

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/2019

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 Valley Regional Hospital

Street Address 243 Elm Street

City Claremont

County 10 - Sullivan

State NH **Zip Code** 3743

Federal ID # -20222118

State Registration # 6285

Website Address: www.vrh.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: Jocelyn Caple 5423400 Jocelyn.Caple@vrh.org

Board Chair: Patricia Putnam 5423400

Community Benefits

Plan Contact: Jean.Shaw 5423421 Jean.Shaw@vrh.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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Plan Contact: Jean Shaw, CFO -5423421 Jean.Shaw@vrh.org

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Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Our Vision- Partner with the community to optimize health by ensuring access to high value healthcare.

Our Mission- Improve community health, patient experience and value.

Core Values- Compassion, Accountability, Respect, Excellence, Service.

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

VRH serves the rural region of Sullivan County, New Hampshire, with a population of over 43,077 people, living in 15 towns across 552 square miles. In addition to New Hampshire residents, several bordering towns in Vermont, especially Windsor, Weathersfield and Springfield, rely upon Valley Regional Hospital’s programs and services.

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

	Sullivan County	State
Population	43,077	1,342,795
% below 18 years	19.0%	19.3%
% 65 and older	21.0%	17.6%
% Non-Hispanic Black	0.6%	1.3%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.9%	2.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	1.6%	3.7%
% Non-Hispanic White	95.0%	90.5%
% not proficient in English	0%	1%
% Females	50.6%	50.5%
% Rural	64.2%	39.7%

As identified in the last US Census:

* Sullivan County residents tend to be slightly older and have a lower household income than State of New Hampshire averages. Demographic data shows that the median age in the service area is 43.8 years, higher than the New Hampshire state average of 40 years and far above the U.S. median.

* One in six Sullivan County residents is over 64 years of age. In some of communities, the percentage of seniors is over 20% and expected to rise to nearly 25% over the next decade. By 2030 the elderly population is expected to increase to 36.5%.

* Sullivan County has the fourth highest rate of elderly in poverty.

* The median annual household income in Sullivan County is about \$13,000 less than the state average. In Claremont, household income is \$41,721 per year, more than \$21,000 (roughly 33%) below the New Hampshire median income of \$63,277.

Additionally, according to the Robert Wood Johnson Foundation 2019 County Health Rankings:

* Sullivan County has 36% of its children living in single-parent households versus 28% in the state;

* Of all children in Sullivan County, 16% of them live in poverty versus 10% in the state; and,

* The number of births per 1,000 female population, ages 15-19, is 19 versus New Hampshire at 11 births.

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?

2018 *(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	122
2	400
3	124
4	526
5	603
6	121
7	120
8	600
9	

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	527
B	407
C	601
D	604
E	607
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>	8 9 F	\$146,296.00	\$160,000.00
<i>Community-based Clinical Services</i>	E 9 2	\$0.00	\$0.00
<i>Health Care Support Services</i>	5 9 4	\$191,386.00	\$300,000.00
<i>Other: Blood Drives</i>	F -- --	\$432.00	\$1,500.00

<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>	1 -- --	\$69,292.00	\$105,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	3 -- --		

<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: SHS School Service</i>	-- -- --	\$21,640.00	\$20,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</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>	-- -- --		
<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>	-- -- --	\$2,596.00	\$7,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 9 3		
<i>Resource Development Assistance</i>	-- -- --	\$1,035.00	\$0.00

<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>	3 5 7	\$5,707.00	\$5,000.00
<i>Support Systems Enhancement</i>	3 -- --	\$12,642.00	\$20,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --	\$39,652.00	
<i>Coalition Building</i>	4 6 --	\$8,317.00	\$8,000.00
<i>Community Health Advocacy</i>	9 2 1	\$3,542.00	\$2,000.00

<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>	1 -- --	\$1,591.00	\$2,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		\$10,000.00
<i>Other Operations</i>	-- -- --	\$430.00	\$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>	3 -- --	\$607,129.00	\$610,000.00

<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>	5 -- --	\$2,455,539.00	\$6,776,904.00
<i>Medicaid Costs exceeding reimbursement</i>	5 -- --	\$1,746,957.00	\$2,319,725.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --	\$0.00	\$0.00

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$48,744,549.00
<i>Net Revenue from Patient Services</i>	\$41,859,077.00
<i>Total Operating Expenses</i>	\$47,941,012.00
<i>Net Medicare Revenue</i>	\$15,093,004.00
<i>Medicare Costs</i>	\$17,548,543.00
<i>Net Medicaid Revenue</i>	\$4,979,640.00
<i>Medicaid Costs</i>	\$6,726,597.00
<i>Unreimbursed Charity Care Expenses</i>	\$607,129.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,202,496.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,319,512.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$259,158.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	5,578,670.00

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) Claremont City Manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Claremont Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Claremont Soup Kitchen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Community Dental Care of Claremont	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Claremont City Planner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Sullivan County Public Health Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Greater Claremont Chamber of Commerce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Claremont Community Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Healthcare Consumers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Homeless Community members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) SAU#43 Superintendent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) SAU#6 Superintendent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13) ServiceLink	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Southwestern Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Claremont Senior Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Sullivan County Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17) Sullivan County, Cty Administrator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18) Turning Points Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) TLC Family Resource Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Pathways of the Upper Valley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Public Welfare Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) West Central Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23) Newport Chamber of Commerce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Lake Sunapee VNA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Newport Rec Dept.	<input checked="" type="checkbox"/>	<input checked="" 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): VRH's 2018 Community Health Needs Assessment was conducted in partnership with New London Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, Mt. Ascutney Hospital and Health Center, Visiting Nurse and Hospice of VT & NH, and the NH Community Health Institute. For the purposes of this assessment report, the geographic area of interest was the 15 towns Sullivan County, New Hampshire, with a total resident population of 43,051 served by Valley Regional Hospital. Methods employed in the assessment included a survey of community residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of community discussion groups convened in the Valley Regional Hospital service area, and a review of available population demographics and health status indicators. Comments and feedback on community needs is ongoing with the participating agencies and service organizations, as well as with members of the public.

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