

NEW JERSEY HOSPITALS
COMMUNITY BENEFIT REPORT 2012



HRET
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EDUCATIONAL TRUST OF NEW JERSEY

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NEW JERSEY HOSPITAL ASSOCIATION



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COMMUNITY BENEFIT REPORT 2012



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DEAR NEIGHBORS AND COLLEAGUES

New Jersey's hospitals serve as the cornerstones of their communities, providing programs and services to help neighborhoods thrive. From health screenings to educational programs—and everything in between—our hospitals consistently go beyond brick and mortar to build strong communities.

And now with the historic passage of the Patient Protection and Affordable Care Act, hospitals are being called to increase their accountability to the communities they serve.

New Jersey's hospitals have answered that call by delivering innovative, safe and effective medical services; providing on-demand medical treatment through emergency departments that are prepared to care 24 hours a day, 365 days a year; and sponsoring preventive programs that improve the health of citizens and help them enjoy healthy, productive lives.

Our hospitals are constantly responding to the evolving healthcare needs of patients in their communities. This requires planning, foresight and thoughtful execution.

Yes, hospitals must translate their activities into dollars. Yes, hospitals must measure their efforts through evidence and outcomes. However, those are the pieces that constitute the reporting of community benefit. The mission, decisions and actions undertaken, which in turn generate those numbers, is the foundation for community benefit.

It is no longer just about who comes through the doors of the hospital. New Jersey hospitals proactively are reaching out into their communities as active partners to improve the health of the people they so faithfully serve. This requires new and innovative ways of organizing and delivering services within the community and within their own organization.

Once again, our hospitals have demonstrated that they have achieved all this and more. It's impossible to measure the full extent of hospitals' community contributions; this report offers a reasonable and impressive accounting: nearly \$2.4 billion in services that touched the lives of our residents in more than 16.6 million individual "encounters."

Sincerely,







ELIZABETH "BETSY" RYAN, PRESIDENT AND CEO
New Jersey Hospital Association

ABOUT THIS REPORT

Hospital 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 often are 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 2011. The information was gathered through a rigorous data collection process. It represents information collected from 55 hospitals including 53 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's 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 53 participating acute care hospitals (17,901 beds) and multiplying by the total number of beds statewide (23,717 beds.) Estimation for one data element – government-sponsored means-tested programs – is based on data from only 41 hospitals (submitted electronically through Lyon's CBISA Software) with a total of 13,635 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.

EXECUTIVE SUMMARY





Despite a struggling economy, New Jersey's hospitals continue to branch out to the communities they care for reaching thousands of residents with a vast array of programs and services to keep people healthy.

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. New Jersey's hospitals know that it takes more than medical care to make a community healthy.






New Jersey's hospitals have demonstrated their commitment to caring in a host of 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 2011, New Jersey hospitals provided a grand total of nearly \$2.4 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 16.6 million individual "encounters" between hospitals and members of their communities in 2011.

THAT TOTAL INCLUDES:

-  Free and discounted care for the needy, uninsured, senior citizens and others who cannot pay their medical bills. Total value: \$1.8 billion
-  3,797 community health improvement programs and activities that served residents through more than 15 million individual encounters. Total value: \$44 million
-  Education and scholarships for more than 58,000 aspiring physicians, nurses and other healthcare professionals. Total value: \$112 million
-  2,806 other community programs including research, cash contributions to municipalities and programs that met specific community needs. Total value: \$339 million.

Beyond those community benefits, New Jersey hospitals also inject billions into state and local economies. In 2011 (the most recent data available), New Jersey hospitals delivered:

-  \$19.5 billion in total benefits to the New Jersey economy
-  Nearly 140,000 jobs
-  More than \$7.9 billion in employee salaries
-  \$435 million in state income taxes paid by hospital employees
-  \$2.5 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.

N.J. HOSPITALS' COMMUNITY BENEFITS PROVIDED IN 2011 REPORT OF FINDINGS

Total Responses – 55 Hospitals (53 acute care hospitals) (42 hospitals submitting data electronically through Lyon's CBISA software 13 hospitals submitting data manually), HRET Research Department November 2012

| UNPAID COSTS OF PATIENT CARE ¹ | | NET BENEFIT (LOSS) | |
|--|---------------------------|------------------------|------------------------|
| Charity Care | | \$ 595,486,358 | |
| Unpaid Cost of Medicaid | | \$ 113,075,309 | |
| Unpaid Cost of Medicare | | \$ 171,972,573 | |
| Bad Debt at Cost | | \$1,000,000,000 | |
| TOTAL UNPAID COSTS OF PATIENT CARE (STATEWIDE ESTIMATE) | | \$1,880,534,240 | |
| COMMUNITY BENEFIT SERVICES & PROGRAMS ² | # OF PROGRAMS /ACTIVITIES | PERSONS SERVED | NET BENEFIT (LOSS) |
| COMMUNITY HEALTH IMPROVEMENT SERVICES | | | |
| Community Health Education | 2,582 | 6,866,643 | \$23,461,113 |
| Community-Based Clinical Svs. | 992 | 7,557,350 | \$10,202,110 |
| Healthcare Support Services | 189 | 689,290 | \$6,646,949 |
| Other | 34 | 30,581 | \$4,405,963 |
| Total Community Health Improvement Services | 3,797 | 15,143,864 | \$44,716,135 |
| HEALTH PROFESSIONS EDUCATION | | | |
| Physicians/Medical Students | 57 | 9,044 | \$80,858,315 |
| Nurses/Nursing Students | 66 | 5,771 | \$11,723,449 |
| Other Health Professional Ed. | 174 | 27,498 | \$5,623,369 |
| Scholarships/Funding for Professional Ed. | 5 | 511 | \$105,231 |
| Other | 44 | 15,928 | \$13,960,455 |
| Total Health Professions Education | 346 | 58,752 | \$112,270,819 |
| OTHER COMMUNITY BENEFIT PROGRAMS ³ | | | |
| Subsidized Health Services | 180 | 586,107 | \$187,873,677 |
| Research – Clinical and Community Health | 121 | 7,186 | \$3,741,770 |
| Cash & In-Kind Contributions | 196 | 228,333 | \$9,107,357 |
| Community-Building Activities | 2,256 | 140,443 | \$10,604,953 |
| Community Benefit Operations | 53 | 99,438 | \$6,094,446 |
| Government-Sponsored Means-Tested Programs | N/A | 398,853 | \$122,060,371 |
| Total of Other Community Benefit Programs | 2,806 | 1,460,360 | \$339,482,574 |
| Total Programs/Activities (Reflecting extrapolated data from 53 participating acute care hospitals) | | 6,949 | 16,662,976 |
| TOTAL COMMUNITY BENEFITS | | | \$2,377,003,768 |

1. Data reflects the unpaid costs incurred by acute care non-profit hospitals statewide in fiscal year 2011 (Jul 2010 to Jun 2011) or calendar year 2011 (Jan 2011 to Dec 2011). Charity care shortfall reflects SFY 2011 subsidy data, with costs based off of CY 2009 documented charity care. Unpaid cost of Medicaid /Medicare is based on CY 2011 Uniform Bill discharge data and represents only the inpatient fee-for-service pop. 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.
2. Data represents statewide estimates extrapolated from data submitted to NJHA/HRET by 53 acute care hospitals (12 manually through NJHA/HRET's Community Benefit Survey and 41 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 53 participating hospitals (17,901 beds) and multiplying by the total number of beds statewide (23,717 beds). Estimation for government sponsored means-tested programs is based on data from only 41 acute care hospitals (submitted electronically through CBISA) with a total of 13,635 beds. Please note, the reported data might not reflect the entire number of programs/activities offered by participating hospitals.
3. "Other Community Benefit Programs" reflects totals by major CHA categories, including: subsidized health svs (emergency trauma, neonatal intensive unit care, hospital outpatient, burn units, women's/children's svs., renal dialysis, subsidized continuing care, behavioral health svs., 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 \$2.4 billion in community benefits in 2011, 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 (\$1.8 billion)

Community health improvement services (\$44.7 million)

Health professionals education (\$112 million)

Other community benefit services and programs (\$339 million)

The total represents 6,949 individual programs and more than 16.6 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:

GOING ON THE ROAD TO PROVIDE ACCESS TO HEALTHCARE

Beginning in March 2010, Saint Peter's University Hospital's Community Mobile Health Unit (CMHU) expanded its existing outreach program by offering preventive healthcare services for men, women and children at faith-based community organizations.

Working with faith-based leaders, the CMHU staff tailored health summits to meet the medical needs of the participants at each site. Faith-based organizations have deep roots in the communities in which they serve and are influential in their service areas. They can point out the importance of accessing medical services early on and help their members overcome their apprehension with knowledge and information.

"In my 33 years as a nurse and as a Catholic it was a real honor to be asked to provide health screening services to the priests of the diocese at their annual retreat. It was a wonderful event and it gave me the opportunity to offer care to those who normally are the caregivers. It also led to many other health fair opportunities at parishes throughout the Diocese of Metuchen," said Marge Drozd, MSN, RN, APRN-BC, director, Community Mobile Health Services, Saint Peter's University Hospital.

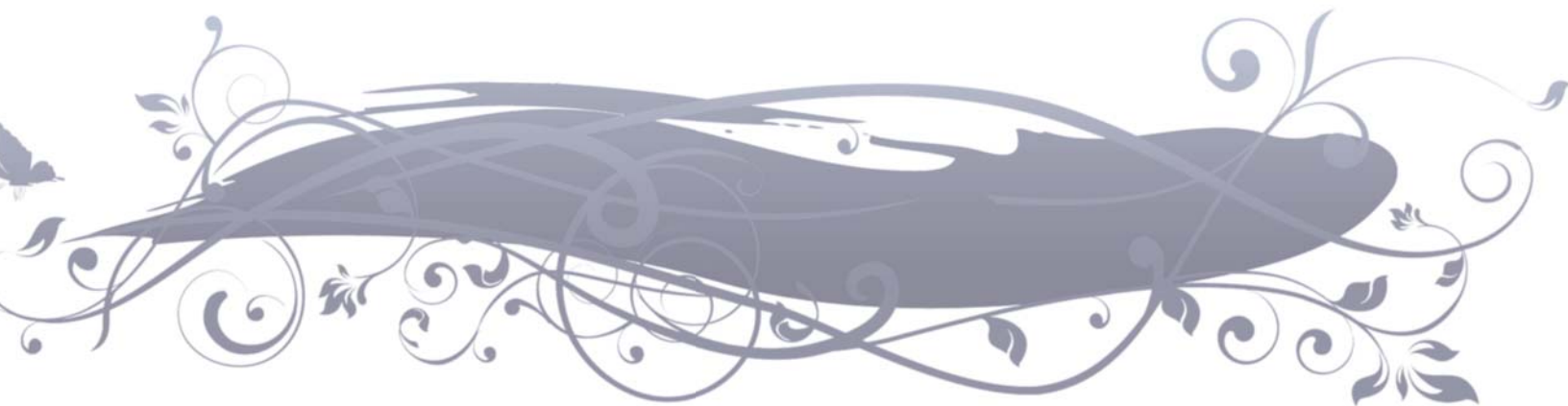
Services at the health summits included: blood pressure screenings, blood sugar tests, body mass index, cholesterol testing, osteoporosis screening, vision and hearing screenings, immunizations and basic nutrition information as well as referrals to community-based healthcare clinics.



In addition, bilingual financial counselors were available to expedite appointments with the Family Practice Center at Saint Peter's satellite clinic. Their presence at the health summits was critical in linking attendees with medical needs to a medical home in a timely fashion.

If an abnormality was found during the testing and screening process, CMHU clinical staff followed up with the patient by telephone and mail to ensure that he or she accessed the needed healthcare resources.

In the course of one year, the CMHU provided health and education services to more than 800 people.



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 more than \$1.8 billion in losses in 2011 caring for the state's poor, uninsured and senior citizen populations. The state's charity care program reimbursed hospitals an average of 50 percent of the costs of care, Medicaid reimbursed hospitals an average of 70 percent and Medicare reimbursed hospitals an average of 94 percent. The total includes \$595 million in unreimbursed charity care services; \$1 billion in uncollectable costs for treatment (also known as bad debt); and \$172 million in unpaid care for Medicare patients and \$113 million in unpaid care for Medicaid patients.



COMMUNITY BENEFIT IN ACTION:

FREE MEDICATIONS OFFER FINANCIAL RELIEF TO CHRONICALLY ILL PATIENTS

For many low-income or uninsured chronically ill patients, the decision to purchase costly, lifesaving prescription medication versus food or paying the rent is a harsh reality. Yet, without the medication, they are faced with dealing with illnesses that can be detrimental to their long-term health or in some cases, fatal.

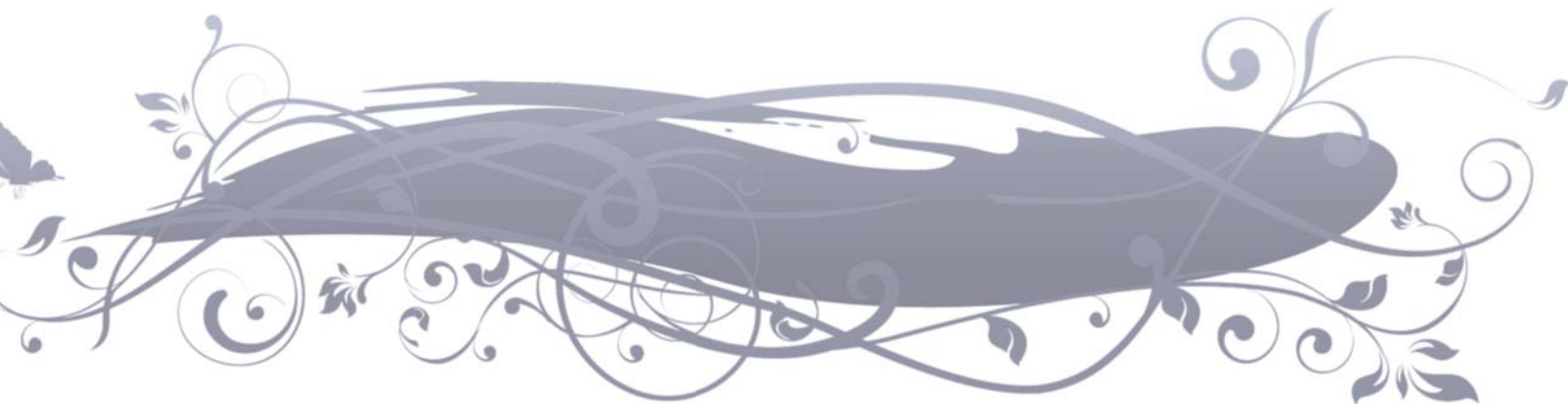
The Medication Assistance Program (MAP) at Somerset Medical Center in Somerville was designed to help ease the financial burden and ultimately improve the patients' health and quality of life so they could go to work, care for their families and perform basic daily activities.

In collaboration with several local agencies, including the Somerset County Food Bank, local pharmacies and others, Somerset Medical Center's MAP provides patients with one-on-one case management, education and free medication through the guidance of a designated registered nurse. Serving as both a health coach and advocate, the RN meets with patients throughout the year to assist them with medication questions and renewals. The RN also helps them navigate the healthcare process so they can become more independent healthcare consumers.



"Through our Medication Assistance Program, we have successfully helped the uninsured in our community to manage their health and chronic diseases, such as diabetes," said Serena Collado, director of Somerset's Community Health Department. "We not only help them save money on their prescription medications but help them understand how to use their medications and track that they are following their treatment regimens."

The MAP has served more than 1,500 patients since 2008, provided more than \$958,000 in free medication and saved participants more than \$300,000.



COMMUNITY BENEFIT IN ACTION:

INCREASING COMMUNITY AWARENESS OF TEEN SUICIDE

Teen suicide has plagued the community of Manasquan and its surrounding areas in recent years. To increase community awareness of this sensitive issue, the Community Advisory Committee at Jersey Shore University Medical Center established Team Hope, a new program that offers accessible resources for both adolescents and parents at its Samaritan Center.

Team Hope was designed to organize and create community events for teens and their families and to give them access to a supportive and positive environment. As participation in the program grew, with the help of faith-based counseling, consulting and education about teen suicide, more organizations and individuals became involved.

The program has received much positive feedback while also bridging the gap of communication between teens and adults, thanks to free events such as Surf Jam and seminars like "Why Are They So Angry?" that were arranged by the Team Hope committee. These events have strengthened families and provided adequate resources to inform the community about the difficulty that comes with the loss of life from teen suicide.

From the start, Team Hope has focused on increasing participation and raising awareness. And by adding expert faculty such as Ramon Solhkhah, MD, chairman of the Department of Psychiatry at Jersey Shore Medical Center, it helped build a base of people who understand the importance of supporting the communities they serve.

Going forward, "The program is looking to reach out to more kids and pull them into the services that are offered by establishing events with the local middle and high schools, helping to increase their knowledge about the Samaritan Center and Team Hope," said Dr. Solhkhah.

The Samaritan Center and Team Hope has been a great success for Manasquan and its surrounding communities. More than 550 people enjoyed the Surf Jam while over 150 school counselors and parents attended the "Why Are They So Angry?" seminar. With its growing success, the Samaritan Center and Team Hope continue to increase awareness for teen suicide and help communities become better prepared to confront this difficult issue.



3. COMMUNITY HEALTH IMPROVEMENT SERVICES

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 2011, nearly 3,800 such programs served New Jersey residents in more than 15 million individual encounters at a value of almost \$45 million. These programs were offered in a variety of settings – inpatient, outpatient, in the home and 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:

GIVING RESIDENTS A ROLE IN THEIR HEALING PROCESS

An affiliate of the University of Medicine and Dentistry of New Jersey, the Broadway House for Continuing Care (BHCC) is New Jersey's only specialized HIV/AIDS nursing care facility that provides comprehensive services 24/7 to meet the post-acute medical and psychosocial needs of persons living with HIV/AIDS.

BHCC's primary objective is to assure that every resident realizes his or her greatest potential in an environment that fosters dignity and respect. However, a clear need was identified to reduce disparities of outcomes related to the residents' role in their own healing process. The need to enhance residents' ability to benefit from participation in therapeutic activities was observed by BHCC's Activities staff beginning in January 2011 and as a result, The Broadway House Healing Empowerment Learning Program (HELP) was launched.

Since then, this program has become an integral part of the facility's therapeutic program, serving 250 HIV-positive residents annually. Working within the existing department budget and expanding therapeutic and off-site trip opportunities, HELP was implemented to empower residents to participate in their own healing process.

"The HELP program is a win-win program. Residents are empowered to engage in their own medical care; they get to attend off-site events that they value; residents' behavior and health improve; and as a result of attending group educational and counseling programs, when residents are discharged, their improved behavior may result in less spreading of HIV infection to others," said Patricia Alfano, RN, assistant executive director of BHCC.

For each group a resident attends, he or she earns one or more HELP points. These points are then used to get a pass for a desired off-site trip. BHCC Activities staff expanded onsite offerings, coordinating closely with other BHCC departments and working with an increasing number of partners such as NJPAC, New York Liberty, Newark Bears, AMC Theater, Newark Museum and Belmar Beach.

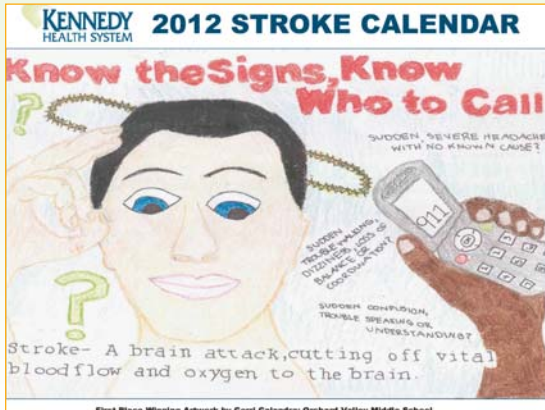
According to a resident participating in the HELP Program, "HELP has shown me that not everything is lost. There is always something to be found."

In addition, the program is cost effective since measurable resident participation gains and observable behavior gains over six months were achieved with no added cost to the facility.



COMMUNITY BENEFIT IN ACTION:

CALENDAR CONTEST BUILDS STROKE AWARENESS



Strokes can strike at any time – seven days a week, 365 days a year. So what better way to raise awareness of the warning signs of stroke than on a calendar?

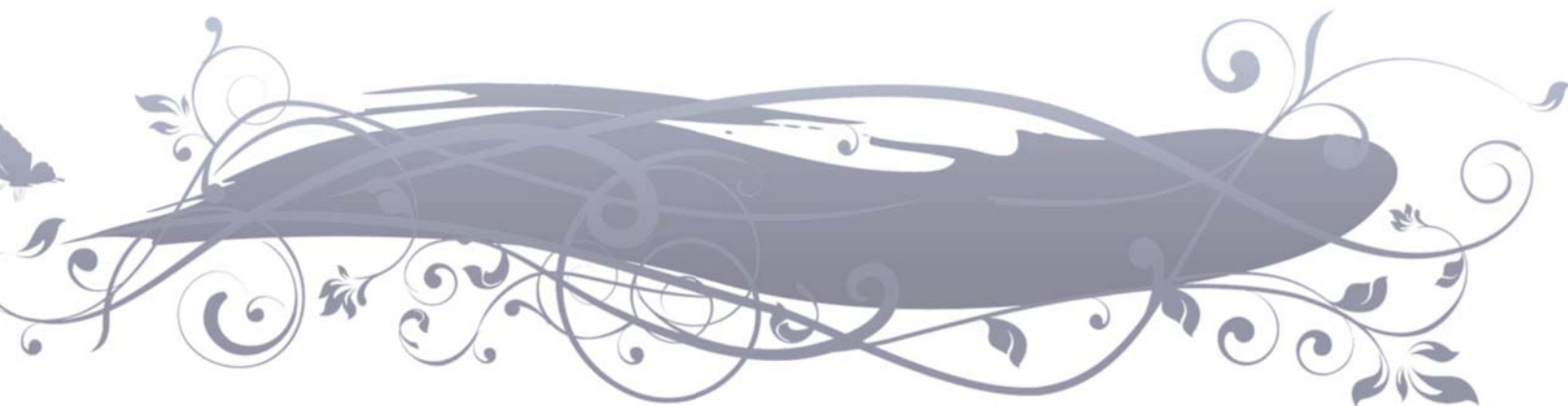
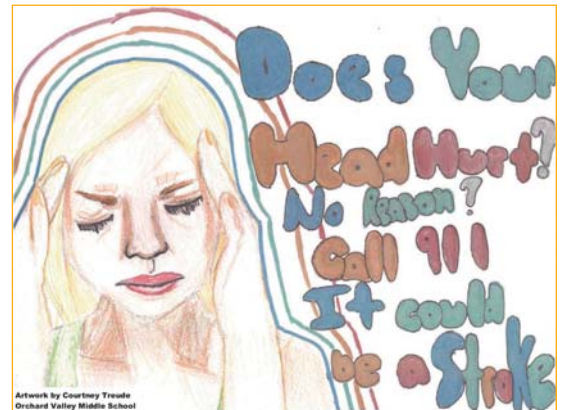
Kennedy Health System used that approach to engage and educate a wide audience in its Stroke Awareness Calendar Contest. Kennedy University Hospital in Washington Township partnered with a local school, Orchard Valley Middle School, to educate students about stroke and then challenged them to use their creative talents to depict the warning signs of stroke in their own original artwork.

Kennedy ICU staff nurses worked with Orchard Valley's school nurse to provide information packets to the students about the warning signs of stroke and how timely medical care can greatly

mitigate the effects of a stroke. Students were taught the importance of calling 911 immediately for anyone exhibiting stroke symptoms.

Thirteen winning entries were selected from the students' creations and they were featured in a calendar. Two-thousand copies of the calendar, created on a shoestring budget of \$5,000, were distributed through the school and the hospital. The modest, low-cost effort cut across generations in raising stroke awareness – first by educating the young artists, and then by sharing their knowledge and creativity with the broader community.

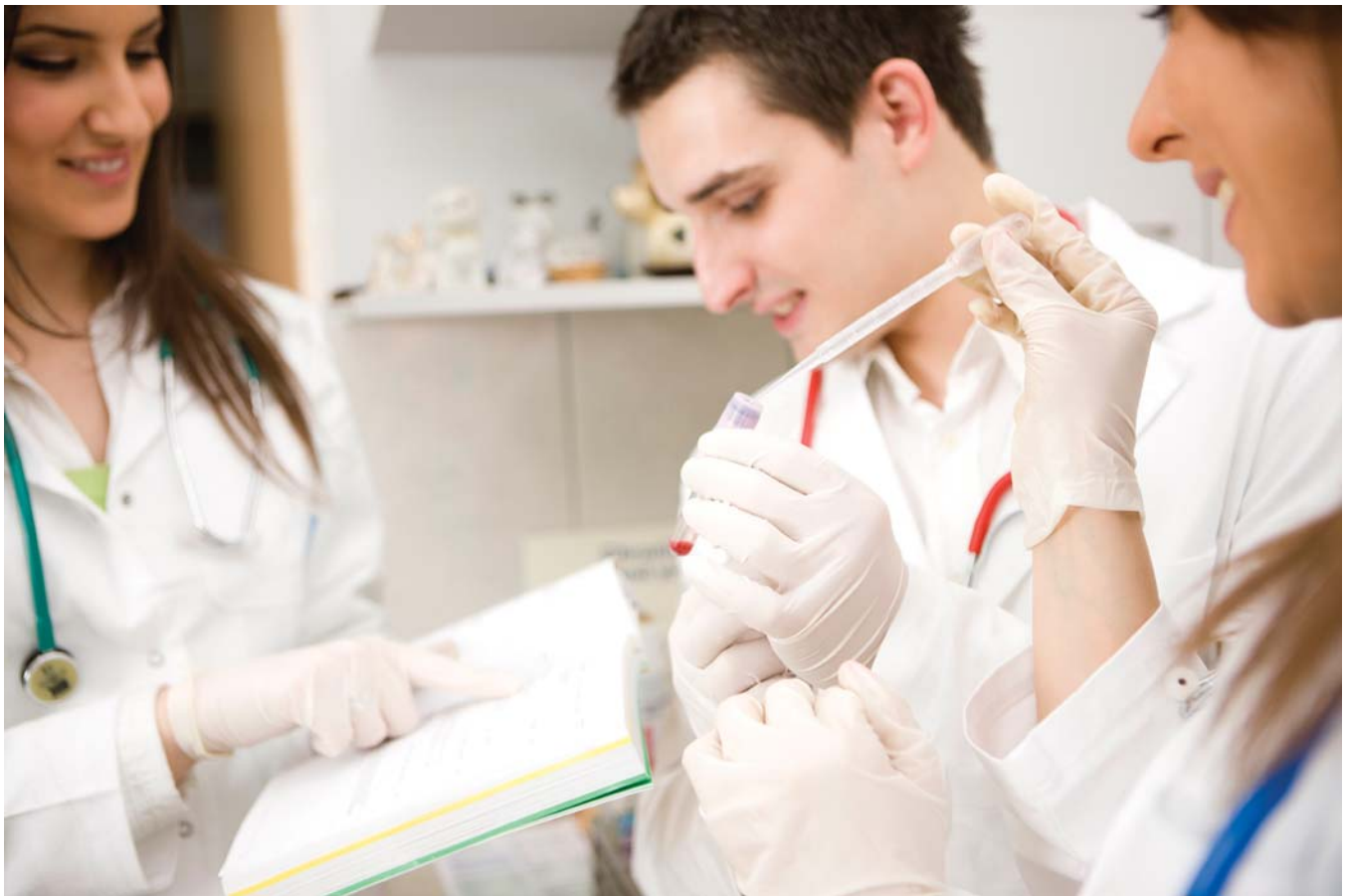
This simple act of community engagement and awareness is easily replicated and sustainable, an example of the healthcare community's creative approach to grassroots engagement.



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. The 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 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. All told, the value of that education reaches \$112 million. In addition, hospitals provided \$105,231 in scholarships to 511 aspiring healthcare professionals.



COMMUNITY BENEFIT IN ACTION:

CATCHING A FALL BEFORE IT HAPPENS



Each year approximately one-third of elderly adults experience a fall, and while the majority of these occur outside the walls of a healthcare institution, the direct medical cost is about \$20 billion annually. According to the Centers for Disease Control and Prevention, falls are the most common cause of injuries to adults aged 65 or older – including the leading cause of injury-related deaths.

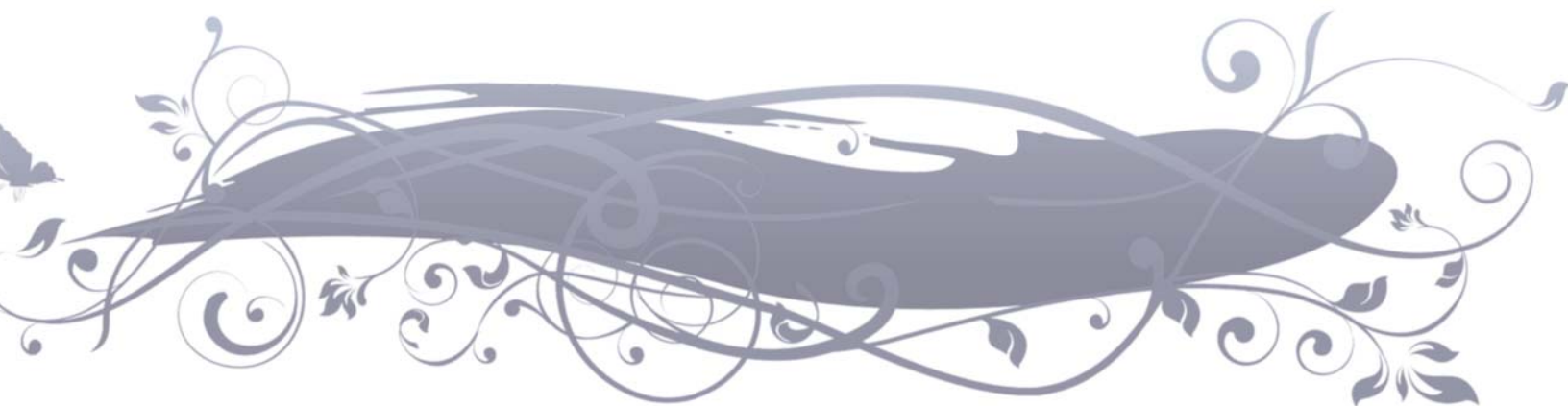
Proactive strategies can help seniors protect themselves from falls, and that was the inspiration for the “Catch a Fall Before It Happens Program” at Robert Wood Johnson University Hospital-Hamilton.

The RWJ Hamilton team combined education, outreach, screenings and other strategies to promote the lifestyle changes and self-management skills that seniors can use to protect themselves from falls.

The hospital offered balance screenings and osteoporosis screenings for at-risk individuals. Those with signs of osteoporosis were referred for further evaluations, while those with balance issues were referred to one of RWJ Hamilton's two Balance Centers. Advanced screenings at the Centers included testing for some of the factors that contribute to balance issues, including inner ear function and neurological or vestibular disorder. “Computerized dynamic posturography,” which uses sensors and computer monitors, was used to record individuals' body movement during balance tests.

But while the program relied on such high-tech innovation, other components were decidedly traditional – including good old-fashioned exercise. The RWJ Hamilton Center for Health and Wellness offered a 50-plus walking group, tai chi classes and aqua-exercise to its large base of senior citizen members. The Center also hosted community education programs addressing the physical risk factors associated with falls. The educational outreach culminated in a Fall Prevention Day that included free screenings for balance, osteoporosis, vision, foot/shoe wear and other risk factors for falls.

The results: 6,532 older adults screened; 1,181 enrolled in exercise programs; and 1,457 educated about the risk of falls. A full 95 percent of program participants said they were making positive lifestyle changes to reduce their risk of falls.



5. OTHER COMMUNITY PROGRAMS

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 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 2011, New Jersey hospitals served more than 1.4 million individuals with other community programs

valued at more than \$339 million. The breakdown includes \$188 million in subsidized health services (defined as programs that hospitals provide to respond to a community need, despite financial losses associated with the program), \$122 million in other means-tested government programs (including costs associated with NJ FamilyCare and visits or services not covered by government programs), \$10.6 million in community-building activities, \$9 million in donations and \$3.7 million in health research. The total also includes \$6 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 October 2012, the New Jersey Hospital Association published the *New Jersey Hospitals 2012: Economic Impact Report*, which measures the full impact of hospitals on the local and state economy.

The report, using 2011 data from hospitals' cost reports filed with the state Department of Health, showed that New Jersey hospitals delivered \$19.5 billion in total expenditures that invigorated both state and local econ-

omies. In another vital indicator, New Jersey hospitals provided 140,000 jobs. Collectively, healthcare ranks as the state's second largest employer, and hospitals often are the single largest employer in their host community.

Other statewide economic benefits cited in the report include:

- Statewide employee payroll of \$7.9 billion
- \$2.5 billion in purchased services that supported other businesses throughout the state
- \$435 million in state income taxes paid by hospital employees
- \$132 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 the NJHA/HRET 2012 Community Benefits Data Collection and voluntarily reported information on their 2011 community benefit programs and services.

AtlantiCare Regional Medical Center City Division
AtlantiCare Regional Medical Center Mainland Division
Bacharach Institute for Rehabilitation
Bayshore Community Hospital – Meridian Health
Cape Regional Medical Center
Capital Health Medical Center – Hopewell
Capital Health Regional Medical Center
CentraState Healthcare System
Children's Specialized Hospital –
Robert Wood Johnson Health System
Chilton Hospital
Englewood Hospital and Medical Center
Hackettstown Regional Medical Center
Holy Name Medical Center
Hunterdon Medical Center
Jersey Shore University Medical Center –
Meridian Health
JFK Medical Center
Kennedy University Hospital – Cherry Hill
Kennedy University Hospital – Stratford
Kennedy University Hospital – Washington Twp.
Lourdes Medical Center of Burlington County –
Lourdes Health System
Meadowlands Hospital Medical Center
Morristown Medical Center – Atlantic Health System
Newton Medical Center – Atlantic Health System
Ocean Medical Center – Meridian Health
Our Lady of Lourdes Medical Center –
Lourdes Health System
Overlook Medical Center – Atlantic Health System
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)
Saint Clare's Hospital/Denville
Saint Clare's Hospital/Dover
Saint Clare's Hospital/Sussex
Saint Peter's University Hospital
Shore Medical Center
Somerset Medical Center
South Jersey Healthcare – Elmer Hospital
South Jersey Healthcare – Regional Medical Center
Southern Ocean Medical Center – Meridian Health
St. Francis Medical Center
St. Joseph's Regional Medical Center
St. Joseph's Wayne Hospital
St. Luke's Hospital – Warren Campus
The Cooper Health System
The Valley Hospital
Trinitas Regional Medical Center
Underwood-Memorial Hospital
University Medical Center of Princeton at Plainsboro
University of Medicine & Dentistry of NJ –
University Hospital
Virtua Memorial Hospital Burlington
Virtua Berlin
Virtua Marlton
Virtua Voorhees

In total, 55 hospitals provided community benefit data to NJHA/HRET – 13 hospitals submitted data manually through HRET's Community Benefit Survey and 42 hospitals submitted data electronically through Lyon Software's Community Benefits Inventory for Social Accountability (CBISA).