



Elliot Hospital



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Elliot Health System

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**Community Benefit
Report**

Fiscal year 2020

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Health System

Street Address One Elliot Way

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 03103

Federal ID # 02-0512229 **State Registration #** 14126

Website Address: www.elliorthospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: W. Gregory Baxter, MD 6036632402 ineforas@elliot-hs.org

Board Chair: Charles Rolecek 6036632402 ineforas@elliot-hs.org

Community Benefits

Plan Contact: Stephen Norton 6036632958
 stephen.norton@solutionhealth.org

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Hospital

Street Address One Elliot Way

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 3103

Federal ID # 02-0232673 **State Registration #** 2927

Website Address: www.elliothospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

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No **IF YES**, please attach the updated information.

Chief Executive: W. Gregory Baxter, MD 6036632402 ineforas@elliot-hs.org

Board Chair: Charles Rolecek 6036632408 ineforas@elliot-hs.org

Community Benefits

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Professional Services Network, Inc.

Street Address 1070 Holt Ave.

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 03109

Federal ID # 33-1003630 **State Registration #** 11426

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

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Board Chair: James J. Tenn, Jr. 6036632402 ineforas@elliot-hs.org

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Physician Network

Street Address 1070 Holt Ave

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 03109

Federal ID # -20509589 **State Registration #** 12402

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

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IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Mary & John Elliot Charitable Foundation

Street Address 701 Riverway Place, Bldg 7

City Bedford **County** 06 - Hillsborough **State** NH **Zip Code** 03110

Federal ID # 02-0512229 **State Registration #** 12351

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA of Manchester & Southern NH, Inc.

Street Address 1070 Holt Ave.

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 03109

Federal ID # 02-0395296 **State Registration #** 2924

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

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Board Chair: Maryann Leclair 6036634000 ineforas@elliott-hs.org

Community Benefits

Plan Contact: Stephen Norton 6036632958
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Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA Home Health and Hospice, Inc.

Street Address 1070 Holt Ave.

City Manchester County 06 - Hillsborough State NH Zip Code 03109

Federal ID # 02-0222241 State Registration # 2927

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

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Board Chair: Maryann Leclair 6036634000 ineforas@elliott-hs.org

Community Benefits

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA Personal Services, Inc.

Street Address 1070 Holt Ave.

City Manchester **County** 06 - Hillsborough **State** NH **Zip Code** 03109

Federal ID # 02-0395295 **State Registration #** 2929

Website Address: www.elliotohospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

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IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

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Elliot Health System and its Affiliates (EHS), Elliot Hospital, Elliot Physician Network, Elliot Professional Services, Mary & John Elliot Charitable Foundation and the VNA of Manchester & Southern, NH are pleased to present the FY 2019 Community Benefit Report.

Elliot Hospital - a 296-bed acute care facility and the first community hospital in the state, serves as the cornerstone of the health system. Elliot is home to the Regional Level II Trauma Center, Elliot Behavioral Health Services, Elliot Breast Health Center, Elliot Urgent Care, a Level III Newborn Intensive Care Unit, Elliot Physician Network, Elliot Regional Cancer Center, Elliot Senior Health Center, Visiting Nurse Association of Manchester and Southern New Hampshire, Elliot 1-Day Surgery Center, Elliot Memory & Mobility Center, NH Arthritis Center, Elliot Retail Pharmacy, Elliot Medical Centers in Londonderry and Hooksett, and the Elliot at River's Edge.

Elliot Physician Network & Elliot Professional Services - EHS through the Elliot Physician Network (EPN), and Elliot Professional Services (EPS), both not for profit physician groups, provides primary care and specialty care have over 200 employed physicians as far north as Hooksett, east to Raymond, and south to Windham. The Elliot Physician Network has 20 physician practices in the Greater Manchester area.

Mary & John Elliot Charitable Foundation - The Mary & John Elliot Charitable Foundation is a not for profit, charitable organization created to provide financial support to the various needs of EHS. The Foundation is committed to building an ongoing circle of benefactors whose financial support will help EHS identify and meet evolving healthcare needs.

VNA of Manchester & Southern NH - As one of the region's oldest and most comprehensive not for profit home health providers, the VNA is dedicated to improving the health and well-being of our community by providing compassionate, caring, and accessible healthcare. Since 1897, the VNA has helped individuals and their families face the challenges of recovering from surgery, physical disabilities, and short-term, chronic, and life-limiting illnesses.

On April 30, 2018, Elliot Health System became part of the new non-profit healthcare organization named SolutionHealth. This new non-profit healthcare entity is the combination of two New Hampshire non-profit health care organizations, Elliot Health System (EHS) and Southern New Hampshire Health System (SNHHS), combining together to protect the future sustainability of accessible, comprehensive, value-based clinical care. SolutionHealth is a regional healthcare system with a governing body with members originally sourced from both EHS and SNHHS. This new organization services over 400,000 community members, is located in the two largest and most diverse cities in New Hampshire and employs over 700 physicians and advanced practice providers.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Elliot Health System strives to:

INSPIRE wellness

HEAL our patients

SERVE with compassion in every interaction

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-1)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Elliot Hospital dedones its primary service area as the towns and cities of Auburn, Bedford, Candia, Deerfield, Derry, Goffstown, Hooksett, Manchester, New Boston, and Raymond. In addition, Elliot Hospital includes in its secondary service area the towns of Allenstown, Amherst, Dunbarton, Litchfield, Merrimack and Weare.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Elliot Hospital Primary Service Area Population Profile

Town	Pop 2018	Pop 2023	5 Yr Change	5 Yr % Change	Pop 65+ 2018	Pop 65+ 2023	65+ 5 Yr Change	65+ 5 Yr % Change
Auburn	5,404	5,510	106	2%	723	1,030	307	42%
Bedford	22,556	22,894	338	1%	3,883	5,025	1,142	29%
Candia	4,212	4,277	65	2%	615	844	229	37%
Chester	4,806	4,903	97	2%	556	877	321	58%
Deerfield	4,210	4,380	170	4%	604	841	237	39%
Derry	34,175	35,038	863	3%	4,236	5,847	1,611	38%
Goffstown	14,761	14,922	161	1%	2,592	3,285	693	27%
Hooksett	14,245	14,420	175	1%	2,081	2,805	724	35%
Londonderry	26,299	26,939	640	2%	3,498	4,914	1,416	40%
Manchester	115,565	118,666	3,101	3%	17,515	22,552	5,037	29%
New Boston	5,706	5,780	74	1%	656	866	210	32%
Raymond	10,465	10,672	207	2%	1,403	1,920	517	37%
Total	262,404	268,401	5,997	2%	38,362	50,806	12,444	32%

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2019 - Copy of the Community Health Needs Assessment is available at:
<https://www.elliotohospital.org/website/downloads/Manchester-Report-Final-compressed.pdf>
(Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	100
2	200
3	300
4	360
5	370
6	400
7	500
8	520
9	600

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	
B	
C	
D	
E	
F	
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary.*

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	2 3 8	\$7,139.00	\$7,100.00
<i>Community-based Clinical Services</i>	3 -- --	\$41,444.00	\$41,000.00
<i>Health Care Support Services</i>	1 -- --	\$201,460.00	\$201,000
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	-- -- --	\$110,134.00	\$105,000.00
<i>Intern/Residency Education</i>	-- -- --	\$244,789.00	\$245,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --	\$558,020.00	\$558,000

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Behavioral Health Services</i>	1 5 --	\$5,109,008.00	\$5,109,000.00
<i>Type of Service: Trauma Services</i>	1 -- --	\$2,570,123.00	\$2,570,100.00
<i>Type of Service: Primary Care</i>	1 -- --	\$4,530,309.00	\$4,530,300.00
<i>Type of Service: Adult Services</i>	1 3 --	\$4,285,157.00	\$4,285,100.00
<i>Type of Service:</i>	1 -- --	\$4,951,729.00	\$4,951,729.00

<i>Other Services</i>			
-----------------------	--	--	--

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	1 -- --	\$34,689	\$34,000
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	1 9 --	\$436,783.00	\$436,000.00
<i>Grants</i>	1 9 --	\$437,986.00	\$437,000.00
<i>In-Kind Assistance</i>	9 -- --	\$334,009	\$334,000.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	1 2 7	\$761,319.00	\$761,300
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	9 -- --	\$74,856.00	\$74,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	9 -- --	\$332,514.00	\$332,500.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 -- --	\$9,851,381.00	\$9,851,300.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 -- --	\$66,235,960.00	\$66,236,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$65,098,862.00	\$65,099,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,376,612,393.00
<i>Net Revenue from Patient Services</i>	\$529,192,607.00
<i>Total Operating Expenses</i>	\$562,402,990.00
<i>Net Medicare Revenue</i>	\$144,416,513.00
<i>Medicare Costs</i>	\$210,652,473.00
<i>Net Medicaid Revenue</i>	\$48,084,633.00
<i>Medicaid Costs</i>	\$113,183,495.00
<i>Unreimbursed Charity Care Expenses</i>	\$9,851,395.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$25,021,468.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$34,872,863
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$34,872,863

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Amoskeag Health - K. McCracken	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Granite United Way - P. Tufts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Catholic Medical Center - J. Pepe, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Families in Transition - C. Kuhn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Dartmouth-Hitchcock - S. Paris	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) City of Manchester School District - A. Allen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Waypoint - B. de Toledo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Elliot Health System - W. G. Baxter, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) City of Manchester - J. Craig	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Mental Health Center of Greater Manchester - W. Rider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11) City of Manchester Police Department - C. Capano	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) NeighborWorks Southern NH - R. Tourigny	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) SolutionHealth - S. Norton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need