

2024

Community *Benefit* Report

OVERVIEW OF HOSPITAL CHARITABLE ACTIVITIES



Foundation for
Healthy Communities

“Caring is the bridge that connects us to one another.”

-Thich Nhat Hanh in *The Art of Communicating* (2013)

Executive Summary

Hospitals and health systems across New Hampshire are dedicated to caring for their communities and the people they serve. They not only strive to provide exceptional, high-quality health care, but to create healthy, vibrant communities.

The ways in which they work to achieve this are numerous. Hospitals and health systems lead and invest in a wide variety of programs and initiatives that not only care for the sick and injured but help keep people healthy. They provide health care services for every patient who comes through their doors, regardless of their ability to pay; they provide donations to community organizations who offer essential programs and services; they collaborate with other important community stakeholders to build vital community resources; and they subsidize needed health services to improve health care access.

Moreover, NH hospitals and health systems recognize that investing in the community involves understanding and addressing the barriers people face in achieving optimum health and well-being. Engaging and connecting with their communities is an essential element in creating services and programs that have the greatest impact. By doing so, hospitals and health systems help individuals, families and communities become not only healthier, but stronger and more empowered.

Included in this report are several examples of how hospitals and health systems contribute to their communities. Read these stories and you will find innovative services where hospitals and health systems reach out to care for us all, regardless of who we are, where we live, or our financial means. A mobile farmstand for low-income families; a rural transportation initiative; a school dental program; community health workers connecting patients to essential services; and a new program designed to improve health care access. These are just a few of the ways they invest in us and the places we live...every day.

By investing in us and our home communities, hospitals and health systems make our state a better place to live, to learn, to work and to play for everyone. They recognize that compassionate care serves as a vital bridge, enabling us to achieve our fullest health potential and fostering connections that support our individual journeys toward well-being.

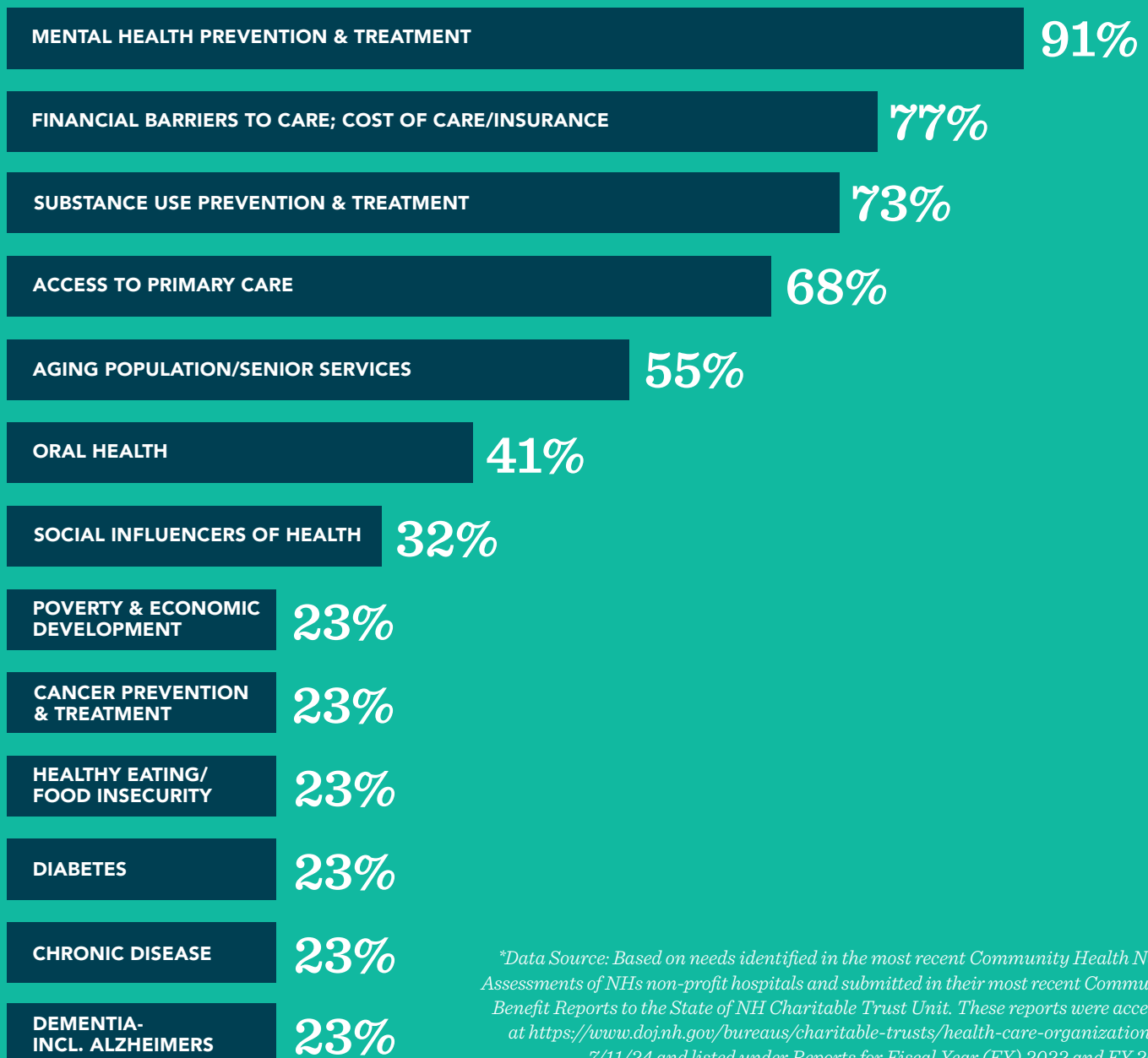


To their communities, the Blue and White H promises **health, healing and hope** when it's needed most, and New Hampshire hospitals remain committed to caring for their communities and ensuring access to quality, compassionate care.

Priority Community Needs of NH Communities

Every three years, New Hampshire's non-profit hospitals are required to complete a community health needs assessment to identify the most pressing health needs facing their communities. The priority needs identified through this process guide the hospitals in determining which charitable, programmatic and community investments will have the most impact on improving the health of their communities. These activities and investments are then implemented through the community benefit implementation plans.

Top 13 Priority Community Needs Identified By NH Non-Profit Hospitals*



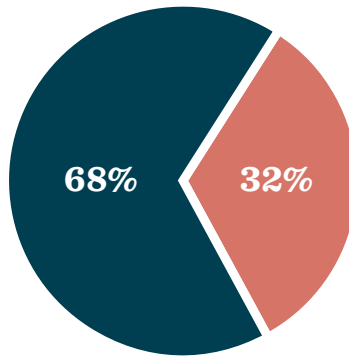
**Data Source: Based on needs identified in the most recent Community Health Needs Assessments of NHs non-profit hospitals and submitted in their most recent Community Benefit Reports to the State of NH Charitable Trust Unit. These reports were accessed at <https://www.doj.nh.gov/bureaus/charitable-trusts/health-care-organizations> on 7/11/24 and listed under Reports for Fiscal Year (FY) 2022 and FY 2023.*

Total Community Benefit Investments:

\$668,412,177*

\$455,239,743

Financial
Access
to Care



\$213,172,434

Other
Community
Benefits**

Caring for All Patients

New Hampshire hospitals and health systems are committed to providing high-quality, cost-effective care for all patients, regardless of ability to pay. The below data demonstrate the amount New Hampshire hospitals and health systems have provided in uncompensated care to their patients in Fiscal Year (FY) 2022.

\$417 Million

Medicaid (at cost)

The unpaid costs of public programs for those with low incomes or disabilities.

\$38.2 Million

Financial Assistance (at cost)

The cost of providing free or discounted health services for individuals who cannot afford to pay for their care and qualify for financial assistance.

*Data reflects FY 2022 community benefit financial information reported to the IRS on Form 990, Schedule H.

**Other community benefits include, but are not limited to, expenditures related to mobile medical vans; community health improvement efforts; cash grants to community agencies for work that supports community health; scholarships for health careers; health screenings; subsidized health services; etc.

Promoting *Healthy* Communities

Hospitals and health systems provide many other benefits for the communities they serve including services and programs that aim to improve the health and health care of populations.



\$21.9 Million

Community Health Improvement Services

Health screenings, immunizations, health education programs, self-help programs and support groups, transportation to improve access for low-income persons to health care, etc.



\$50.2 Million

Health Professions Education

Investments in the health care workforce including professional development and skill building



\$122.6 Million

Subsidized Health Services

Patient care programs provided despite financial loss because they meet a community need. Examples of subsidized services include mental health, substance abuse programs, satellite clinics designed to serve low-income communities and home health programs.



\$12.8 Million

Cash and In-Kind Contributions

Cash and in-kind services donated to support programs of community-based organizations that meet an identified community need



\$5.8 Million

Research

Hospitals and health systems conducting studies to improve the health of populations

By the Numbers

5 Year Trends: 2018-2022

↑37%

The Total Overall Value of Community Benefits Provided by NH Hospitals and Health Systems Increased by 37% or \$179,941,656

{ \$488,470,521 → \$668,412,177 }

↑54%

Total Investments by NH Hospitals and Health Systems in Financial Access to Care Increased by 54% or \$159,213,803

{ \$296,025,940 → \$455,239,743 }

↑11%

Total Other Benefits Invested by NH Hospitals and Health Systems Increased by 11% or \$20,727,853

{ \$192,444,581 → \$213,172,434 }

↑62%

Total Unreimbursed Medicaid Costs Increased by 62% or \$159,640,923

{ \$257,418,201 → \$417,059,124 }

↑6%

Total Subsidized Services increased by 6% or \$7,395,952

{ \$115,164,035 → \$122,559,987 }



Cheshire Medical Center

Improving Healthcare Access for Rural Communities

Karl Dietrich with patient.



AS PART OF OUR GOAL TO CONTINUALLY IMPROVE THE HEALTH OF THE PEOPLE WE CARE FOR IN THE MONADNOCK REGION, CHESHIRE MEDICAL CENTER OPENED A NEW FAMILY MEDICINE PRACTICE, FAMILY & COMMUNITY CARE (FCC), AT OUR WEST CAMPUS LOCATION AT 62 MAPLE AVENUE IN 2023. FCC IS THE PRIMARY CARE CLINIC ASSOCIATED WITH THE FAMILY MEDICINE RESIDENCY (FMR).

“It’s a remarkable achievement to start a new residency program with its own clinic — and the purest example of ‘growing your own’ from a workforce development perspective,” says Cheshire President and CEO Joe Perras, MD. “This academic component makes Cheshire more attractive to providers and allows us to train the next generation of primary care doctors. The City of Keene is a great place to live and work. I hope that having an opportunity to care for patients in the region and experience the breadth of the community will help us retain residents as part of our staff for the long term after their training is complete. This residency program is a game-changer for our region.”

The newly renovated patient-focused 25,000-square-foot space is designed to serve as an educational site for future family physicians through Cheshire’s FMR program, which welcomes the first cohort of six residents this summer. The clinic is fully integrated with Cheshire Medical Center and the larger Dartmouth Health system, using the same electronic medical record system, patient portal, registration process, and billing department.

The full-service family medicine clinic provides primary care and integrated behavioral health services for patients of all ages, including newborn and pediatric patients. The new clinic has onsite laboratory facilities, so necessary lab tests are done at FCC as part of a visit. Expanded outpatient procedures — such as dermatologic, orthopedic, and gynecological procedures — are also available.

Faculty physicians provide full-spectrum care to their patients at FCC and in the hospital. FCC complements the existing Family Medicine team at Cheshire’s main campus, which currently serves roughly 45,000 patients.

The FMR leadership and clinical team includes Designated Institutional Official for Graduate Medical Education Cherie Holmes, MD, MSc; Program Director Karl Dietrich, MD, MPH; Director of Graduate Medical Education and Family Medicine Residency Development Chris LaRocca, MD; and Program Coordinator Christine Symonds. Catherine Schuman, PhD, provides integrated behavioral healthcare for patients who have a primary care provider at FCC.

“We are thrilled to be the newest location for high-quality primary care at Cheshire. This is an excellent and logical step towards training the next generation of family physicians locally, and it will positively impact our community’s health and the future primary care workforce.”

-KARL DIETRICH, MD, MPH,
PROGRAM DIRECTOR

Family & Community Care is open from 8 am to 5 pm, Monday through Friday, by appointment only. To establish care at Family & Community Care, or to schedule an appointment, please call 603-354-6900. To learn more, visit cheshiremed.org/FCC

Growing North Conway Program Connects Older Adult Patients to Community Resources

NORTH CONWAY'S MAINEHEALTH MEMORIAL CONNECTS OLDER PATIENTS WITH COMMUNITY RESOURCES THROUGH A PROGRAM THAT SUPPORTS ADULTS WITH A WIDE RANGE OF CHRONIC HEALTH CONDITIONS INCLUDING DEMENTIA.

The three-year-old Community Health Worker (CHW) program is an expansion of the former dementia care navigator position, a role that emerged from a former "age friendly community" project with local agencies. "The program's CHW serves as a problem-solving resource for older adult patients experiencing cognitive changes and memory loss and their families," said MaineHealth Memorial Hospital President Brad Chapman. "Encounters occur at the patient's home, over the phone, or in a visit to the CHW's office. An RN with a PhD in dementia provides consultation and reviews cases regularly."

With more than 30% of Carroll County's population over the age of 65, Memorial's primary care providers see many patients for their annual Medicare wellness exam. Nurse Practitioner Kathryn Villarevia emphasizes that an increasing number of issues arising from the wellness visits require specialized attention. "We have a lot to take care of during the annual wellness visit, so taking on the social service issues along with the clinical issues was overwhelming," she says. She adds that while Memorial Hospital has a social worker for patient needs, patients experiencing cognitive challenges are fortunate to have access to a navigator who is focused on dementia. The [CHW]

connects patients and families with resources, improves communication with providers and acts as a liaison between providers and patients and their caregivers.

Chapman explains that the CHW engages in a wide range of activities, including home visits and support, assistance with medical appointments and follow-up, screening and assessment of cognitive, social, and safety aspects, connections to community resources, and referrals to evidence-based programs.

Research shows that early identification of cognitive loss and one's risk for chronic health conditions results in better quality of life for both patients and their families. Early intervention and support not only prevent emergencies but also improve relationships as patients' conditions evolve. By engaging with individuals in the early stages of their disease, the CHW builds trust, helps patients and families determine care goals, and proactively coordinates services. Serving as a liaison with primary care providers, the CHW helps avert unnecessary emergency department visits and hospitalizations. Their interventions help ensure adherence to medications, follow-up, and treatment plans while also keeping families connected to their primary care provider.



Since its inception,
**more than
200
referrals**
have been made.



All referrals receive,
at minimum, a phone call
to assess needs and desire
for follow-up.



The CHW has an
active caseload of
**30-35
patients**
with an additional
20-40 patients on a
check-in list.



New London Hospital

“I think the Mobile Farm Stand is wonderful. This gives patients a chance to try foods they wouldn’t otherwise because they don’t want to waste money on items that are unfamiliar.”

-PATIENT, NEWPORT HEALTH CENTER

Mobile Farm Stand Program

NEW LONDON HOSPITAL (NLH) AND NEWPORT HEALTH CENTER (NHC) ARE PROUD TO OFFER THE 2024 MOBILE FARM STAND PROGRAM.

Since 2019, New London Hospital (NLH) has offered patients experiencing food insecurity a seasonal program named the Mobile Farm Stand. The Mobile Farm Stand offers fresh local produce to patients and is available on-site weekly through the growing season at both physical locations of NLH and at Newport Health Center (NHC).

The program is coordinated through the NLH and NHC primary care offices by two community health workers, Lindsey Boisvert (NLH) and Cecily Fellows (NHC). Lindsey and Cecily work directly with patients who have screened food insecure and have either used the Mobile Farm Stand in the past or have expressed interest in the resource. While the Mobile Farm Stand is not open to the public, it remains a valuable resource to referred patients who receive the produce free of charge.

In 2024, under the direction of Jenn Alford-Teaster, Program Manager for Community Health at NLH, the Mobile Farm Stand program has evolved to reflect the adoption of the Healthcare Anchor Network (HAN) principles. HAN principles, which Dartmouth Health is a founder, recognize the power of hospital systems in their community and prioritizes partnerships within the geographic area that the hospital does business. As such, NLH partnered with Colby Sawyer College and Spring Ledge to provide the fresh, locally grown fruits and vegetables to the Mobile Farm Stand. Additionally, each patient received a complimentary welcome packet including a copy of a cookbook, “PlantYou: Scrappy Cooking” by Carliegh Bodrug purchased in partnership with Morgan Hill Bookstore. These local partnerships retain the money



Lindsey Boisvert, Community Health Worker, New London Hospital.

invested in the program right here in our community. HAN principles believe that to have a healthy community, we must invest in the economic power of our community members by starting first with our purchasing and supplies through local businesses.

NLH is delighted to offer this program in coordination with our community partners to support the health and wellbeing of our community at every step.

If you have any questions about the 2024 Mobile Farm Stand please feel free to reach out to jennifer.alford-teaster@newlondonhospital.org.

Out of 2,218 students at 12 schools,
45% received dental services
from SMH's Dental Health Program.



Bringing Smiles to Schools: Speare Memorial Hospital's School Dental Health Program

SINCE ITS INCEPTION IN 1998, SPEARE MEMORIAL HOSPITAL'S SCHOOL DENTAL HEALTH PROGRAM HAS BEEN A CORNERSTONE OF COMMUNITY CARE IN CENTRAL NEW HAMPSHIRE.

Created in response to growing concerns among local school nurses about the unmet dental needs of children—many from low-income families—the program has become a lifeline for families with limited access to dental care. Without such a program, many children would face dental emergencies, with tooth extractions often being the only available treatment option due to financial limitations.

In a region where the water is not fluoridated, and the rate of tooth decay is significantly higher than the national average, Speare's Dental Health Program has provided a critical intervention. Through the leadership of Ruth Doane, Speare's certified public health dental hygienist, and in collaboration with School Administrative Unit 48 and various local school districts, the program reaches more than 1,200 students annually. Ruth travels to schools equipped with portable dental equipment, offering screenings,

cleanings, sealants, fluoride treatments, and vital chair-side dental education—free of charge or at low cost.

The pandemic has exacerbated the dental challenges of our youth, leading to the closure of nine out of twenty school-based dental programs across the state. This has left thousands of children without access to dental care, further increasing their risk for untreated tooth decay. In fact, data from the New Hampshire Department of Health and Human Services shows that 25 percent of third graders in the state have untreated tooth decay—20 percent higher than the national average.

Speare's program provides an essential service, particularly for low-income families, who are more than twice as likely to experience cavities. The school-based model eliminates common barriers to care, such as transportation issues or missed work and school days. By bringing

preventative care directly to students, the program not only addresses immediate dental concerns but also fosters long-term health and well-being.

The total value of services provided by Speare during the 2023-2024 school year amounted to nearly \$100,000, reflecting the hospital's unwavering commitment to community health. As one of the few remaining programs in the state, Speare's School Dental Health Program is making a profound and lasting impact, ensuring that children in central New Hampshire receive the care they deserve, right where they need it most—at school.

This initiative exemplifies the hospital's dedication to improving lives and addressing healthcare disparities, one smile at a time.



Ruth Doane, certified public health dental hygienist at Speare



Provided over 40 patients nearly **3,000 rides** to 17 providers.



David Caplette, Volunteer Driver with the NEMT/CNET program.

Coos Non-Emergency Medical Transport (CNET/NEMT) Program

COOS COUNTY IS WITHIN THE STATE'S DEFINED TRANSPORTATION REGION ONE AND INCLUDES NEW HAMPSHIRE'S MOST GEOGRAPHICALLY ISOLATED AND ECONOMICALLY CHALLENGED AREA. IN AN EFFORT TO PROVIDE THE RURAL COMMUNITIES OF COOS COUNTY WITH ACCESS TO HEALTHCARE FOCUSED TRANSPORTATION SERVICES, A PARTNERSHIP WAS FORMED TO ADDRESS AND ELIMINATE NON-EMERGENCY MEDICAL TRANSPORTATION DISPARITIES.

On September 1, 2022, Coos County Family Health Services (CCFHS), Tri County Community Action Program (TCCAP) and Upper Connecticut Valley Hospital (UCVH) initiated the Coos Non-Emergency Medical Transport (CNET/NEMT) Program to provide free door-to-door, round-trip transportation services for patients in the Colebrook, New Hampshire region who need rides to medical appointments and the pharmacy. These services are made available through a vehicle dedicated solely for the purposes of providing medical transportation (and passenger assistance, when needed) to and from the client's home to local medical appointments, and long-distance passenger trips to Dartmouth Hitchcock Medical Center, Catholic Medical Center, and other medical facilities outside of the Colebrook, NH area for the purpose of patient care.

Participation in the program has steadily increased over the last 21 months from 69 trips in September 2022 to 159 in May 2024. Since its inception, the CNET program has provided over 40 patients nearly 3,000 (2,963 to be exact) rides to 17 providers in the Colebrook and Canaan areas for medical, dental, vision and mental health appointments, along with non-emergency hospital care and pharmacy visits.

The program has primarily been funded through contributions from the three partners, as well as grants from the Neil and Louise Tillotson Fund and the Center for Disease Control (CDC). The CDC grant ended on May 31, 2024, leaving the partner organizations to continue funding the program to ensure there are no gaps in this free service. Funding efforts are underway with the New Hampshire Charitable Foundation to provide bridge funding

until the program can be incorporated into CCFHS's and UCVH's operating budgets or long-term transportation grants or other financial assistance can be procured.

The CNET program is one of the many ways UCVH fulfills its mission to provide access to quality healthcare to the rural communities it serves and has proven to be an asset to all who utilize the service.

If not for the CNET program, thousands of healthcare appointments may have been missed, which is why UCVH and our partners are dedicated to continuing and growing this vital program for years to come.



Hospitals and health systems are cornerstones of their community and proudly partner with many other stakeholders to improve the health of the patients and communities they serve. This report clearly demonstrates the leadership and steadfast commitment that hospitals and health systems have made and continue to make to serve all those in need not only today, but every day.

-Steve Ahnen, President, New Hampshire Hospital Association & Peter Ames, Executive Director, Foundation for Healthy Communities

This Resource

About the Report

Every year, the Foundation for Healthy Communities creates a statewide summary of the community benefit activities and investments conducted by New Hampshire hospitals.

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 publicly available.

At the federal level, the Patient Protection and Affordable Care Act (ACA) initiated a 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 community benefits reported by the hospitals to both the state and federal governments are required to be in alignment with the community needs identified in the community health needs assessments. It is intended that the results of the community health needs assessment guide the hospitals in determining the activities to be included in their community benefits plans and implemented to improve the health of the community.

About Us

The mission of the Foundation for Healthy Communities is to build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care. The Foundation for Healthy Communities 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 its member hospitals and health care delivery systems in delivering affordable, 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 years¹; Needs identified made publicly available

Federal: Every 3 years²; Needs identified made widely available

Implementation Plan

State: Based on priority needs identified in most recent CHNA. Reported on annually.

Federal: Based on priority needs identified in most recent CHNA.

Community Benefits Reporting

State: Annually to the State of NH Office of the Attorney General, Charitable Trusts Unit using the NH Community Benefits Reporting Form³; 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

1. RSA 7:32-f

2. Section 9007. IRS Code, 501r

3. RSA 7:32c-l

NH Non-Profit Hospitals

Beth Israel Lahey Health Exeter Hospital
Catholic Medical Center
Concord Hospital
Concord Hospital - Franklin
Concord Hospital - Laconia
Cottage Hospital
Dartmouth Health: Alice Peck Day
Memorial Hospital
Dartmouth Health: Cheshire Medical Center
Dartmouth Health: Dartmouth-Hitchcock
Medical Center (Mary Hitchcock
Memorial Hospital)
Dartmouth Health: New London Hospital
Dartmouth Health: Valley Regional Hospital
Elliot Health System
Huggins Hospital
Littleton Regional Healthcare
MaineHealth Memorial Hospital
Mass General Brigham Wentworth-
Douglass Hospital
Monadnock Community Hospital
North Country Healthcare: Androscoggin
Valley Hospital
North Country Healthcare: Weeks
Medical Center
North Country Healthcare: Upper
Connecticut Valley Hospital
Southern New Hampshire Medical Center
Speare Memorial Hospital
St. Joseph Hospital



Foundation *for*
Healthy Communities



Foundation for Healthy Communities
New Hampshire Hospital Association

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