

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1378274.	559,653.	818,621.	.36%
b Medicaid (from Worksheet 3, column a)		47,294	44947471.	37027473.	7919998.	3.47%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		47,294	46325745.	37587126.	8738619.	3.83%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		38,050			9127921.	4.00%
f Health professions education (from Worksheet 5)		3,300	17393811.	8733484.	8660327.	3.80%
g Subsidized health services (from Worksheet 6)		2,421	10750684.	10162296.	588,388.	.26%
h Research (from Worksheet 7)		17			5,580.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		112,275			108,982.	.05%
j Total. Other Benefits		156,063	28144495.	18895780.	18491198.	8.11%
k Total. Add lines 7d and 7j		203,357	74470240.	56482906.	27229817.	11.94%

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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense: 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes X, No), 2 Enter the amount of the organization's bad debt expense (871,605), 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy (0). Section B. Medicare: 5 Enter total revenue received from Medicare (70,728,737), 6 Enter Medicare allowable costs of care relating to payments on line 5 (78,479,664), 7 Subtract line 6 from line 5 (surplus or shortfall) (-7,750,927). Section C. Collection Practices: 9a Did the organization have a written debt collection policy during the tax year? (Yes X, No), 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? (Yes X, No).

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

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, address, primary website address, and state license number

1 THE WATERBURY HOSPITAL
64 ROBBINS STREET
WATERBURY, CT 06708

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER/24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first four columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group THE WATERBURY HOSPITAL

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url):		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide 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 CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) THE WATERBURY HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	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 type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	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 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 Section C)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input checked="" type="checkbox"/> Lawsuits		
c	<input checked="" type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		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 Section C)		

Part V Facility Information (continued) THE WATERBURY HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

21 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?

21		X
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If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

22		X
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If "Yes," explain in Section C.

Part V Facility Information (continued)

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

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 3: COMMUNITY HEALTH NEEDS ASSESSMENT AND
IMPLEMENTATION (2013 - 2016)

IN 2012, SEVERAL COMMUNITY ORGANIZATIONS CAME TOGETHER TO CONDUCT A
COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THESE
ORGANIZATIONS FORMED THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP
(GWHIP). THE INITIAL PARTNERS OF GWHIP INCLUDED WATERBURY HOSPITAL, SAINT
MARY'S HOSPITAL, STAYWELL HEALTH CENTER, UNITED WAY OF GREATER WATERBURY,
CONNECTICUT COMMUNITY FOUNDATION, AND THE WATERBURY DEPARTMENT OF HEALTH.

THE 2012 CHNA INCLUDED BOTH QUANTITATIVE AND QUALITATIVE DATA COLLECTION.
FOR QUANTITATIVE DATA COLLECTION, A HOUSEHOLD TELEPHONE SURVEY WAS
CONDUCTED ALONG WITH A KEY INFORMANT ONLINE SURVEY AND A REVIEW OF
SECONDARY DATA. FOR QUALITATIVE DATA, GWHIP CONDUCTED FOCUS GROUPS WITH
BOTH HEALTHCARE PROVIDERS AND HEALTHCARE CONSUMERS. THE RESEARCH WAS
PRESENTED TO A GROUP OF COMMUNITY LEADERS WHO VOTED ON COMMUNITY HEALTH
PRIORITIES. WATERBURY HOSPITAL THEN DEVELOPED AN IMPLEMENTATION STRATEGY
BASED ON THE COMMUNITY HEALTH PRIORITIES. THE IMPLEMENTATION STRATEGY WAS
ADOPTED BY THE WATERBURY HOSPITAL BOARD OF DIRECTORS ON SEPTEMBER 26,
2013.

GWHIP ESTABLISHED A STEERING COMMITTEE TO ADDRESS THE FOUR COMMUNITY
HEALTH PRIORITIES: (1) ACCESS TO CARE; (2) MENTAL HEALTH AND SUBSTANCE
ABUSE; (3) OBESITY AND CHRONIC DISEASES; AND (4) TOBACCO USE. WATERBURY
HOSPITAL LEADERS PARTICIPATE ON THE GWHIP STEERING COMMITTEE WHICH MEETS

Part V Facility Information (continued)

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

MONTHLY. OTHER WATERBURY HOSPITAL STAFF MEMBERS PARTICIPATE IN THE FOUR WORK GROUPS WHICH ALSO MEET MONTHLY. THE WORK GROUPS HAVE WORK PLANS, INCLUDING GOALS AND OBJECTIVES FOR THE THREE-YEAR PERIOD FOLLOWING THE INITIAL CHNA.

WATERBURY HOSPITAL IS PRESENTLY ADDRESSING THE IMPLEMENTATION STRATEGY THAT WAS ADOPTED BY THE BOARD ON SEPTEMBER 26, 2013. FOR EXAMPLE REGARDING THE OBESITY PRIORITY, WATERBURY HOSPITAL RECENTLY BEGAN OFFERING A FARMER'S MARKET ON-SITE FOR BOTH STAFF AND COMMUNITY MEMBERS. THE FARMER'S MARKET IS COORDINATED BY BRASS CITY HARVEST, WHICH IS A NON-PROFIT ORGANIZATION AND ITS STAFF MEMBERS ARE ACTIVELY INVOLVED IN GWHIP. WATERBURY HOSPITAL STAFF MEMBERS ARE ALSO INVOLVED IN THE PLANTING OF FRUIT AND VEGETABLE GARDENS ACROSS THE STREET FROM JONATHAN REED ELEMENTARY SCHOOL. STUDENTS AND PARENTS CAN HARVEST THE FRUITS AND VEGETABLES LATER IN THE SUMMER.

THE YOUTH PIPELINE PROGRAM IS ALSO TEACHING STUDENTS ABOUT FOOD AND HEALTHY EATING. THE HOSPITAL DIETICIAN LED A CLASS ON MAKING "EDIBLE ARRANGEMENTS." THE STUDENTS USED PINEAPPLES, STRAWBERRIES, GRAPES, AND BLUEBERRIES IN THIS EXERCISE. STUDENTS ALSO GOT HANDS ON EXPERIENCE PREPARING HEALTHY HOT AND COLD MEALS WHILE WORKING DIRECTLY WITH THE HOSPITAL NUTRITIONIST.

COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANNING (2016 - 2019)

WATERBURY HOSPITAL HAS STARTED WORKING ON THE NEXT COMMUNITY HEALTH NEEDS

Part V Facility Information (continued)

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

ASSESSMENT (CHNA). WATERBURY HOSPITAL WILL WORK WITH GWHIP ONCE AGAIN ON COMPLETING THE CHNA. WATERBURY HOSPITAL HAS CONTRIBUTED FINANCIALLY TOWARD THE CONNECTICUT WELLBEING SURVEY. THE CONNECTICUT WELLBEING SURVEY IS A TELEPHONE SURVEY ADMINISTERED BY DATAHAVEN, WHICH IS A NON-PROFIT ORGANIZATION WITH THE MISSION OF IMPROVING THE QUALITY OF LIFE BY COLLECTING, SHARING AND INTERPRETING PUBLIC DATA FOR EFFECTIVE DECISION MAKING.

DATAHAVEN WAS ACTIVELY INVOLVED IN YALE-NEW HAVEN HOSPITAL'S CHNA IN 2013 WHEN THE FIRST WELLBEING SURVEY WAS CONDUCTED IN THE NEW HAVEN REGION. THE 2015 - 2016 WELLBEING SURVEY WILL COVER THE ENTIRE STATE OF CONNECTICUT. GWHIP, INCLUDING WATERBURY HOSPITAL, CONTRIBUTED FINANCIAL RESOURCES TO DATAHAVEN SO THAT AN ADDITIONAL 1,100 PHONE CALLS WOULD BE MADE TO RESIDENTS IN WATERBURY HOSPITAL'S SERVICE AREA. THE ADDITIONAL PHONE CALLS WILL ALLOW GWHIP MEMBERS TO UNDERSTAND HEALTH AND WELLBEING ISSUES AT THE NEIGHBORHOOD LEVEL.

THE WELLBEING SURVEY QUESTIONS COVER TRADITIONAL HEALTH RELATED TOPICS. FOR EXAMPLE THE PHONE SURVEYOR ASKS "HAVE YOU EVER BEEN TOLD BY A HEALTH CARE PROVIDER THAT YOU HAVE DIABETES?" ANOTHER QUESTION IS "HAVE YOU EVER BEEN TOLD BY A HEALTH CARE PROVIDER THAT YOU HAVE HIGH CHOLESTEROL?" IN ADDITION TO THOSE HEALTH-RELATED QUESTIONS, THE WELLBEING SURVEY ALSO COVERS OTHER INDICATORS AROUND THE SOCIAL DETERMINANTS OF HEALTH. QUESTIONS COVER THE FOLLOWING AREAS: HOUSING, HEALTH, EDUCATION, CIVIC VITALITY, PUBLIC SAFETY AND ENVIRONMENTAL ISSUES.

WHILE THE WELLBEING SURVEY DATA WILL PROVIDE THE MAJORITY OF QUANTITATIVE

Part V Facility Information (continued)

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

DATA FOR THE NEXT CHNA, GWHIP WILL ALSO DO A REVIEW OF SECONDARY DATA. WATERBURY HOSPITAL WILL WORK WITH GWHIP, INCLUDING SAINT MARY'S HOSPITAL, ON COLLECTING QUALITATIVE DATA SUCH AS FOCUS GROUP AND KEY INFORMANT INTERVIEWS. BOTH HOSPITALS TOGETHER WILL PRODUCE A CHNA THAT MEETS ALL IRS REQUIREMENTS. WATERBURY HOSPITAL WILL DEVELOP AN IMPLEMENTATION STRATEGY BASED ON THE QUANTITATIVE AND QUALITATIVE DATA COLLECTED. THIS IMPLEMENTATION STRATEGY WILL BE PRESENTED TO THE WATERBURY HOSPITAL BOARD OF DIRECTORS BY SEPTEMBER 30, 2016.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 4: ST. MARY'S HOSPITAL

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 20D: ALL PATIENTS ARE CHARGED THE SAME.

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? 7

Name and address	Type of Facility (describe)
1 CARDIOLOGY ASSOCIATES OF GTR WATERBURY 455 CHASE PARKWAY WATERBURY, CT 06708	MEDICAL OFFICES, DIAGNOSTIC TESTING
2 BLOOD DRAW STATION 134 GRANDVIEW AVENUE WATERBURY, CT 06708	BLOOD DRAWING FACILITY
3 BLOOD DRAW STATION 1625 STRAITS TURNPIKE, SUITE 304 MIDDLEBURY, CT 06762	BLOOD DRAWING FACILITY/X-RAYS
4 BLOOD DRAW STATION 22 OLD WATERBURY ROAD, SUITE 201 SOUTHBURY, CT 06488	BLOOD DRAWING FACILITY
5 BLOOD DRAW STATION 130 SOUTH MAIN STREET THOMASTON, CT 06787	BLOOD DRAWING FACILITY
6 BLOOD DRAW STATION 51 DEPOT STREET, SUITE 212 WATERTOWN, CT 06795	BLOOD DRAWING FACILITY
7 BLOOD DRAW STATION 305 CHURCH STREET, SUITE 16 NAUGATUCK, CT 06770	BLOOD DRAWING FACILITY

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 3C:

N/A

PART I, LINE 6A:

YES, WATERBURY HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES IN THE GREATER WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

Part VI Supplemental Information (Continuation)

KEY PROGRAMS:

YOUTH PIPELINE INITIATIVES: THE WATERBURY HOSPITAL YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE NATIONALLY FOR PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS. WATERBURY HOSPITAL IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. TO THIS END, DURING 2014, WATERBURY HOSPITAL PROVIDED 129 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD SIX FOCUS AREAS DURING FY 2014, INCLUDING:

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2014, SIX INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS, AS WELL AS INDIVIDUAL COMMUNITY PROJECT PLANNING. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS.

- PARENTS SUPPORTING EDUCATIONAL EXCELLENCE (PSEE) - IN 2014, SEVENTEEN INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PSEE, A 12-WEEK CURRICULUM CO-CREATED BY THE CONNECTICUT CENTER FOR SCHOOL

Part VI Supplemental Information (Continuation)

CHANGE AND THE CONNECTICUT COMMISSION ON CHILDREN FOR PARENTS (DEFINED BROADLY AS PARENTS, GUARDIANS, FAMILY MEMBERS AND GRANDPARENTS) TO INSTILL LEADERSHIP SKILLS IN EDUCATION AND TO FACILITATE PARTNERSHIPS BETWEEN SCHOOL STAFF AND PARENTS TO IMPROVE STUDENT LEARNING.

- UCONN PEOPLE EMPOWERING PEOPLE (PEP) OFFERED IN SPANISH AND ALBANIAN - BOTH FREE INAUGURAL PROGRAMS WERE HELD IN 2014. THE PROGRAMS INCLUDED A 10-WEEK PARENT LEADERSHIP AND ADVOCACY REGIMEN THROUGH WHICH 9 PARTICIPANTS SUCCESSFULLY COMPLETED THE ALBANIAN PORTION OF THE PEP COURSE AND 21 PARTICIPANTS COMPLETED THE SPANISH PORTION OF THE PEP COURSE. UCONN PEP IS A PERSONAL, FAMILY, AND LEADERSHIP DEVELOPMENT PROGRAM WITH A STRONG COMMUNITY FOCUS. PEP IS DESIGNED TO BUILD ON THE UNIQUE STRENGTHS AND LIFE EXPERIENCES OF PARTICIPANTS AND EMPHASIZES THE CONNECTION BETWEEN INDIVIDUAL AND COMMUNITY ACTION. BOTH UCONN PEP PROGRAMS ARE SIGNIFICANT FOR TWO REASONS; IT WAS THE FIRST TIME THAT A UCONN PEP COURSE HAS BEEN OFFERED IN BOTH ALBANIAN AND SPANISH AT WATERBURY HOSPITAL. HOWEVER IT IS ALSO THE FIRST TIME AN ALBANIAN AND SPANISH PARENT LEADERSHIP PROGRAM IS OFFERED WITH IN THE STATE OF CONNECTICUT. PARTICIPANTS OF BOTH PROGRAMS WORK INDIVIDUALLY OR COLLABORATIVELY TO CREATE A COMMUNITY PROJECT WHICH IS COMPLETED AS THE CONCLUDING PORTION OF THE PROGRAM. AN EXAMPLE OF A COMMUNITY PROJECT FROM 2014 INCLUDE: THE "UCONN ALBANIAN PEOPLE EMPOWERING PEOPLE (PEP) RESOURCE FAIR" THROUGH COLLABORATIVE EFFORT MEMBERS OF THE PLTI - ALBANIAN PEP ASSEMBLY REACHED OUT TO SENATOR JOAN HARTLEY IN AN EFFORT TO ADDRESS CHALLENGING LANGUAGE BARRIERS FACED BY MEMBERS OF THE COMMUNITY WHEN UTILIZING VARIOUS DMV SERVICES. TOGETHER THEY WERE ABLE TO BRING THESE CONCERNS TO THE ATTENTION OF CONNECTICUT LEGISLATIVES AND AS A RESULT ENACTED POSITIVE CHANGE FOR THE ALBANIAN COMMUNITY THROUGH THE CREATION OF A USER FRIENDLY COMMUNICATION INTERFACE ALLOWING THE OPTION OF

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Part VI Supplemental Information (Continuation)

THE ALBANIAN LANGUAGE TO BE DISPLAYED ON VARIOUS FORMS AND WEB SERVICES.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2014, TWENTY-EIGHT STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM.

STUDENTS COMPLETED THE FOLLOWING MODULES:

- 12 HOURS OF MATH (PRE- ALGEBRA, ALGEBRA II, GEOMETRY AND CALCULUS)

REVIEW SESSIONS

- 20 HOURS OF SAT WRITING AND VOCABULARY

- 18 HOURS OF PHOTOVOICE PROJECT, STUDENTS WERE INSTRUCTED ON PHOTOGRAPHY TECHNIQUES, COMPOSITION, AND EDITING USING ADOBE PHOTOSHOP SOFTWARE AND SLR CAMERAS

- 6 HOURS OF ESSAY WRITING

- 11 HOURS OF POETRY INSTRUCTION AND PARTICIPATION IN THE SECOND ANNUAL WH POETRY SLAM

- 8 HOURS OF JOB SHADOWING SESSIONS IN THE FOLLOWING DEPARTMENTS: NURSING, HEALTH INFORMATION MANAGEMENT, HUMAN RESOURCES, RESPIRATORY THERAPY, WATERBURY HEALTH ACCESS PROGRAM, MORRISON FOOD SERVICES & NUTRITION, FINANCE, INFECTIOUS DISEASES CLINIC, LAB, PHARMACY, CENTRAL SCHEDULING, PLANT ENGINEERING, HAROLD LEEVER REGIONAL CANCER CENTER, AMERICAN MEDICAL REPOSSES, AND CLINICAL EDUCATION, WHICH INCLUDED PARTICIPATING IN CLASSES SPONSORED BY THE AMERICAN RED CROSS (CPR AND BABYSITTING).

- CPR & AMERICAN RED CROSS CERTIFIED BABYSITTING COURSE.

- 2 HOURS OF MS OFFICE COMPUTER SESSIONS

- 6 HOUR SCIENCE MODULE AT STONE ACADEMY

Part VI Supplemental Information (Continuation)

- 2 FULL-DAY FIELD TRIPS COMPLETED: ONE TO YALE UNIVERSITY FOR AN ADMISSIONS INFO SESSION AND CAMPUS TOUR AND ONE TO HAMMONASSET STATE PARK INCLUDING THREE EDUCATIONAL SESSIONS AT MEIGS POINT NATURE CENTER

- 2 HOURS OF COLLEGE ADMISSIONS PRESENTATIONS COMPLETED BY UCONN WATERBURY & NAUGATUCK VALLEY COMMUNITY COLLEGE

- 1 HOUR OF INDIVIDUAL ACADEMIC ADVISING

- 2 HOURS OF HR ORIENTATION & SOFT SKILLS TRAINING

- 10 HOURS OF SOCIAL DETERMINANTS OF HEALTH DOCUMENTARIES AND ACTIVE DISCUSSIONS WITH THE WATERBURY DEPARTMENT OF PUBLIC HEALTH

- PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) - SINCE ITS INCEPTION IN 2004, WATERBURY HOSPITAL'S PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) PROGRAM HAS ENGAGED ADMINISTRATORS, TEACHERS, AND STUDENTS FROM MIDDLE SCHOOLS IN GREATER WATERBURY TO ADDRESS PROJECTED SHORTAGES OF HEALTHCARE WORKERS AND TO CLOSE THE ACHIEVEMENT GAP FOR STUDENTS IN WATERBURY PUBLIC SCHOOLS. THROUGH THE PEACH PROGRAM, STUDENTS ENGAGE WITH HEALTHCARE WORKERS IN A NON-EMERGENCY SETTING AND ARE INFORMED OF THE VARIETY OF HEALTHCARE CAREER OPPORTUNITIES AVAILABLE IN OUR COMMUNITY. ANNUALLY, WATERBURY HOSPITAL ALSO OFFERS ITS PEACH SPRING BREAK EXPLORATION CAMP, THIS YEAR 48 MIDDLE SCHOOL STUDENTS FROM WATERBURY TOOK PART IN: SHADOWING AND HANDS-ON LEARNING ACTIVITIES AT THE HOSPITAL; CPR CERTIFICATION; BABYSITTING; AND EDUCATIONAL SESSIONS AT THE MYSTIC AQUARIUM.

SUPPORT GROUPS - DURING FISCAL YEAR 2014, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

Part VI Supplemental Information (Continuation)

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH DEPARTMENT.

PART III, LINE 2:

OVERALL COST TO CHARGE RATIO USED IN CALCULATION.

PART III, LINE 3:

FINANCIAL ASSISTANCE (CHARITY CARE) IS A SEPARATE NUMBER, AND NOT INCLUDED IN THE \$871,605 ON LINE 2.

PART III, LINE 4:

THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. THESE SERVICES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES. EFFECTIVE OCTOBER 1, 2013, THE HOSPITAL CHANGED ITS CHARITY CARE POLICY TO DISCOUNT ALL SELF PAY RECEIVABLES BY 50% UPON FINAL BILLING.

PART III, LINE 8:

COSTING METHODOLOGY USED TO COMPUTE THE MEDICARE SHORTFALL AND ANY ASSOCIATED COMMUNITY BENEFIT IS A COMBINATION OF THE AMOUNT REPORTED ON LINE 7 AS WELL AS THE HEALTH PROFESSION EDUCATION LINE. A

Part VI Supplemental Information (Continuation)

TOTAL SHORTFALL OF \$7,750,927 WAS DERIVED FROM THE 2014 MEDICARE COST REPORT USING AN AHA APPROVED FORM FOR SCHEDULE H WORKSHEET B PPS AND IPF HOSPITALS. ALL OF THIS SHORTFALL SHOULD BE REPORTED AS A COMMUNITY BENEFIT. THE HOSPITAL COST ACCOUNTING SYSTEM SHOWS A SHORTFALL FROM ALL MEDICARE PROGRAMS (INCLUDING MANAGED MEDICARE) OF \$12,528,626 (NET OF BAD DEBT AND FREE CARE).

PART III, LINE 9B:

WE HAVE SEVERAL CREDIT AND COLLECTION PROGRAMS GOVERNING PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE; PROMPT PAY DISCOUNT; SLIDING SCALE; PAYMENT ARRANGEMENTS; CHARITY CARE AND FREE BED FUNDS. ANY PATIENT EXPRESSING DIFFICULTY PAYING A BALANCE IS ENTITLED TO APPLY FOR FINANCIAL COUNSELING ASSISTANCE. CUSTOMER SERVICE REPRESENTATIVES WORK WITH THE PATIENTS TO DETERMINE PROGRAM QUALIFICATION BASED ON THE COMPLETION OF A FINANCIAL APPLICATION. CASES ARE PREPARED AND PRESENTED TO THE PATIENT ASSISTANCE COMMITTEE. APPROVED CASES WILL BE EITHER FULLY OR PARTIALLY WRITTEN OFF TO FREE BED FUNDS OR CHARITY CARE.

PART VI, LINE 2:

WATERBURY HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS TO IDENTIFY HEALTHCARE NEEDS FOR UNDERSERVED PATIENTS THROUGHOUT THE WATERBURY COMMUNITY. THROUGH THESE COLLABORATIONS, WATERBURY HOSPITAL WORKS TO DEVELOP KEY PROGRAMMING FOR THE CITY'S VULNERABLE POPULATIONS, INCLUDING: THE WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC, WHICH PROVIDES COMPREHENSIVE HIV CARE TO ABOUT 500 PEOPLE LIVING WITH HIV/AIDS; THE WATERBURY HEALTH ACCESS PROGRAM, WHICH PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO OVER 4,000 UNINSURED AND UNDERINSURED PATIENTS ANNUALLY; AND THE WATERBURY HOSPITAL

Part VI Supplemental Information (Continuation)

CHASE DIABETES DISEASE MANAGEMENT CLINIC, WHICH PROVIDES 60-70 DIABETICS WITH SELF-MANAGEMENT SKILLS AND CLINICAL CARE.

PART VI, LINE 3:

WE HAVE SIGNAGE, PT HANDBOOK, STATEMENT BACKERS & HANDOUTS THAT INFORM PATIENTS OF FREE BED FUNDS ETC. THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART VI, LINE 4:

LOCATED IN A CITY OF 109,000 RESIDENTS, WATERBURY HOSPITAL IS CENTRALLY LOCATED IN WESTERN CONNECTICUT. IT IS ONE OF TWO HOSPITALS THAT SERVES THE CITY OF WATERBURY AND ITS SURROUNDING TOWNS, INCLUDING BEACON FALLS, BETHLEHEM, CHESHIRE, MIDDLEBURY, NAUGATUCK, PROSPECT, SOUTHBURY, THOMASTON, WATERTOWN, WOLCOTT, AND WOODBURY. OVERALL, THE CITY OF WATERBURY LAGS BEHIND THE STATE OF CONNECTICUT AND THE U.S. IN KEY MEASURABLE STATISTICS, AS SEEN IN TABLE 1, BELOW:

TABLE 1: SELECTED CENSUS DATA, JULY 2013, QUICKFACTS.CENSUS.GOV:
WATERBURY, CT, & U.S.

	WATERBURY	CT	U.S.
MEDIAN HOUSEHOLD INCOME:	\$40,639	\$69,461	\$52,762

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Part VI Supplemental Information (Continuation)

PER CAPITA MONEY INCOME:	\$21,120	\$37,892	\$27,915
% PERSONS BELOW POVERTY:	23.3%	10.2%	14.3%
% HOUSEHOLDS MARRIED COUPLE FAMILY:	34.6%	49.4%	49.7%
% OF OWNER-OCCUPIED HOMES:	47.4%	67.8%	66.9%
% FOREIGN-BORN PERSONS:	14.6%	13.6%	12.8%
% LANGUAGE NOT ENGLISH SPOKEN			
AT HOME, AGE 5+:	36.1%	21.5%	20.3%
% HOUSEHOLDS WITH NO VEHICLE:	16.8%	9.0%	8.8%
% MALE:	47.6%	48.7%	49.2%
% FEMALE	52.4%	51.3%	50.8%
% CAUCASIAN:	59.9%	77.9%	63.0%
% AFRICAN-AMERICAN:	19.8%	10.1%	13.1%
% HISPANIC:	33.8%	13.9%	16.9%
% HIGH SCHOOL GRADUATES OR HIGHER:	78.8%	89.2%	84.6%
% BACHELOR'S DEGREE OR HIGHER:	16.1%	36.5%	27.5%
% OF PERSONS AGE 65 & OVER:	10.5%	10.8%	13.7%
UNEMPLOYMENT RATE, MAY 2013:	8.7%	6.6%	7.6%
INFANT MORTALITY			
PER 1,000 RESIDENTS:	9.83	6.2	6.8
CRIME RATE (VIOLENT & PROPERTY)			
PER 100,000 RESIDENTS (2009):	6,379	2,981	3,466

WATERBURY WAS ONCE A ROBUST MANUFACTURING CENTER. HOWEVER, OVER THE PAST 25 YEARS, THE INDUSTRIAL BASE THAT WAS THE CENTER OF WATERBURY'S ECONOMY FOR MOST OF THE 20TH CENTURY DWINDLED, LEAVING MANY UNEMPLOYED. ALTHOUGH THERE ARE JOBS AVAILABLE IN HEALTHCARE AND SERVICE SECTORS, HIGH UNEMPLOYMENT REMAINS A THREAT FOR MANY INDIVIDUALS IN THE GREATER WATERBURY AREA. THE CITY OF WATERBURY IS ALSO DESIGNATED A FEDERAL MUA

Part VI Supplemental Information (Continuation)

(MEDICALLY UNDERSERVED AREA) AND HPSA (HEALTH PROFESSIONAL SHORTAGE AREA) FOR PRIMARY CARE, MENTAL HEALTH, AND DENTAL CARE.

PART VI, LINE 5:

REALIZING THE DIVERSE NEEDS OF RESIDENTS IN OUR COMMUNITY, WATERBURY HOSPITAL REMAINS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH SERVICES TO ENSURE EVERY INDIVIDUAL HAS ACCESS TO APPROPRIATE, QUALITY HEALTHCARE.

DURING 2014, WATERBURY HOSPITAL'S SPECTRUM OF SERVICES CONTINUED TO HAVE A POSITIVE IMPACT ON THE WELFARE OF WATERBURY'S CITIZENS. TO REMAIN CONSISTENT WITH WATERBURY HOSPITAL'S MISSION, MANY OF OUR SERVICES ARE TARGETED FOR VULNERABLE MEMBERS OF OUR COMMUNITY, INCLUDING THOSE WHO ARE UNINSURED OR UNDERINSURED.

KEY PROGRAMS:

WATERBURY HEALTH ACCESS PROGRAM: WATERBURY HOSPITAL IS AWARE OF THE ECONOMIC NEEDS MANY PATIENTS IN OUR COMMUNITY, AND, AS A RESULT, WE REMAIN COMMITTED TO THE WATERBURY HEALTH ACCESS PROGRAM. FOUNDED IN 2003 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL, ST. MARY'S HOSPITAL, STAYWELL HEALTH CENTER (FQHC), AND THE WATERBURY HEALTH DEPARTMENT, THE WATERBURY HEALTH ACCESS PROGRAM IMPROVES ACCESS TO HIGH-QUALITY MEDICAL CARE BY PROVIDING COMPREHENSIVE CASE MANAGEMENT, PHARMACY ASSISTANCE, AND ACCESS TO PRIMARY AND SUB-SPECIALTY MEDICAL CARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF THE GREATER WATERBURY REGION. DURING FY 2014, THE WATERBURY HEALTH ACCESS PROGRAM HAD OVER 4,370 ACTIVE CLIENTS. ADDITIONALLY, WATERBURY HOSPITAL PROVIDED \$402,864 WORTH OF DONATED

Part VI Supplemental Information (Continuation)

SERVICES TO WHAP'S PATIENTS.

BEHAVIORAL HEALTH - WATERBURY HOSPITAL'S CENTER FOR BEHAVIORAL HEALTH IS ONE OF THE REGION'S LARGEST SERVICE PROVIDERS OFFERING A FULL CONTINUUM OF CARE FOR CHILDREN, ADOLESCENTS AND ADULTS. OUR SERVICES ALSO OUTREACH TO THE COMMUNITY THROUGH REGULAR PARTICIPATION IN HEALTH FAIRS, ELECTED MEMBERSHIP IN THE NORTHWEST REGIONAL MENTAL HEALTH BOARD, AS A HOST SITE TO NUMEROUS TWELVE-STEP MEETINGS AND THE PROVISION OF CASE MANAGEMENT AS WELL AS ACUTE SERVICES TO THE HOMELESS WITHIN THE CITY OF WATERBURY.

BEHAVIORAL HEALTH CLINICIANS CAN ENGAGE CLIENTS TO HELP FACILITATE THEIR ENTRANCE INTO TREATMENT. WE PROVIDE PHONE SUPPORT, REFERRALS AND TRIAGING TEN HOURS A DAY SEVEN DAYS A WEEK. WITHIN OUR CRISIS CENTER WE OFFER SHORT TERM SERVICES TO HELP INDIVIDUALS OBTAIN MORE PERMANENT TREATMENT THAT BEST MEETS THEIR NEEDS. AMBULATORY SERVICES INCLUDE PARTIAL HOSPITAL PROGRAMS, INTENSIVE OUTPATIENT SERVICES, GROUP, INDIVIDUAL THERAPY AND MEDICATION MANAGEMENT TO PATIENTS EXPERIENCING MENTAL ILLNESS AND/ OR A SUBSTANCE USE DISORDER. FOR INDIVIDUALS EXPERIENCING ACUTE SYMPTOMS WE OFFER INPATIENT TREATMENT TO ADOLESCENTS AGED 12 AND UP AS WELL AS ADULT SERVICES. OUR EFFORTS ARE AIMED AT PROMOTING THE BENEFITS OF CLINICAL TREATMENT AS WELL AS POSITIVE LIFESTYLE CHOICES. EVERY EFFORT IS MADE TO EDUCATE CLIENTS, THEIR FAMILIES AND THE COMMUNITY ABOUT MENTAL ILLNESS AND THE IMPACT TREATMENT CAN HAVE ON ONE'S ILLNESS. THE ULTIMATE GOAL IS TO HELP PEOPLE FEEL BETTER, REDUCE OR RESOLVE SYMPTOMS AND TO MINIMIZE THE STIGMA OF MENTAL ILLNESS.

BE WELL BUS - IN ORDER TO ENSURE THAT PATIENTS HAVE ACCESS TO MEDICAL APPOINTMENTS, AT THE HOSPITAL AND AT LOCAL PHYSICIANS' OFFICES, WATERBURY HOSPITAL'S BE WELL BUS PROVIDES TRANSPORTATION SERVICES TO PATIENTS FROM

Part VI Supplemental Information (Continuation)

WATERBURY AND ELEVEN OF ITS SURROUNDING TOWNS. DURING FY 2014, THE BE WELL BUS COMPLETED OVER 4,170 TRANSPORTS TO AND FROM MEDICAL APPOINTMENTS.

WATERBURY HOSPITAL HAS CONTRACTED WITH A TRANSPORTATION PROVIDER TO OFFER THE BUS SERVICE, AND AREA PROVIDERS PAY A SMALL FEE TO PARTICIPATE.

HEART CENTER OF GREATER WATERBURY - FORMED IN COLLABORATION WITH SAINT MARY'S HOSPITAL, THE HEART CENTER OF GREATER WATERBURY PROVIDES DIVERSE MEDICAL SUPPORT INITIATIVES TO HELP EDUCATE RESIDENTS IN THE GREATER WATERBURY COMMUNITY ABOUT PERTINENT HEALTH AND WELLNESS ISSUES. THIS PAST YEAR, THE HEART CENTER CONDUCTED A SERIES OF HEALTH FAIRS AND VARIOUS HEALTH AND WELLNESS EDUCATION SESSIONS, INCLUDING "ASK THE NURSE," WHICH PROVIDES PATIENTS WITH COMPLIMENTARY BLOOD PRESSURE SCREENINGS AND HEALTH AWARENESS EDUCATION AND A "FREEDOM FROM SMOKING" SERIES TO HELP OUR RESIDENTS KICK THE HABIT.

FAMILY BIRTHING CENTER - PROVIDING A CHILD-CENTERED FOCUS, WATERBURY HOSPITAL'S FAMILY BIRTHING CENTER OFFERS EXPECTANT PARENTS A VARIETY OF CLASSES INCLUDING: BREAST FEEDING, CHILDBIRTH, AND INFANT CARE CLASSES TO PREPARE THEM FOR THEIR BABY'S ARRIVAL.

THANK GOD I'M FEMALE - FOR THE PAST 20 YEARS, WATERBURY HOSPITAL'S "THANK GOD I'M FEMALE" HAS SERVED AS AN ANNUAL WOMEN'S WELLNESS FORUM THAT FEATURES 40 EDUCATIONAL BOOTHS AND HEALTH-RELATED GIVEAWAYS. THE ULTIMATE GOAL OF THE FORUM IS TO EDUCATE ATTENDEES ABOUT STRESS, MENTAL WELL-BEING, HEART HEALTH, DIET, OSTEOPOROSIS AND BONE HEALTH, CHANGE OF LIFE, AND MORE. IN 2014, OVER 500 AREA RESIDENTS ATTENDED THE EVENT.

EVERGREEN 50 CLUB - WATERBURY HOSPITAL'S EVERGREEN 50 CLUB IS AN

Part VI Supplemental Information (Continuation)

ORGANIZATION COMPRISED OF OVER 15,000 MEMBERS OVER THE AGE OF 50. THE CLUB OFFERS WELLNESS PROGRAMMING, MEDICARE COUNSELING, AND HEALTH EDUCATION PRESENTATIONS ON A VARIETY OF TOPICS ARE PRESENTED BY HEALTH CARE PROFESSIONALS. PRESENTATION TOPICS INCLUDE: HOLISTIC HEALTH, VARICOSE VEIN TREATMENT, HEART DISEASE, SUMMER SKIN CARE, WEIGHT LOSS, BLOOD PRESSURE, BLADDER SCREENINGS, JOINT CARE AND REPLACEMENT, AND RESOLVING ADVERSE OUTCOMES WITH PATIENTS AND FAMILIES. ANNUALLY, THE EVERGREEN 50 CLUB HOSTS A HEALTH FAIR FOR ITS MEMBERS, WHICH PROVIDES FREE FLU SHOTS AND HEALTHCARE SCREENINGS.

WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC (WHIC) -

CURRENT SERVICES: THE WHIC OFFERS A COMPREHENSIVE "ONE-STOP SHOPPING" MODEL THAT PROVIDES PATIENTS WITH ON-SITE PRIMARY AND SPECIALTY SERVICES, MEDICAL CASE MANAGEMENT, INDIVIDUALIZED MEDICATION ADHERENCE SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, NUTRITION COUNSELING, INDIVIDUALIZED HIV EDUCATION, LABORATORY TESTING, AND RADIOLOGY SERVICES. WHIC'S PROVIDERS INCLUDE THREE BOARD-CERTIFIED/BOARD-ELIGIBLE INFECTIOUS DISEASE SPECIALISTS AS WELL AS AN ADVANCED PRACTITIONER NURSE AND A REGISTERED DIETICIAN, ALL WITH EXPERTISE IN THE MANAGEMENT OF PATIENTS WITH HIV/AIDS. IN FY 2014, WHIC SERVED AROUND 500 PEOPLE LIVING WITH HIV/AIDS (PLWHA).

WHIC'S STAFF MEMBERS ACTIVELY PARTICIPATE IN STATEWIDE AND AREA COLLABORATIVE, SUCH AS THE CONNECTICUT HIV PLANNING CONSORTIUM (CHPC) AND THE RYAN WHITE PART A PLANNING COUNCIL, AND WHIC FACILITATES THE GREATER WATERBURY HIV CONSORTIUM. WHIC HAS A VERY ACTIVE CONSUMER ADVISORY GROUP (CAG), WHICH ORGANIZES SOCIAL AND TESTING EVENTS FOR THE COMMUNITY AND FACILITATES THE WATERBURY HOSPITAL PHOTOGRAPHY GROUP.

Part VI Supplemental Information (Continuation)

THE WHIC ALSO HAS A HEPATITIS C CLINIC, RUN BY AN ADVANCED PRACTITIONER NURSE. FROM OCTOBER 2004 TO PRESENT, NEARLY 200 HEPATITIS C MONO- AND CO-INFECTED (HEPATITIS C AND HIV) PATIENTS HAVE BEEN EVALUATED AT THE ID CLINIC. THE HEPATITIS C CLINIC PROVIDES A CONSULTATION WITH A NUTRITIONIST TO ADVISE ON HEALTHY EATING; COORDINATION WITH MENTAL HEALTH SERVICES; AND EDUCATIONAL SESSIONS ON SIDE EFFECT MANAGEMENT, THE IMPORTANCE OF HYDRATION AND ADHERENCE, AND POSITIVE COPING STRATEGIES.

FORGING COMMUNITY PARTNERSHIPS: SINCE 2009, THE WHIC HAS SERVED AS THE LEAD AGENCY FOR RYAN WHITE PART A FEDERAL FUNDING REGION 2 OF THE NEW HAVEN/FAIRFIELD ELIGIBLE METROPOLITAN AREA. THE WHIC WAS CHOSEN AS LEAD AGENCY BY THE CONSENSUS OF OTHER LOCAL RYAN WHITE PART A AGENCIES DUE TO ITS EXPERTISE IN PATIENT CARE AND FISCAL MANAGEMENT. AS THE LEAD AGENCY, THE WHIC HAS FORMED LONGSTANDING PARTNERSHIPS WITH STAYWELL HEALTH CENTER, INC., NEW OPPORTUNITIES, INC., RECOVERY NETWORK OF PROGRAMS, INC., AND CONNECTICUT COUNSELING CENTERS, INC., ALL OF WHOM WORK ALONGSIDE THE WHIC TO PROVIDE PATIENTS IN THE REGION WITH:

- PRIMARY HIV CARE;
- MEDICAL CASE MANAGEMENT;
- ORAL HEALTH CARE;
- INPATIENT AND OUTPATIENT SUBSTANCE ABUSE TREATMENT;
- HEALTH INSURANCE ASSISTANCE;
- MENTAL HEALTH;
- EARLY INTERVENTION SERVICES;
- HOUSING ASSISTANCE;
- EMERGENCY FINANCIAL ASSISTANCE;
- MEDICAL TRANSPORTATION; AND

Part VI Supplemental Information (Continuation)

- FOOD PANTRY.

IN JUNE 2014, WHIC COLLABORATED WITH THE WATERBURY HEALTH DEPARTMENT, GRACE BAPTIST CHURCH, AND OTHER AREA AIDS SERVICE ORGANIZATIONS, TO ORGANIZE THE WATERBURY AIDS WALK AND RAISE AWARENESS ABOUT HIV/AIDS TREATMENT AND TESTING IN WATERBURY. OVER 200 RESIDENTS PARTICIPATED IN THE EVENT.

PART VI, LINE 6:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

PART VI, LINE 5 (CONTINUED):

RESHAPING HIV TESTING STATEWIDE: SINCE 2008, PATIENTS VISITING WATERBURY HOSPITAL'S EMERGENCY DEPARTMENT ARE OFFERED FREE HIV SCREENING WHILE WAITING TO BE EVALUATED OR TREATED FOR OTHER SYMPTOMS. IN ORDER TO OPTIMIZE THE NUMBER OF PEOPLE SCREENED FOR HIV, THE EMERGENCY DEPARTMENT'S PROGRAM USES AN OPT-OUT APPROACH. THE PROGRAM HAS SUCCESSFULLY SERVED AS A MODEL FOR OTHER HEALTHCARE INSTITUTIONS ACROSS THE STATE. THANKS, IN PART, TO WHIC'S LEADERSHIP, THE STATE OF CONNECTICUT NO LONGER LEGALLY REQUIRES PROVIDERS TO HAVE A SEPARATE CONSENT FORM FOR HIV TESTING.

ENGAGING PATIENTS: IN 2009, THE WHIC ESTABLISHED ITS PEER ADVOCATE PROGRAM. THREE PATIENTS FROM THE CLINIC SERVE AS THE PEER ADVOCATES,

Part VI Supplemental Information (Continuation)

WHO WORK WITH CLIENTS AT THE CLINIC AND USE A SOCIAL NETWORKS STRATEGY TO BRING DIFFICULT-TO-REACH CLIENTS IN FOR TESTING AND/OR CARE; THEY HAVE TRAVELED TO HIGH-RISK NEIGHBORHOODS ON THE WATERBURY HEALTH DEPARTMENT'S COMMUNITY HEALTH VAN TO OFFER COUNSELING AND TESTING AND HAVE PARTICIPATED IN AIDS AWARENESS DAYS TO FACILITATE THE LINKAGE OF NEWLY DIAGNOSED PATIENTS TO PRIMARY CARE. PEER ADVOCATES PARTICIPATE IN THE WHIC'S CARE TEAM AND CONTINUUM MEETINGS TO KEEP PROVIDERS AND LOCAL PARTNERS AWARE OF THE PATIENTS' ACTIVITIES AND NEEDS.

THIS YEAR ONE PEER ADVOCATE PARTICIPATED IN THE WATERBURY PARENT LEADERSHIP TRAINING INSTITUTE, COMPLETING A COMMUNITY PROJECT, "JOSE'S HAVEN," TO PROVIDE SUPPORT SERVICES, ENROLL CLIENTS IN INDIVIDUAL PHOTO DIARY PROJECTS, AND ENCOURAGE VOLUNTEERISM.

THE WHIC OFFERS ITS PATIENTS NATIONALLY-RECOGNIZED PEER AND SUPPORT PROGRAMS, INCLUDING ITS PROJECT PHOTOGRAPHY, WHICH WAS ESTABLISHED IN 2007 TO ENCOURAGE NON-COMPLIANT HIV/AIDS PATIENTS IN THE GREATER WATERBURY AREA TO BECOME MORE PROACTIVE IN THE SELF-MANAGEMENT OF THEIR DISEASE. PROJECT PHOTOGRAPHY HAS POSITIVELY TRANSFORMED ITS PARTICIPANT'S SELF-ESTEEM AND CONFIDENCE. PATIENT PROJECTS HAVE INCLUDED: (1) ENROLLING IN PHOTOGRAPHY CLASSES AT NAUGATUCK VALLEY COMMUNITY COLLEGE, (2) TAKING FIELD TRIPS, (3) DONATING FRAMED PHOTOGRAPHS TO THE HOSPITAL'S ANNUAL FUNDRAISING GALA AND PATIENT FLOORS, (4) PRODUCING HOLIDAY GREETING CARDS FOR THE ID CLINIC, (5) CREATING TEAM PORTRAITS AT THE HOSPITAL'S FUNDRAISING GOLF TOURNAMENT, AND (6) MOUNTING PHOTOGRAPHY EXHIBITS AT THE HOSPITAL, BARNES & NOBLE BOOKSTORE, AND SILAS BRONSON LIBRARY IN WATERBURY.