**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 [X]  No [ ]

1b. If "Yes," was it a written policy?
   - 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?
      - If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
        - [X] 100%
        - [ ] 150%
        - [ ] 200%
        - [ ] Other
      - [X] 200%

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

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

4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
   - [X]  Yes

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

5b. If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?
   - [X] 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?
   - [X] Yes

6a. Did the organization prepare a community benefit report during the tax year?
   - [X] Yes

6b. If "Yes," did the organization make it available to the public?
   - [X] Yes

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></td>
<td>5477108.</td>
<td>5477108.</td>
<td>.64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>22354484816305567960489169.</td>
<td>7.06%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>22902195616305567965966277.</td>
<td>7.70%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>12</td>
<td>9,770</td>
<td>514,677.</td>
<td>514,677.</td>
<td>.06%</td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td></td>
<td>1</td>
<td>31382189.</td>
<td>9670074.</td>
<td>21712115.</td>
<td>2.53%</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>1</td>
<td>315,389.</td>
<td>315,389.</td>
<td>.04%</td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>15,706</td>
<td>310,851.</td>
<td>60,000.</td>
<td>250,851.</td>
<td>.03%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td></td>
<td>16</td>
<td>25,47632523106.</td>
<td>9730074.</td>
<td>22793032.</td>
<td>2.66%</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7f</td>
<td></td>
<td>16</td>
<td>25,4762154506217278575388759309.</td>
<td>10.36%</td>
<td></td>
<td></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>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td></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.  
   - 13,997,251.

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)  
   - 137,516,329.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 146,319,110.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -8,802,781.

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.

<table>
<thead>
<tr>
<th>Method used:</th>
</tr>
</thead>
</table>
   | [ ] 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?  
   - 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.

   - [X] Yes

### 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 SAINT FRANCIS GI ENDOSCOPY, LLC.</td>
<td>HEALTH CARE SERVICES - ENDOSCOPY</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
</tr>
<tr>
<td>2 LIGHTHOUSE SURGERY CENTER, LLC.</td>
<td>HEALTH CARE SERVICES</td>
<td>26.00%</td>
<td>74.00%</td>
<td></td>
</tr>
</tbody>
</table>
### 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>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>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

114 WOODLAND STREET, MS-510358
HARTFORD, CT 06105
WWW.TRINITYHEALTHOFNE.ORG
LICENSE #54
Section B. Facility Policies and Practices

Name of hospital facility or letter of facility reporting group: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

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: 1
   No: X

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: 2
   No: X

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: 3
   No: X

   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: 2018

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

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
   Yes: X

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
   Yes: X

7. Did the hospital facility make its CHNA report widely available to the public?
   Yes: X

   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. Other website (list url):
   c. X Made a paper copy available for public inspection without charge at the hospital facility
   d. 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

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2018

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?
    a. If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
    b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

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.

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

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
    Yes: X

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? $
Name of hospital facility or letter of facility reporting group: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

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 [X]

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 [X]

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, PAGE 8
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   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)
### Billing and Collections

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17</strong></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>
</tr>
<tr>
<td><strong>18</strong></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>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</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>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
</tr>
<tr>
<td><strong>19</strong></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>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</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>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
</tr>
<tr>
<td><strong>20</strong></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>
</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 (if not, describe in Section C)</td>
</tr>
<tr>
<td>b</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
</tr>
<tr>
<td>c</td>
<td>Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
</tr>
<tr>
<td>d</td>
<td>Made presumptive eligibility determinations (if not, describe in Section C)</td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
</tr>
<tr>
<td>f</td>
<td>None of these efforts were made</td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21</strong></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>
</tr>
</tbody>
</table>

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

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? ☒

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? ☒

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, 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.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

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

HEALTH ISSUES:
- ASTHMA
- OBESITY & DIABETES
- MENTAL HEALTH
- SUBSTANCE ABUSE

SOCIAL DETERMINANT OF HEALTH ISSUES:
- ACCESS TO HEALTHY FOODS
- STABLE HOUSING
- NEIGHBORHOOD SAFETY

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY, ESPECIALLY FROM
THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, WAS
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.

PRIORITY AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR DATA COLLECTION AND COMMUNITY & STAKEHOLDER ENGAGEMENT:

QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS. SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U.S. CENSUS, U.S. BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES. TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS.

SAINT FRANCIS HOSPITAL PARTNERED WITH DATAHAVEN AND, IN PART, SPONSORED THE 2018 DATAHAVEN COMMUNITY WELLBEING SURVEY (DCWS) ALONG WITH 80 OTHER PUBLIC AND PRIVATE PARTNERS IN THE AREA. ORGANIZATIONS INVOLVED INCLUDED CAPITOL REGION COUNCIL OF GOVERNMENTS, UNIVERSITY OF HARTFORD, CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING, DEPARTMENT OF COMMUNITY MEDICINE AND HEALTH CARE, UCONN SCHOOL OF MEDICINE, AMERICAN HEART ASSOCIATION, MANCHESTER HEALTH DEPARTMENT, NORTH CENTRAL DISTRICT HEALTH DEPARTMENT, CENTRAL CONNECTICUT HEALTH DISTRICT, CITY OF BRISTOL, CAROLYN FOUNDATION, PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, LIBERTY BANK FOUNDATION, STATE OF CONNECTICUT HEALTH EQUITY DATA ANALYTICS PROJECT, AND URBAN INSTITUTE AND ROBERT WOOD JOHNSON FOUNDATION (THROUGH POWERING HEALTH LIVES).

THE SURVEY COMPLETED LIVE, IN-DEPTH INTERVIEWS WITH OVER 3,000 RESIDENTS IN THE REGION VIA CELLULAR AND LANDLINE PHONE; ADDITIONAL INFORMATION ON
SURVEY METHODS ARE POSTED AT DATAHAVEN (CTDATAHAVEN.ORG).


THIS INPUT WAS GATHERED FROM:

- A REGIONAL KEY INFORMANT MEETING HELD ON FEBRUARY 28, 2019 AT THE HARTFORD FOUNDATION FOR PUBLIC GIVING WITH OVER 70 PARTICIPANTS. THESE KEY INFORMANTS REPRESENTED VARIOUS SECTORS, INCLUDING HEALTH CARE, EDUCATION, PUBLIC HEALTH, HOUSING, AND HUMAN SERVICES. AT THIS EVENT, DATATAVEN ORGANIZED A "DATA WALK," WITH SMALL GROUPS CIRCULATING AMONG ABOUT A DOZEN POSTERS ON DIFFERENT TOPICS AND PROVIDING COMMENTS TO A FACILITATOR. ADDITIONALLY, A BRIEF PAPER SURVEY WAS COLLECTED FROM MEETING ATTENDEES;
- FOCUS GROUPS FOR HARTFORD NORTH END (HELD ON APRIL 2, 2019 WITH 13 PARTICIPANTS) AND SOUTH END (HELD ON JUNE 11, 2019 WITH 11 PARTICIPANTS) COMMUNITY MEMBERS; AND
- A SURVEY OF SCHOOL HEALTH CARE PROVIDERS (HELD ON MARCH 8, 2019 WITH 29 RESPONDENTS).
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SAINT FRANCIS HOSPITAL COLLABORATED WITH THE
FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA:
CONNECTICUT CHILDREN'S MEDICAL CENTER, MOUNT SINAI REHABILITATION
HOSPITAL, JOHNSON MEMORIAL HOSPITAL AND SAINT MARY'S HOSPITAL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: SAINT FRANCIS HOSPITAL COLLABORATED WITH THE
FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA:
THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES, THE UNITED WAY, DATAHAVEN
AND THE HARTFORD FOUNDATION FOR PUBLIC GIVING.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN FISCAL YEAR 2021, SAINT FRANCIS HOSPITAL
CONTINUED ADDRESSING THE NEEDS THAT WERE IDENTIFIED IN THE FISCAL YEAR
2019 CHNA.

WE CONTINUED OUR INVOLVEMENT IN HEALTH-FOCUSED COLLABORATIVES, SUPPORTED
LOCAL PARTNERS TO ADDRESS VIOLENCE PREVENTION, COLLABORATED WITH LOCAL
AGENCIES TO ADDRESS ISSUES RELATED TO HOUSING INSECURITY, AND SUPPORTED
PROGRAMS THAT ADDRESS ACCESS TO HEALTHY FOODS.

PARTNERSHIPS AND INVESTMENTS IN LOCAL AGENCIES ENABLED THE HOSPITAL TO
IMPACT THE NEEDS IDENTIFIED IN THE CHNA AND TO ADDRESS THE SOCIAL
INFLUENCERS OF HEALTH (SIOH):

NEIGHBORHOOD SAFETY – INVESTMENTS FROM WELL BEING 360 CONTINUED IN LOCAL ORGANIZATIONS THAT CAN HAVE AN IMPACT ON THIS ISSUE, INCLUDING GREATER HARTFORD HARM REDUCTION COALITION, AN OPIOID HARM REDUCTION AGENCY, HARTFORD COMMUNITIES THAT CARE, A VIOLENCE PREVENTION AND RETALIATION REDUCTION PROGRAM, AND NORTH HARTFORD TRIPLE AIM COLLABORATIVE, A HEALTH COLLABORATIVE DEVELOPED TO ADDRESS DISPARITIES IN THE NORTH END OF HARTFORD INCLUDING IMPROVEMENT OF NEIGHBORHOOD SAFETY.

ACCESS TO HEALTHY FOODS – WE AGAIN SUPPORTED THE LOCAL FARMERS MARKET THAT IS HELD AT THE SENIOR CENTER IN THE NORTH END OF HARTFORD. THIS RESOURCE IS CRITICAL FOR RESIDENTS IN THIS AREA OF THE CITY AS THERE IS NOT A FULL-SERVICE GROCERY STORE.

MENTAL HEALTH – THIS ISSUE WAS RECOGNIZED BY THE COMMUNITY AS A NEED TO HAVE BETTER ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORT FOR SOCIAL NEEDS. THESE ISSUES WERE ADDRESSED WITH SYSTEM CHANGES WITHIN THE HOSPITAL AND BY SUPPORTING AGENCIES THAT CAN FACILITATE ROBUST REFERRALS. OUR PARTNER AGENCIES INCLUDED: THE CHRYSALIS CENTER, WHO PROVIDED SOCIAL SUPPORT WRAP AROUND SERVICES FOR HIGH NEED BEHAVIORAL HEALTH CLIENTS; COMMUNITY CARE TEAM, A COLLABORATION WITH LOCAL HOSPITALS TO COORDINATE SUPPORT FOR BEHAVIORAL HEALTH PATIENTS THAT FREQUENTLY USE THE EMERGENCY DEPARTMENT; AND CATHOLIC CHARITIES, A SOCIAL SERVICE AGENCY THAT PARTNERED WITH OUR PRIMARY CARE CLINIC TO PROVIDE NAVIGATION SUPPORT FOR PATIENTS WHO NEED TO CONNECT TO COMMUNITY RESOURCES.
STABLE HOUSING - THIS IS A SIGNIFICANT ISSUE IN HARTFORD AND WAS IDENTIFIED BY THE COMMUNITY AS A CONCERN. THE HOSPITAL COLLABORATED WITH COMMUNITY SOLUTIONS, A LOCAL COMMUNITY-BASED ORGANIZATION THAT WORKED TO SUPPORT ECONOMIC DEVELOPMENT FOR IMPOVERISHED NEIGHBORHOODS AND HAS A NATIONAL REPUTATION FOR SUPPORTING THOSE IN NEED OF STABLE HOUSING.

SAINT FRANCIS HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SAINT FRANCIS HOSPITAL IS ALSO COMMITTED TO PROVIDING HIGH QUALITY CLINICAL SERVICES TO THE COMMUNITY. IN ORDER TO BE GOOD STEWARDS OF THE RESOURCES AVAILABLE FOR THIS WORK, THE COMMUNITY BENEFIT ACTIVITIES INCLUDED IN THE HOSPITAL'S PORTFOLIO ARE DESIGNED TO LEVERAGE THE SKILLS AND EXPERTISE OF THE HOSPITAL AND ITS STAFF. FOR THAT REASON, ASTHMA AND SUBSTANCE ABUSE WITH TOBACCO/VAPING WERE NOT SPECIFICALLY ADDRESSED.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

16010810 794151 33010 2020.06000 SAINT FRANCIS HOSPITAL AN 33010__1
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.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER – PART V, SECTION B, LINE 7A:
WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER – 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.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER – PART V, SECTION B, LINE 10A:
WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
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.

COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 16A:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 16B:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 16C:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/
## 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? 23

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  ENFIELD ACCESS CENTER</td>
<td>MEDICAL OFFICES AND COMMUNITY SERVICES</td>
</tr>
<tr>
<td>7 ELM STREET, STE 305</td>
<td>MEDICAL OFFICES AND EDUCATION SPACE / LABORATORY</td>
</tr>
<tr>
<td>ENFIELD, CT 06082</td>
<td></td>
</tr>
<tr>
<td>2  WINDSOR - SF GI ENDOSCOPY CENTER</td>
<td>ENDOSCOPY</td>
</tr>
<tr>
<td>360 BLOOMFIELD AVENUE</td>
<td></td>
</tr>
<tr>
<td>WINDSOR, CT 06095</td>
<td></td>
</tr>
<tr>
<td>3  WEST HARTFORD MEDICAL OFFICES</td>
<td>MEDICAL OFFICES AND IT SERVICES</td>
</tr>
<tr>
<td>345 NORTH MAIN STREET, STE 240</td>
<td>TRAINING SPACE / LABORATORY</td>
</tr>
<tr>
<td>WEST HARTFORD, CT 06109</td>
<td></td>
</tr>
<tr>
<td>4  AVON ACCESS CENTER</td>
<td>MEDICAL OFFICES</td>
</tr>
<tr>
<td>35 NOD RD., SUITE 105</td>
<td></td>
</tr>
<tr>
<td>AVON, CT 06001</td>
<td></td>
</tr>
<tr>
<td>5  FARMINGTON MEDICAL OFFICES</td>
<td>MEDICAL OFFICES / LABORATORY SERVICES</td>
</tr>
<tr>
<td>11 SOUTH ROAD, SUITE 200/220</td>
<td></td>
</tr>
<tr>
<td>FARMINGTON, CT 06032</td>
<td></td>
</tr>
<tr>
<td>6  GLASTONBURY ACCESS CENTER</td>
<td>MEDICAL OFFICES AND COMMUNITY SERVICES</td>
</tr>
<tr>
<td>31 SYCAMORE COMMONS</td>
<td>EDUCATION SPACE / LABORATORY</td>
</tr>
<tr>
<td>GLASTONBURY, CT 06033</td>
<td></td>
</tr>
<tr>
<td>7  EAST HARTFORD ACCESS CENTER</td>
<td>MEDICAL OFFICES / LABORATORY SERVICES</td>
</tr>
<tr>
<td>893 MAIN STREET, STE 102</td>
<td></td>
</tr>
<tr>
<td>EAST HARTFORD, CT 06108</td>
<td></td>
</tr>
<tr>
<td>8  ROCKY HILL</td>
<td>MEDICAL OFFICE</td>
</tr>
<tr>
<td>546 CROMWELL AVE., SUITE 100</td>
<td></td>
</tr>
<tr>
<td>ROCKY HILL, CT 06067</td>
<td></td>
</tr>
<tr>
<td>9  HARTFORD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>500 BLUE HILLS AVE</td>
<td></td>
</tr>
<tr>
<td>HARTFORD, CT 06112</td>
<td></td>
</tr>
<tr>
<td>10 HARTFORD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>1000 ASYLUM ST, STE 3209</td>
<td></td>
</tr>
<tr>
<td>HARTFORD, CT 06103</td>
<td></td>
</tr>
</tbody>
</table>
## Part V Facility Information (continued)

### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 BLOOMFIELD</td>
<td>LABORATORY SERVICES</td>
</tr>
</tbody>
</table>
| 580 COTTAGE GROVE ROAD, STE 105
BLOOMFIELD, CT 06002 | LABORATORY SERVICES        |
| 12 ROCKY HILL    | LABORATORY SERVICES        |
| 506 CROMWELL AVE
ROCKY HILL, CT 06067 | LABORATORY SERVICES        |
| 13 ROCKY HILL    | LABORATORY SERVICES        |
| 2301 SILAS DEANE HWY
ROCKY HILL, CT 06067 | LABORATORY SERVICES        |
| 14 AVON          | LABORATORY SERVICES        |
| 44 DALE RD, STE 301
AVON, CT 06001 | LABORATORY SERVICES        |
| 15 HARTFORD      | LABORATORY SERVICES        |
| 19 WOODLAND ST, STE 22
HARTFORD, CT 06105 | LABORATORY SERVICES        |
| 16 BOLTON        | LABORATORY SERVICES        |
| 291 BOSTON TURNPIKE
BOLTON, CT 06043 | LABORATORY SERVICES        |
| 17 SOUTH WINDSOR | LABORATORY SERVICES        |
| 435 BUCKLAND RD
SOUTH WINDSOR, CT 06074 | LABORATORY SERVICES        |
| 18 BARIATRIC CENTER AT SAINT FRANCIS | MEDICAL OFFICES |
| 220 FARMINGTON AVE
FARMINGTON, CT 06032 | LABORATORY SERVICES        |
| 19 CENTER FOR HEALTH ENHANCEMENT | COMMUNITY SPACE |
| 95 WOODLAND STREET
HARTFORD, CT 06105 | LABORATORY SERVICES        |
| 20 VERNON        | LABORATORY SERVICES        |
| 428 HARTFORD TURNPIKE, SUITE 201
VERNON, CT 06066 | LABORATORY SERVICES        |
### 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)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 ENFIELD</td>
<td>DIAGNOSTIC IMAGING/ RADIOPHYSICIAN</td>
</tr>
<tr>
<td>148 HAZARD AVE.</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>ENFIELD, CT 06082</td>
<td></td>
</tr>
<tr>
<td>22 ENFIELD</td>
<td>DIABETES AND ENDOCRINOLOGY CENTER</td>
</tr>
<tr>
<td>140 HAZARD AVE., SUITE 105</td>
<td></td>
</tr>
<tr>
<td>ENFIELD, CT 06082</td>
<td></td>
</tr>
<tr>
<td>23 HARTFORD</td>
<td>DIABETES AND ENDOCRINOLOGY CENTER</td>
</tr>
<tr>
<td>1075 ASYLUM ST.</td>
<td></td>
</tr>
<tr>
<td>HARTFORD, CT 06105</td>
<td></td>
</tr>
</tbody>
</table>

How many non-hospital health care facilities did the organization operate during the tax year? 23
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:**

SAINT FRANCIS 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, SAINT FRANCIS 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, $13,997,251, 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 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: SAINT FRANCIS 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, SAINT FRANCIS HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT FRANCIS 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: SAINT FRANCIS 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:
SAINT FRANCIS 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:
NEEDS ASSESSMENT - THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY WAS
CREATED AT SAINT FRANCIS HOSPITAL TO SERVE AS A BRIDGE BETWEEN THE
PROVIDED MUCH NEEDED COMMUNITY OUTREACH AND ENGAGEMENT ACTIVITIES WITH A
FOCUS ON ADDRESSING HEALTH DISPARITIES AND SUPPORTING COMMUNITY MEMBERS AS
THEY ENGAGE WITH THE HEALTH CARE SYSTEM. EVENTS INCLUDED COMMUNITY
CONVERSATIONS; COLLABORATIVE PROGRAMS WITH THE FAITH COMMUNITY;
PARTNERSHIPS WITH LOCAL NON-PROFIT AGENCIES; AND EVALUATION OF PROGRAM
ACTIVITIES WHICH ALL PROVIDE FURTHER OPPORTUNITIES TO LEARN MORE ABOUT THE
NEEDS OF THE COMMUNITY.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT FRANCIS 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.

SAINT FRANCIS 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

Schedule H (Form 990)
THE POPULATION SERVICED BY OUR HOSPITAL.

SAINT FRANCIS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT FRANCIS 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:

PERCENT, OR 15,525 PEOPLE, AND THE POPULATION OF CHILDREN AGES 5 TO 17 INCREASED BY 14 PERCENT. THE POPULATION IS MUCH YOUNGER IN THE CITY OF HARTFORD.

RACIAL AND ETHNIC DIVERSITY - THE TOWNS IN THE REGION VARY IN TERMS OF THEIR RACIAL AND ETHNIC COMPOSITION, WITH HARTFORD AND NEW BRITAIN HAVING THE LARGEST PERCENTAGE CHANGE IN NON-WHITE POPULATIONS.

Below is the ethnic make-up of the 5 largest cities & towns:

HARTFORD - 15% WHITE, 35% BLACK, 44% HISPANIC, 3% OTHER
NEW BRITAIN - 42% WHITE, 12% BLACK, 41% HISPANIC, 3% OTHER
EAST HARTFORD - 34% WHITE, 25% BLACK, 34% HISPANIC, 4% OTHER
MANCHESTER - 58% WHITE, 14% BLACK, 14% HISPANIC, 11% OTHER
WEST HARTFORD - 73% WHITE, 6% BLACK, 11% HISPANIC, 8% OTHER

POVERTY - THERE ARE WIDE GAPS IN HOUSEHOLD INCOME WITHIN THE REGION, AND LOW-INCOME RATES ARE INCREASING AMONG FAMILIES WITH CHILDREN. THOSE WITH LOWER INCOMES HAVE INCREASED BARRIERS TO TRANSPORTATION AND OTHER ISSUES RELATED TO ACCESSING SERVICES. BELOW IS THE INDICATOR WITH THE PERCENTAGE OF HARTFORD RESIDENTS Versus CONNECTICUT AS A WHOLE:

POVERTY RATE - 24%, 7%
FOOD INSECURITY - 33%, 12%
HOUSING INSECURITY - 12%, 6%
IN EXCELLENT HEALTH - 48%, 62%

Within Hartford County the Federal Health Resources & Services Administration has designated seven medically underserved areas/populations. There are seven other hospitals serving this community.
PART VI, LINE 5:

OTHER INFORMATION - SAINT FRANCIS HOSPITAL HOSTED A FREE STOP THE BLEED TRAINING EVENT AS BLEEDING IS THE NUMBER ONE CAUSE OF PREVENTABLE DEATH AFTER INJURY. IN COLLABORATION WITH THE AMERICAN COLLEGE OF SURGEONS CONNECTICUT CHAPTER, THE LARGE-SCALE STOP THE BLEED COURSE WAS AVAILABLE FOR ALL ATTENDEES OF THE HARTFORD MINOR-LEAGUE BASEBALL GAME WHICH TOOK PLACE ON NATIONAL STOP THE BLEED DAY. WITH A GOAL TO TRAIN EVERY ATTENDEE IN THE STANDS THAT EVENING, IT WAS AMONG THE LARGEST SCALE STOP THE BLEED EVENTS TO DATE IN CONNECTICUT. STOP THE BLEED IS THE RESULT OF A COLLABORATIVE EFFORT LED BY THE HARTFORD CONSENSUS AND THE AMERICAN COLLEGE OF SURGEONS TO BRING EMPOWERMENT AND EDUCATION ABOUT BLEEDING CONTROL TO THE PUBLIC. THE COURSE IS INTENDED TO TEACH BYSTANDERS HOW TO INITIATE CARE FOR BLEEDING AFTER CONTACTING 911.

SAINT FRANCIS HOSPITAL, AS PART OF THE TRINITY HEALTH OF NEW ENGLAND HEALTH SYSTEM, WAS INVOLVED IN A MULTIFACETED PUBLIC HEALTH AWARENESS MEDIA CAMPAIGN REGARDING COVID-19 PREVENTION, TESTING, VACCINATION, AND TREATMENT WHICH INTENTIONALLY INCLUDED SPECIFIC MESSAGING FOR CHILDREN AND DIVERSE COMMUNITIES.

COMMUNITIES OF COLOR, AND PEOPLE WHO ARE POOR AND UNDERSERVED, HAVE BEEN DISPROPORTIONATELY AFFECTED BY COVID-19 INFECTIONS AND DEATH. SHORT AND LONG-TERM INTERVENTIONS CAN HELP REDUCE THE DISPROPORTIONATE IMPACT OF COVID-19 ON THESE GROUPS. TO HELP END THE PANDEMIC, WE ARE COMMITTED TO PROVIDING EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR THESE POPULATIONS TO RECEIVE IT. TRINITY HEALTH LAUNCHED THE "IT STARTS HERE" CAMPAIGN THAT COUPLED COMMUNICATIONS WITH LOCAL COMMUNITY ENGAGEMENT.
EFFORTS AND PARTNERSHIPS TO SUPPORT LOCAL COMMUNITIES TO ACCELERATE THEIR EFFORTS BY RAISING AWARENESS, EDUCATING THE PUBLIC AND OFFERING THE VACCINE IN COMMUNITY ACCESSIBLE NON-CLINICAL LOCATIONS, PARTICULARLY FOR COMMUNITIES OF COLOR AND THOSE WHO ARE VULNERABLE.

SINCE THE START OF THE COVID-19 PANDEMIC, PUBLIC HEALTH OFFICIALS WARNED OF SIGNIFICANT MENTAL HEALTH EFFECTS, SIMILAR TO THE IMPACT OF A MAJOR NATURAL DISASTER. A POLL BY THE KAISER FAMILY FOUNDATION FOUND THAT 58% OF U.S. ADULTS EXPERIENCED WORRY AND STRESS RELATED TO THE CORONAVIRUS OUTBREAK. WE RECOGNIZED THIS IMPACT THAT THE PANDEMIC HAS HAD ON OUR COMMUNITY MEMBERS AND WE WANTED TO PROVIDE A UNIQUE AND INNOVATIVE WAY, WITH TANGIBLE TOOLS, TO HELP THE COMMUNITY TO COPE AND MANAGE STRESS.

SAINT FRANCIS HOSPITAL, AS PART OF TRINITY HEALTH OF NEW ENGLAND, ALONG WITH COPPER BEACH INSTITUTE AND CLOUD9 ONLINE, CONDUCTED THE NEW ENGLAND 61 DAY CHALLENGE. THE NEW ENGLAND 61 DAY CHALLENGE INSPIRED COMMUNITY MEMBERS TO BEGIN THEIR JOURNEY TO A HEALTHIER MIND, BODY, AND SPIRIT.

PARTICIPANTS TOOK THE CHALLENGE PLEDGE AND GAINED ACCESS TO A RANGE OF RESOURCES TO EDUCATE THEMSELVES ABOUT THE POWER OF MINDFULNESS PRACTICES AND ENCOURAGED WAYS TO CREATE AND MAINTAIN LONG-TERM POSITIVE BEHAVIOR CHANGES. PARTICIPANTS ACCESSED MEDIMIND BY CLOUD9 ONLINE, A MINDFULNESS-BASED MEDITATION THERAPY APP, AS WELL AS ACCESSED A RANGE OF LIVE AND ON-DEMAND VIRTUAL SESSIONS HOSTED BY COPPER BEACH INSTITUTE.

AS PART OF A BROAD EMERGENCY HEALTH RESPONSE TO THE CORONAVIRUS, SAINT FRANCIS HOSPITAL SET UP A FURI (FEVER UPPER RESPIRATORY INFECTION) CLINIC. THIS FACILITY'S PURPOSE IS TO KEEP PEOPLE WHO ARE EXPERIENCING SYMPTOMS OF AN UPPER RESPIRATORY TRACT ILLNESS OUT OF THE EMERGENCY DEPARTMENT AND PHYSICIAN OFFICES. THIS HELPS TO LIMIT THE SPREAD OF DISEASE AMONG...
VULNERABLE POPULATIONS, SUCH AS THE ELDERLY. THE FURI CLINIC CAN ASSESS AND TREAT POTENTIALLY LARGE NUMBERS OF PEOPLE WITH APPROPRIATE LEVELS OF INFECTION CONTROL.

SAINT FRANCIS HOSPITAL OFFERED A DRIVE-THROUGH COVID-19 TESTING SITE AT THE HOSPITAL. COVID-19 TESTING WAS AVAILABLE TO ALL MEMBERS OF THE COMMUNITY WHO WERE 6 MONTHS AND OLDER, REGARDLESS OF WHETHER THE INDIVIDUAL HAD BEEN A PATIENT WITHIN THE HOSPITAL SYSTEM OR NOT. NO APPOINTMENT WAS NECESSARY AS TESTING WAS PERFORMED ON A FIRST COME, FIRST SERVE BASIS. IF AN INDIVIDUAL WANTED TO SCHEDULE AN APPOINTMENT, A COVID-19 TESTING CALL CENTER WAS ACTIVATED THAT ASSISTED COMMUNITY MEMBERS WHO WANTED TO MAKE AN APPOINTMENT FOR THE DRIVE-THROUGH TESTING SITE. THE PFIZER, MODERNA AND JOHNSON & JOHNSON COVID-19 VACCINES WERE ALSO OFFERED AND WERE ADMINISTERED BASED ON AVAILABILITY AND ALLOCATION PROVIDED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH.

A 24-HOUR VAX-A-THON CLINIC WAS OFFERED TO SERVE GREATER HARTFORD RESIDENTS LIVING WITHIN ZIP CODES THAT HAVE BEEN HIT HARDEST BY COVID-19 AND MAKE UP A LARGE PORTION OF THE VULNERABLE POPULATIONS WITH LIMITED ACCESS TO THE VACCINE. THE EVENT ENCOURAGED AWARENESS OF THE IMPORTANCE OF THE VACCINE AS A MEANS TO ACHIEVE "COMMUNITY IMMUNITY," AND OFFERED VACCINE APPOINTMENTS TO THOSE WHO MAY NOT BE AVAILABLE DURING NORMAL DAY-TIME CLINIC HOURS.

INDIVIDUALS THAT PREVIOUSLY CONTRACTED COVID-19 WHO MIGHT NOT HAVE BEEN HOSPITALIZED OR HOSPITALIZED BRIEFLY ARE REPORTING PERSISTENT FATIGUE, LOSS OF CONCENTRATION, NUMBNESS OF HANDS AND FEET, SHORTNESS OF BREATH, AND OTHER ONGOING CONCERNS. THE CENTER FOR COVID RECOVERY CARE WAS
OFFERED TO LISTEN AND PARTNER WITH INDIVIDUALS HAVING SYMPTOMS OR CONCERNS WEEKS AND MONTHS AFTER THEIR POSSIBLE INITIAL COVID-19 INFECTION AND SUPPORT THEM THROUGH THE RECOVERY PROCESS, AND CONNECT THEM WITH AVAILABLE RESOURCES, INCLUDING SPECIALTY CARE, IF NEEDED.

TO FURTHER HELP IN THE RESPONSE TO COVID-19, TRINITY HEALTH OF NEW ENGLAND COLLABORATED WITH THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) IN A RESEARCH STUDY ENTITLED, "ACCELERATING COVID-19 THERAPEUTIC INTERVENTIONS AND VACCINES 4 ACUTE (ACTIV-4A)". THIS IS A RANDOMIZED, OPEN-LABEL, ADAPTIVE PLATFORM TRIAL TO COMPARE THE EFFECTIVENESS OF ANTITHROMBOTIC AND ADDITIONAL STRATEGIES FOR PREVENTION OF ADVERSE OUTCOMES IN COVID-19 POSITIVE INPATIENTS.

PART VI, LINE 6:
SAINT FRANCIS 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.