Community Benefit Report

OVERVIEW OF HOSPITAL CHARITABLE ACTIVITIES
IN 2017, NH NON-PROFIT COMMUNITY HOSPITALS PROVIDED OVER $446 MILLION DOLLARS IN COMMUNITY BENEFITS.

“TRUE GIVING KNOWS NO SEASON.”
- Florence E. King
NH hospitals are driven by a mission to provide high quality health care and improve the health and well-being of the communities they serve.

As anchor institutions in their communities, they work beyond their hospital walls and invest in vital services, programs, and strategies that enable people to access what they need to lead healthier, more vibrant lives. These initiatives help patients navigate systems of care, find ways to pay for life saving medications, and link with services that put food on the table and a roof over their heads.

From the North Country to the southern border, from our small towns to our growing cities, NH hospitals recognize that every New Hampshire resident should have the opportunity to live a healthy life regardless of who they are or their zip code. They understand that much of what influences our health happens outside of the doctor’s office—in our schools, workplaces, and neighborhoods.

That’s why NH hospitals make it a priority to engage and collaborate with community partners to share resources, skills, and expertise, leveraging opportunities to meet the most critical health needs of our communities and help make the vision of a healthy place a reality. Very simply, NH hospitals strive to create healthy people in healthy places, with their motivation being their patients and communities.

In the following pages, you will see the most significant priority needs identified by NH hospitals, data demonstrating hospital commitment to community investment, and learn more about the specific ways in which hospitals affect the lives of the people and places they care for.
COMMUNITY HEALTH NEEDS IN NH

The priority needs identified through the health needs assessment process guide the hospitals in determining which charitable activities and program investments will have the most impact on improving the health of their communities. Once identified, these activities and investments are then implemented through the hospitals’ community benefit action plan.

**TOP 14 PRIORITY COMMUNITY NEEDS REPORTED BY NH NON-PROFIT HOSPITALS IN 2018:**

<table>
<thead>
<tr>
<th>Community Health Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use; Lifestyle Issues</td>
<td>65%</td>
</tr>
<tr>
<td>Obesity</td>
<td>65%</td>
</tr>
<tr>
<td>Mental Health: Prevention &amp; Care</td>
<td>57%</td>
</tr>
<tr>
<td>Availability of Behavioral Health Care</td>
<td>52%</td>
</tr>
<tr>
<td>Access to Care: General</td>
<td>43%</td>
</tr>
<tr>
<td>Availability of Dental Care</td>
<td>39%</td>
</tr>
<tr>
<td>Chronic Disease: Prevention &amp; Care</td>
<td>39%</td>
</tr>
<tr>
<td>Aging Population</td>
<td>35%</td>
</tr>
<tr>
<td>Access to Care: Financial Barriers</td>
<td>30%</td>
</tr>
<tr>
<td>Alcohol/Drug Treatment*</td>
<td>26%</td>
</tr>
<tr>
<td>Adult Tobacco Use</td>
<td>26%</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>22%</td>
</tr>
<tr>
<td>Poverty</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>22%</td>
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</tbody>
</table>

*Access/Availability of Alcohol/Drug Treatment*
Financial assistance to access care accounted for $277.8 million (62%) of total community benefits. Examining financial access to health care more closely identified more than $235 million in unreimbursed Medicaid costs and $41.4 million in direct financial assistance (e.g., charity care) at cost to low income persons. Costs of other government health programs for which patients qualify based on their income totaled just over $1 million.

Other community benefits accounted for $168.3 million (38%) provided in community benefits. Examples of expenditures include mobile medical vans; scholarships for health careers; cash grants to community agencies for work that supports community health, etc.

*Data reflects the latest community benefits financial information reported to the IRS.*
BY THE NUMBERS

The national healthcare landscape has shifted dramatically over the last five years, reshaping the way hospitals and healthcare systems deliver care to their patients and communities and transforming the healthcare delivery system through better integration, efficiency and coordination. Despite challenges like increasing unreimbursed Medicaid and Medicare costs, hospitals have remained dedicated to investing in the health of their communities. Their ability to increase their community benefit activities are enhanced by reduced financial assistance costs, due in part to expanded health coverage achieved through the Affordable Care Act, including Medicaid Expansion and individual coverage, which has led to increased access to health care services.

$284.6M
Unreimbursed Medicare costs totaled $284,644,687 in 2017, due to total Medicare costs of $1,643,305,083 while total Medicare revenues were only $1,358,660,396.

$235.3M

$92.5 MILLION
Hospitals reported $92,531,205 in subsidized health services.

Financial assistance for access to health care decreased from 2013–2017 by $50,826,108 or 15%.
The decrease in financial assistance for access to health care is a sign that the benefits of expanded health coverage are taking hold. With the Affordable Care Act, including Medicaid Expansion and individual coverage, we have seen a reduction in the number of uninsured patients. This reduction has in turn resulted in a decrease in the amount of financial assistance our patients require when accessing health care services.

$4,821,572
Total other community benefits increased from 2013-2017 by $4,821,572 or 3%. 
MAKING AN IMPACT:
NH HOSPITALS IN THE COMMUNITY

Alice Peck Day Memorial Hospital:
Lebanon Lunch Friends

Each summer, Lebanon Lunch Friends provide free lunches to eligible local children who no longer have access to free or reduced-price meals at school. The program serves 140 lunches per day, five days each week, to area students over summer vacation from mid-June through mid-August.

Lunches are prepared daily at the White River School in White River Junction, Vermont. Volunteers make sandwiches, prepare vegetables, and assemble the lunches into bags. The program keeps about 30 volunteers busy throughout the summer.

The Lebanon Lunch Friends is part of the Summer Lunch Program offered through a partnership with the Public Health Council of the Upper Valley and the Hartford Community Coalition.

This program helps address one of the top 10 concerns identified in the Community Health Needs Assessment (CHNA)—access to healthy, nutritious food. The CHNA was completed by Dartmouth Hitchcock, Alice Peck Day Memorial Hospital, and Visiting Nurse and Hospice for VT and NH in partnership with Mt. Ascutney Hospital and Health Center, Valley Regional Healthcare, New London Hospital and the New Hampshire Community Health Institute. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement.
**SPEARE MEMORIAL HOSPITAL:**

**TRANSPORT CENTRAL**

Speare has a community health grant program that helps fund organizations that address a specific community need, as identified in the Central New Hampshire Health Partnership Community Health Needs Assessment (CHNA). One of those recipients was Transport Central, a non-profit organization established to provide transportation services to medical appointments for residents of central NH.

**TRAVIS WESCOTT’S STORY**

“Without Transport Central, I wouldn’t be able to get the help I need to heal,” says Travis during a recent visit to Speare’s Wound Care & Hyperbaric Medicine Center.

“They treat you like family and really accommodate your needs when getting around is a struggle.” It’s been seven years since Travis was thrown from an ATV, leaving him with a spinal cord injury, nearly losing his life. In the years since, he has made great strides, including learning how to ski independently.

Travis has relied on Transport Central to bring him to his Speare appointments. Staffed with volunteer drivers, Transport Central serves 19 communities in central New Hampshire, providing seniors over the age of 60, those with disabilities, and people with Medicaid, Well Sense, and NH Healthy Families rides to medical appointments and to get basic necessities.

“‘We’re not just about transportation,’ says Patsy, ‘We are in a rural area—it’s about relationships and doing right by the client.’”

**ANGEL PHINNEY’S STORY**

“I didn’t know what I was going to do; it was so stressful,” says Angel Phinney of her situation. Her boyfriend had just lost his job, their car died, they were expecting their first baby, and they just learned it was a high-risk pregnancy, requiring frequent visits from her home in Ashland to Plymouth OB/GYN at Speare.

Angel first learned about Transport Central at a Plymouth OB/GYN appointment. “It was so simple; I made the call and had a ride scheduled 24 hours later. It’s an amazing service between Transport Central and Speare and helps the community so much.”

Tom Morse, the volunteer driver coordinator, says that the drivers are all kind-hearted people. When clients leave an appointment with unhappy news, that can make all the difference.

“They are good listeners, and sometimes that’s all a passenger needs,” says Tom. Angel recalls shedding tears during some of her rides home and found comfort.

“The drivers really care about you,” says Angel. “It’s like a little family.” And she should know, she has had eight drivers. One of her favorites is Joe Bonaccolto. Joe attributes his popularity to his parents, who he explains came from the old country and brought him up to enjoy helping people. “I take good care of the clients, they are really great people,” says Joe. “I have fun with them. One client says I’m her therapist.”
 Monadnock Healthy Teeth (MHT) has several specific programs: Healthy Beginnings; Healthy Teeth in preschool, elementary school, middle school, and high school; and dental assistance for adult patients of Monadnock Community Hospital (MCH). Assistance with enrollment in NH Medicaid is offered to all families. For over 15 years, MHT has provided a continuum of oral health care for children and their families.

Since August of 2017, the program has expanded to include all 3 local high schools and 4 middle schools in addition to all the elementary schools in MCH’s primary service area, Head Start Programs and two preschools. The growth has exceeded 300% since 2017.

During the 2018/2019 school year, over $150,000 in on-site preventative oral health was provided in the 23 local schools. This figure reflects what a private dental office would be reimbursed for the same care by a private dental insurance company.

Currently, MHT serves approximately 4,800 children each year in the Monadnock Region across the 13 towns. In 2018, 401 students (with parental permission) were screened, and of those students, 338 were treated. Of the students treated, 44% had active decay. During the same year, 2,800 students participated in classroom presentations. MCH’s Certified Public Health Dental Hygienist assisted families of 96 students with information about enrollment in New Hampshire Medicaid and referred 62 students to local dentists who accept Medicaid.

By June 30, 2020, MHT will continue to provide preventative oral health care, interim decay treatments and age appropriate classroom education for over 2,500 children, with on-site preventative and interim oral health care offered to students preschool through 12th grade; serve 300 pregnant women who present at MCH; and train over 30 medical providers (primary care physicians, nurse practitioners, etc.), and supporting clinical team members in the appropriate assessment of oral conditions in their pediatric patients.

MHT’s objective is to ensure that each child in the service area is free from dental pain and seen regularly by a dental professional.
Dartmouth-Hitchcock Medical Center (DHMC) patients, employees and visitors have a new exercise option thanks to the opening of a one-mile Fit-Trail at DHMC in Lebanon.

This 10-station outdoor exercise system was spearheaded by DHMC’s Live Well/Work Well (LWWW) program, and includes exercise equipment and stretching spots along DHMC’s Loop Trail.

Joanne Conroy, MD, CEO and President of Dartmouth-Hitchcock, celebrated the opening of the Fit-Trail with DHMC employees and Robert K. McLellan, MD, the retired section chief of Occupational Medicine and former medical director and founder of the LWWW program. “I think this is going to be great not only for employees, but for patients and their families who feel like they just want to get out of the institution and spend some time enjoying nature,” Conroy said.

The Fit-Trail stations were installed by DHMC’s Grounds Maintenance crew and funded thanks to a $25,000 Helmut Schumann Fellowship grant, which was awarded to LWWW by the Hitchcock Foundation Board of Trustees. Several former patients of McLellan’s also made donations to the project.

“These grateful patients requested that the Fit-Trail be dedicated in honor of Bob, and his vision to promote employee and patient health and well-being,” Conroy said. “It’s really a pleasure to do that. It speaks to Bob’s passionate advocacy for health and well-being.”

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-Joanne Conroy, MD, CEO and President of Dartmouth-Hitchcock
Every year, the Foundation for Healthy Communities creates a statewide summary of the community benefit activities conducted by New Hampshire hospitals through their uncompensated care, health education and community programs and services.

Since 2000, non-profit hospitals and other health care charitable trusts are required to identify the priority health needs of their communities based on a needs assessment and community engagement process. Hospitals in NH are required to conduct a Community Health Needs Assessment (CHNA) and report the results to the State of NH Office of the Attorney General Charitable Trusts Unit every five years (RSA 7:32-f). In addition, non-profit hospitals develop an implementation plan and file a Community Benefits Report annually that outlines how they have addressed these needs. The reporting form is based upon requirements of RSA 7:32c-l which requires health care charitable trusts to make their community benefits plan and report publicly available.

At the federal level, the Patient Protection and Affordable Care Act (ACA) initiated a new requirement in 2012 that requires non-profit hospitals to conduct a community health needs assessment every three years (Section 9007. IRS Code, 501r) and report to the Federal Government. Annually, NH non-profit hospitals are required to report community benefits on IRS Forms 990 and Schedule H.

The data used in this report includes the most recent Community Benefits data as reported by the state’s 24 non-profit hospitals in 2017 on the US Department of Treasury’s Internal Revenue Service (IRS) 990 and Schedule H forms, as well as their Community Health Needs Assessment data as reported in 2017 to the State of NH Office of the Attorney General Charitable Trusts Unit. Since for-profit corporations are not subject to this State law, Portsmouth Regional Hospital and Parkland Medical Center are not included in this report.

The mission of the Foundation for Healthy Communities is to improve health and health care in communities through partnerships that engage individuals and organizations, and is an affiliated organization of the New Hampshire Hospital Association.

The New Hampshire Hospital Association provides leadership through advocacy, education and information in support of member hospitals and health care delivery systems in delivering high quality health care to the patients and communities they serve.

### State and Federal Requirements for Community Benefit Reporting

- **Community Health Needs Assessment (CHNA)**
  - **State:** Every 5 years; Needs identified made publicly available
  - **Federal:** Every 3 years; CHNA made widely available

- **Development of an Implementation Plan based on CHNA**
  - **State:** Annually; Plan made publicly available
  - **Federal:** Annually; Plan made widely available

- **Community Benefits Reporting**
  - **State:** Annually to the State of NH Office of the Attorney General, Charitable Trusts Unit using the NH Community Benefits Reporting Form; Report made publicly available
  - **Federal:** Annually to the US Department of Treasury’s Internal Revenue Service (IRS) using Form 990-Schedule H; Report made widely available

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1. RSA 7:32-f
2. RSA 7:32c-l
3. Section 9007. IRS Code, 501r