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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. MARY'S SACRED HEART HOSPITAL, INC.</td>
<td>47-3752176</td>
</tr>
</tbody>
</table>

### 1. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.
- Yes [X]
- No [ ]

### 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.
- [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] 200% FPG
- [ ] 100% FPG
- [ ] 150% FPG
- [ ] Other

#### b. Did the organization use FPG as a factor in determining eligibility for providing discounted care?
- [X] 400% FPG
- [ ] 350% FPG
- [ ] 300% FPG
- [ ] 250% FPG
- [ ] 200% FPG
- [ ] Other

### 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?
- Yes [X]

### 5. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- Yes [X]
- No [ ]

#### a. Did the organization use FPG as a factor in determining eligibility for providing free care?
- [ ] Yes [ ]
- [X] No [X]

#### b. Did the organization use FPG as a factor in determining eligibility for providing discounted care?
- [ ] Yes [ ]
- [X] No [X]

#### c. If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- Yes [X]
- No [ ]

### 6. Did the organization prepare a community benefit report during the tax year?
- Yes [X]
- No [ ]

#### a. Did the organization make it available to the public?
- Yes [X]
- No [ ]

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

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</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>Financial Assistance at cost (from Worksheet 1)</td>
<td>1976150</td>
<td>1976150</td>
<td>5.07%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>5349885</td>
<td>4012689</td>
<td>1337196</td>
<td>3.43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>7326035</td>
<td>4012689</td>
<td>3313346</td>
<td>8.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>14,175</td>
<td>14,175</td>
<td>.04%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>5</td>
<td>14</td>
<td>14,175</td>
<td>14,175</td>
<td>.04%</td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>20</td>
<td>10,306</td>
<td>10,306</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>250</td>
<td>5,868</td>
<td>5,868</td>
<td>.02%</td>
<td></td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>9</td>
<td>284</td>
<td>30,349</td>
<td>30,349</td>
<td>.09%</td>
<td></td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>9</td>
<td>284</td>
<td>7356384</td>
<td>4012689</td>
<td>3343695</td>
<td>8.59%</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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></th>
<th>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>650.</td>
<td></td>
<td>650.</td>
<td>.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>1</td>
<td>650.</td>
<td></td>
<td>650.</td>
<td>.00%</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.
   - 5,087,390.

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)
   - 8,287,552.

6. Enter Medicare allowable costs of care relating to payments on line 5
   - 8,344,263.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)
   - -56,711.

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

   Check the box that describes the method used:
   - [ ] Cost accounting system
   - [X] Cost to charge ratio
   - [ ] Other

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?
   - [X]

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
   - [X]

### 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></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization’s profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
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ST. MARY'S SACRED HEART HOSPITAL, INC. 47-3752176
### 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>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Research Facility</th>
<th>ER 24 Hours</th>
<th>ER Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. MARY'S SACRED HEART HOSPITAL</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>367 CLEAR CREEK PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>LAVONIA, GA 30553</td>
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<tr>
<td><a href="http://WWW.STMARYSSACREDHEART.ORG">WWW.STMARYSSACREDHEART.ORG</a></td>
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<tr>
<td>LICENSE #059-708</td>
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</tbody>
</table>

032093 12-02-20
### 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 number**  
   - **2020**  
   - **18**  

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?**
   - **Yes**  
   - **No** X  
   - **Line number**  
   - **2020**  

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)?**
   - **Yes** X  
   - **No** 
   - **If "Yes," provide details of the acquisition in Section C**  
   - **Line number**  
   - **2020**  

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

4. **Indicate the tax year the hospital facility last conducted a CHNA:**  
   - **2020**  
   - **18**  

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?**
   - **Yes** X  
   - **No**  
   - **Line number**  
   - **2020**  

   **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**  

6a. **Was the hospital facility’s CHNA conducted with one or more other hospital facilities?**
   - **Yes** X  
   - **No**  
   - **Line number**  
   - **2020**  

6b. **Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities?**
   - **Yes** X  
   - **No**  
   - **Line number**  
   - **2020**  

7. **Did the hospital facility make its CHNA report widely available to the public?**
   - **Yes** X  
   - **No**  
   - **Line number**  
   - **2020**  

   **If "Yes," indicate how the CHNA report was made widely available (check all that apply):**
   - **Hospital facility’s website (list url):** X  
   - **Other website (list url):**  
   - **Made a paper copy available for public inspection without charge at the hospital facility** X  
   - **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?**
   - **Yes** X  
   - **No**  
   - **Line number**  
   - **2020**  

9. **Indicate the tax year the hospital facility last adopted an implementation strategy:**  
   - **2020**  
   - **18**  

10. **Is the hospital facility’s most recently adopted implementation strategy posted on a website?**
    - **Yes** X  
    - **No**  
    - **Line number**  
    - **2020**  

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 number**  
    - **2020**  

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 number**  
    - **2020**  

12b. **If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?**  
    - **Line number**  
    - **2020**  

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?**
    - **$**
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ST. MARY'S SACRED HEART HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a [X] 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 400% 
   b [ ] Income level other than FPG (describe in Section C) 
   c [X] Asset level 
   d [X] Medical indigency 
   e [X] Insurance status 
   f [X] Underinsurance status 
   g [X] Residency 
   h [X] Other (describe in Section C) 

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
   If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a [X] Described the information the hospital facility may require an individual to provide as part of his or her application 
   b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application 
   c [X] 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) 

16 Was widely publicized within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a [X] The FAP was widely available on a website (list url): SEE PART V, SECTION C 
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C 
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C 
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) 
   f [X] 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 [X] 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 [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP 
   i [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations 
   j [ ] Other (describe in Section C)
Schedule H (Form 990) 2020
ST. MARY’S SACRED HEART HOSPITAL, INC. 47-3752176 Page 6

Part V  Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group:  ST MARY’S SACRED HEART HOSPITAL

17  Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?  

   Yes  X  No

18  Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

   a  Reporting to credit agency(ies)
   b  Selling an individual’s debt to another party
   c  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
   d  Actions that require a legal or judicial process
   e  Other similar actions (describe in Section C)
   f  None of these actions or other similar actions were permitted

   X

19  Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

   If “Yes,” check all actions in which the hospital facility or a third party engaged:

   a  Reporting to credit agency(ies)
   b  Selling an individual’s debt to another party
   c  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
   d  Actions that require a legal or judicial process
   e  Other similar actions (describe in Section C)

20  Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

   a  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 (if not, describe in Section C)
   b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
   c  Processed incomplete and complete FAP applications (if not, describe in Section C)
   d  Made presumptive eligibility determinations (if not, describe in Section C)
   e  Other (describe in Section C)
   f  None of these efforts were made

Policy Relating to Emergency Medical Care

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

   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)

Name of hospital facility or letter of facility reporting group

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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, 20a, 20b, 20c, 20d, 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.

ST MARY'S SACRED HEART HOSPITAL:

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

PART V, SECTION B, LINE 3E: ST. MARY'S SACRED HEART HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY’S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. CARDIOVASCULAR HEALTH
2. NUTRITION, DIABETES, AND OBESITY
3. BEHAVIORAL HEALTH
4. MATERNAL AND CHILD HEALTH
5. HEALTH CARE ACCESS
6. REPRODUCTIVE HEALTH
7. CEREBROVASCULAR HEALTH
8. CANCER
9. RESPIRATORY HEALTH
10. INJURIES AND ACCIDENTS

ST MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 5: ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL, AND ST. MARY'S SACRED HEART HOSPITAL) COLLABORATED WITH THE GOAL OF DEVELOPING A HOLISTIC...
UNDERSTANDING OF THE HEALTH PRIORITIES IN THE COMMUNITIES SERVED.

COMMUNITY INPUT AND DATA WERE GATHERED FROM OCTOBER 2018 TO MARCH 2019.

THE ST. MARY'S HEALTH CARE SYSTEM HOSPITAL SERVICE AREA WAS DEFINED AT THE PATIENT VISIT LEVEL. FOR THE PURPOSES OF THE CHNA, EXISTING PRIMARY AND SECONDARY DATA WERE GATHERED FROM LOCAL AND STATE HEALTH DEPARTMENTS AND FEDERAL DATA SOURCES. PRIMARY DATA WAS GATHERED THROUGH ADMINISTRATION OF A HOUSEHOLD SURVEY IN ATHENS-CLARKE COUNTY AND FOCUS GROUPS IN SURROUNDING COUNTIES TO GAIN INSIGHT INTO THE MOST PRESSING COMMUNITY HEALTH NEEDS.

SPECIAL FOCUS WAS GIVEN TO POPULATIONS WHERE HEALTH DISPARITIES WERE PRESENT, INCLUDING THOSE WITHOUT HEALTH INSURANCE AND LOW-INCOME FAMILIES.

THE COMMUNITY ADVISORY COMMITTEE ASSESSED THIS DATA IN ORDER TO PRIORITIZE THE HEALTH CONDITIONS AND RISK FACTORS FOR WHICH THE HOSPITAL COULD CONCENTRATE THEIR EFFORTS AND IMPROVE COMMUNITY HEALTH. FOLLOWING THE IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS, THE ST. MARY'S HEALTH CARE SYSTEM STAFF WORKED WITH FACULTY FROM THE J.W. FANNING INSTITUTE FOR LEADERSHIP TO CONSTRUCT AN IMPLEMENTATION PLAN TO SYSTEMATICALLY ADDRESS THE HEALTH NEEDS IN THE SERVICE AREA. THROUGH THIS PROCESS, THE FOLLOWING NEEDS WERE RECOGNIZED AS THE MOST IMPORTANT ISSUES TO BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY: CARDIOVASCULAR HEALTH; CEREBROVASCULAR HEALTH; AND NUTRITION, DIABETES, AND OBESITY.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, ALLOWING FOR MORE CONFIDENCE IN THE FINDINGS AND IDENTIFICATION OF THE TOP HEALTH NEEDS. TO SOLICIT INPUT FROM PRIMARY SOURCES, A STRONG EMPHASIS WAS PLACED ON ADMINISTERING COMMUNITY SURVEYS, CONDUCTING FOCUS GROUPS, AND...
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, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

INTERVIEWING KEY STAFF MEMBERS AT THE HEALTH DEPARTMENT. UPON COMPLETION OF THE HEALTH DEPARTMENT INTERVIEWS, A METHODOLOGICAL APPROACH CALLED THEME ANALYSIS WAS USED. RESPONSES WERE EXAMINED FOR COMMON PHRASES, THEMES, AND POINTS OF DISCUSSION AND GROUPED INTO SPECIFIC HEALTH NEEDS (E.G., HUNGER, ACCESS TO HEALTH FOODS, AND MENTAL HEALTH). EACH HEALTH NEED WAS THEN RECORDED BY THE NUMBER OF TIMES THAT IT WAS IDENTIFIED, AND BY THE COUNTY OF ORIGIN FOR THE RESPONSE.

WHERE SECONDARY DATA SOURCES WERE USED, A QUANTITATIVE APPROACH WAS APPLIED. POPULATION ESTIMATES, SUCH AS THE PERCENTAGE OF PEOPLE EXPERIENCING HEART DISEASE, WERE EXAMINED FOR EACH COUNTY IN THE SERVICE AREA AND AGGREGATED ACROSS COUNTIES. AVERAGES WERE CALCULATED FOR THE SERVICE AREA COUNTIES IN AGGREGATE FORM WHERE APPROPRIATE. SECONDARY DATA WAS DOWNLOADED FROM THE HOSTING INSTITUTION'S WEBSITE. TIME TRENDS WERE ACCOUNTED FOR BY DOWNLOADING SEVERAL YEARS FOR EACH INDICATOR, AND WHERE POSSIBLE WE EXAMINED AT LEAST EIGHT YEARS OF DATA TO EXAMINE AND SHOW LONGITUDINAL MEASURES (TYPICALLY 2010-2017). WHEN DATA HAD LIMITED AVAILABILITY (FOR EXAMPLE, ONE CROSS SECTION, OR YEAR), THE LATEST AVAILABLE YEAR WAS COLLECTED AND REPORTED.

ST MARY'S SACRED HEART HOSPITAL:

ST MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 6B: THE 2018 CHNA WAS CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF GEORGIA - COLLEGE OF PUBLIC HEALTH AND THE J.W. FANNING INSTITUTE FOR LEADERSHIP.

PART V, SECTION B, LINE 7A:

ST. MARY'S HOSPITAL CHNA URL:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

PART V, SECTION B, LINE 10A:

ST. MARY'S HOSPITAL STRATEGY URL:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 11: THE CHNA CONDUCTED IN FISCAL YEAR 2019 IDENTIFIED 10 SIGNIFICANT HEALTH NEEDS WITHIN THE ST. MARY'S HEALTH CARE SYSTEM'S COMMUNITY. THE FOLLOWING THREE NEEDS WERE RECOGNIZED BY ST. MARY'S HEALTH CARE SYSTEM'S LEADERSHIP COMMITTEE AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY. THESE NEEDS WERE ADDRESSED IN FISCAL YEAR 2021 AS FOLLOWS:

CARDIOVASCULAR HEALTH - IN FISCAL YEAR 2021, ST. MARY'S SACRED HEART HOSPITAL CONTINUED TO EXPLORE THE EXPANSION OF CARDIAC REHABILITATION SERVICES. ANNUAL CARDIAC AND EDUCATION SCREENING EVENTS WERE HELD IN COLLABORATION WITH OCONEE HEART AND VASCULAR CLINIC AND HEALTHWORKS.
CEREBROVASCULAR HEALTH - ST. MARY'S SACRED HEART HOSPITAL IS A REMOTE TREATMENT STROKE CENTER, AS DESIGNATED BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS AND TRAUMA. STROKE EDUCATION WAS OFFERED TO THE COMMUNITY.

NUTRITION, DIABETES AND OBESITY - IN FISCAL YEAR 2021, ST. MARY'S SACRED HEART HOSPITAL ADDRESSED DIABETES THROUGH THE DIABETES SUPPORT GROUP. STAFF ALSO PARTICIPATED IN A COMMUNITY HEALTH FAIR TO PROVIDE EDUCATION ON NUTRITION, OBESITY, AND DIABETES.

ST. MARY'S SACRED HEART HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, IN FISCAL YEAR 2021, ST. MARY'S SACRED HEART HOSPITAL DID NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

- REPRODUCTIVE HEALTH: ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THE LOCAL PUBLIC HEALTH DEPARTMENT IS ADDRESSING THIS NEED IN THE COMMUNITY. HOWEVER, THE HOSPITAL PROVIDES REFERRALS.

- CANCER: ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THE HOSPITAL DOES NOT HAVE THE RESOURCES TO BECOME AN ONCOLOGY CENTER. HOWEVER, CANCER SCREENING IS AVAILABLE AT THE HOSPITAL.
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, 20a, 20b, 20c, 20d, 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.

- **BEHAVIORAL HEALTH:** ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE ANOTHER LOCAL ORGANIZATION ADDRESSES THIS NEED IN THE COMMUNITY. HOWEVER, THE HOSPITAL EVALUATES AND PLACES EMERGENCY DEPARTMENT PATIENTS USING TELEPSYCHIATRY SERVICES.

- **RESPIRATORY HEALTH:** ALTHOUGH ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED, RESPIRATORY STAFF MEMBERS PARTICIPATED IN THE FREEDOM FROM SMOKING TRAINING PROGRAM.

- **MATERNAL AND CHILD:** ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE IS A STRONG LOCAL WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM PRESENCE IN OUR COMMUNITY.

- **HEALTH CARE ACCESS:** ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED SINCE THE DATA INDICATES A SHORTAGE OF DENTAL PROVIDERS, AND BECAUSE TRANSPORTATION IS IDENTIFIED AS THE MAIN BARRIER TO HEALTH CARE ACCESS. THE HOSPITAL DOES NOT HAVE THE RESOURCES TO ADDRESS THESE FACTORS AT THIS TIME.

- **ACCIDENTS AND INJURY:** ST. MARY'S SACRED HEART HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THE HOSPITAL IS NOT A TRAUMA CENTER. THIS NEED IS BEING ADDRESSED BY THE COUNTY PUBLIC HEALTH DEPARTMENT, WHICH PROVIDES CAR SEAT EDUCATION, AND BY THE GA STATE PATROL OFFICE, WHICH PROVIDES SAFETY EDUCATION.
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 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.

ST. MARY'S SACRED HEART HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE
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, 20a, 20b, 20c, 20d, 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.

ST. MARY'S SACRED HEART HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S SACRED HEART HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE
### 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? 3

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HEALTHWORKS (ST. MARY'S SACRED HEART) 355 CLEAR CREEK PARKWAY, SUITE 1004 LAVONIA, GA 30553</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
<tr>
<td>2 HEALTHWORKS (ST. MARY'S SACRED HEART) 125 WEST GIBSON STREET HARTWELL, GA 30643</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
<tr>
<td>3 HEALTHWORKS (ST. MARY'S SACRED HEART) 461 COOK STREET, SUITE F ROYSTON, GA 30662</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
</tbody>
</table>
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.

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**PART I, LINE 6A:**

ST. MARY'S SACRED HEART HOSPITAL 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, ST. MARY'S SACRED HEART HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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**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, $5,087,390, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

ST. MARY’S SACRED HEART HOSPITAL PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND
ADVANCING KNOWLEDGE. ST. MARY'S SACRED HEART HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2021:

COMMUNITY SUPPORT: ST. MARY'S SACRED HEART HOSPITAL STAFF MEMBERS DONATED THEIR TIME AND EXPERTISE TO A VARIETY OF ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH AND WELL-BEING, INCLUDING THE FRANKLIN COUNTY HIGH SCHOOL BUSINESS ADVISORY COMMITTEE, EMMANUEL UNIVERSITY, AND THE UNIVERSITY OF GEORGIA. ST. MARY'S SACRED HEART HOSPITAL'S DIRECTOR OF ADMINISTRATIVE AND SUPPORT SERVICES AND DIRECTOR OF NURSING PARTICIPATE IN THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE. OTHER STAFF ALSO PARTICIPATED IN THE FRANKLIN COUNTY BOARD OF EDUCATION AND OTHER LOCAL GROUPS.

PART III, LINE 2:

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:

ST. MARY'S SACRED HEART HOSPITAL 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, ST.
MARY'S SACRED HEART HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD
OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL.
THEREFORE, ST. MARY'S SACRED HEART HOSPITAL IS REPORTING ZERO ON LINE 3,
SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED
THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
ST. MARY'S SACRED HEART HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL
STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT
ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO
THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN
UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS
TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED
ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT
TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR
RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS
UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF
THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED
UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS
THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS
RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR
PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM
ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT
AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE
INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND
PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 8:

ST. MARY'S SACRED HEART HOSPITAL 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 - ST. MARY'S SACRED HEART HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT 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.

ST. MARY'S SACRED HEART HOSPITAL 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.

ST. MARY'S SACRED HEART HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. MARY'S SACRED HEART HOSPITAL 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 - ST. MARY'S SACRED HEART HOSPITAL IS LOCATED IN FRANKLIN COUNTY IN THE CITY OF LAVONIA, GA, BUT ALSO CONSIDERS HART

ST. MARY'S SACRED HEART HOSPITAL, INC. 47-3752176
COUNTY, WHICH BORDERS FRANKLIN COUNTY, TO BE IN ITS PRIMARY SERVICE AREA.

FRANKLIN COUNTY HAS A TOTAL LAND AREA OF 262 SQUARE MILES, WHILE HART COUNTY'S LAND AREA IS 232 SQUARE MILES. FRANKLIN COUNTY HAS A POPULATION OF 22,048 AND HART COUNTY HAS A POPULATION OF 25,217. THE SURROUNDING AREAS IN FRANKLIN ARE DIVERSE IN TERMS OF POPULATION OF RURAL AND URBAN AREAS. CARNESVILLE AND MARTIN ARE LESS POPULATED THAN ROYSTON AND Canon.

THE POPULATION DISTRIBUTION IN FRANKLIN COUNTY AMONG RURAL AND URBAN AREAS IS 11.1% URBAN AND 88.9% RURAL. IN HART COUNTY, 25.5% OF THE POPULATION IS URBAN AND 74.5% IS RURAL. ONLY 0.9% OF FRANKLIN COUNTY'S LAND AREA IS URBAN, WHILE 99.1% IS RURAL. IN HART COUNTY, 2.7% OF THE LAND IS URBAN AND 97.3% IS RURAL. THE CITY OF HARTWELL IS THE MOST POPULATED PART OF THE COUNTY.

APPROXIMATELY 60% OF THE POPULATION IN FRANKLIN COUNTY IS BETWEEN 18 AND 64 YEARS OF AGE, AND 17% OF THE POPULATION IS AGE 65 AND OVER. THE MAJORITY RACE IS WHITE AT 87.3%, WITH AFRICAN AMERICAN AT 8.4% AND HISPANIC AND LATINO AT 3.9%. MALES MAKE UP 49.4% OF RESIDENTS.

APPROXIMATELY 61% OF HART COUNTY'S POPULATION IS BETWEEN 18 AND 64 YEARS OF AGE, AND 18% OF THE POPULATION IS OVER THE AGE OF 65. HART COUNTY IS 77.4% WHITE, 18.7% AFRICAN AMERICAN, AND 3.1% HISPANIC OR LATINO. MALES MAKE UP 49.4% OF RESIDENTS.

AN AVERAGE OF 77% OF HART COUNTY RESIDENTS AND 74% OF FRANKLIN COUNTY RESIDENTS GRADUATED HIGH SCHOOL, LOWER THAN GEORGIA'S AVERAGE OF 84%. AN AVERAGE OF 15% OF HART COUNTY RESIDENTS AND 14% OF FRANKLIN COUNTY RESIDENTS HAVE AT LEAST A BACHELOR'S DEGREE COMPARED TO GEORGIA'S HIGHER AVERAGE OF 28%.
THE MOST RECENT DATA SHOWED THAT FRANKLIN COUNTY'S UNEMPLOYMENT RATE DROPPED FROM 10.8% IN AUGUST 2012 TO 9.4% IN APRIL 2013. HART COUNTY'S UNEMPLOYMENT RATE DROPPED FROM 11.1% IN AUGUST 2012 TO 9.8% IN APRIL 2013.


IN 2011, THE PERCENTAGE OF PEOPLE IN HART AND FRANKLIN COUNTIES WhOSE INCOME WAS BELOW THE POVERTY LEVEL WAS 23% AND 20%, RESPECTIVELY, COMPARED TO GEORGIA'S AVERAGE OF 16% AND THE U.S. AVERAGE OF 14%.

IN ADDITION TO THE PRIMARY SERVICE COUNTIES OF FRANKLIN AND HART, THE HOSPITAL ALSO SERVES STEPHENS, ELBERT, AND BANKS COUNTIES.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S SACRED HEART HOSPITAL IS GUIDED BY ST. MARY'S HEALTH CARE SYSTEM'S MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. ST. MARY'S SACRED HEART HOSPITAL IS A 56-BED FACILITY WHOSE SERVICES INCLUDE SURGICAL SERVICES, A MOTHER/BABY UNIT, AND CRITICAL CARE. IN ADDITION, ST. MARY'S SACRED HEART HOSPITAL OPERATES A 24-HOUR EMERGENCY DEPARTMENT THAT IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY, AND MAINTAINS AN OPEN MEDICAL STAFF.

AS A CATHOLIC, NOT-FOR-PROFIT HEALTH SYSTEM, ST. MARY'S SACRED HEART HOSPITAL IS COMMITTED TO STEWARDING OUR RESOURCES INTO PROGRAMS AND ACTIVITIES THAT STRIVE TO BENEFIT THE HEALTH OF THE COMMUNITIES WE SERVE.

COMMUNITY BENEFIT MINISTRY IS THE PROCESS BY WHICH ST. MARY'S SACRED HEART

Schedule H (Form 990)
HOSPITAL MEASURES AND REPORTS THE IMPACT ON OUR COMMUNITY OF HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH, AND FINANCIAL AND IN-KIND CONTRIBUTIONS. COMMUNITY BENEFIT IS ALSO ONE OF THE JUSTIFICATIONS FOR OUR NOT-FOR-PROFIT TAX STATUS. WE ARE PROUD TO GIVE BACK TO FRANKLIN, HART AND STEPHENS COUNTIES THROUGH OUR COMMUNITY BENEFIT MINISTRY, AS WE WORK TO LIVE OUT OUR MISSION TO BE A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

ST. MARY'S SACRED HEART HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. OUR LEADERSHIP AND STAFF WERE MEMBERS OF THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE AND THE HART COUNTY POVERTY TASK FORCE.

ST. MARY'S SACRED HEART HOSPITAL IS ACTIVELY INVOLVED IN NUMEROUS COMMUNITY EVENTS THAT BENEFIT EVERY AGE GROUP IN FRANKLIN AND HART COUNTIES. ST. MARY'S SACRED HEART HOSPITAL CONTINUED TO HOST, OR PARTICIPATE IN, COMMUNITY EVENTS TO PROVIDE FREE HEALTH SCREENINGS AND INFORMATION TO AREA RESIDENTS.

ST. MARY'S SACRED HEART HOSPITAL TOOK SEVERAL STEPS IN FISCAL YEAR 2021 TO ADDRESS THE COVID-19 PANDEMIC, INCLUDING:
- COORDINATING ACTIVITIES AND PROGRAMS WITH PUBLIC HEALTH AGENCIES, OTHER HOSPITALS, AND OTHER ORGANIZATIONS IN RESPONSE TO THE PANDEMIC
- PROVIDING COMMUNITY HEALTH EDUCATION TO INFORM THE COMMUNITY ABOUT THE COVID-19 PANDEMIC
- SUPPORTING DISCHARGED PATIENTS AND COVID-19 IMPACTED PATIENTS IN ACCESSING COMMUNITY RESOURCES FOR SOCIAL NEEDS
- Participating in disaster response exercises and surge capacity planning
- Coordinating the work of those who are responding to hospital staffing needs
- Conducting in-service training (for new, reassigned, and other staff) expressly in response to the pandemic

PART VI, LINE 6:

St. Mary's Sacred Heart Hospital is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country. Trinity Health's Community Health and Well-Being (CHWB) strategy promotes optimal health for those who are poor and vulnerable in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We do this by:

1. Investing in our communities
2. Advancing social care
3. Impacting social influencers of health

Investing in our communities:

Trinity Health and its member hospitals are committed to the delivery of people-centered care and serving as a compassionate and transforming healing presence within the communities they serve. As a not-for-profit health system, Trinity Health reinvests its profits back into the communities and is committed to addressing the unique needs of each community. In fiscal year 2021, Trinity Health invested $1.2 billion in community benefit, such as initiatives supporting those who are poor and vulnerable, helping to manage chronic conditions like diabetes, providing...
HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL
CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS
REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL
NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND
OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6
MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN,
COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS.
THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS
AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT
STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED
SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING
BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY,
AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY
PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION,
ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS
THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS,
IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19
VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO
REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN
LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY
CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT
THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST
RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY
IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND
RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.
TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.

ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.
FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.