

2021

Community *Benefit* Report

OVERVIEW OF HOSPITAL CHARITABLE ACTIVITIES



Foundation *for*
Healthy Communities



THE BLUE AND WHITE H THAT WE SEE ON THE ROAD AS WE TRAVEL THROUGH OUR COMMUNITIES HAS LONG BEEN A SYMBOL OF **CARE AND COMPASSION**. IT REMINDS US THAT SOMEONE IS NEAR TO HELP US THROUGH AN EMERGENCY, INJURY, OR ILLNESS.

EXECUTIVE SUMMARY

During the past year as we experienced the consequences and confusion of COVID-19, our sights turned to our local hospitals, symbolized by the blue and white H, to help guide us, care for us, and offer comfort. Indeed, NH’s hospitals responded, coming together in extraordinary ways to prepare and respond to the COVID-19 pandemic.

This extraordinary collaboration not only occurred within health care, but with community partners as well. One of the silver linings that has emerged from the COVID-19 pandemic had been the new and strengthened relationships that hospitals have formed with those in their communities. In an instant, our hospitals found themselves collaborating in innovative ways not only to address COVID testing, vaccination, and education, but also to address socioeconomic challenges, such as the need for safe housing and food insecurity that became more prevalent as the pandemic laid bare the inequities experienced in many of our communities.

New Hampshire hospitals have understood for a long time that the measure of a healthy community extends well beyond the results of a test or performance on a metric. When faced with life’s inevitable hills and valleys, having someone by your side to help you navigate can make all the difference. In short, hospitals know that being a good neighbor means going out of your way to help others; that a greater cause is served when we look out for one another. In the words of Lewis Carroll: *“One of the deep secrets of life is that all that is really worth doing is what we do for others.”*

In the pages of this report, you will find the contributions hospitals have made to address the needs and leverage the strengths of their communities; you will find stories highlighting our member hospitals’ outstanding efforts to improve the health and well-being of those they serve. What emerges are the examples of how New Hampshire hospitals strengthen and support our communities every day with care, compassion, and a commitment to be a good neighbor.

NH NON-PROFIT HOSPITALS

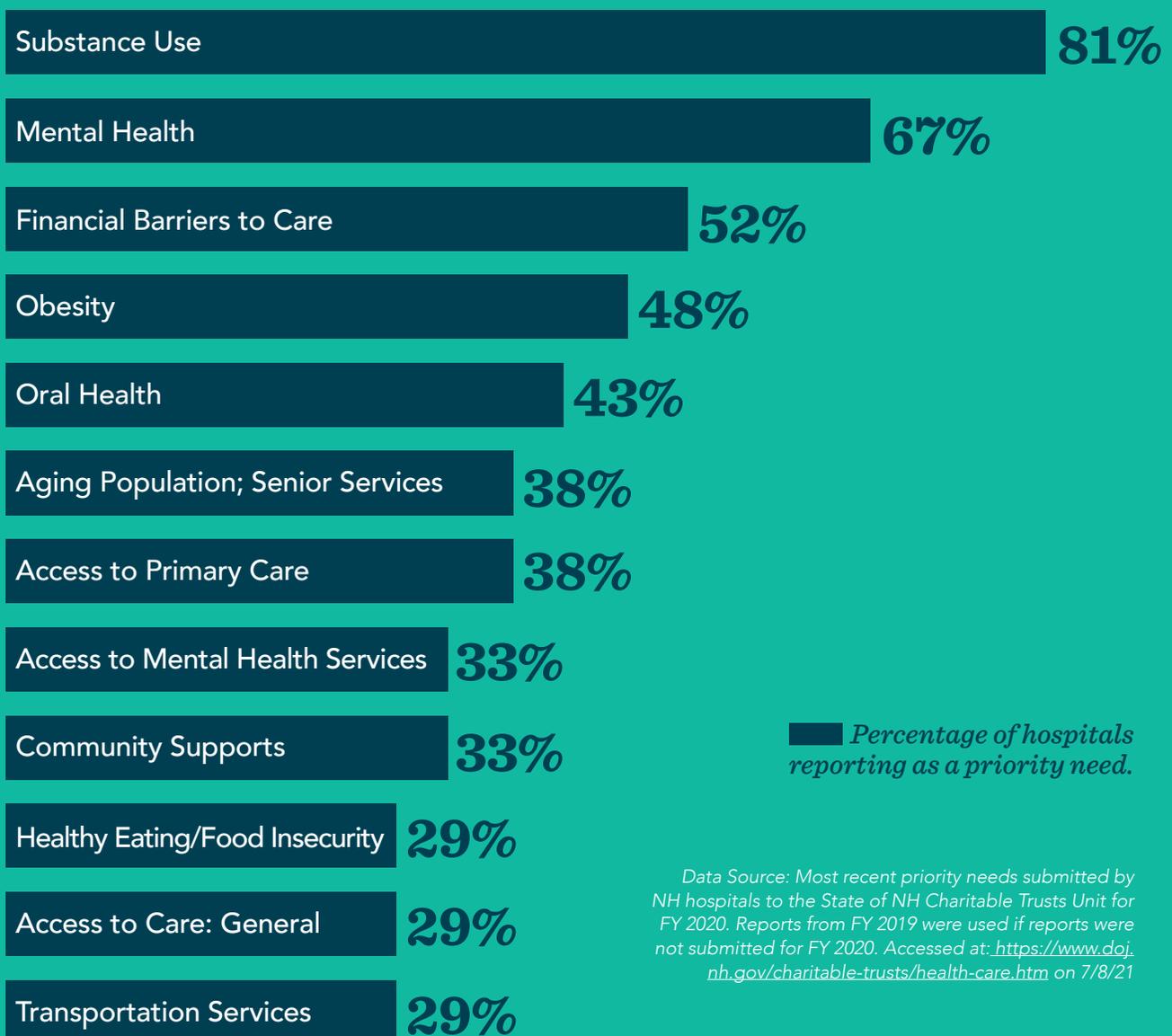
- ALICE PECK DAY MEMORIAL HOSPITAL
- ANDROSCOGGIN VALLEY HOSPITAL
- CATHOLIC MEDICAL CENTER
- CHESHIRE MEDICAL CENTER
- CONCORD HOSPITAL
- CONCORD HOSPITAL - FRANKLIN
- CONCORD HOSPITAL - LACONIA
- COTTAGE HOSPITAL
- ELLIOT HOSPITAL
- EXETER HOSPITAL
- FRISBIE MEMORIAL HOSPITAL
- HUGGINS HOSPITAL
- LITTLETON REGIONAL HEALTHCARE
- DARTMOUTH-HITCHCOCK MEDICAL CENTER/
MARY HITCHCOCK MEMORIAL HOSPITAL
- MEMORIAL HOSPITAL
- MONADNOCK COMMUNITY HOSPITAL
- NEW LONDON HOSPITAL
- SOUTHERN NEW HAMPSHIRE MEDICAL CENTER
- SPEARE MEMORIAL HOSPITAL
- ST. JOSEPH HOSPITAL
- UPPER CONNECTICUT VALLEY HOSPITAL
- VALLEY REGIONAL HOSPITAL
- WEEKS MEDICAL CENTER
- WENTWORTH-DOUGLASS HOSPITAL

PRIORITY COMMUNITY NEEDS OF NH COMMUNITIES



Every 3 years, NH'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 hospitals' community benefit implementation plans.

TOP 12 **PRIORITY COMMUNITY NEEDS** REPORTED BY NH NON-PROFIT HOSPITALS IN 2020:



Data Source: Most recent priority needs submitted by NH hospitals to the State of NH Charitable Trusts Unit for FY 2020. Reports from FY 2019 were used if reports were not submitted for FY 2020. Accessed at: <https://www.doj.nh.gov/charitable-trusts/health-care.htm> on 7/8/21

VALUE OF COMMUNITY BENEFITS



TOTAL VALUE OF COMMUNITY BENEFITS REPORTED FOR 2019*:

\$577,831,163

\$325,668,010

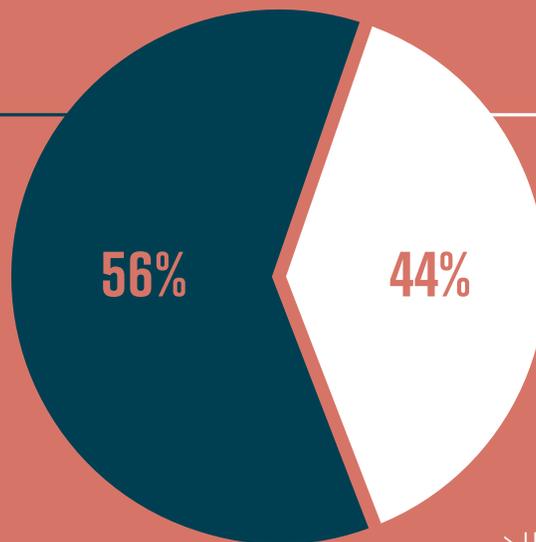
FINANCIAL ASSISTANCE TO ACCESS CARE

INCLUDES:

\$282,219,728 > UNREIMBURSED MEDICAID

\$42,935,318 > FINANCIAL ASSISTANCE AT COST

\$512,964 > COSTS OF OTHER GOVERNMENT HEALTH PROGRAMS



\$252,163,153

OTHER COMMUNITY BENEFITS

INCLUDES:

> COMMUNITY HEALTH IMPROVEMENT SERVICES

> HEALTH PROFESSIONS EDUCATION

> SUBSIDIZED HEALTH SERVICES

> RESEARCH

> CASH AND IN-KIND CONTRIBUTIONS



Financial assistance to access care accounted for \$325.7 million (56%) of total community benefits. Examining financial access to health care more closely identified over \$282 million in unreimbursed Medicaid costs and almost \$43 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 \$500,000.

Other community benefits accounted for \$252.1 million (44%) provided in community benefits. Examples of expenditures include

mobile medical vans; community health improvement efforts; cash grants to community agencies for work that supports community health; scholarships for health careers; etc.

**Data reflects FY 2019 community benefit financial information reported to the IRS on Form 990, Schedule H.*

BY THE NUMBERS



Throughout 2020 and into 2021, COVID-19 has continued to significantly impact our member hospitals and health systems. It is a stark reminder of how essential hospitals and health systems are to our communities.

New Hampshire hospitals serve as a safety net for the uninsured and underinsured, caring for every patient that walks through their doors, regardless of their ability to pay. They work with community partners to build thriving, healthy communities to support NH residents with what they need to manage their health. They listen, and respond, to an ever-changing environment where they are looked upon for guidance and safety. Despite the challenges presented by the pandemic, hospitals remain dedicated to investing in and supporting our NH communities.



\$335.5M

UNREIMBURSED MEDICARE COSTS TOTALED

\$335,553,465 IN 2019.

This was due to total Medicare costs of \$1,794,615,955 while total Medicare revenues were only \$1,459,062,490. This shortfall continues to grow and hospitals experience a 9% increase in unreimbursed Medicare on average each year.



\$282.2M

UNREIMBURSED MEDICAID COSTS TOTALED

\$282,219,728 IN 2019.

New Hampshire has consistently ranked in the bottom third of states for lowest Medicaid reimbursement rates in the country.



\$165.5 MILLION

HOSPITALS REPORTED \$165,568,294 IN SUBSIDIZED HEALTH SERVICES IN 2019.

These are expenditures to maintain essential community health services (subsidies to primary care practices in medically underserved areas, psychiatric services, etc.) that are not counted as direct financial assistance (e.g., charity care) or shortfalls from government insurance programs.



FINANCIAL ASSISTANCE FOR ACCESS TO HEALTH CARE DECREASED FROM 2014-2019 BY \$28,503,477 OR 8%.

From 2011-2015 financial assistance for access to health care increased by 43% to a high of \$377,302,662. However, due to in part to expanded health coverage achieved through the Affordable Care Act, including Medicaid Expansion in July of 2014, we have seen a decrease in financial assistance for access to health care of just over 8%, or \$28,503,477, since that time.



TOTAL OVERALL VALUE OF COMMUNITY BENEFITS NH HOSPITALS PROVIDED INCREASED BY 89,360,642 OR 18% FROM 2018 TO 2019 TO A TOTAL OF 577,831,163 IN 2019.



TOTAL OTHER COMMUNITY BENEFITS INCREASED BY 47% OR \$80,308,639 FROM 2014-2019.

MAKING AN IMPACT: NH HOSPITALS IN THE COMMUNITY



CHESHIRE MEDICAL CENTER:

LISTENING TO THE COMMUNITY & IMPROVING ACCESS TO MENTAL HEALTH CARE



While most people in the Monadnock region in 2020 rated their own health as excellent, very good, or good, the proportion who say their health is excellent or very good is at its lowest point since 2010 based on results of a Cheshire Medical Center community survey.¹

In the September 2020 survey, self-reports of “not good mental health” for 5 or more days increased nearly 90% compared with 2017 reporting. This choice represented a third (34%) of the 606 respondents in 2020 compared to 18% of respondents in 2017 (figure 1). Analysis of the 2020 responses further identified disparities with much higher rates among younger adults and lower income individuals.

The large increase in self-reports of “not good mental health” in 2020 was coupled with people reporting unavailable or inadequate mental health counseling for adults and youth in the community.

As an important issue in our community, Cheshire Medical Center has looked to invest more resources to improve mental health care. One focus has been to strengthen

access by focusing on the integration of mental health and physical health services. The Department of Family Medicine expanded its adult mental health services in 2020 as part of its primary care mission. In addition, Cheshire Medical Center completed a demonstration project with Monadnock Family Services (MFS) to strengthen clinical integration. A family nurse practitioner was located at MFS in downtown Keene to better integrate physical and mental health care for patients served by both organizations. This important community partnership fostered more direct communication between physical and mental health professionals while addressing

↑90%

IN THE SEPTEMBER 2020 SURVEY, SELF-REPORTS OF “NOT GOOD MENTAL HEALTH” INCREASED NEARLY 90% COMPARED WITH 2017 REPORTING.

transportation challenges for patients who require frequent visits to both organizations.

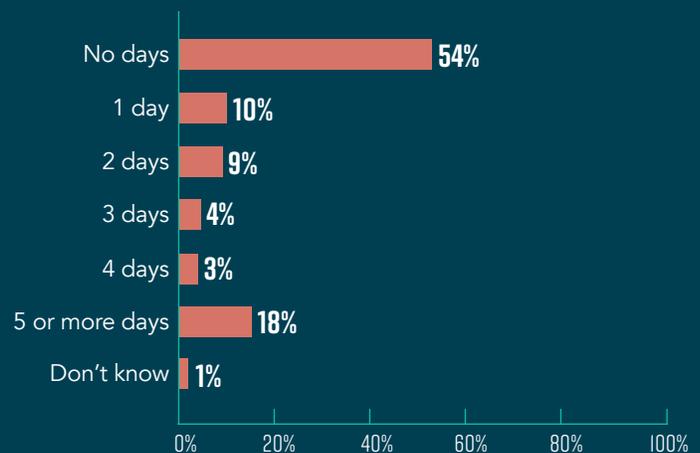
A review of results in 2020 from the demonstration project identified a total of 233 patients who received primary care at MFS. This represented a significant increase among patients in selecting the Cheshire Medical Center integrated care services available to them at MFS. Most patients who made an appointment for primary care at MFS completed their appointments and missed appointments decreased. Medication checks were the most frequent primary care service at MFS, followed by pain and chronic disease issues (e.g., respiratory illnesses, diabetes, minor injuries, etc.).

Successful results and lessons learned¹ at the end of this demonstration project has led to an on-going commitment to continue this community partnership and new multi-disciplinary patient care conferences between both organizations.

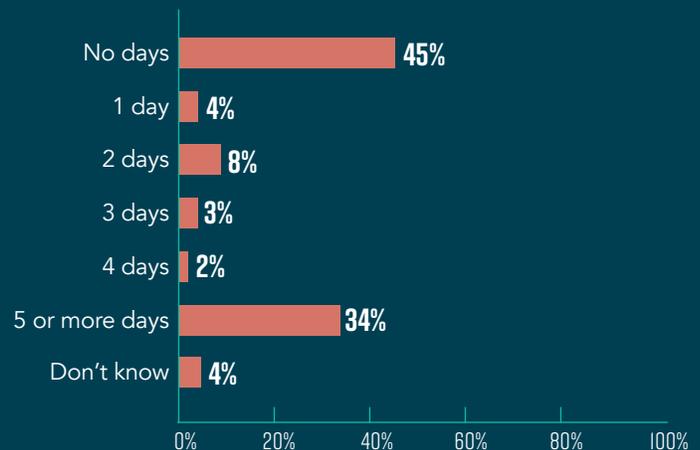
¹This information and more on other health concerns are included in the Greater Monadnock Region Survey 2020 report. Cheshire Medical Center contracts with the UNH Survey Center for this periodic telephone survey (landlines and cell phones). It is a key element in our overall community benefits strategy—understanding the health needs of the people in our region based on their direct input as well as analyses of national and state databases.

FIGURE 1. HOW MANY DAYS DURING THE PAST 30 WAS YOUR MENTAL HEALTH NOT GOOD?

2017



2020



CATHOLIC MEDICAL CENTER:

MAKING HOUSE CALLS TO THOSE WITH NO HOME



Ronald Drouin, a 75-year-old Manchester resident, credits Health Care for the Homeless with saving his life.

He once had good jobs in the finance industry, but sometime during his 40s, he “dove into cocaine.” It was the 1980s, and he slept in a clothes dumpster because he had lost everything from his former life. “I would think when you donate clothes they are clean,” he says. “But no. There could have been bed bugs and stuff in there I didn’t know about. I was okay with that. Not anymore.”

After sleeping in his dying father’s car for a while, Ronald found a dinner and a 12-step program at New Horizons for New Hampshire,

which operates a soup kitchen, homeless shelters and a food pantry in Manchester. “I still struggled. I was in and out, in and out, in and out of recovery,” he says. Finally, “the pain of addiction and being scorned by everybody” pushed him to stay in recovery, he says.

“I should have been dead 25 years ago, but because of these people [at Health Care for the Homeless] I’m still somewhat kicking,” Ronald says.

Staff helped him get glasses, dental care and medicine.

“They helped me in so many ways,” he says. “I’ve been clean for 14 years, and when you’re clean, you have integrity and respect and your word is your bond. It never is when you’re using.”

A man of faith who was raised Catholic, Ronald—who now lives in a boarding house and still is a patient with Health Care for the Homeless—says there is no question Jesus Christ is his savior: “I’m nothing without Him,” Ronald says. He thanks God for his recovery.

God wants people to get clean, he explains. “He wants you to be a solution, not a problem. He gives you the tools. Health Care for the Homeless is one of the tools God gives to people,” he adds.

Health Care for the Homeless began in the 1980s when the City

“THEY HELPED ME IN SO MANY WAYS. I’VE BEEN CLEAN FOR 14 YEARS, AND WHEN YOU’RE CLEAN, YOU HAVE INTEGRITY AND RESPECT AND YOUR WORD IS YOUR BOND. IT NEVER IS WHEN YOU’RE USING.”

Manchester resident, Ronald Drouin

received a federal grant to provide homeless health care services and contracted with Catholic Medical Center to implement and operate the program.

Health Care for the Homeless provides a myriad of services. They include primary medical care, medical case management, integrated behavioral health services, counseling and medication assisted treatment for substance use disorders, street medicine, health screenings, prescription medication assistance, telehealth, transportation coordination, referrals to specialty care and social work/case management. Anyone without a place to live in Manchester is welcome; no one is turned away because of inability to pay.

This excerpt is reprinted with permission from Parable magazine, Diocese of Manchester (NH). The full article is in the July/August 2021 issue and profiles Catholic Medical Center’s Health Care for the Homeless, a service of the city of Manchester.



Jenny Pracht, a registered nurse with Health Care for the Homeless, checks Ronald Drouin’s blood pressure at the Wilson Street Integrated Health clinic in Manchester. Photo: Tom Roy for Parable



SOUTHERN NH HEALTH:

COMMUNITY PARTNERSHIP WITH THE NASHUA POLICE ATHLETIC LEAGUE



After a 2019 discussion with managers and directors about barriers to health, a local dermatology practice manager approached Betsy Houde, Director of Community Partnerships at Southern NH Health (SNHH), with a story of a young teen with scabies.

During a visit, the teen asked the dermatology staff if he could take some samples of laundry detergent home. He returned 30 days later proud that he could wear clean clothes to school for a whole month.

This totally preventable health condition inspired conversations between SNHH and local youth organizations including the Boys and Girls Club and the Nashua Police Athletic League (PAL) about access to in-house laundry facilities and detergent for low-income youth.

Shaun Nelson, Executive Director of Nashua PAL, indicated that they didn't have a laundry facility, nor did they have a relationship with a local laundromat. In 2020, they were selected as a 2020 Building on Hope recipient and were about to engage in a \$1 million renovation of their facility the upcoming Spring. Due to the discussion with SNHH about the need for access to laundry facilities, Shaun and his team at PAL decided to add a

laundry component to their design and programming.

PAL'S STRATEGY INCLUDED:

- 1)** Purchasing and installing a stackable GE washer/dryer unit in their facility to help with "emergency" laundry (i.e., bedbugs) and to assist with other crisis situations for their program participants.
- 2)** Training youth how to do their own laundry.
- 3)** Developing a partnership with a local laundromat to reduce the cost for PAL children to do their laundry.

This project addresses not only access to facilities to clean laundry. It also improves the physical and emotional health of at-risk youth.

Because of these multiple benefits, SNHH decided to provide PAL with \$2500 to support not only the laundry unit, but also the educational programming for



Nashua Police Officer Ben Stusse, currently serving as the PAL Officer (Source: Southern NH Health)

the project. This adds to the annual \$5000 sponsorship SNHH provides to Nashua PAL as part of their Community Partnerships Fund program. Nashua PAL is a longstanding partner of SNHH, who has a seat on the PAL board of directors and has nurses who volunteer to provide educational programming.

This project is part of the bigger picture and larger mission of Nashua PAL who works to instill good character values and healthy habits in future community leaders.

"WE KNOW THAT YOUNG PEOPLE IN OUR COMMUNITIES WILL BECOME THE LEADERS OF THE PLACES THAT THEY LIVE... THEY WILL ALL HAVE TO MAKE CHOICES ALONG THE WAY THAT WILL SHAPE THAT FUTURE. BY GIVING THOSE YOUNG PEOPLE GREAT EXPERIENCES AND FEEDING THEIR DESIRES TO BE THE RIGHT KIND OF LEADERS, WE ARE STRENGTHENING THEM AND OUR ENTIRE COMMUNITY." Shaun Nelson, Executive Director of Nashua PAL



COTTAGE HOSPITAL:

NEIGHBORS HELPING NEIGHBORS: GIVE WHAT YOU CAN, TAKE WHAT YOU NEED

THE LITTLE FREE PANTRY AT COTTAGE HOSPITAL



Cottage Hospital's Little Free Pantry (LFP), open for the entire community, provides a safety net for individuals and families that may need a little extra help. "We have families who frequent the pantry often to help supplement their needs and others who find the pantry a helpful resource when faced with an unexpected hardship," says Dhaniele Duffy, Community Relations Liaison at Cottage Hospital.

Supplementing the larger local food shelf, the LFP addresses sudden and/or short term needs in the community and boosts the availability of items for more frequent users. With 24/7 access, it's available to anyone, at any time. The LFP is stocked organically and anyone in the community who is able is encouraged to donate items at their convenience.

The LFP encourages neighborhood engagement with food insecurity. "It's all about helping neighbors and nourishing neighborhoods," says Duffy.



Little Free Pantry at Cottage Hospital is a Global Grassroots Movement:

- The LFP movement started in 2016; Currently 2003 registered LFP buildings exist worldwide!
- LFPs exist in small outbuildings, accessible by anyone 24/7
- LFPs are organically stocked and/or "shopped" by the entire community
- The Cottage Hospital Little Free Pantry is registered on the www.littlefreepantry.org site map.
- Additional LFP sites in the region include Littleton, Lebanon and Plymouth.

**"IT'S ALL ABOUT HELPING NEIGHBORS
AND NOURISHING NEIGHBORHOODS."**

Dhaniele Duffy, Community Relations Liaison at
Cottage Hospital

THIS RESOURCE



ABOUT THE REPORT

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 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 THE DATA

The data used in this report includes the most recent Community Benefits data as reported by the state's 24 non-profit hospitals to the US Department of Treasury's Internal Revenue Service (IRS) for fiscal year 2019 on forms 990 and Schedule H as well as the most recent community health needs assessment data reported to the State of NH Office of the Attorney General Charitable Trusts Unit in 2020. Since for-profit corporations are not subject to this State law, Portsmouth Regional Hospital and Parkland Medical Center are not included in this report.

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 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 years¹; Needs identified made publicly available

Federal: Every 3 years²; Needs identified 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 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



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