### 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
- **Yes**

#### 1b If "Yes," was it a written policy?
- **Yes**

#### 2 Facilities during the tax year:
- [X] 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) as a factor in determining eligibility for providing free care?
  - [X] 100%
  - [ ] 150%
  - [ ] 200%
  - [ ] Other __________%

- **b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:
  - [X] 200%
  - [ ] 250%
  - [ ] 300%
  - [ ] 350%
  - [ ] 400%
  - [X] Other 500%

- **c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

#### 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care for the "medically indigent"?
- **No**

#### 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- **Yes**

#### 5b Did the organization's financial assistance expenses exceed the budgeted amount?
- **Yes**

#### 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- **Yes**

#### 6a Did the organization prepare a community benefit report during the tax year?
- **Yes**

#### 6b If "Yes," did the organization make it available to the public?
- **Yes**

### 7 Financial Assistance and Certain Other Community Benefits at Cost

#### Financial Assistance and Means-Tested Government Programs

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>12,481</td>
<td>5,602,110</td>
<td>5,602,110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>32,713</td>
<td>37,988,774</td>
<td>27,683,987</td>
<td>10,304,787</td>
<td>7.77%</td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>45,194</td>
<td>43,590,884</td>
<td>33,286,097</td>
<td>10,304,787</td>
<td>7.77%</td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td>45,194</td>
<td>43,590,884</td>
<td>33,286,097</td>
<td>10,304,787</td>
<td>7.77%</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>19</td>
<td>5,967</td>
<td>863,943</td>
<td>35,000</td>
<td>828,943</td>
<td>.62%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>3</td>
<td>96</td>
<td>4,766</td>
<td>3,680,171</td>
<td>1,086,635</td>
<td>.82%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>3,450</td>
<td>3,867</td>
<td>3,867</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>24</td>
<td>9,513</td>
<td>5,634</td>
<td>3,715,171</td>
<td>1,919,445</td>
<td>1.44%</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td>24</td>
<td>54,707</td>
<td>49,225</td>
<td>37,001,268</td>
<td>12,224,232</td>
<td>9.21%</td>
</tr>
</tbody>
</table>
### 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>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of activities or programs (optional)</td>
<td>Persons served (optional)</td>
<td>Total community building expense</td>
<td>Direct offsetting revenue</td>
<td>Net community building expense</td>
<td>Percent of total expense</td>
</tr>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td>1</td>
<td>650</td>
<td>2,160.</td>
<td>2,160.</td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>320</td>
<td>10,857.</td>
<td>10,857.</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td>1</td>
<td>320</td>
<td>10,857.</td>
<td>10,857.</td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>4</td>
<td>741</td>
<td>148,116.</td>
<td>148,116.</td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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. Explain in Part VI the methodology used by the organization to estimate this amount:
   3,826,349.

3. Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit:
   0.

4. Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME):
   26,028,382.

6. Enter Medicare allowable costs of care relating to payments on line 5:
   26,347,547.

7. Subtract line 6 from line 5. This is the surplus (or shortfall):
   -319,165.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

**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? Describe in Part VI:
   - 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>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CENTRAL NEW JERSEY CARDIAC CATH LAB HEART SERVICES, LLC MANAGEMENT</td>
<td></td>
<td>59.76%</td>
<td>25.44%</td>
<td></td>
</tr>
</tbody>
</table>
### 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<table>
<thead>
<tr>
<th>LICENSE #11105</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. FRANCIS MEDICAL CENTER TRENTON NJ</td>
</tr>
<tr>
<td>601 HAMILTON AVE. TRENTON, NJ 08629</td>
</tr>
<tr>
<td><a href="http://WWW.STFRANCISMEDICAL.ORG">WWW.STFRANCISMEDICAL.ORG</a></td>
</tr>
<tr>
<td>LICENSE #11105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER-24 hours</th>
<th>ER-other</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Facility reporting group
Name of hospital facility or letter of facility reporting group: SAINT FRANCIS MEDICAL CENTER TRENTON NJ

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

## Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
   - Yes [X] No
   - Line: 1

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
   - Yes [X] No
   - Line: 2

3. 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 12
   - Yes [X] No
   - Line: 3

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - a [X] A definition of the community served by the hospital facility
   - b [X] Demographics of the community
   - c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   - d [X] How data was obtained
   - e [X] The significant health needs of the community
   - f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   - g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
   - h [X] The process for consulting with persons representing the community’s interests
   - i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   - j Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: 2015
   - Line: 4

5. 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
   - Yes [X] No
   - Line: 5

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   - a [X] Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
   - b [X] Other website (list url): SEE SCHEDULE H, PART V, SECTION C
   - c Made a paper copy available for public inspection without charge at the hospital facility
   - d Other (describe in Section C)

6. Did the hospital facility make its CHNA report widely available to the public?
   - Yes [X] No
   - Line: 6

7. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
   - Yes [X] No
   - Line: 7

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - a [X] A definition of the community served by the hospital facility
   - b [X] Demographics of the community
   - c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   - d [X] How data was obtained
   - e [X] The significant health needs of the community
   - f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   - g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
   - h [X] The process for consulting with persons representing the community’s interests
   - i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   - j Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
   - Yes [X] No
   - Line: 8

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - a [X] A definition of the community served by the hospital facility
   - b [X] Demographics of the community
   - c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   - d [X] How data was obtained
   - e [X] The significant health needs of the community
   - f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   - g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
   - h [X] The process for consulting with persons representing the community’s interests
   - i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   - j Other (describe in Section C)

9. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
   - Yes [X] No
   - Line: 9

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - a [X] A definition of the community served by the hospital facility
   - b [X] Demographics of the community
   - c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   - d [X] How data was obtained
   - e [X] The significant health needs of the community
   - f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   - g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
   - h [X] The process for consulting with persons representing the community’s interests
   - i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   - j Other (describe in Section C)

10. Indicate the tax year the hospital facility last adopted an implementation strategy: 2015
    - Line: 10

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
    - Line: 11

12a. 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)?
    - Yes [X] No
    - Line: 12a

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
    - Yes [X] No
    - Line: 12b

12c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?
    - $
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |
|------------------------------------------------------|-------|
| Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | Yes: 13 X No: |
| a. Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 500% | |
| b. Income level other than FPG (describe in Section C) | |
| c. Asset level | |
| d. Medical indigency | |
| e. Insurance status | |
| f. Underinsurance status | |
| g. Residency | |
| h. Other (describe in Section C) | |

| Explained the basis for calculating amounts charged to patients? | 14 X |
| Explained the method for applying for financial assistance? | 15 X |

| Explained how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | |
| a. Described the information the hospital facility may require an individual to provide as part of his or her application | |
| b. Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | |
| c. Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | |
| d. Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | |
| e. Other (describe in Section C) | |

| Was widely publicized within the community served by the hospital facility? | 16 X |

| Explained how the hospital facility publicized the policy (check all that apply): | |
| a. The FAP was widely available on a website (list url): | SEE PART V, SECTION C |
| b. The FAP application form was widely available on a website (list url): | SEE PART V, SECTION C |
| c. A plain language summary of the FAP was widely available on a website (list url): | SEE PART V, SECTION C |
| d. The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | |
| e. The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | |
| f. A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | |
| g. Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention | |
| h. Notified members of the community who are most likely to require financial assistance about availability of the FAP | |
| i. The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | |
| j. Other (describe in Section C) | |
### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** SAINT FRANCIS MEDICAL CENTER TRENTON NJ

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Processed incomplete and complete FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Made presumptive eligibility determinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;No,&quot; indicate why:</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- **Name of hospital facility or letter of facility reporting group**: SAINT FRANCIS MEDICAL CENTER TRENTON NJ

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

- **a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **d** The hospital facility used a prospective Medicare or Medicaid method

#### 23. During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

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<th>Yes</th>
<th>No</th>
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If "Yes," explain in Section C.

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

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

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:

ST. FRANCIS MEDICAL CENTER - TRENTON (SFMC TRENTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

THE TOP FIVE PRIORITY HEALTH NEEDS WERE:

- OBESITY/HEALTHY LIFESTYLES
- SUBSTANCE ABUSE/BEHAVIORAL HEALTH
- SAFETY AND CRIME
- CHRONIC DISEASE
- HEALTH LITERACY AND DISPARITIES

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:

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

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

08618, 08629, and 08638). THT's collaborative approach has allowed for a more complete picture of the city's health needs utilizing both quantitative and qualitative data to define the emerging priorities of Trenton. In addition to this update, various resources were included with many robust published reports available for review. Community Advisory Board (CAB) members and the previously written Community Health Needs Assessment (CHNA) reports were additional tools utilized to assess new, old and ongoing priorities.

At the end of 2015, an update to the CHNA was needed and THT again facilitated the process. Survey findings from a county-wide health assessment, conducted by Health Resources in Action (HRIA), on behalf of the Greater Mercer Public Health Partnership (www.healthymercer.org), were reviewed and compared to responses from individuals residing in the Trenton zip codes. There were 1,927 responses to the county survey; of those, 369 responses corresponded to Trenton zip codes. Findings from this survey were supplemented with direct input from Trenton residents provided through the community forums, held between November 30 and December 11, 2015. Findings from this process affirmed that the priority areas identified in the 2013 CHNA are still major concerns for the community.

In addition to the county survey, and to provide context for its findings, THT staff went back to the Trenton community to obtain direct information about residents' experiences and perceptions. A series of community forums were held in various parts of the city (Rescue Mission of Trenton, Trenton Area Soup Kitchen, SFMC Trenton, Trenton YMCA and Frost Valley YMCA, Christ Episcopal Church, Reading Senior Center, Thomas Edison State...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UNIVERSITY, SAM NAPLES CENTER, AND TRINITY CATHEDRAL. APPROXIMATELY 150 PARTICIPANTS, AGED 15 TO 90 AND FROM A RANGE OF DEMOGRAPHIC BACKGROUNDS AND CIRCUMSTANCES, PROVIDED INPUT. THEY WERE ASKED TO PROVIDE PERSONAL STORIES AND EXPERIENCES PERTAINING TO HEALTH AND THE HEALTH CARE SYSTEM. THE FIVE PRIORITIES IDENTIFIED IN THE 2013 CHNA WERE USED AS A FRAMEWORK FOR GATHERING THIS INFORMATION.

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:
PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH CAPITAL HEALTH REGIONAL MEDICAL CENTER.

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:
PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN COLLABORATION WITH THE FOLLOWING ORGANIZATIONS:
AMERICAN DIABETES ASSOCIATION
AMERICAN HEART ASSOCIATION
CATHOLIC CHARITIES, DIOCESE OF TRENTON
CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
CHILDREN'S FUTURES, INC.
CHILDREN'S HOME SOCIETY OF NEW JERSEY
CITY OF TRENTON, DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONCERNED PASTORS
GREATER MERCER PUBLIC HEALTH PARTNERSHIP
HENRY J. AUSTIN HEALTH CENTER
DEPARTMENT OF HEALTH FOR THE CITY OF TRENTON
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

HOME FRONT, INC.

MERCER STREET FRIENDS

MERCER ALLIANCE TO END HOMELESSNESS

MERCER COUNTY DEPARTMENT OF HUMAN SERVICES

NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

RESCUE MISSION OF TRENTON

SHILOH BAPTIST CDC

THE CRISIS MINISTRY OF MERCER COUNTY

TRENTON HEALTH TEAM

TRENTON POLICE DEPARTMENT

TRENTON PUBLIC SCHOOL DISTRICT

TRENTON AREA SOUP KITCHEN

TRINITY EPISCOPAL CATHEDRAL

TURNING POINT UNITED METHODIST CHURCH

URBAN MENTAL HEALTH ALLIANCE

PART V, SECTION B, LINE 7A CHNA URL:

WWW.STFRANCISMEDICAL.ORG/ABOUT/COMMUNITY-OUTREACH.ASPX

PART V, SECTION B, LINE 7B: THE UPDATE AND ADDENDUM TO THE 2013 REPORT CAN ALSO BE VIEWED ON THE THT WEBSITE:

WWW.TRENTONHEALTHTEAM.ORG/RESOURCES/DOCUMENTS-AND-REPORTS/

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:

PART V, SECTION B, LINE 7D: THT DISTRIBUTED COPIES OF THE 2016 CHNA
CALLED "UPDATE AND ADDENDUM TO THE 2013 REPORT" TO THE COMMUNITY ADVISORY MEMBERS AND ALL AGENCIES REPRESENTING THE MERCER COUNTY CHNA.

PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

PART V, SECTION B, LINE 10A IMPLEMENTATION STRATEGY URL:

WWW.STFRANCISMEDICAL.ORG/ABOUT/COMMUNITY-OUTREACH.ASPX

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:

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

FOR THE COMMUNITY. A NUMBER OF ADDITIONAL ISSUES WERE RAISED, WHICH SFMC
IS NOT ADDRESSING DUE TO FINANCIAL RESTRICTIONS AND THE ABILITY OF OTHER
AGENCIES TO ADDRESS THE SAME ISSUES. THE HOSPITAL WILL CONTINUE TO
ACKNOWLEDGE THE IMPACT OF THESE ISSUES WHILE IT FOCUSES ON THE EMERGING
PRIORITIES IDENTIFIED BY QUANTITATIVE DATA AND COMMUNITY ENGAGEMENT
EFFORTS.

CHRONIC DISEASE AND OBESITY
IN 2017-18, THE SFMC DSRIP PROGRAM SCREENED 6,272 PATIENTS FROM REFERRAL
SOURCES, WHICH REFLECTS AN INCREASE OF 75%. DIABETIC EDUCATION WAS
PROVIDED TO 585 IN-PATIENT CONSULTS, 7 IN-PATIENT ED CONSULTS AND 30
CLINIC CONSULTATIONS. THE PROGRAM PROVIDES A GREAT DEAL OF SUPPORT FOR
COMPLEX PATIENTS INCLUDING EDUCATION REGARDING DISEASE PROCESS, NAVIGATION
OF THE HEALTH CARE SERVICES TO INCLUDE ACCESS TO CARE, MEDICATION
MANAGEMENT, PROPER NUTRITION AND COMPLIANCE OF MEDICAL CARE. IT IS
DIFFICULT TO ASCERTAIN THE IMPACT OF OUR EDUCATIONAL INTERVENTIONS ON THE
LONG-TERM HEALTH CARE COST OF THE POPULATION WE SERVE THROUGH OUR DSRIP
PROJECT.

ACCESS TO HEALTHY FOODS CONTINUED TO BE A CONCERN FOR TRENTON RESIDENTS
AND PLAYS A SIGNIFICANT ROLE IN THE OBESITY RATES WITHIN THE CITY OF
TRENTON. IN ORDER TO ADDRESS THIS CONCERN, SFMC PARTNERED WITH A LOCAL
FARMER TO BRING FRESH FRUITS AND VEGETABLES TO OUR HOSPITAL EMPLOYEES AND
TO THE COMMUNITY BY ESTABLISHING A FARMERS MARKET ON CAMPUS. THE MARKET
ACCEPTED ALL STATE AND FEDERAL ASSISTANCE PROGRAMS INCLUDING SNAP, WIC,
FMNP AND SENIOR VOUCHERS. THIS MARKET WAS HELD ON A WEEKLY BASIS AND WAS
EXTREMELY WELL-RECEIVED BY OUR EMPLOYEES AND OUR COMMUNITY.
SFMC TRENTON IS ALSO PARTNERING WITH THE THT TO TRANSFORM OUR LOCAL CORNER STORES INTO HEALTHY CORNER STORES BY OFFERING FRESH PRODUCE AND OTHER HEALTHY OPTIONS TO COMMUNITY MEMBERS. IN 2017-2018, WORKING WITH THT, THE FOOD TRUST AND THE NJ PARTNERSHIP FOR HEALTHY KIDS, THE LUCKY STAR DELI, LOCATED IN THE CITY OF TRENTON, PARTICIPATED IN THE HEALTHY CORNER STORE NETWORK. ONCE A MONTH HEART SMARTS BROUGHT NUTRITION LESSONS TO THE DELI. CUSTOMERS LEARNED ABOUT SELECTING HEALTHY FOODS SUCH AS HEART HEALTHY WHOLE GRAINS AND TASTED RECIPES MADE FROM HEALTHY PRODUCTS AVAILABLE IN THE STORE. FOLLOWING A BLOOD PRESSURE SCREENING BY A SFMC TRENTON NURSE, EACH PARTICIPANT RECEIVED FOUR HEART BUCKS (EACH $1) TO REDEEM FOR ANY HEART HEALTHY ITEMS IN THE STORE AS WELL AS OTHER INCENTIVES AND INFORMATION TO ENCOURAGE HEALTHY EATING.

CHRONIC DISEASE: PREVENTING AND DISCOURAGING SMOKING

STATISTICS HAVE SHOWN THAT SMOKING IS THE LEADING CAUSE OF PREVENTABLE DEATH. IN ADDITION, 95% OF ADULT SMOKERS BEGIN BEFORE THE AGE OF 21. SFMC TRENTON, WORKING IN CONJUNCTION WITH THT, DEVELOPED AN ACTION PLAN TO ENACT REGULATIONS TO CONTROL TOBACCO USE IN THE TRENTON COMMUNITY BY RAISING THE MINIMUM AGE FOR PURCHASE AND SALE OF TOBACCO PRODUCTS AND ELECTRONIC SMOKING DEVICES FROM 19 TO 21 YEARS OF AGE.

THE LEGISLATION WAS ENDORSED BY SFMC TRENTON AND THT AS WELL AS A COALITION OF OTHER ORGANIZATIONS, INCLUDING THE HUNTERDON MERCER REGIONAL TOBACCO COLLABORATIVE, THE NEW JERSEY QUIT LINE, MOMS QUIT CONNECTION, TOBACCO-FREE FOR A HEALTHY NEW JERSEY, OUR CONCERNED PASTORS ORGANIZATION.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND OUR HOSPITAL EMPLOYEES. SFMC TRENTON ALSO WORKED EXTENSIVELY WITH THE TRINITY HEALTH SYSTEM, OUR PARENT ORGANIZATION, TO PROVIDE THE EXTENSIVE MEDIA AND EDUCATIONAL INFORMATION NECESSARY TO INFORM OUR CITY COUNCIL AND OUR COMMUNITY OF THE IMPORTANCE OF THIS BILL.

THIS ACTIVE COALITION WAS ABLE TO BUILD COMMUNITY SUPPORT THROUGH THIS MEDIA CAMPAIGN AND EDUCATIONAL EFFORTS REGARDING THE HAZARDS OF TOBACCO USE, ESPECIALLY ITS IMPACT ON YOUNG PEOPLE. IN FEBRUARY OF 2017, THE CITY OF TRENTON PASSED THE TOBACCO 21 LEGISLATION, BECOMING THE 22ND CITY IN THE STATE OF NEW JERSEY TO ENACT TOBACCO 21. IN JULY OF 2017, TOBACCO 21, NJ S359 (16R), WAS SIGNED INTO LAW BY THE GOVERNOR, GOV. CHRIS CHRISTIE. THIS BILL RAISED THE LEGAL AGE TO BUY AND SELL TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, FROM 19 TO 21 YEARS OLD. NEW JERSEY BECAME THE THIRD STATE TO MAKE SUCH A CHANGE, ALONG WITH CALIFORNIA AND HAWAII.


HEALTH LITERACY AND DISPARITIES

SFMC TRENTON CONTINUED ITS SUPPORT OF THE HEALTH TEACHER/GONOODLE PROGRAM IN THE TRENTON SCHOOL DISTRICT. IN THE 2017 - 2018 SCHOOL YEAR (AUG 1 - NOV 30), THIS PROGRAM WAS UTILIZED BY 18 SPONSORED ELEMENTARY SCHOOLS, INCLUDING 277 ELIGIBLE TEACHERS AND 6,088 ELIGIBLE STUDENTS, DEMONSTRATING SFMC TRENTON HAS CONTINUED TO WORK WITH OUR PARTNER, NOVO NORDISK, THROUGHOUT THE YEAR 2018.
SUBSTANCE ABUSE/BEHAVIORAL HEALTH – THIS SIGNIFICANT COMMUNITY NEED, WHICH WAS RAISED IN THE CHNA WAS NOT ADDRESSED BY SFMC IN FY18 DUE TO LIMITED FINANCIAL RESOURCES AND COMPETING PRIORITIES IN THE SIX ZIP CODES OF OUR TRENTON COMMUNITY.

SAFETY AND CRIME – THIS SIGNIFICANT COMMUNITY ISSUE THAT WAS RAISED IN THE CHNA WAS NOT ADDRESSED BY SFMC. ALTHOUGH SFMC IS COMMITTED TO ACKNOWLEDGE THIS ISSUE, THERE ARE MANY QUALIFIED PARTNERS IN THE TRENTON COMMUNITY THAT CAN FULFILL AND COMPLETE THESE PRIORITIES.

SAINT FRANCIS MEDICAL CENTER TRENTON NJ:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

PART V, SECTION B, LINE 16A
WWW.STFRANCISMEDICAL.ORG/PATIENTS-AND-VISITORS/FOR-PATIENTS/CHARITY-CARE.ASPX

PART V, SECTION B, LINE 16B
WWW.STFRANCISMEDICAL.ORG/PATIENTS-AND-VISITORS/FOR-PATIENTS/CHARITY-CARE.ASPX

PART V, SECTION B, LINE 16C
WWW.STFRANCISMEDICAL.ORG/PATIENTS-AND-VISITORS/FOR-PATIENTS/CHARITY-CARE.ASPX
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? 0

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<th>Name and address</th>
<th>Type of Facility (describe)</th>
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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.

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**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

**PART I, LINE 6A:**

SFMC TRENTON REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SFMC TRENTON INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE
CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $3,826,349, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

BIG BROTHERS/BIG SISTERS - SFMC TRENTON HAS BEEN INVOLVED IN THE BBBS WORKPLACE MENTOR PROGRAM SINCE 2016. STUDENTS FROM TRENTON CENTRAL HIGH SCHOOL-WEST MEET WITH A SFMC TRENTON MENTOR TWICE A MONTH FOR GUIDANCE AND CAREER COUNSELING. STUDENTS IN THE PROGRAM HAVE THE OPPORTUNITY TO LEARN ABOUT DIFFERENT DEPARTMENTS AND ROLES AT THE MEDICAL CENTER. MORE THAN 20 SFMC TRENTON PHYSICIANS, NURSES, THERAPISTS, COMPUTER SPECIALISTS AND BILLING REPRESENTATIVES VOLUNTEERED TO MENTOR THESE HIGH SCHOOL SENIORS AS THEY MOVE ON TO COLLEGE AND THE WORKFORCE.

GOLDEN COMMUNITY - SINCE 2005, SFMC TRENTON HAS CONVENED WITH THE FIRST BAPTIST CHURCH OF TRENTON. THIS WOMEN'S GROUP MONTHLY MEETING USUALLY INVOLVES FIFTY TO SIXTY WOMEN WHO DO PHILANTHROPIC WORK THROUGHOUT THEIR CHURCH, CITY AND FAMILIES. THE SFMC TRENTON COMMUNITY LIAISON ASSISTS THIS GROUP IN ASSESSING THE COMMUNITY NEEDS AND LEADS THE GROUP TO SHARE COMMUNITY RESOURCES.
PARTNERSHIP COUNCIL – THE PARTNERSHIP COUNCIL OF SFMC HAS GROWN FROM A
FAITH-BASED INITIATIVE GRANT IN 2001. THE GROUP CURRENTLY CONSISTS OF NINE
AREA CHURCHES WITHIN THE SIX ZIP CODES OF THE CITY OF TRENTON. LEADERS AND
MINISTRY MEMBERS MEET ON THE FOURTH WEDNESDAY OF EVERY MONTH EXCLUDING
DECEMBER, JULY AND AUGUST. MEETINGS ARE ROTATED THROUGH EACH CHURCH AND
SCHEDULES ARE ARRANGED BY THE COMMUNITY LIAISON OF SFMC TRENTON. LUNCHEON
IS SERVED BY THE PARTICIPATING CHURCH AND ALL EXPENSES ARE ASSUMED BY THAT
CHURCH. SFMC TRENTON HOSTS ONE MEETING PER YEAR AND ASSUMES THE EXPENSES
FOR THAT MEETING.

EACH MEETING BEGINS WITH A PRAYER SESSION FOLLOWED BY AN EDUCATIONAL
SESSION ARRANGED BY THE COMMUNITY LIAISON. THESE SESSIONS ARE PRESENTED BY
THE MEMBERS OF THE SFMC TRENTON STAFF, IN ADDITION TO ANY LOCAL CITY
AND/OR STATE ORGANIZATIONS. THE PAST YEAR'S TOPICS HAVE INCLUDED THE
FOLLOWING:

- UNDERSTANDING THE OPIOID EPIDEMIC
- HARVESTING A HEALTHY LIFESTYLE
- VOTER REGISTRATION AND IMPORTANCE OF VOTING
- THE DYNAMICS OF DIABETES
- THE SIGNS AND SYMPTOMS OF DEPRESSION
- THE MEANING OF POLST
- AMERICAN HEART ASSOCIATION
- UNDERSTANDING THE IMPORTANCE OF INFLUENZA VACCINATION
- DO YOU KNOW YOUR NUMBERS?

MONTHLY ATTENDANCE AT THESE MEETINGS AVERAGE FORTY TO FIFTY INDIVIDUALS.
THESE MEETINGS ADVANCE COMMUNITY BENEFIT BY IMPROVING HEALTH LITERACY IN
OUR POPULATION. WE ENDEAVOR TO INCREASE THE DEGREE TO WHICH OUR POPULATION HAS THE CAPACITY TO OBTAIN, PROCESS AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES NEEDED TO MAKE APPROPRIATE HEALTH DECISIONS.

THESE MEETINGS ALSO ALLOW THE OPPORTUNITY FOR AREA FAITH-BASED FACILITIES TO SHARE INFORMATION, ACTIVITIES AND RESOURCES.

COALITION BUILDING STAFF PERSON - THE ROLE OF THE STAFF PERSONNEL FOR THE COMMUNITY BENEFIT PROGRAM IS MULTI-FACETED AND EVER-CHANGING. IT INVOLVES COMMUNICATION WITH THE AREA BUSINESSES, FAITH BASED ORGANIZATIONS, HOSPITAL EMPLOYEES AND VENDORS, SUCH AS THE AMERICAN HEART ASSOCIATION. IT ALSO INVOLVES THE PREPARATION AND DELIVERY OF EDUCATIONAL PRESENTATIONS, ORDERING OF GIVEAWAYS AND MAINTENANCE OF A CONCISE CALENDAR TO ENSURE THAT SERVICES ARE DELIVERED IN A PROMPT AND COURTEOUS MANNER. THE STAFF MUST HAVE THE ABILITY TO DEVELOP AND MAINTAIN STRONG, COLLABORATIVE RELATIONSHIPS WITH COMMUNITY MEMBERS. DOCUMENTATION IS ALSO A STRONG REQUIREMENT TO ENSURE THAT SFMC TRENTON AND TRINITY ARE CREDITED WITH STRONG COMMUNITY HEALTH AND WELL-BEING NUMBERS.

STRIKE OUT HUNGER - IN JUNE OF 2018 SFMC TRENTON PARTIALLY SPONSORED AND PARTICIPATED IN AN ANNUAL COMMUNITY MEAL PACKING EVENT. FOR A PARTIAL SPONSORSHIP, MORE THAN 650 INDIVIDUALS GATHERED TO PACK MORE THAN 200,000 MEALS TO BE DISTRIBUTED TO THOSE IN NEED. THIS EVENT, WHICH WAS HELD IN A LOCAL SPORTS ARENA GATHERED LOCAL BUSINESSES AND INDIVIDUALS TO ALLOY THE FOOD INSECURITY THAT IS ONE OF THE MOST PRESSING ISSUES DURING THE SUMMER IN THE CITY. DURING THOSE MONTHS, CHILDREN NO LONGER HAVE ACCESS TO MEALS WITHIN THE SCHOOL SYSTEM.
METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:
SFMC TRENTON USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SFMC TRENTON IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SFMC TRENTON IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:
SFMC TRENTON DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE
DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SFMC TRENTON COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT
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OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

SFMC TRENTON OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.
SFMC Trenton has established a written policy for the billing, collection and support for patients with payment obligations. SFMC Trenton makes every effort to adhere to the policy and is committed to implementing and applying the policy for assisting patients with limited means in a professional, consistent manner.

PART VI, LINE 4:
Community Information - SFMC Trenton is located in Trenton, New Jersey and serves all of Mercer County. Mercer County is comprised of 13 municipalities. The county has a broad range of socioeconomic statuses and racial/ethnic identities. It is the 11th largest county in New Jersey with a population of 366,513. In addition to Mercer County, the hospital's service area extends into parts of Hamilton, Ewing and Lawrence Townships.

Trenton continues to be illustrative of the health disparities that often exist between a largely affluent, suburban community and a generally low-income, urban area in geographic proximity. It is vitally important that we continue to shine a light on the Trenton community and its diverse neighborhoods, to ensure that issues and health needs are not lost as they are rolled into the county-level reports. It is by focusing on this that we can see more clearly what it will take to create a culture of health across our entire city blocks and zip codes. Our city residents are more concerned about immediate needs such as safety and food access. Over 55% of Trenton residents think it is difficult to live a healthy lifestyle in their communities and more than 58% feel that their community is not a good place to raise a family.
IN ORDER TO BETTER UNDERSTAND THE DIFFERENCES OF THE POPULATION OF TRENTON WHEN COMPARSED TO MERCER COUNTY, THE CLARITA'S REPORT WAS A VALUABLE TOOL.

CLARITA'S, INC. IS A MARKET RESEARCH COMPANY THAT DETERMINES A COMMUNITY NEEDS SCORE FOR EVERY ZIP CODE UNIFORMLY ACROSS THE ENTIRE UNITED STATES. THE COMMUNITY NEEDS SCORE IS A COMPOSITE VALUE DERIVED FROM SCORES ON THE FOLLOWING FIVE PERCEIVED BARRIERS TO HEALTH STATUS: INCOME BARRIER, CULTURAL BARRIER, EDUCATION BARRIER, INSURANCE BARRIER AND HOUSING BARRIER. EACH OF THESE FIVE BARRIERS WERE ASSESSED FOR ALL MERCER COUNTY ZIP CODES, ON A ONE TO FIVE SCALE, WHERE ONE REPRESENTS THE LOWEST NEED AND FIVE REPRESENTS THE HIGHEST. WHEN COMPARED WITH OTHER MERCER COUNTY COMMUNITIES, TRENTON RATED THE HIGHEST ON EACH OF THE FIVE HEALTH STATUS INDICATORS.

THERE IS A LARGE MINORITY POPULATION IN TRENTON. AFRICAN AMERICANS COMPRISE 52% OF THE SIX ZIP CODES, AND HISPANICS COMPRISE 34%. IN TRENTON, PEOPLE ARE GENERALLY YOUNGER THAN IN THE REST OF THE COUNTY AND THE STATE. THE HIGHEST PERCENTAGE OF THE POPULATION IS 25 TO 44 YEARS OLD. TWENTY-FIVE PERCENT ARE UNDER 18 YEARS OF AGE. THE INCOME LEVEL OF TRENTON RESIDENTS IS FAR BELOW THOSE FOUND IN THE REMAINING AREAS OF MERCER COUNTY. IT IS ESTIMATED THAT 25.6 PERCENT OF THE RESIDENTS OF TRENTON LIVE BELOW THE NATIONAL POVERTY LEVEL (NATIONAL LEVEL = 9.5 PERCENT). WHEN COMPARED TO THE REST OF MERCER COUNTY, TRENTON RESIDENTS EXHIBIT HIGHER RATES OF DIABETES, HYPERTENSION AND CANCER. WITH NEARLY 26% OF RESIDENTS LIVING IN POVERTY, ADDITIONAL BARRIERS INCLUDE: ECONOMIC, ENVIRONMENTAL, SOCIAL AND BEHAVIORAL CHALLENGES.

EDUCATION WITHIN MERCER COUNTY HAS BEEN DESCRIBED AS A MAJOR ASSET. THERE ARE SIX NATIONALLY RECOGNIZED COLLEGES AND UNIVERSITIES LOCATED WITHIN THE
COUNTY. EQUAL ACCESS DOES NOT OCCUR AND IS RECOGNIZED AS A MAJOR DISPARITY. IN TRENTON, APPROXIMATELY 11 PERCENT OF THE POPULATION ARE COLLEGE GRADUATES. IN MERCER COUNTY, THE PERCENTAGE IS CLOSER TO FORTY. THE PERCENTAGE OF HIGH SCHOOL GRADUATES FOR EACH OF THE SIX ZIP CODES RANGES FROM 52.93 PERCENT TO 73.84 PERCENT.

LANGUAGE BARRIERS IN TRENTON ARE DIVERSE AND COMPLEX. IN NEW JERSEY, 29.2% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME; IN TRENTON, THE PERCENTAGE INCREASES TO 35.4.

HENRY J. AUSTIN HEALTH CENTER (HJAHC) IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN THE CITY OF TRENTON AND THE LARGEST NON-HOSPITAL BASED AMBULATORY CARE PROVIDER IN THE CITY. PRIMARY HEALTH CARE SERVICES INCLUDE: ADULT MEDICINE, GYNECOLOGY, PEDIATRICS, HIV TREATMENT, DENTAL CARE, PODIATRY, AND OPHTHALMOLOGY. ADDITIONAL SERVICES ARE NUTRITION, SOCIAL SERVICE, SUBSTANCE ABUSE ASSESSMENT AND INTERVENTION, BEHAVIORAL HEALTH, TRANSLATION SERVICES, TRANSPORTATION, AND AN ONSITE PHARMACY. MOST FORMS OF HEALTH INSURANCE INCLUDING MEDICARE AND MEDICAID ARE ACCEPTED, AND THERE IS A SLIDING FEE SCALE FOR THE UNINSURED. HJAHC PROVIDES CARE TO APPROXIMATELY 13,000 INDIVIDUALS ANNUALLY GENERATING MORE THAN 50,000 VISITS FROM FOUR LOCATIONS. SFMC TRENTON COLLABORATES WITH HJAHC IN AREAS OF DIABETES AND NUTRITION.

PART VI, LINE 5:
OTHER INFORMATION - ACCESS TO COORDINATED PRIMARY HEALTH CARE FOR ALL AGE GROUPS IS A SERIOUS SERVICE GAP IN THE CITY OF TRENTON. LANGUAGE, SOCIO-ECONOMIC AND CULTURAL BARRIERS FURTHER EXACERbate THIS ACCESS DILEMMA.
SFMC TRENTON CONTINUES TO OFFER FREE SCREENINGS AT A VARIETY OF COMMUNITY AND FAITH-BASED EVENTS WITHIN TRENTON AND THE SURROUNDING COMMUNITIES. THE CENTER OFFERS COMMUNITY EDUCATIONAL SESSIONS ON A VARIETY OF MEDICAL TOPICS AS PART OF OUR FOCUS ON WELLNESS AND PREVENTION. IN 2017-18, OUR EDUCATIONAL SESSIONS HAVE FOCUSED ON DIABETES, HEART HEALTH, AND BREAST, PROSTATE AND SKIN CANCER. STAFF CONTINUALLY ASSESS THE EDUCATIONAL NEEDS OF THE COMMUNITY AND DEVELOP ADDITIONAL TOPICS AS NEEDED.

SUBSTANCE ABUSE IS A SPECIFIC HEALTH CHALLENGE FOR THE CITY OF TRENTON. IN 2017, MEETINGS WERE INITIATED WITH THE THT TO PROVIDE A LOCATION OUTSIDE OF THE AREA HOSPITALS IN WHICH TO PROVIDE A SAFE, SUPPORTIVE MEDICALLY MONITORED ENVIRONMENT FOR MOSTLY PUBLICLY INTOXICATED INDIVIDUALS TO BECOME SOBER. SOBERING CENTERS PROVIDE SERVICES FOR CHEMICAL DEPENDENCIES SUCH AS ALCOHOL, OPIOID AND OTHER ADDICTIONS AND PROVIDE CARE FOR PEOPLE WHO HAVE SECONDARY HEALTH PROBLEMS SUCH AS MENTAL ILLNESSES AND/OR CHRONIC DISEASES.

THE GOAL OF A SOBERING CENTER IN TRENTON, NJ IS TO SERVE AS AN EMERGENCY DEPARTMENT (ED) DIVERSION – A LOCATION TO TAKE PEOPLE WHO ARE UNDER THE INFLUENCE AND AVOID TAKING UP THE BED SPACE AND RESOURCES IN THE ED AS THEY DO CURRENTLY.

AS AN ORGANIZATION, SFMC TRENTON HAS COMMITTED RESOURCES FOR: MEMBERSHIP FOR BOTH THE EXECUTIVE BOARD OF THT AND MEMBERSHIP ON THE CAB, AND REPRESENTATION ON THE PRIORITY TEAMS FOR CHRONIC DISEASE, AND HEALTH DISPARITIES/LITERACY. RESOURCES WERE ALSO COMMITTED TO THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) SO THAT SFMC TRENTON COULD ACTIVELY
PARTICIPATE IN ITS 2016 COUNTY-WIDE CHNA AND CHIP PROCESS. STAFF WERE
ASSIGNED AND PLAY AN ACTIVE ROLE IN THE GMPHP SERVING ON ITS BOARD AND
VARIABLES SUB-COMMITTEES.

TRANSFORMING COMMUNITIES INITIATIVE (TCI) IS A FIVE-YEAR POPULATION HEALTH
PROJECT FUNDED BY TRINITY HEALTH TO ADDRESS POLICY, SYSTEM, AND
ENVIRONMENTAL CHANGE AND TO PROMOTE HEALTHY BEHAVIORS. TCI WAS DEVELOPED
AS A KEY STRATEGY OF TRINITY HEALTH'S PEOPLE-CENTERED 2020 COMMUNITY
HEALTH AND WELL-BEING STRATEGY, FOCUSING ON SIX HEALTH ISSUES RELATED TO
POOR DIET, PHYSICAL INACTIVITY, TOBACCO USE, CHRONIC DISEASE AND OTHER
SOCIAL DETERMINANTS OF HEALTH. TRENTON, THROUGH TRENTON HEALTH TEAM (THT),
IS ONE OF SIX COMMUNITIES SELECTED NATIONALLY TO IMPROVE LOCAL PUBLIC
HEALTH AND WELL-BEING, ALONG WITH SPRINGFIELD, MASSACHUSETTS; MAYWOOD,
ILLINOIS; MONTGOMERY COUNTY, MARYLAND; BOISE, IDAHO; AND SYRACUSE, NEW
YORK. THE SIX REQUIRED INTERVENTIONS ARE: (1) TOBACCO 21-
WWW.TOBACCO21.ORG/, (2) COMPLETE STREETS –
WWW.SMARTGROWTHAMERICA.ORG/COMPLETE-STREETS, (3) IMPLEMENTATION OF
NUTRITION STANDARDS IN EARLY CHILDHOOD SETTINGS (DAYCARE AND HEAD START),
(4) BREASTFEEDING POLICY ENHANCEMENT, (5) SCHOOL BOARD POLICY TO ENHANCE
PHYSICAL ACTIVITY IN SCHOOLS, AND (6) FOOD AND BEVERAGE
STANDARDS/COMPETITIVE FOODS POLICIES.

TOBACCO 21 – IN 2017-18 ALL SMOKING SIGNAGE IN SFMC TRENTON WAS UPDATED TO
INCLUDE E-CIGARETTES AS PART OF TRINITY HEALTH'S PEOPLE-CENTERED 2020
STRATEGIC PLAN.

SFMC TRENTON ADOPTED A POLICY WHICH CONTAINS STRONG TOBACCO FREE ADVOCACY
IN 2017-18. ONCE AGAIN, THE STAFF, PATIENTS AND VISITORS RECEIVED
EDUCATION ABOUT OUR CALL TO ACTION, NOT ONLY FOR OUR MAIN CAMPUS BUT ALSO FOR ALL OTHER CAMPUSES OF THE HOSPITAL. A LETTER-TO-THE-EDITOR WAS PUBLISHED IN THE LOCAL PAPER WHICH DISCUSSED TOBACCO 21 AS WELL AS THE IMPORTANCE OF INSTITUTING SMOKE-FREE CAMPUSES.

IN 2017-18, SFMC TRENTON, AGAIN WORKING CLOSELY WITH TRINITY HEALTH SYSTEM, IMPLEMENTED A POLICY TO CONVERT 70% OF ITEMS SOLD IN OUR VENDING ENVIRONMENTS TO HEALTHIER ITEMS. IN ADDITION, SFMC TRENTON EDUCATED OUR COMMUNITY, THROUGH PUBLIC FORUMS, ON OUR COMMITMENT TO HEALTHIER VENDING. THESE EFFORTS ADDRESSED OUR STAFF, OUR PATIENTS AND OUR VISITORS.

SFMC TRENTON IS ALSO WORKING WITH TRINITY HEALTH TO CREATE A NEW STANDARD TO ELIMINATE TOBACCO DEPICTIONS FROM ALL PG RATED MOVIES. TRINITY HEALTH’S SHAREHOLDER ADVOCACY TEAM HAS BEEN A LEADING NATIONAL VOICE FOR SMOKE-FREE MOVIES. WORKING WITH THIS TEAM, WE ARE UTILIZING A STRONG MEDIA CAMPAIGN AND PUBLIC EDUCATION EFFORTS TO MAKE OUR COMMUNITY AWARE THAT THE CDC ESTIMATES THAT AS MANY AS TWO MILLION LIVES COULD BE SAVED BY REGULATING THE PRESENCE OF SMOKING IN MOVIES. TO FURTHER EVIDENCE OUR VOICE FOR SMOKE-FREE MOVIES, SFMC TRENTON PARTICIPATED IN THE TRINITY LETTER-WRITING CAMPAIGN WITH 1,560 SIGNED DOCUMENTS MAILED TO CEOS OF NATIONAL MOVIE COMPANIES, WITH COPIES SENT TO THE STATE ATTORNEY GENERALS.

IN MARCH OF 2018, SFMC TRENTON, WORKING WITH THT, PARTICIPATED IN KICK BUTTS DAY FOR AREA MIDDLE AND HIGH SCHOOLS. THIS EVENT AND OTHER SCHOOL-SUPPORTED EVENTS PROVIDED EDUCATION ON T21 AND THE NICOTINE-DELIVERY PREVENTION PROGRAM.

THE DANIEL PLAN - SFMC TRENTON, THROUGH THE GENEROSITY OF THE ACOR GRANT,
WAS PRIVILEGED TO OFFER THE DANIEL PLAN, 40 DAYS TO A HEALTHIER LIFESTYLE, TO OUR CITY OF TRENTON POPULATION. THE DANIEL PLAN IS A GROUND-BREAKING PROGRAM DESIGNED TO EQUIP PARTICIPANTS WITH PRACTICAL TOOLS AND RESOURCES TO BRING HEALTH INTO EVERY AREA OF THEIR LIVES. THE PLAN IS FRAMED AROUND THE FIVE ESSENTIALS OF LIFE: FAITH, FOOD, FITNESS, FOCUS AND FRIENDS. THE PHILOSOPHY OF THIS NATIONALLY KNOWN PROGRAM FOCUSES ON THESE FIVE LIFE AREAS WHICH WORK TOGETHER TO RESTORE AND SUSTAIN LONG-TERM HEALTH.

THE COURSES WERE HELD OVER A SIX WEEK TIME PERIOD FEATURING THE FOLLOWING TOPICS: (1) FAITH: NURTURING YOUR SOUL, (2) FOOD: ENJOYING GOD'S ABUNDANCE, (3) FITNESS: STRENGTHENING YOUR BODY, (4) FOCUS: RENEWING YOUR MIND, (5) FRIENDS: ENCOURAGING EACH OTHER, AND (6) LIVING THE LIFESTYLE.

DURING THIS PAST YEAR, THIS ACOR GRANT ALSO AFFORDED SFMC TRENTON THE OPPORTUNITY TO OFFER THE DANIEL PLAN TO OUR HISPANIC POPULATION. AS THE PERCENTAGE OF HISPANICS IN THE SFMC TRENTON SERVICE AREA HAS INCREASED FROM 27% TO 34% SINCE THE 2016 CHNA, THIS RESOURCE WAS VERY POPULAR.

WORLD DIABETES DAY - SFMC TRENTON, IN AN EFFORT TO PROVIDE ANNUAL SERVICES TO OUR DIABETIC COMMUNITY, CELEBRATED WORLD DIABETES DAY IN NOVEMBER OF 2017. IN CONJUNCTION WITH THE NJ DEPARTMENT OF HUMAN SERVICES AND THE COMMISSION FOR THE BLIND, DILATED EYE EXAMS WERE PERFORMED FOR 40 PATIENTS. IN ADDITION, THESE PATIENTS RECEIVED DENTAL SCREENINGS, FLU SHOTS, DEPRESSION SCREENINGS, CHOLESTEROL AND A1C LAB TESTING AND FOOT SCREENINGS. THE RESIDENTS FROM OUR MEDICAL SCHOOL PERFORMED THE FOOT SCREENINGS AND REFERRED PATIENTS, WHEN NECESSARY, TO OUR CLINIC. OUR RESIDENTS HAVE BEEN INVOLVED IN ALL COMMUNITY EVENTS IN THIS 2017 YEAR. THE MEDICAL DIRECTOR AND THE RESIDENTS, THEMSELVES, EXPRESSED THEIR DESIRE TO PARTICIPATE IN COMMUNITY EVENTS IN ORDER TO SHARE THEIR MEDICAL
EXPERTISE AND LEARN MORE ABOUT THE HOSPITAL COMMUNITY.


BUILD PROJECT - IN 2017-18, THT WAS SELECTED BY A COALITION OF ORGANIZATIONS TO PARTICIPATE IN THE BUILD HEALTH CHALLENGE, A NATIONAL PROGRAM THAT IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY. THEIR FOCUS WAS THE CREATION OF A "SAFE & HEALTHY CORRIDOR" IN THE CITY OF TRENTON. THIS FOCUS INCLUDED THE CLEANING AND GREENING OF VACANT LOTS, ESTABLISHING COMMUNITY GARDENS, CREATING SOCCER FIELDS, UPGRADING PARK FACILITIES AND IMPROVING STREETSCAPES WITH THE COMPLETE STREETS VISION. SFMC TRENTON HAS WORKED CLOSELY WITH THIS GROUP TO ASSESS AREA HOUSING AND WORK WITH THE CITY ADMINISTRATION TO TRANSFORM THE HEALTH ISSUES OF TRENTON. SFMC TRENTON PARTICIPATED IN THE BRUNSWICK DAY HEALTH FAIR IN 2018 WHICH WAS ATTENDED BY MORE THAN 200 COMMUNITY MEMBERS. THE PURPOSE OF THIS EVENT WAS TO FAMILIARIZE THE COMMUNITY WITH THE BUILD PROJECT AND TO GATHER ANY ADDITIONAL IDEAS THAT THESE MEMBERS MIGHT CONTRIBUTE.
SFMC Trenton is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country. Trinity Health annually requires that all member ministries define - and achieve - specific community health and well-being goals. In fiscal year 2018, every ministry focused on four goals:

1. Reduce tobacco use
2. Reduce obesity prevalence
3. Address at least one significant health need identified in the ministry community health needs assessment
4. Address at least one social determinant of health

Trinity Health acknowledges the impact social determinants such as adequate housing, safety, access to food, education, income, and health coverage have on the health of the community. In fiscal year 2016, Trinity Health launched the Transforming Communities Initiative (TCI) to advance community partnerships that focus on improving the health and well-being in communities served by the ministries of Trinity Health. TCI is an innovative funding model and technical assistance initiative supporting eight communities using policy, system, and environmental (PSE) change strategies to prevent tobacco use and childhood obesity, as well as address social determinants of health. Trinity Health invested $3.6 million in fiscal year 2018 in TCI. In fiscal year 2018, Trinity Health launched the Good Samaritan Initiative (GSI) to support the most vulnerable patients' social and economic needs in our system through integrating community health workers as part of care teams across nine ministries. Trinity Health invested over $260,000 in fiscal year 2018 in GSI. Additionally, Trinity Health invested $500,000 in eleven grants to
IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.