVERAGE TECHNOLOGY TO INCREASE ACCESS AND QUALITY OF CARE FOR SAFETY NET POPULATIONS. THE CT TELEHEALTH AND WORKFORCE PARTNERSHIP COMPLETED A TELEHEALTH STUDY WITH OPTIMUS PATIENTS WHICH HAS INCREASED PATIENTS' ABILITY TO SELF-MANAGE CHRONIC DISEASE AND BETTER TRACK, COORDINATE AND MANAGE CARE. THE INITIATIVE ALSO UPGRADED THE FRONTLINE WORKERS THROUGH TRAINING AND DEVELOPMENT OF EMERGING CARE TEAM MODELS DRIVEN IN PART BY THE AFFORDABLE CARE ACT. THE RESULTS HAVE BEEN PROMISING AND PLANS ARE IN DEVELOPMENT TO SEEK FUNDING TO EXPAND THE PROGRAM.

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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 WORKSTATIONS
- * IMMEDIATE CARE CENTER WAITING ROOM
- * 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:

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* 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.

*THE DSS OUTREACH WORKER AND A SH 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.

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COMMUNITY INFORMATION

SH 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 DEVELOPED THROUGH A

COMPREHENSIVE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD

HEALTH SYSTEM, INC.'S STRATEGIC PLAN. THE HOSPITAL'S COMBINED PSA AND SSA

INCLUDE AN ESTIMATED 135,511 HOUSEHOLDS WITH A TOTAL POPULATION OF

361,418 RESIDENTS. THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN,

AND ROWAYTON, WITH AN ESTIMATED 54,392 HOUSEHOLDS AND A TOTAL POPULATION

OF 143,122. STAMFORD COMPRISSES AN ESTIMATED 46,195 HOUSEHOLDS WITH A

TOTAL POPULATION OF 119,294. THE SSA INCLUDES THE COMMUNITIES OF

GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK,

WESTPORT, WESTON, AND WILTON, WITH AN ESTIMATED 81,119 HOUSEHOLDS AND A

TOTAL POPULATION OF 218,296. FOR THE PSA, 24% OF THE POPULATION IS

ESTIMATED TO BE LESS THAN 18 YEARS OF AGE; 34.7% IS 18-44; 27.8% IS

45-64; AND 13.5% IS 65 YEARS OF AGE AND OLDER. THE SSA HAS A SLIGHTLY

OLDER AGE DISTRIBUTION WITH AN ESTIMATED 25.7% OF ITS POPULATION LESS

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THAN 18 YEARS OF AGE; 29.2% IS 18-44; 30.7% IS 45-64; AND 14.4% 65 YEARS OF AGE AND OLDER.

REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 60.0% OF RESIDENTS ARE WHITE; 20.5% HISPANIC; 10.7% BLACK; 6.3% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC. STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 12.6% OF ITS TOTAL POPULATION; THE HISPANIC POPULATION 23.9%; AND ASIAN POPULATION 7.0%. FOR THE SSA, 75.6% OF THE TOTAL ESTIMATED POPULATION IS WHITE; 11.9% HISPANIC; 6.0% BLACK; 4.6% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC. ALTHOUGH IN THE PSA AN ESTIMATED 26.4% 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 12.0% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING \$200,000, AND 19.3% WITH HOUSEHOLD INCOMES LESS THAN \$30,000, AND 26.3% WITH LESS THAN \$40,000. IN THE SSA, AN ESTIMATED 27.9% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD

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INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 11.8% HAVE HOUSEHOLD INCOMES LESS THAN \$30,000 AND 16.9% LESS THAN \$40,000. THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (68.9%), FOLLOWED BY MEDICARE (11.7%); MEDICAID (9.2%); SELF-PAY/UNINSURED (8.6%); AND MEDICARE DUAL ELIGIBLE (1.6%) COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 10.4% AND SELF-PAY/UNINSURED AT 9.8%. FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (74.8%), FOLLOWED BY MEDICARE (12.6%); MEDICAID (5.7%); SELF-PAY/UNINSURED (5.3%); AND MEDICARE DUAL ELIGIBLE (1.6%).

PROMOTION OF COMMUNITY HEALTH DURING FY 2012:

THE STAMFORD HOSPITAL ("SH" OR THE "HOSPITAL") PROVIDED A VARIETY OF PROGRAMS THAT BENEFITED THE COMMUNITY. THESE PROGRAMS INCLUDED, FOR EXAMPLE, HEALTH EDUCATION PROGRAMS, FREE AND/OR DISCOUNTED EQUIPMENT AND SERVICES, HEALTH SCREENINGS, IMMUNIZATION PROGRAMS, SOCIAL SERVICES AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES AND CRISIS INTERVENTION.

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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 OR DISEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, SLEEP DISORDERS, ARTHRITIS, HIGH CHOLESTEROL, CANCER PREVENTION, NUTRITION, STRESS MANAGEMENT, CIRCULATORY PROBLEMS, DIGESTIVE DISORDERS, PAIN MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S NUTRITION. HOSPITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS SPEAKERS AT VARIOUS COMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT TOPICS. IN FISCAL YEAR 2012, SH PARTICIPATED IN MORE THAN 150 HEALTH FAIRS, PHYSICIAN PRESENTATIONS AND SPECIAL EVENTS FOR A TOTAL OF MORE THAN 20,285 PARTICIPANTS. IN FY2012, SH CONDUCTED OVER 10,802 SCREENINGS IN THE COMMUNITY.

HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES PROVIDED IN FY2 012 ARE AS FOLLOWS:

ASTHMA EDUCATION: SH CONDUCTED EVENTS 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

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TREATING ASTHMA, THE ROLE OF ALLERGIES, AND THE FUTURE OF ASTHMA THERAPY.

THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA.

CANCER EDUCATION: AS REQUIRED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, A CANCER COMMITTEE OVERSEES SH'S CANCER PROGRAM, OF WHICH EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A KEY COMPONENT.

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, PROGRAMS TO UNDERScore THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF COLORECTAL CANCERS, AS WELL AS EDUCATION SURROUNDING GYNECOLOGIC AND PROSTATE CANCERS. CANCER OUTREACH EFFORTS ALSO INCLUDE ANTI-TOBACCO LECTURES AND AN ANTI-SMOKING POSTER CONTEST FOR ELEMENTARY SCHOOL CHILDREN. IN CONJUNCTION WITH THE AMERICAN CANCER SOCIETY, THE HOSPITAL OFFERS FREEDOM FROM SMOKING-QUIT FOR GOOD CLASSES YEAR-ROUND. NUTRITION PROGRAMS, LED BY REGISTERED DIETITIANS, ARE OFFERED THROUGHOUT

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THE YEAR.

CANCER SCREENINGS/MAMMOGRAPHY

CANCER SCREENINGS/MAMMOGRAPHY: SH OFFERED MAMMOGRAPHY SCREENING TO THE COMMUNITY AT NO COST TO THE PATIENT IF THEY HAD NO INSURANCE OR WERE UNDERINSURED. EACH YEAR, OVER 2,000 WOMEN ARE SCREENED. IN FY12, 2,200 PATIENTS RECEIVED MAMMOGRAMS, OF WHICH 1,200 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. TO REACH THE UNDERSERVED, SH ALSO COLLABORATED WITH CHARTER OAK COMMUNITIES, HAITIAN CHURCH OF STAMFORD, NEIGHBORS LINK, YERWOOD CENTER, AND HELD PUBLIC SCREENING EVENTS AT WAL-MART, WALGREENS, SHOP RITE, FIRST CONGREGATIONAL CHURCH OF STAMFORD, CANCER CARE, AND THE AMERICAN CANCER SOCIETY. OUTREACH WAS TARGETED TO REDUCE BARRIERS TO SCREENING BY CONNECTING WOMEN

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WHO ARE UNINSURED, LOW INCOME, NEW IMMIGRANTS, BLACK AND HISPANIC AND
OVER 40 YEARS OF AGE. SH ADDRESSED LANGUAGE BARRIERS, HOW TO NAVIGATE THE
HEALTHCARE SYSTEM, AND THE REDUCTION OF FEAR OF THE EXAM.

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 TRAINING VENUES FOR THE
HOSPITAL'S RESIDENCY PROGRAMS. THE HOSPITAL PROVIDED SUPPLEMENTAL
SUPPORT TO OPTIMUS OF \$2,291,321 IN FY 2012 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

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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 STAMFORD EMERGENCY MEDICAL SERVICES (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 FOR CARDIOVASCULAR DISEASE AS PART OF ITS MOBILE COACH. IN ADDITION, THE HOSPITAL SUPPORTED COMMUNITY EVENTS ADDRESSING HEART DISEASE, INCLUDING CARDIAC RISK ASSESSMENT SCREENINGS DURING HEART MONTH IN FEBRUARY, AS WELL AS SUPPORT AND PROMOTION OF THE AMERICAN HEART ASSOCIATION'S GO RED INITIATIVE. PRESENTATIONS BY PHYSICIANS ON WOMEN'S HEART HEALTH, CONTROLLING HIGH BLOOD PRESSURE AND STRESS, WERE ALSO CONDUCTED THROUGHOUT THE YEAR AT BUSINESSES AND

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COMMUNITY CENTERS. MORE THAN 40 MEMBERS OF THE HOSPITAL AND MEDICAL STAFF TOOK LEAD ROLES IN PLANNING, CONDUCTING AND TRAINING FOR THE HANDS FOR LIFE STAMFORD 2012 EVENT. 5,141 INDIVIDUALS RECEIVED LIFE-SAVING TRAINING, SETTING A NEW NATIONAL RECORD FOR HANDS-ONLY CPR; AND A WORLD RECORD FOR AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING (5,141).

NUTRITION/WEIGHT MANAGEMENT EDUCATION/FITNESS & EXERCISE - PEDIATRICS: SH CONTINUES TO INCORPORATE ITS CHILDHOOD OBESITY PREVENTION PROGRAM, KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES), INTO ITS HEALTH PROMOTION INITIATIVES. KIDS' FANS PROMOTES PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION AND USES THE PREVENTIVE HEALTH MESSAGE OF 5-2-1-0: FOR EACH DAY, 5 FRUITS AND VEGETABLES, 2 HOURS OR LESS OF SCREEN TIME, 1 HOUR OR MORE OF PHYSICAL ACTIVITY, AND 0 SUGAR-SWEETENED BEVERAGES. CHAIRED BY SH'S PEDIATRICIAN MADHU MATHUR, MD, MPH, THIS CHILDHOOD OBESITY EFFORT FOCUSES ON PREVENTION, ADVOCACY, TREATMENT, AND RESEARCH, AND IS A CITY-WIDE COLLABORATION THAT NOW INCLUDES STAMFORD PUBLIC SCHOOLS, THE CITY OF STAMFORD HEALTH AND SOCIAL SERVICES DEPARTMENT ("STAMFORD HEALTH DEPT."), EARLY CHILDHOOD EDUCATORS, AND COMMUNITY PEDIATRICIANS AND

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FAMILY MEDICINE PRACTITIONERS.

OUTREACH/SENIOR CITIZENS: THE HOSPITAL PROVIDED ONGOING SUPPORT AND SPEAKERS FOR SENIOR WOMEN AT THE YERWOOD COMMUNITY CENTER; STROKE RISK ASSESSMENTS AND SCREENINGS, WITH COUNSELING; AND LECTURES AT COMMUNITY CENTERS IN STAMFORD, DARIEN AND NEW CANAAN, CT. SPEAKERS FOCUSED ON AWARENESS ABOUT THE RISKS OF STROKE AND HEART DISEASE AND CONGESTIVE HEART FAILURE; PROVIDED EDUCATION ON HEALTHY EATING, DIABETES AND DIGESTIVE DISORDERS. SH CONDUCTED OVER 550 FREE BLOOD PRESSURE SCREENINGS AT SENIOR CENTERS IN FY 2012.

PEDIATRIC MEDICAL HOME INITIATIVE OF SOUTHWESTERN CT: MEDICAL HOME INITIATIVE, SOUTHWEST CT SERVES CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS. FAMILIES ARE PROVIDED ASSISTANCE WITH CARE COORDINATION, PROVIDING SPECIALISTS APPOINTMENTS AND REFERRALS TO COMMUNITY RESOURCES AND FAMILY SUPPORT NETWORKS. IN ADDITION TO PROVIDING CARE COORDINATION, SOUTHWEST MHI IS FOCUSED ON PREVENTION WORKING WITH THE CHILDHOOD BLUEPRINT AND THE KIDS' FANS (KIDS FITNESS AND NUTRITION

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SERVICES) INITIATIVE.

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.

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