



COMMUNITY BENEFIT REPORT 2011

NEW JERSEY HOSPITALS



**INJHA**  
NEW JERSEY HOSPITAL ASSOCIATION

**IHRET**  
HEALTH RESEARCH AND  
EDUCATIONAL TRUST OF NEW JERSEY



## DEAR NEIGHBORS AND COLLEAGUES,

**W**hat's a hospital worth? I imagine Wall Street could provide a dollar-and-cents answer based on revenues and expenses and an array of financial data. But ask an accident victim, a cancer patient or a frantic mom whose baby has a 104-degree fever in the middle of the night, and I think you'll get a much different response.

It's hard to define our hospitals' worth to their communities, their patients and to our state's overall well-being. They are often the largest employer in their community, providing jobs, income taxes and spending that ripple throughout state and local economies. They deliver free and discounted healthcare services to the poor, uninsured, aged and others who need a safety net. They provide educational opportunities and scholarships that help develop the next generation of healthcare professionals to care for us – and for our children and grandchildren. They support research that leads to medical breakthroughs. And they provide a broad array of community programs – some related to their healthcare missions and others that simply respond to a need in their community.

This report aims to measure the value of those many community benefit programs that New Jersey hospitals provide to their neighbors. While it's impossible to measure the full extent of hospitals' community contributions, this report offers a reasonable and impressive accounting: \$2.7 billion in services that touched the lives of our residents in more than 8.6 million individual "encounters."

No municipality, county or even the state could afford to replicate the social services and health benefits that New Jersey hospitals provide.

In this era of economic struggles and healthcare reform, much of our talk about hospitals tends to dwell on payment and policies. But healthcare is really about people, and this report focuses on the little-noticed but critically important "people programs" that are central to hospitals' caring missions. These programs, and the dedicated people behind them, are our indelible connection to our communities, and we're proud to share them with you.

Sincerely,

ELIZABETH "BETSY" RYAN, *President and CEO*  
New Jersey Hospital Association

## ABOUT THIS REPORT

**H**ospital community benefit is a planned, managed, organized and measured approach to a hospital's participation and contribution toward meeting identified community health needs. It includes collaboration with a community to benefit its residents – particularly the poor, minorities, disenfranchised and underserved groups – by improving their health status and quality of life and enhancing the overall health and well-being of local communities. Most people are often not aware of the multitude and variety of programs hospitals offer as part of their overall mission.

Hospitals develop community benefit programs to promote well-being and to respond to identified community needs. These programs meet at least one (or often more than one) of the following objectives:

- ⚙️ Improve access to healthcare services
- ⚙️ Enhance the health of the community
- ⚙️ Advance medical or healthcare knowledge
- ⚙️ Relieve or reduce the burden of government or other community efforts.

To the extent possible, the programs and services reported here follow the standard reporting categories recommended by the Catholic Healthcare Association and the Veterans Health Administration. These categories are Unpaid Costs of Patient Care; Community Health Improvement Services; Health Professions Education; Subsidized Health Services; Research – Clinical and Community Health; Cash and In-Kind Contributions; Community-Building Activities; and Community Benefit Operations. These categories and definitions are becoming increasingly standardized across the nation as more hospitals and healthcare organizations quantify the value of community benefit programs. For ease of reporting, this report combines these categories into four main groupings: 1) Unpaid Costs of Patient Care 2) Community Health Improvement Services 3) Health Professions Education, and 4) Other Community Benefit Services and Programs.

Unpaid costs of patient care include charity care services for the uninsured, the unpaid costs of treating Medicare and Medicaid patients and bad debts

hospitals absorb through uncollectable patient care costs. Community health improvement services include the range of healthcare services hospitals provide to their communities, including clinics, screenings and health education programming. Health professions education includes scholarships and on-site clinical training and residency programs for future physicians, nurses and other healthcare professionals. Other community benefit programs include initiatives that identify a unique community need – such as local safety partnerships, literacy programs and contributions toward municipal services.



This report provides a synopsis of activities in all four groupings provided by New Jersey hospitals in 2010. The information was gathered through a rigorous data collection process. It represents information collected from 51 hospitals (50 acute care hospitals.) Most of the information was collected electronically from New Jersey hospitals using Lyon Software's Community Benefits Inventory for Social Accountability (CBISA). Additional hospital information was gathered manually through a survey conducted by the Health Research and Educational Trust of New Jersey, a nonprofit affiliate of the New Jersey Hospital Association.

The values for charity care and government program shortfalls were gathered from publicly available data and extrapolated to represent the breadth of services provided by New Jersey acute care hospitals. Charges from the state Department of Health and Senior Services' charity care and Uniform Bill databases were converted to costs using hospital-specific, department-level ratios of cost to charges. Estimated payments from the Medicare, Medicaid and New Jersey charity care programs were netted against these costs to determine the shortfall amounts. The values for community benefit programs/activities were extrapolated based on the number of licensed beds, calculated by dividing the number for each data element by the total number of licensed beds in 50 participating acute care hospitals (16,585 beds) and multiplying by the total number of beds statewide (26,292 beds.) Estimation for one data element – government-sponsored means-tested programs – is based on data from

only 33 hospitals (submitted electronically through Lyon's CBISA Software) with a total of 10,300 beds. Extrapolations were based on data from acute care hospitals only.

This report reflects only a fraction of the considerable commitment New Jersey hospitals make to their communities to improve health and make this state a better place to live, work, grow and play. There are many more programs offered by hospitals that we have not been able to profile. To learn more about the details of community benefits your local New Jersey hospital offers, you should directly contact that hospital. General hospital contact information can be found at <http://www.njha.com/directories/>.

## EXECUTIVE SUMMARY

**M**ore than healthcare services. More than jobs. New Jersey's hospitals are a vital part of their communities whose contributions extend well beyond healthcare in the traditional sense.

Hospitals' mission of caring is matched by a commitment to service. And it's demonstrated and measured in myriad ways: free and discounted healthcare services to the poor and uninsured, community health improvement programs such as immunization clinics and health screenings, education and scholarships for the next generation of physicians and nurses, and many, many more.

This report quantifies the dollar equivalent of those many community programs and services. In 2010, New Jersey hospitals provided a grand total of nearly \$2.7 billion in community health programs, other community support, education and free or discounted healthcare services for the needy and uninsured. These activities totaled more than 8.6 million individual "encounters" between hospitals and members of their communities in 2010.



That total includes:

- ☀ Free and discounted care for the needy, uninsured, senior citizens and others who cannot pay their medical bills. Total value: \$2.2 billion
- ☀ 8,809 community health improvement programs that served residents through more than 7 million individual encounters. Total value: \$52 million
- ☀ Education and scholarships for more than 58,000 aspiring physicians, nurses and other healthcare professionals. Total value: \$146 million
- ☀ 4,323 other community programs including research, cash contributions to municipalities and programs that met specific community needs. Total value: \$293 million

Beyond those community benefits, New Jersey hospitals also inject billions into state and local economies. In 2009 (the most recent data available), New Jersey hospitals delivered:

- ☀ \$18.6 billion in total benefits to the New Jersey economy
- ☀ Nearly 145,000 jobs
- ☀ More than \$7.5 billion in employee salaries
- ☀ \$420 million in state income taxes paid by hospital employees
- ☀ \$2.3 billion in purchased services that support other New Jersey businesses.

New Jersey hospitals provide compassionate, quality care for all, regardless of their ability to pay. With each health service, screening, educational program and dollar invested to help people in need, hospitals advance the physical well-being and economic health of their communities. Their contributions reflect hospitals' unflagging belief that it takes more than medical care to make a community healthy. It takes education, prevention, investment, advocacy and a sincere sense of community responsibility and involvement. New Jersey hospitals are proud to embrace that community commitment.

# SURVEY OF N.J. HOSPITAL COMMUNITY BENEFITS OFFERED IN 2010 REPORT OF FINDINGS

Total Responses – 51 Hospitals (50 acute care hospitals) ■ 34 hospitals submitting data electronically through Lyons CBISA software ■ 17 hospitals submitting data manually ■ HRET Research Department, June 2011

## NEW JERSEY HOSPITALS' COMMUNITY BENEFITS PROVIDED IN 2010

UNPAID COSTS OF PATIENT CARE		NET BENEFIT (LOSS)	
CHARITY CARE <sup>1</sup>		\$	686,380,339
UNPAID COST OF MEDICAID		\$	142,080,727
UNPAID COST OF MEDICARE		\$	340,233,307
BAD DEBT AT COST <sup>2</sup>			\$1,000,000,000
<i>TOTAL UNPAID COSTS OF PATIENT CARE (STATEWIDE ESTIMATE)</i>			<i>\$2,168,694,373</i>
COMMUNITY BENEFIT SERVICES & PROGRAMS <sup>3</sup>	# OF PROGRAMS/ACTIVITIES	PERSONS SERVED	NET BENEFIT (LOSS)
<b>COMMUNITY HEALTH IMPROVEMENT SERVICES</b>			
COMMUNITY HEALTH EDUCATION	6,049	6,367,428	\$ 24,715,972
COMMUNITY-BASED CLINICAL SVS	1,393	317,446	\$ 8,148,694
HEALTHCARE SUPPORT SERVICES	1,249	437,769	\$ 9,495,954
OTHER	117	45,466	\$ 9,547,729
<i>TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES</i>			<i>\$ 51,908,349</i>
<b>HEALTH PROFESSIONS EDUCATION</b>			
PHYSICIANS/MEDICAL STUDENTS	125	10,823	\$105,447,025
NURSES/NURSING STUDENTS	78	17,372	\$ 18,888,707
OTHER HEALTH PROFESSIONAL ED.	155	13,895	\$ 5,539,682
SCHOLARSHIPS/FUNDING FOR PROFESSIONAL ED.	10	908	\$ 2,333,606
OTHER	52	15,942	\$ 13,322,736
<i>TOTAL HEALTH PROFESSIONS EDUCATION</i>			<i>\$ 145,531,756</i>
<b>OTHER COMMUNITY BENEFIT SERVICES &amp; PROGRAMS<sup>4</sup></b>			
SUBSIDIZED HEALTH SERVICES	1,100	395,577	\$112,870,909
RESEARCH – CLINICAL AND COMMUNITY HEALTH	101	8,965	\$ 2,692,244
CASH & IN-KIND CONTRIBUTIONS	355	73,354	\$ 14,145,183
COMMUNITY-BUILDING ACTIVITIES	2,706	213,167	\$ 9,703,370
COMMUNITY BENEFIT OPERATIONS	60	139,683	\$ 10,401,921
GOVERNMENT-SPONSORED MEANS-TESTED PROGRAMS	N/A	605,581	\$143,615,083
<i>TOTAL OF OTHER COMMUNITY BENEFIT PROGRAMS</i>			<i>\$293,428,709</i>
<i>TOTAL PROGRAMS/ACTIVITIES (REFLECTING EXTRAPOLATED DATA FROM 50 PARTICIPATING ACUTE CARE HOSPITALS)</i>			<i>\$490,868,814</i>
<b>TOTAL COMMUNITY BENEFITS</b>			<b>\$ 2,659,563,187</b>

1 The reported charity care number (\$686 million) reflects the estimated \$1.4 billion in actual costs incurred by hospitals statewide in 2010 (using 2009 data) for treating charity care patients, less \$665 million reimbursed to hospitals collectively by the state.

2 The estimated bad debt is slightly over \$1 billion; however due to variations in how hospitals report this data it is rounded to \$1 billion.

3 Data represents statewide estimates extrapolated from data submitted to NJHA/HRET by 50 acute care hospitals (17 manually through NJHA/HRET's Community Benefit Survey and 33 electronically through Lyon's CBISA Software). The extrapolation procedure was based on the number of licensed beds, calculated by dividing the number for each data element by the total number of licensed beds in 50 participating hospitals (16,585 beds) and multiplying by the total number of beds statewide (26,292 beds). Estimation for one data element (government sponsored means-tested programs) is based on data from only 33 acute care hospitals (submitted electronically through Lyons' CBISA Software) with a total of 10,300 beds.

4 "Other Community Benefit Services & Programs" reflects totals by major CHA categories, including: subsidized health services (emergency trauma svcs., neonatal intensive unit care, hospital outpatient svcs., burn units, women's/children's svcs., renal dialysis svcs., subsidized continuing care, behavioral health svcs., etc.); community-building activities (physical improvements/housing, economic development, community support, environmental improvements, leadership development/training for community members, coalition building, advocacy for community health improvement, workforce enhancement, etc.) and community benefit operation (assigned staff, community health needs, health assets assessment or other resources).

# 1. OVERVIEW OF FINDINGS

New Jersey hospitals provided nearly \$2.7 billion in community benefits in 2010, according to standardized community benefit reporting definitions by the Catholic Healthcare Association. That grand total reflects programs and services in four main groups:

- ⚙ Unpaid costs of patient care (\$2.2 billion)
- ⚙ Community health improvement services (\$52 million)

- ⚙ Health professions education (\$146 million)
- ⚙ Other community benefit services and programs (\$293 million)

This total represents 13,552 individual programs and more than 8.6 million distinct “service encounters” with community members. This table (left) shows the number of programs and activities in each category, the number of individuals served and the net benefit of the community programs (determined by the total program value less any offsetting revenue.)



# COMMUNITY BENEFIT IN ACTION

## A JUMPSTART IN FIGHTING AUTISM

New Jersey has the highest known prevalence of children with Autism Spectrum Disorders (ASD) in the country. Early screening and identification of children at risk for ASD is critical in making sure they receive early intervention to give them a better chance to reach their full potential.

Children's Specialized Hospital in New Brunswick recognized this vital need and implemented its Developmental Screening Clinic and Autism Program, which educates healthcare professionals about the importance of performing development surveillance and screening, especially screening for ASD.

Through the program, 165 pediatric healthcare professionals were trained at 63 sites, and the number of children referred for early screening and interventions increased dramatically.

Both of Alicia Arango's children were screened and then diagnosed with autism through the hospital's Developmental Screening Clinic.

"My son, Aiden, was 4-and-a-half when he went through the program after a long search for help. I was so relieved to finally find out what was wrong with Aiden," said Alicia.

Alicia began to see some of the same symptoms in her daughter, Angelina, when she was age 2.

"It was a lifesaver to be able to get her diagnosed even earlier. I love that hospital. They go out of their way to help everyone. I just wish more parents knew that this resource is available," said Alicia.

Aiden turns 7 this year and Angelina will be 5. Both are enrolled in school and doing well, reports their mom.

About 43.5 percent of the 468 children referred to the program in 2009 and 73 percent of 427 children referred in 2010 were found to be at risk for ASD. In addition to training healthcare professionals, the program's expert team conducted parent training workshops and offered therapies and support groups for newly diagnosed families to assist them in helping their children reach their potential.



## 2. UNPAID COSTS OF PATIENT CARE

New Jersey hospitals treat all patients who enter their doors, regardless of their ability to pay. It's a mandate written in the state's charity care law, as well as part of hospitals' caring mission. In addition, hospitals care for millions of patients each year on government health programs such as Medicare and Medicaid. All three programs – charity care, Medicare and Medicaid – pay hospitals for that care at rates that are below the actual costs of delivering the services. Hospitals' absorb those losses as part of their community commitment.

All told, New Jersey hospitals absorbed nearly \$2.2 billion in losses in 2010 caring for the state's poor, uninsured and senior citizen populations. The state's charity care program reimbursed hospitals an average of 49 percent of the costs of care, Medicaid reimbursed hospitals an average of 70 percent and Medicare reimbursed hospitals an average of 93 percent. The total includes \$686 million in unreimbursed charity care services; \$1 billion in uncollectable costs for treatment (also known as bad debt); \$340 million in unpaid care for Medicare patients and \$142 million in unpaid care for Medicaid patients.



# COMMUNITY BENEFIT IN ACTION

## HOSPITAL+CITY+SCHOOLS = HEALTHY KIDS

Childhood obesity has more than tripled in 30 years. It's an epidemic that affects far too many children and teenagers.

To combat this dangerous trend, AtlantiCare launched its Healthy Schools, Healthy Children program in 2010.

Working with Atlantic County's School Nurses Association, the Public Health Department, the Atlantic City Health Department and Rutgers Cooperative Extension Service, AtlantiCare developed a program that addresses the high rates of childhood obesity in Atlantic County by helping area schools promote healthy eating, physical activity and positive body image.



To date, more than 53 public and private schools have partnered with AtlantiCare for this initiative. As a result, 20 percent of area students reported positive behavior changes during the last two school years.

"Our program provides area schools with the tools necessary to make health a priority," says Samantha Kiley Ficaglia, who oversees the program. "There is such a strong connection between health and academic success. Initially, our school partners were a little hesitant, but now they are reaping the benefits – students who are healthy and ready to learn."

AtlantiCare hosted community events and education sessions that reinforced key healthy lifestyle messages, delivered monthly promotions supporting student and family participation in healthy behaviors and provided physical activity resources. In addition, AtlantiCare staff liaisons assisted schools in reforming existing policies and implementing wellness efforts and program design.

Through fitness plans, nutrition lessons, healthy food taste tests, staff exercise programs or school gardens, AtlantiCare is committed to finding innovative ways to accomplish schools' wellness goals.



# COMMUNITY BENEFIT IN ACTION

## A SPIRITUAL PATH TO GOOD HEALTH

It takes more than medical care to build a healthy community. Recognizing that reality, Palisades Medical Center turned to its local houses of worship to connect with individuals and families that had ignored their health needs because of economic, social and language barriers.

The result: Palisades' Faith-Based Community Outreach Program, which has strengthened the hospitals' reach into underserved communities and helped hundreds of residents access the health-care services they needed. Palisades worked with faith-based groups to offer free healthcare education, health screenings and affordable treatment referrals to the Hispanic population of Hudson and Bergen counties. Many of these residents are immigrants, and a large number are undocumented.

"Our local communities possess a very strong spiritual component. For many residents, participation in religious activities is a central part of family and community life, receiving significant respect and attention," says Palisades President and CEO Bruce Markowitz.

Additional partners included the North Hudson Community Action Corp., Christ Hospital School of Nursing and the Hudson Perinatal Consortium. The program offered screenings and information on blood pressure, blood sugar, cholesterol, heart rate, body mass index, peak flow and pulse oximetry. Thanks to those screenings, 3,500 community members were assessed and more than 550 people were referred for treatment with area clinics and local physicians.

Through the Faith-Based Community Program, local houses of worship have become a central part of residents' social, spiritual, and yes, physical well-being.

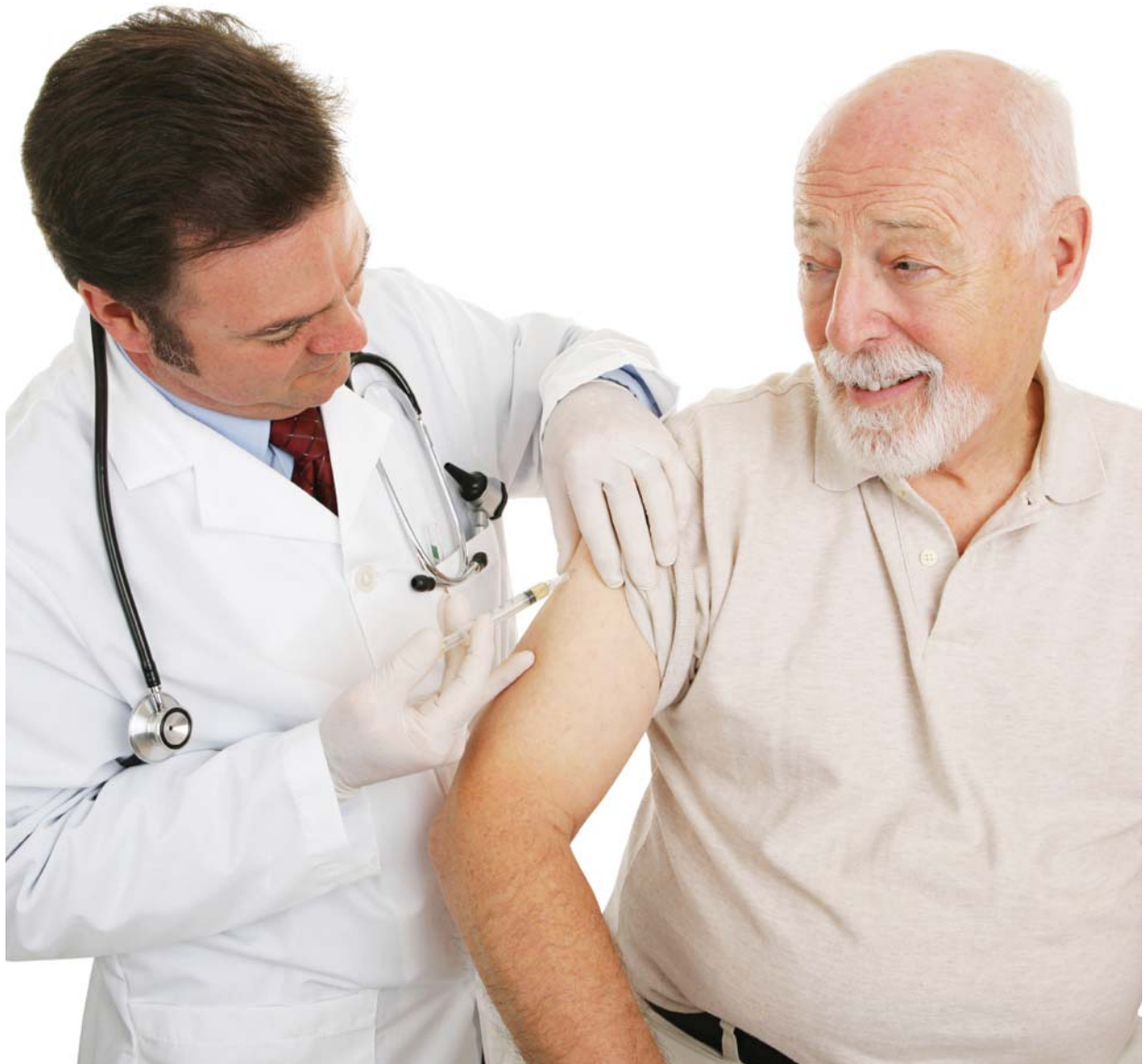


### 3. COMMUNITY HEALTH IMPROVEMENT SERVICES

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The category “community health improvement services” encompasses community programs that focus on health education, treatment and prevention. They include traditional health fairs, screening programs and immunization clinics, along with an array of innovative new approaches and partnerships that target unique community health needs.

In 2010, nearly 9,000 such programs served New Jersey residents in more than 7 million individual encounters, at a total value of \$52 million. These programs were offered in a variety of settings – inpatient, outpatient, in the home, in the workplace. They served all ages, from infants through senior citizens, and a number of special needs populations including persons with disabilities; racial and ethnic minorities; the uninsured; and the poor.



# COMMUNITY BENEFIT IN ACTION

## HELPING A CITY GET FIT

It started as a 12-week contest for hospital employees at Newark Beth Israel Medical Center. But it grew to become a major health and wellness initiative for the entire Newark community.

The Beth Challenge, designed after the popular television show “The Biggest Loser,” works to promote healthy living while fostering morale and teamwork. It has increased access to preventive healthcare through nutrition and wellness education, as well as affordable places to exercise.

Under the direction of Barbara Mintz, MS, RD, clinical nutrition manager at Newark Beth Israel Medical Center, participants receive nutrition education and exercise programs tailored to meet their needs and are required to weigh in weekly for the length of the contest. Personal health and fitness goals are set, and participants have 12 weeks to complete the challenge. In addition to weight loss, other goals include reduction in body mass index, body fat or reduction in blood pressure or cholesterol.

“The means to health and wellness and disease prevention is so desired and needed by this population,” said Mintz. “We want people to understand that the way they eat and how active they are can influence their long-term health.”



The program has been successful in several community areas, including work sites, churches, schools and Newark City Hall. Participants have reported not only weight loss, but a reduction in blood pressure and cholesterol as well as an increase in energy level, self-esteem and well-being. To date, the program has resulted in weight loss of more than 7,100 pounds from more than 1,600 participants.



# COMMUNITY BENEFIT IN ACTION

## ONE MINUTE COULD SAVE MEN'S LIVES

Through community outreach, Robert Wood Johnson University Hospital discovered that underserved minority men were suffering from a disproportionate incidence of prostate cancer.

Knowing the importance of early detection, RWJUH set out to develop strategies that would successfully reach New Brunswick's minority population. Partnering with the Mt. Zion AME Church and the Puerto Rican Action Board, RWJUH launched its One Minute Can Save Your Life Prostate Cancer Screening Program.

RWJUH built strong relationships with church-based men's groups, barber shops, local mail carriers, school coaches, health ministries and other groups to market the program.



RWJUH offered free screenings after work hours at the Cancer Institute of New Jersey where participants received a PSA test and rectal exam. Transportation, free parking and a light dinner also were provided. The program offered interpreter and translation services during the screenings and assistance with any needed follow-up visits.

"Prostate cancer does not discriminate," says Mariam Merced, director of the Community Health Promotions Program at RWJUH. "As a major academic medical center and healthcare provider in the City of New Brunswick, a key part of our mission is to promote wellness and offer programs that will improve the health of the communities we serve. Because New Brunswick is an incredibly diverse city, we aggressively promote the screenings and focus our outreach efforts on all segments of our community, whether it is African-American, Latino-American, Asian-American or Caucasian males. This terrible disease affects all males and their families so it is important for us to be both creative and comprehensive in our outreach efforts."

Since its inception, more than 4,200 men have participated in the program's annual screening. In 2010, 54 percent of participants were men of color.

## COMMUNITY BENEFIT IN ACTION

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### EDUCATING WOMEN ABOUT HEART DISEASE

**H**earth disease is the number one killer of women over age 25, yet it has always been thought of as a “man’s disease.” Nearly two-thirds of women who die from heart disease each year do so without ever recognizing prior symptoms.

The Valley Hospital’s Center for Women’s Heart Health raises awareness of the causes and symptoms of heart disease by providing resources and education to help women understand, prevent and treat the disease.

Using an array of outreach strategies including “pampering” events, the Center provides free cardiac risk assessment, including blood pressure, heart auscultation (including rate, rhythm and presence of murmur), pulse assessments, blood glucose monitoring and a limited neurological assessment.

If abnormalities are detected, further diagnostic testing is recommended and arranged. Results are reported to the patient and, should any further consultation become necessary, the patient is referred to the appropriate specialists.



This community effort has provided screenings to more than 1,300 women since its inception three years ago. An added benefit: More than 4,600 residents have a greater understanding of the risks and symptoms of heart disease.

## 4. HEALTH PROFESSIONS EDUCATION

Hospitals are a vital setting for graduate medical education, providing clinical education and residency programs for physicians, nurses and other healthcare professionals such as technicians. This education is an essential part of ensuring a well-trained healthcare workforce for the future – especially with projections of future shortages of primary care physicians, registered nurses and other healthcare professionals.

New Jersey is home to 48 teaching hospitals that provide graduate medical education to prepare the next generation of healthcare professionals. In 2010, New Jersey hospitals provided on-site education for 10,825 physicians and medical students, 17,372 nurses and student nurses and 13,895 additional healthcare professionals. All told, the value of that education reaches \$146 million. In addition, hospitals provided \$2.3 million in scholarships to 908 aspiring healthcare professionals.



# COMMUNITY BENEFIT IN ACTION

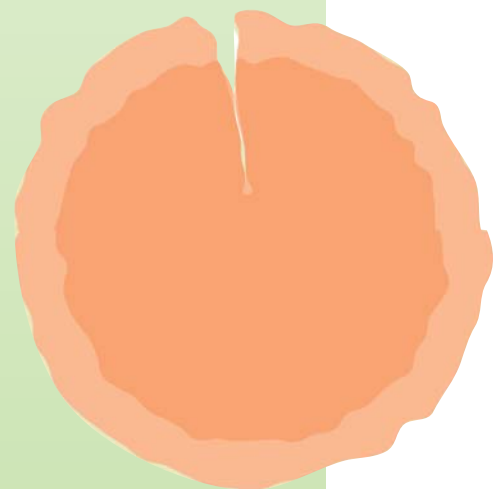
## HOUSING FOR THE HOMELESS

**H**omelessness knows no boundaries in Essex County. Thousands of men, women and children live in cars, on streets and in parks. Among them are many with disabilities, including serious mental illness, chronic substance abuse problems and AIDS or related complications.

Working on the premise that whole communities must be fully invested in reaching housing and healthcare goals, East Orange General Hospital partnered with local, county and federal agencies to develop a program that would eliminate barriers to healthcare and housing for the area's homeless population.

The Shelter Care Plus Program offers a wide range of supportive services such as case management, behavioral health counseling, transportation, financial counseling, medical evaluations and referrals to the homeless. Assessed by case managers and other support personnel, every participant is evaluated to determine an individualized plan for housing, education and job training opportunities as well as treatment options.

Since the program began, support services have been provided to more than 60 consumers and 30 one-bedroom units have been provided for homeless individuals.



## 5. OTHER COMMUNITY PROGRAMS

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New Jersey hospitals know that it takes more than healthcare services to ensure a community's well-being. Emotional health, education, safety and other social services also are part of hospitals' broad commitment to the people they serve. These services cover a wide array of community benefits – from medical research to financial donations to local partnerships that address a unique community need.

In 2010, New Jersey hospitals served more than 1.4 million individuals with other community programs valued at nearly \$294 million. The break-

down includes \$113 million in subsidized health services (defined as programs that hospitals provide to respond to a community need, despite financial losses associated with the program), \$144 million in other means-tested government programs (including costs associated with NJ FamilyCare and visits or services not covered by government programs), \$9.7 million in community-building activities, \$14 million in donations and \$2.7 million in health research. The total also includes \$10 million in support to hospitals' community benefit operations.



## 6. ADDITIONAL ECONOMIC CONTRIBUTIONS

Community benefit reporting does not include an accounting of hospitals' economic contributions, but no report on hospitals' community contributions is complete without the extensive economic benefits that hospitals bring to their communities. In December 2010, the New Jersey Hospital Association published *New Jersey Hospitals 2010: Economic Impact Report*, which measured the full impact of hospitals on local and state economies.

The report, using 2009 data from hospital cost reports filed with the state Department of Health and Senior Services, showed that New Jersey hospitals delivered \$18.6 billion in total expenditures that invigorated both state and local economies. In another vital indicator, New Jersey hospitals provided 145,000 jobs. Collectively, healthcare ranks as

the state's second largest employer, and hospitals are often the single largest employer in their host community.

Other statewide economic benefits cited in the report include:

- ⚙ Statewide employee payroll of \$7.5 billion
- ⚙ \$2.3 billion in purchased services that supported other businesses throughout the state
- ⚙ \$420 million in state income taxes paid by hospital employees
- ⚙ \$105 million in state and local taxes paid directly by hospitals.



## PARTICIPATING HOSPITALS

The New Jersey Hospital Association and Health Research and Educational Trust of New Jersey acknowledges the following hospitals that participated in NJHA/HRET 2011 Community Benefits Data Collection and voluntarily reported information on their 2010 community benefit programs and services.

AtlantiCare Regional Medical Center  
City Division

AtlantiCare Regional Medical Center  
Mainland Division

Bayshore Community Hospital –  
Meridian Health

Cape Regional Medical Center

Capital Health – Mercer Campus

Capital Health Regional Medical Center

CentraState Healthcare System

Children's Specialized Hospital – Robert Wood  
Johnson Health System

Chilton Hospital

Christian Health Care Center

Hackettstown Regional Medical Center

Hoboken University Medical Center

Holy Name Medical Center

Hunterdon Medical Center

Jersey Shore University Medical Center –  
Meridian Health

Kennedy University Hospital – Cherry Hill

Kennedy University Hospital – Stratford

Kennedy University Hospital – Washington Twp.

Lourdes Medical Center of Burlington County –  
Lourdes Health System

Morristown Medical Center – Atlantic Health

Mountainside Hospital

Newton Medical Center

Ocean Medical Center – Meridian Health

Our Lady of Lourdes Medical Center –  
Lourdes Health System

Overlook Medical Center – Atlantic Health

Palisades Medical Center

Raritan Bay Medical Center (Perth Amboy)

Raritan Bay Medical Center-Old Bridge Division

Riverview Medical Center – Meridian Health

Robert Wood Johnson University Hospital  
Hamilton

Robert Wood Johnson University Hospital  
(New Brunswick)

Robert Wood Johnson University Hospital  
at Rahway

Saint Clare's Hospital / Denville

Saint Clare's Hospital / Dover

Saint Clare's Hospital / Sussex

Saint Michael's Medical Center

Saint Peter's University Hospital

Shore Memorial Hospital

South Jersey Healthcare – Elmer Hospital

South Jersey Healthcare –  
Regional Medical Center

Southern Ocean Medical Center –  
Meridian Health

St. Francis Medical Center

St. Mary's Hospital Passaic

The Cooper Health System

The Valley Hospital

Trinitas Regional Medical Center

Underwood-Memorial Hospital

University Medical Center at Princeton

University of Medicine & Dentistry of NJ –  
University Hospital

Virtua Memorial

Virtua Berlin

Virtua Marlton

Virtua Voorhees

In total 51 hospitals provided community benefit data to NJHA/HRET – 17 hospitals submitted data manually through HRET's Community Benefit Survey and 34 hospitals submitted data electronically through Lyon Software's Community Benefits Inventory for Social Accountability (CBISA).

