

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ST. PETER 'S HOSPITAL

Employer identification number

14-1348692

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>X</b>	
<b>b</b> If "Yes," was it a written policy? .....	<b>X</b>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<b>X</b>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>X</b>	
<b>c</b> 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.		
<b>4</b> 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"? .....	<b>X</b>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<b>X</b>	
<b>c</b> 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? .....		<b>X</b>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<b>X</b>	

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			4385184.	801,914.	3583270.	.49%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			102131972	64661940.	37470032.	5.12%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			106517156	65463854.	41053302.	5.61%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	17	37,706	2654320.	713,733.	1940587.	.27%
<b>f</b> Health professions education (from Worksheet 5) .....	5	359	3460770.	1999733.	1461037.	.20%
<b>g</b> Subsidized health services (from Worksheet 6) .....	8	62,270	5216168.	2914836.	2301332.	.31%
<b>h</b> Research (from Worksheet 7) .....	1		66,772.	13,500.	53,272.	.01%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	3		90,080.		90,080.	.01%
<b>j Total.</b> Other Benefits .....	34	100,335	11488110.	5641802.	5846308.	.80%
<b>k Total.</b> Add lines 7d and 7j .....	34	100,335	118005266	71105656.	46899610.	6.41%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		5,500.		5,500.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	140	6,082.		6,082.	.00%
7 Community health improvement advocacy						
8 Workforce development	1	170	11,493.		11,493.	.00%
9 Other						
10 Total	3	310	23,075.		23,075.	.00%

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

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? ..... **1** Yes **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 ..... **2** 8,182,044.

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 ..... **3** 1,809,619.

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) ..... **5** 128,960,085.

6 Enter Medicare allowable costs of care relating to payments on line 5 ..... **6** 123,673,495.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) ..... **7** 5,286,590.

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

☒ Cost to charge ratio

☐ Other

**Section C. Collection Practices**

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

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI ..... **9b** X

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST. PETER'S AMBULATORY SURGERY CENTER, LLC	SURGERY CENTER	15.55%		84.45%
2 EVERETT ROAD ASC, LLC	SURGERY CENTER	20.00%		80.00%

<b>Part V</b>	<b>Facility Information</b>
---------------	-----------------------------

## Section A. Hospital Facilities

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

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):

[illegible]

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

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

Name of hospital facility or letter of facility reporting group: ST. PETER'S HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....	1	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 .....	2	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 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
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 .....	5	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 .....	6a	X
b 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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
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)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c 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? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: ST. PETER'S HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> 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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> 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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ST. PETER'S HOSPITAL

	Yes	No	
<b>17</b> 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? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ST. PETER'S HOSPITAL**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.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

**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. PETER'S HOSPITAL:

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

LINE 3E: ST. PETER'S 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:

1. COVID-19
2. OBESITY
3. DIABETES
4. DRUG MISUSE
5. MENTAL ILLNESS, INCLUDING SUICIDE
6. HEART DISEASE
7. SOCIAL DETERMINANTS OF HEALTH
8. TOBACCO USE
9. STROKE
10. ASTHMA
11. ALCOHOL MISUSE
12. SEXUALLY TRANSMITTED INFECTIONS
13. VIOLENCE
14. CHILDHOOD LEAD EXPOSURE
15. TICK-BORNE DISEASE
16. INJURIES AND FALLS



**Part V Facility Information** (continued)

**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. PETER'S HOSPITAL:

PART V, SECTION B, LINE 5: ST. PETER'S HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO COMPLETE A SIX COUNTY (ALBANY, RENSSELAER, SCHENECTADY, SARATOGA, COLUMBIA, AND GREENE) CHNA, LED BY THE HEALTHY CAPITAL DISTRICT (HCD). HCD IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH PROBLEMS. FOR THE PURPOSES OF ITS CHNA, ST. PETER'S HOSPITAL USED DATA AND INFORMATION FROM THIS ASSESSMENT RELATING TO ALBANY AND RENSSELAER COUNTIES WHICH REPRESENT THE HOME ZIP CODES OF 69% OF ITS PATIENTS. THE HEALTH INDICATORS SELECTED FOR THIS REPORT WERE BASED ON A REVIEW OF AVAILABLE PUBLIC HEALTH DATA AND NEW YORK STATE PRIORITIES PROMULGATED THROUGH THE PREVENTION AGENDA FOR A HEALTHIER NEW YORK. THESE DATA SOURCES WERE SUPPLEMENTED BY A CAPITAL REGION COMMUNITY HEALTH SURVEY. THE 2021 COMMUNITY HEALTH SURVEY WAS CONDUCTED BETWEEN SEPTEMBER AND OCTOBER 2021 BY HCD WITH THE ASSISTANCE OF THE ALBANY, COLUMBIA, GREENE, RENSSELAER AND SCHENECTADY HEALTH DEPARTMENTS, AND ALBANY MEDICAL CENTER, COLUMBIA MEMORIAL, ELLIS, AND ST. PETER'S HEALTH PARTNERS HOSPITALS. THE SURVEY WAS A CONVENIENCE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION AND HAD 2,104 TOTAL RESPONSES. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT THE HEALTH NEEDS, BARRIERS, AND CONCERNS OF RESIDENTS IN THE CAPITAL REGION.

A PRIORITIZATION WORKGROUP WAS FORMED, INCLUDING LOCAL HOSPITALS, HEALTH DEPARTMENTS, COMMUNITY MEMBERS AND ORGANIZATIONS REPRESENTING AND SERVING

**Part V Facility Information** (continued)

**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.

LOW-INCOME RESIDENTS, PEOPLE EXPERIENCING HOMELESSNESS, AND OTHER  
VULNERABLE POPULATIONS; FEDERALLY QUALIFIED HEALTH CENTERS; ADVOCACY  
GROUPS; ACADEMIC INSTITUTIONS; PUBLIC HEALTH DEPARTMENTS; PROVIDERS; AND  
HEALTH INSURERS. PARTICIPANTS WERE ENCOURAGED TO SHARE DATA AND  
OBSERVATIONS OF THEIR OWN, AND TO ADVOCATE FOR THE NEEDS OF THEIR  
CONSTITUENTS. ST. PETER'S HOSPITAL AND ITS STAKEHOLDERS STRATEGICALLY  
INVITED PARTNERS WITH ACCESS TO MEDICALLY UNDERSERVED POPULATIONS. THE  
FIRST MEETING WAS HELD ON NOVEMBER 9, 2021, AT WHICH HCD PRESENTED DATA ON  
THE HEATH ISSUES AND FACILITATED DISCUSSIONS. THE WORKGROUP THEN SELECTED  
THE TOP HEALTH ISSUES, BASED ON DATA- AND SURVEY-BASED SCORING, AND  
PROVIDED ORGANIZATIONAL SCORING ALONG WITH CONTRIBUTING FACTORS. IN THE  
SECOND MEETING, HELD ON NOVEMBER 23, 2021, WORKGROUP MEMBERS WERE BRIEFED  
ON THE RESULTS OF THEIR ORGANIZATIONAL SCORING. THE THIRD WORKGROUP  
MEETING, HELD ON DECEMBER 7, 2021, WAS OPEN TO THE PUBLIC AND HOSTED  
COMMUNITY PARTNERS TO ORIENT THEM TO THE PRIORITIZATION PROCESS, UPDATE  
THEM ON THE PROGRESS OF THE WORKGROUP, AND COLLECT THEIR INPUT AND SCORES  
FOR EACH OF THE HEALTH ISSUES. COMMUNITY PARTICIPANTS IN THE THIRD MEETING  
REPRESENTED THE FOLLOWING ORGANIZATIONS: ALBANY COUNTY DEPARTMENT OF  
HEALTH, ALBANY MEDICAL CENTER, ADDICTIONS CARE CENTER OF ALBANY, ALLIANCE  
FOR BETTER HEALTH, ALZHEIMER'S ASSOC. OF NORTHEASTERN NY, AMERICAN HEART  
ASSOCIATION, ARBOR HILL DEVELOPMENT CORP, BOYS AND GIRLS CLUB OF THE  
CAPITAL AREA, CAPITAL DISTRICT LATINOS, CAPITAL DISTRICT YMCA, CORNELL  
COOPERATIVE EXTENSION, MVP HEALTH CARE, RENSSELAER COUNTY DEPARTMENT OF  
HEALTH, ST. PETER'S HEALTH PARTNERS (INCLUDING ST. PETER'S HOSPITAL),  
CAPITAL DISTRICT TOBACCO-FREE COMMUNITIES AND UPPER HUDSON PLANNED  
PARENTHOOD. PARTICIPANTS WERE ENGAGED IN THE DATA PRESENTATIONS, RAISED  
MANY QUESTIONS, AND OFFERED THEIR PERSPECTIVES. COMMENTS WERE ADDRESSED

**Part V Facility Information** (continued)

**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.

AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT. THE COMMUNITY  
HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN MAY 2022.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 6A: ST. PETER'S HOSPITAL CONDUCTED ITS CHNA IN  
COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES: ALBANY MEDICAL  
CENTER, ELLIS HOSPITAL, SAMARITAN HOSPITAL, AND SUNNYVIEW HOSPITAL AND  
REHABILITATION CENTER.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, ST. PETER'S HOSPITAL WAS  
JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES,  
CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE  
FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA AND  
BEHAVIORAL HEALTH ISSUES INCLUDING MENTAL HEALTH AND SUBSTANCE USE  
DISORDERS. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION  
PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FQHC,  
CENTRO CIVICO, CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE  
HEALTH PLAN, HUDSON VALLEY COMMUNITY COLLEGE, PROMESA/CAMINO NUEVA, THE  
FOOD PANTRIES FOR THE CAPITAL DISTRICT, CAPITAL ROOTS, AND SEVERAL SENIOR  
HOUSING ORGANIZATIONS.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 11: DURING FY24, NEEDS FROM THE CURRENT CHNA WERE

**Part V Facility Information** (continued)

**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.

ADDRESSED. ST. PETER'S HOSPITAL TOOK THE LEAD ON SEVERAL OF THE HEALTH PRIORITIES FROM THE CHNA.

1. REDUCE OBESITY & PREVENT DIABETES (INCLUDING FOOD INSECURITY; SOCIAL DETERMINANT OF HEALTH):

ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM ST. PETER'S HEALTH PARTNERS (SPHP) DIABETES AND ENDOCRINE CARE PROVIDED DIABETES PREVENTION PROGRAMS (DPP) AND OTHER APPROPRIATE DIABETES EDUCATION AS NEEDED. IN FY24, 1,727 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY24, SPHP FACILITATED 11 DPP SESSIONS, WITH A TOTAL OF 112 PARTICIPANTS ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM IS FUNDED THROUGH GRANTS AND MEDICARE.

TO ADDRESS CHILDHOOD OBESITY IN FY24, ST. PETER'S HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY24, 1,200 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 73% MAINTAINED OR DECREASED THEIR BMI AND 82% IMPROVED AT LEAST TWO LEVELS ON THEIR AEROBIC CAPACITY TEST (PHYSICAL ACTIVITY).

**Part V Facility Information** (continued)

**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.

SPHP AND ST. PETER'S HOSPITAL (FUNDED BY A GRANT THROUGH THE MOTHER CABRINI FOUNDATION) PARTNERED WITH THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, ST. PETER'S HEALTH PARTNERS COMMUNITY HEALTH AND WELL-BEING DEPARTMENTS AND ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES TO PROVIDE A FOOD AS MEDICINE PROGRAM TO PATIENTS WHO ARE DIABETIC AND IDENTIFY AS FOOD INSECURE. THE FREE PROGRAM PROVIDES PATIENTS WHO ARE FOOD-INSECURE, WHO ALSO HAVE A CHRONIC DISEASE, WITH SUPPLIES OF HEALTHY FOOD. THE GOAL IS TO TEACH THESE PATIENTS TO MAKE HEALTHY CHOICES, EDUCATE THEM ON THE BENEFITS OF EATING NUTRITIOUS FOOD AND PROVIDE THEM WITH THE TOOLS TO HELP MANAGE THEIR CHRONIC CONDITIONS THROUGH HEALTHY EATING. DURING FY24, 560 PATIENTS AND THEIR FAMILY MEMBERS WERE SERVED. PATIENTS LOST AN AVERAGE OF 10.6 POUNDS AND LOWERED THEIR A1C LEVELS BY 3.6%.

## 2. PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS:

IN THE AREA OF MENTAL HEALTH, SPHP AND ST. PETER'S HOSPITAL FOCUSED ON THE PROMOTION OF WELL-BEING WITH OUR HEALTHY FAMILIES PROGRAM, WHICH IS A COMBINATION OF HOME-BASED AND VIRTUAL VISITATION PROGRAMS THAT PROVIDE INFORMATION, EDUCATION, AND SUPPORT TO EXPECTING AND NEW PARENTS OF RENSSELAER COUNTY. A TOTAL OF 113 FAMILIES RECEIVED SERVICES FROM THE HEALTHY FAMILIES PROGRAM IN FY24 AND 2424 HOME VISITS WERE COMPLETED. FUNDING IS PROVIDED BY THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES. DURING FY24, LEADERSHIP STAFF FROM ST. PETER'S HOSPITAL WERE MEMBERS OF A WORKGROUP TO DEVELOP GOALS, OBJECTIVES, AND INTERVENTIONS AROUND THE PREVENTION AGENDA FOCUS AREA OF PROMOTION OF WELL-BEING CONCEPT, SPECIFICALLY WITH LOCAL HEALTH DEPARTMENTS AND HOSPITALS. STAFF AT SPHP, INCLUDING ST. PETER'S HOSPITAL, WERE OFFERED TRAINING IN MENTAL

**Part V Facility Information** (continued)

**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.

**HEALTH FIRST AID AND CRISIS DE-ESCALATION.**

DURING FY24, SUBSTANCE ABUSE NEEDS WERE ADDRESSED. ACTION PLANS WERE DEVELOPED TO INCREASE EDUCATION AND PRACTICE STRATEGIES TO REDUCE OPIOID OVERDOSE AND NON-MEDICAL USE OF OPIATES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS AND NARCAN (OPIOID OVERDOSE REVERSAL TREATMENT) TRAININGS IN THE COMMUNITY.

ST. PETER'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THUS, SECONDARY PRIORITIES SUCH AS COVID-19, HEART DISEASE, TOBACCO USE, STROKE, ASTHMA, ALCOHOL MISUSE, SEXUALLY TRANSMITTED INFECTIONS, VIOLENCE, CHILDHOOD LEAD EXPOSURE, TICK-BORNE DISEASE AND INJURIES AND FALLS WERE NOT DIRECTLY ADDRESSED BY THE ST. PETER'S HOSPITAL CHNA IMPLEMENTATION STRATEGIES.

**ST. PETER'S HOSPITAL:**

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

**Part V Facility Information** (continued)

**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.

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO  
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES  
PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT  
AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

ST. PETER'S HOSPITAL - 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.

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 10A:

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 16A:

WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

**Part V Facility Information** *(continued)*

**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. PETER'S HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of facility (describe)
1 CANCER CARE - RADIATION ONCOLOGY 317 SOUTH MANNING BLVD. ALBANY, NY 12208	CANCER TREATMENT AND ONCOLOGY
2 ST. PETER'S SURGERY AND ENDOSCOPY CTR 1375 WASHINGTON AVE. SUITE 201 ALBANY, NY 12206	AMBULATORY SURGERY CENTER
3 OP MEDICAL IMAGING 319 SOUTH MANNING BLVD. ALBANY, NY 12208	MEDICAL IMAGING, BREAST CENTER, LABS, ADVANCED HEART AND CONG. HEART FAILURE
4 FAMILY HEALTH CENTER 126 SOUTH PEARL ST. ALBANY, NY 12208	ADULT MEDICINE, PEDIATRICS, OB/GYN SERVICES
5 SIENA STUDENT CENTER 515 LOUDON ROAD LOUDONVILLE, NY 12211	COLLEGE STUDENT HEALTH SERVICES
6 PATIENT SERVICE CENTER 1365 WASHINGTON AVE ALBANY, NY 12205	LABS
7 PATIENT SERVICE CENTER 62 HACKETT BLVD ALBANY, NY 12208	LABS
8 ST. PETER'S SERVICE CENTER 6 EXECUTIVE PARK DRIVE ALBANY, NY 12203	LABS
9 ST. PETER'S SERVICE CENTER 1814 CENTRAL AVENUE ALBANY, NY 12205	LABS
10 NUCLEAR MEDICINE 7 PALISADES DRIVE ALBANY, NY 12205	NUCLEAR MEDICINE AND ECHOCARDIOGRAMS

Schedule H (Form 990) 2023

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

## 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? 11

[illegible]

Schedule H (Form 990) 2023

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

---

**PART I, LINE 3C:**

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

---

**PART I, LINE 6A:**

ST. PETER'S HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT  
SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, ST. PETER'S 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.

ST. PETER'S HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED  
SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT  
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

---

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN

**Part VI** Supplemental Information (Continuation)

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, LINE 7G:

INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE COST ATTRIBUTED TO PHYSICIAN CLINICS OF \$3,608,164.

## PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$8,182,044, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART II, COMMUNITY BUILDING ACTIVITIES:

TO FOSTER COMMUNITY SUPPORT, THE LEADERSHIP TEAM AT ST. PETER'S HOSPITAL PARTICIPATED IN SEVERAL ADVISORY BOARD MEETINGS CONCERNING VARIOUS HEALTH ISSUES, SUCH AS CANCER TREATMENT AND FOOD INSECURITY. ST. PETER'S HOSPITAL LEADERSHIP PARTICIPATED AS MEMBERS OF LOCAL BOARDS AND IN COMMUNITY COALITIONS WITH A FOCUS ON BUILDING HEALTHIER COMMUNITIES.

ST. PETER'S HOSPITAL IS ALSO VITALLY ACTIVE IN THE NEW YORK STATE SOCIETY FOR RESPIRATORY CARE (NYSSRC). A MEMBER OF THE ST. PETER'S HOSPITAL STAFF SERVES AS BOARD PRESIDENT OF THIS STATE CHAPTER AND THE GROUP PROMOTES

**Part VI** Supplemental Information (Continuation)

EXCELLENCE IN PATIENT CARE, ENCOURAGES PROFESSIONALISM, AND ADVOCATES FOR PATIENTS, THEIR FAMILIES, THE PUBLIC, THE PROFESSION, AND THE RESPIRATORY THERAPIST. THE GROUP PLAYS A VITAL ROLE IN ADVOCACY WORK AT THE LOCAL, STATE, AND NATIONAL LEVELS. ALSO, IN FY24, ST. PETER'S HOSPITAL PARTNERED WITH THE CAPITAL REGION BOCES PROGRAM, NEW VISIONS HEALTH CAREERS. IN THIS COMPETITIVE AND RIGOROUS PROGRAM, STUDENTS PARTICIPATED IN CLINICAL ROTATIONS WHERE THEY LEARNED ABOUT HEALTH CAREERS FROM ST. PETER'S STAFF, PARTICIPATED IN GRAND ROUNDS AND SPENT TIME IN A WIDE VARIETY OF UNITS WHILE EXPLORING HEALTH CAREERS. THROUGH THIS EXPLORATORY PROGRAM, STAFF PROVIDED GUIDANCE AND MENTORSHIP FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY, AND OCCUPATIONAL THERAPY.

## 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:

A PERCENTAGE OF THE HOSPITAL'S BAD DEBT EXPENSE IS REPORTED ON LINE 3. THIS PERCENTAGE IS BASED ON THE SELF-PAY ACCOUNTS WITH NO PAYMENTS THAT WERE TRANSFERRED TO BAD DEBT AS COMPARED TO ALL OTHER PAYORS. THE RATIONALE IS THAT THESE SELF-PAY PATIENTS WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY APPLIED.

**Part VI** Supplemental Information (Continuation)

## PART III, LINE 4:

ST. PETER'S 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 14 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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

## PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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. THE HOSPITAL HAS IMPLEMENTED BILLING

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR,  
CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - ST. PETER'S HOSPITAL ASSESSES THE HEALTH STATUS OF ITS  
COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL  
COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE  
AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE  
COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL  
COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING  
AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH  
MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO  
PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. PETER'S HOSPITAL  
COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT  
OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR  
PAYMENT OBLIGATIONS AND HEALTH CARE 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

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO  
OR AT THE TIME OF ADMISSION OR SERVICE.

ST. PETER'S HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED  
MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS,  
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 AND GOVERNMENT 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.

## PART VI, LINE 4:

COMMUNITY INFORMATION - ST. PETER'S HOSPITAL IS LOCATED IN ALBANY, NY,  
WHICH IS IN ALBANY COUNTY AND IS ALSO THE CAPITAL OF NEW YORK STATE. FOR  
PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, ST. PETER'S HOSPITAL  
DEFINES ITS PRIMARY SERVICE AREA AS ALBANY AND RENSSELAER COUNTIES, WHICH  
REPRESENT THE HOME ZIP CODE OF 69% OF ITS PATIENTS. THE COMMUNITY SERVED  
BY ST. PETER'S HOSPITAL INCLUDES THE COUNTIES OF ALBANY, RENSSELAER, AND  
SCHENECTADY, FORMING A REGION POPULARLY CALLED THE CAPITAL DISTRICT. THE  
THREE COUNTIES PROVIDE A RANGE OF GEOGRAPHY THAT INCLUDES URBAN, SUBURBAN,  
AND RURAL SETTINGS. THE COMBINED POPULATION IN ALBANY, RENSSELAER, AND  
SCHENECTADY COUNTIES WAS 80.7% NON-HISPANIC WHITE, 9.5% BLACK OR AFRICAN

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

AMERICAN, 5.5% HISPANIC AND 4.3% OTHER RACES/ETHNICITIES IN 2020.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY ST. PETER'S HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NEW YORK. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PERSONS WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. THE POPULATION FOR THE THREE-COUNTY SERVICE AREA IS 643,312. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 24% OF PERSONS LIVE AT OR BELOW THE 200% FEDERAL POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS \$67,621.

HEALTH CARE ACCESS INDICATORS SHOW THE CAPITAL DISTRICT HAVING FEWER BARRIERS TO CARE THAN THE REST OF THE STATE. CAPITAL DISTRICT RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES COMPARED TO THE REST OF THE STATE. WHILE THE CAPITAL DISTRICT HAD GOOD HEALTH INSURANCE COVERAGE, 3.25% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

PART VI, LINE 5:

OTHER INFORMATION - ST. PETER'S HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITY IT SERVES, INCLUDING A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL IN NEED, REGARDLESS OF ABILITY TO PAY, A CANCER CENTER, CARDIAC CARE THAT IS RECOGNIZED FOR EXCELLENCE BY HEALTH AND HEART CARE ORGANIZATIONS, COMPLETE OBSTETRICAL AND NEWBORN SERVICES, DENTAL AND HEALTH CENTERS FOR UNINSURED AND UNDERINSURED MEMBERS OF OUR COMMUNITY, AND AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SERVICES. ST. PETER'S CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

ONE OF THE TOP HEALTH CARE ORGANIZATIONS IN UPSTATE NEW YORK, ST. PETER'S HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY, NOT ONLY AS A CARING COMMUNITY MEMBER, BUT ALSO AS A CATALYST FOR CHANGE. AS SUCH, WE PARTICIPATE IN MANY COMMUNITY PARTNERSHIPS AIMED AT ASSESSING THE CURRENT HEALTH STATUS OF OUR COMMUNITY AND IDENTIFYING OPPORTUNITIES TO MAKE A DIFFERENCE IN THE HEALTH OF OUR CITIZENS, WITH PARTICULAR ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. AS WE HAVE DONE FOR MANY YEARS, WE CONTINUE TO PLAY A MAJOR ROLE IN THE HEALTHY CAPITAL DISTRICT INITIATIVE, AN ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THE RESIDENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES. OUR PARTNERS IN THIS ENDEAVOR ARE THE LOCAL COUNTY HEALTH DEPARTMENTS, OTHER HEALTH CARE PROVIDERS, INSURERS, AND COMMUNITY MEMBERS. ST. PETER'S SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, CHURCHES, AND OTHER HEALTH CARE ORGANIZATIONS TO PROVIDE COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES AND PROACTIVE HEALTH CARE PROGRAMS, INCLUDING SITTING ON COMMUNITY BOARDS, COMMITTEES, AND ADVISORY GROUPS. ST. PETER'S ALSO PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A PART OF ITS OVERALL COMMUNITY BENEFIT. ONE CATEGORY OF THESE EXPENSES IS FOR EDUCATING HEALTH CARE PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE. THIS EDUCATION INCLUDES STUDENT INTERNSHIPS, CLINIC EXPERIENCE AND OTHER EDUCATION FOR PHYSICIANS, NURSES, PHYSICAL THERAPISTS, AND OTHER HEALTH CARE STUDENTS.

ST. PETER'S HOSPITAL OPERATED TWO FAMILY HEALTH CENTERS THAT ADDRESS THE HEALTH CARE NEEDS OF FAMILIES RESIDING IN AREAS WITH A HIGH INCIDENCE OF POVERTY AND HEALTH CARE DISPARITIES. THESE ARE DIVERSE POPULATIONS WITH

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

HIGH UTILIZATION OF PUBLIC TRANSPORTATION, PUBLIC ASSISTANCE, AND  
MEDICARE/MEDICAID. ST. PETER'S HOSPITAL EMPLOYED SOCIAL WORKERS AND  
COMMUNITY HEALTH WORKERS TO ADDRESS SOCIAL INFLUENCERS OF HEALTH AT THESE  
PRACTICES AND OFFER FINANCIAL ASSISTANCE AS WELL AS HEALTH CARE ENROLLMENT  
ASSISTANCE. THESE CLINICS ADDRESS CHRONIC ILLNESSES SUCH AS DIABETES AND  
ASTHMA AND CONNECT PATIENTS TO RESOURCES AND PROGRAMS WITHIN THEIR  
COMMUNITIES.

THE CLINICS OFFER A FULL RANGE OF HEALTH CARE SERVICES FOR THE ENTIRE  
FAMILY, INCLUDING: ROUTINE PEDIATRIC EXAMS (WELL-BABY AND WELL-CHILD  
CHECKUPS, SCHOOL, CAMP AND SPORTS PHYSICALS); ADOLESCENT MEDICINE; ROUTINE  
ADULT AND GERIATRIC HEALTH CARE (INCLUDING ANNUAL PHYSICALS FOR HEALTH  
MAINTENANCE, WORK, SCHOOL OR INSURANCE); CARE FOR ILLNESS, INJURY AND  
CHRONIC MEDICAL CONDITIONS; AND PREVENTIVE IMMUNIZATIONS AND PRECAUTIONARY  
INOCULATIONS, AS WELL AS CANCER SCREENING AND PROMOTION OF A HEALTHY  
LIFESTYLE. UNIQUE TO ST. PETER'S RENSSELAER FAMILY HEALTH CENTER, THE  
GROUP OFFERS REFUGEE HEALTH ASSESSMENTS IN CONJUNCTION WITH THE NEW YORK  
STATE DEPARTMENT OF HEALTH. THESE HEALTH CENTERS SERVED 18,464 PEOPLE  
DURING FY24.

ST. PETER'S ADDICTION RECOVERY CENTERS (SPARC) OPERATED BY ST. PETER'S  
HOSPITAL OFFER A FULL RANGE OF ADDICTION SERVICES LOCATIONS AND  
SPECIFICALLY OUTPATIENT REHABILITATION CLINICS TO ACCOMMODATE PATIENTS  
ACROSS THEIR ADDICTION JOURNEY. SERVICES PROVIDED INCLUDE COUNSELING,  
EDUCATION, MEDICATION-ASSISTED TREATMENT, AND PROGRAMS FOR ALL WALKS OF  
LIFE. PROGRAMS OFFERED CAN BE SPECIFIC TO ADOLESCENTS, THOSE EXPERIENCING  
HOMELESSNESS AS WELL AS PROFESSIONALS IN OUR COMMUNITIES. FIVE LOCATIONS  
OF ST. PETER'S ADDICTION RECOVERY CENTERS SERVED 43,806 PEOPLE IN FY24.

**Part VI** Supplemental Information (Continuation)

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS (SPHP), ST. PETER'S HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. ST. PETER'S HOSPITAL HAS AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF ST. PETER'S HOSPITAL BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION, AND RESEARCH PROGRAMS.

IN FY24, ST. PETER'S HOSPITAL REMAINED A "TOBACCO FREE" FACILITY, BANNING USE OF TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY. SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING ST. PETER'S HOSPITAL, TO REFLECT CHANGES MADE IN FY16 TO THE SPHP SMOKE FREE ENVIRONMENT POLICY. IN ADDITION, OUR CENTER FOR HEALTH PROGRAMS AND THE CAPITAL DISTRICT TOBACCO FREE COMMUNITIES WORKED TO ADVOCATE FOR COUNTY LEVEL AND STATEWIDE LEGISLATION THAT WOULD END THE SALE OF FLAVORED TOBACCO PRODUCTS, INCLUDING MENTHOL AND VAPE PRODUCTS.

THE ST. PETER'S HOSPITAL CHILDBIRTH CENTER CONTINUED TO HAVE BABY-FRIENDLY DESIGNATION. BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. THE CHILDBIRTH CENTER PARTICIPATES IN THE NYS BIRTH EQUITY IMPROVEMENT PROJECTS, WHICH

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

SEEKS TO IDENTIFY HOW INDIVIDUAL AND SYSTEMIC RACISM IMPACTS BIRTH OUTCOMES AT BIRTHING FACILITIES. THE GOAL OF THE PROJECT IS TO TAKE ACTION TO IMPROVE BOTH THE EXPERIENCE OF CARE AND PERINATAL OUTCOMES FOR BLACK BIRTHING PEOPLE IN THE COMMUNITIES WE SERVE.

ST. PETER'S HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE CURRENT CHNA. DURING FY24, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE COMMUNITY HEALTH IMPLEMENTATION STRATEGY: OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE. EACH GROUP MET ON A REGULAR BASIS THROUGHOUT FY24 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT IMPLEMENTATION STRATEGY. THESE GROUPS WERE LED BY HEALTHY CAPITAL DISTRICT (HCD), WHICH IS AN INCORPORATED NOT-FOR-PROFIT THAT WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH ISSUES.

DURING FY24, ST. PETER'S HOSPITAL SCREENED PATIENTS FOR SOCIAL INFLUENCERS OF HEALTH IN AMBULATORY, EMERGENCY DEPARTMENTS AND ACUTE CARE SETTINGS. THE QUESTIONS ADDRESSED A VARIETY OF ISSUES SUCH AS HOUSING, TRANSPORTATION, FOOD INSECURITY, HEALTH LITERACY, INTERPERSONAL SAFETY, AND ACCESS TO CARE. WORKFLOWS HAVE BEEN DEVELOPED TO CONNECT PATIENTS IN NEED OF ASSISTANCE TO GIVEN REFERRALS TO APPROPRIATE INTERNAL SPHP PROGRAMS AND COMMUNITY-BASED RESOURCES.

AS PATIENT NEEDS WERE IDENTIFIED, CONNECTIONS WERE MADE TO COMMUNITY RESOURCES WHERE APPROPRIATE. OUR COMMUNITY RESOURCE DIRECTORY HAS OVER

**Part VI** Supplemental Information (Continuation)

2,300 PROGRAMS IDENTIFIED, BOTH LOCALLY AND NATIONALLY TO ADDRESS NEEDS THAT MAY ARISE IN THE AREAS SUCH AS FOOD, HOUSING, TRANSPORTATION, FINANCIAL, EDUCATIONAL, EMPLOYMENT, LEGAL SERVICES, AND ADDITIONAL CARE BEYOND THE HOSPITAL.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

ST. PETER'S HEALTH PARTNERS, WHICH INCLUDES ST. PETER'S HOSPITAL, HAD A TOTAL COMMUNITY IMPACT IN FY24 OF \$182.2 MILLION.

PART VI, LINE 6:

ST. PETER'S HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,

**Part VI** Supplemental Information (Continuation)

2. INVESTING IN OUR COMMUNITIES, AND

3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

\$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG).

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

NY