

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2018

*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** Mary Hitchcock Memorial Hospital

**Street Address 1** Medical Center Drive

**City** Lebanon

**County** 05 - Grafton

**State** NH **Zip Code** 03756

**Federal ID #** 02222140

**State Registration #** 6278

**Website Address:** [www.dartmouth-hitchcock.org](http://www.dartmouth-hitchcock.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?

Yes **IF YES**, please attach the updated information.

**Chief Executive:** Joanne M. Conroy, MD 603-653-3580

Joanne.M.Conroy@Hitchcock.ORG

**Board Chair:** Edward Stansfield, MA Telephone # email address

**Community Benefits**

**Plan Contact:** Gregory A Norman 603-653-6849

Gregory.A.Norman@hitchcock.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.

## **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: e advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

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):  
Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC), collectively known as Dartmouth-Hitchcock (D-H) defines its service region as New Hampshire and eastern Vermont. In New Hampshire, our service area includes outpatient clinics in Lebanon, Concord, Manchester, Keene, and Nashua; and smaller practices in a variety of other New Hampshire locations. Dartmouth-Hitchcock Medical Center, in Lebanon, houses hospital (MHMH) and outpatient (DHC) services, and serves our broader NH and VT service regions.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):  
Dartmouth-Hitchcock serves the general population with a wide range of primary care, hospital, and specialty health care services.

**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 (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 | 122  |
| 3 | 400  |
| 4 | 527  |
| 5 | 128  |
| 6 | 120  |
| 7 | 526  |
| 8 | 501  |
| 9 | 509  |

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 | 500  |
| B | 600  |
| C | 520  |
| D | 200  |
| E | 370  |
| F | 300  |
| G | 360  |

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

**Executive Summary**

During the period January through August 2018, a Community Health Needs Assessment was completed by Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, and Visiting Nurse and Hospice for VT and NH in partnership with Mt. Ascutney Hospital and Health Center,

Valley Regional Healthcare, New London Hospital and New Hampshire Community Health Institute. The purpose of the assessment was to identify community health concerns, priorities and opportunities for improvements in community health and health care delivery systems.

For the purpose of the assessment, the geographic area of interest was 19 municipalities in Vermont and New Hampshire comprising the Dartmouth-Hitchcock and Alice Peck Day primary hospital service areas with a total resident population of 69,467 people.

Methods employed in the assessment included surveys of community residents made available through on-line and paper surveys in numerous locations throughout the region; a survey of key stakeholders and community leaders representing multiple community sectors; community discussion groups; results from a recent assessment of behavioral health needs and gaps; and a review of available population demographics and health status indicators.

All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversations including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable residents.

**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>        | 3 8 D                           | \$1,251,017.00                             | \$1,250,000.00                        |
| <i>Community-based Clinical Services</i> | G 1 3                           | \$525,908.00                               | \$525,000.00                          |
| <i>Health Care Support Services</i>      | 5 1 G                           | \$2,743,835.00                             | \$2,750,000.00                        |
| <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> | 1 Other --                      | \$98,910.00                                | \$100,000.00                          |
| <i>Intern/Residency Education</i>                                | 6 1 --                          | \$37,876,094.00                            | \$38,000,000.00                       |
| <i>Scholarships/Funding for Health Professions Ed.</i>           | -- -- --                        |  |                                       |
| <i>Other:</i>  | 1 -- --                         | \$554,887.00                               | \$550,000.00                          |

| <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: Hospital Outpatient Services</i> | 1 6 --                          | \$1,049,296.00                             | \$1,000,000.00                        |
| <i>Type of Service: Women's and Children's Svcs</i>  | D 4 --                          | \$432,583.00                               | \$440,000.00                          |
| <i>Type of Service: Behavioral Health Service</i>    | 2 3 E                           | \$2,030,773.00                             | \$2,100,000.00                        |
| <i>Type of Service: Palliative Care Services</i>     | 8 -- --                         | \$4,407,756.00                             | \$4,400,000.00                        |
| <i>Type of Service: Other Service Lines</i>          | 1 Other --                      | \$2,555,218.00                             | \$2,550,000.00                        |

| <b><i>D. Research</i></b>        | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|----------------------------------|--|---|--|
| <i>Clinical Research</i>         | Other --<br>--                         | \$4,616,682.00                                    | \$4,600,000.00                               |
| <i>Community Health Research</i> | Other --<br>--                         | \$550,097.00                                      | \$550,000.00                                 |
| <i>Other:</i>                    | -- -- --                               |   |  |

| <b><i>E. Financial Contributions</i></b> | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|--|--|---|--|
| <i>Cash Donations</i>                    | 1 A 9                                  | \$2,711,731.00                                    | \$2,700,000.00                               |
| <i>Grants</i>                            | -- -- --                               |   |  |
| <i>In-Kind Assistance</i>                | 1 3 8                                  | \$410,487.00                                      | \$410,000.00                                 |
| <i>Resource Development Assistance</i>   | -- -- --                               |   |  |

| <b><i>F. Community Building Activities</i></b>                | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|---|--|---|--|
| <i>Physical Infrastructure Improvement</i>                    | B -- --                                | \$25,000.00                                       | \$25,000.00                                  |
| <i>Economic Development</i>                                   | A -- --                                | \$49,545.00                                       | \$50,000.00                                  |
| <i>Support Systems Enhancement</i>                            | -- -- --                               |   |  |
| <i>Environmental Improvements</i>                             | -- -- --                               |   |  |
| <i>Leadership Development; Training for Community Members</i> | -- -- --                               |   |  |
| <i>Coalition Building</i>                                     | 2 4 E                                  | \$915,038.00                                      | \$915,000.00                                 |
| <i>Community Health Advocacy</i>                              | 1 -- --                                | \$83,467.00                                       | \$85,000.00                                  |

| <b><i>G. Community Benefit Operations</i></b> | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|---|--|---|--|
| <i>Dedicated Staff Costs</i>                  | 3 E C                                  | \$42,485.00                                       | \$45,000.00                                  |
| <i>Community Needs/Asset Assessment</i>       | Other --<br>--                         | \$115,266.00                                      | \$120,000.00                                 |
| <i>Other Operations</i>                       | Other --<br>--                         | \$138,526.00                                      | \$138,500.00                                 |

| <b><i>H. Charity Care</i></b>                     | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|---|--|---|--|
| <i>Free &amp; Discounted Health Care Services</i> | 1 -- --                                | \$11,890,291.00                                   | \$11,900,000.00                              |

| <b><i>I. Government-Sponsored Health Care</i></b>                      | <b><i>Community Need Addressed</i></b> | <b><i>Unreimbursed Costs (preceding year)</i></b> | <b><i>Unreimbursed Costs (projected)</i></b> |
|--|--|---|--|
| <i>Medicare Costs exceeding reimbursement</i>                          | 1 -- --                                | \$131,644,678.00                                  | \$132,000,000.00                             |
| <i>Medicaid Costs exceeding reimbursement</i>                          | 1 -- --                                | \$119,402,079.00                                  | \$120,000,000.00                             |
| <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>  | \$1,888,011,096.00   |
| <i>Net Revenue from Patient Services</i>   | \$1,529,680,549.00   |
| <i>Total Operating Expenses</i>  | \$1,763,892,072.00   |
|  |                      |
| <i>Net Medicare Revenue</i>  | \$425,305,447.00     |
| <i>Medicare Costs</i>  | \$556,950,125.00     |
|  |                      |
| <i>Net Medicaid Revenue</i>  | \$110,839,630.00     |
| <i>Medicaid Costs</i>  | \$230,241,709.00     |
|  |                      |
| <i>Unreimbursed Charity Care Expenses</i>  | \$11,890,291.00      |
| <i>Unreimbursed Expenses of Other Community Benefits</i>                                     | \$182,586,680.00     |
| <i>Total Unreimbursed Community Benefit Expenses</i>   | \$194,476,971.00     |
|  |                      |
| <i>Leveraged Revenue for Community Benefit Activities</i>                                    | \$132,936,374.00     |
| <i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i> | \$327,413,345.00     |

**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) Cathy Brittis, Program Director Child Advocacy Center, at CHaD   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2) Angela Zhang, Program Director, LISTEN Community Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3) Renee Weeks Director Clinical Services, Upper Valley Haven   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4) Kathleen Vasconcelos Director, Grafton County Senior Citizens Council  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Kate Rohdenburg, Program Director WISE of the Upper Valley   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Chris Christopolous, Fire Chief, Lebanon, NH   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7) Julia Griffin, Town Manger, Town of Hanover, NH  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8) Diane Estes, Director of School and Community Relations, Lebanon School District, NH   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9) Alice Ely, Executive Director, Public Health Council of the Upper Valley   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10) Marie Linebaugh, NH Coalition Against Domestic & Sexual Assault   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11) Donna Ransmeier, Director, Mascoma Community Health Center  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12) Suellen Griffin, CEO West Central Behavioral Health   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13) Kyle Fisher, LISTEN Community Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14) Laurie Harding, Upper Valley Community Nursing Project  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15) Lynne Goodwin, Director Human Services, City of Lebanon, NH   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16) Maggie Monroe Cassel, TLC Family Resource Center  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17) Dana Michalovic, Executive Director, Good Neighbor Health Clinic  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 18) Gabe Zoerheide, Willing Hands   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19) Shannon Vera, VNH, Help at Home   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 20) Steve Chapman, MD, Children's Hospital at Dartmouth   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21) Cathy Raymond, Lake Sunapee Visiting Nurse  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 22) Laura Byrne, HIV/HCV Resource Center  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23) Ryan Richards, HIV/HCV Resource Center  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 24) Janet Lowell, Upper Valley Community Nursing Project  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 25) Nicole Labombard, Partners in Community Wellness, Dartmouth Hitchcock   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Methods employed by the CHNA assessment included: a) A survey of area community members made available through paper copies in selected community locations, direct-to-

respondent strategies, and intranet-based strategies; b) A survey of key community stakeholders including agency, municipal and community leaders; c) A series of community discussion groups; and d) A review of available population demographics and health status indicators

**Community Member Surveys:** From March through August 2018, we distributed paper versions of the Community Member Survey to the public at multiple public access points including community service organizations. In some cases, organizational staff at these survey sites actively invited community members to participate and/or provided support to respondents to reduce barriers to participation. In other sites, organizations placed paper copies at their front desks for self-service. We partnered with home visiting services to deliver surveys to home-bound persons and included pre-paid return mailers. In addition, we widely distributed links to online versions of the Community Member Survey through community list serves, e-news of large employers, schools, towns, and other public entities, and widely or publicly available sites. These efforts yielded 2,100 paper and digital completed surveys.

**Key Stakeholders Survey:** In February and March 2018 we disseminated surveys to 277 persons identified as key community stakeholders. 153 of these individuals responded. Responses were anonymous to promote direct and complete responses. We defined Key stakeholders as individuals who have important community roles in community governance, public health, public safety, correctional systems, education, health care, and human services, who have significant contact with a wide range of community members, are responsible for serving community residents who have a wide array of health, social, and other needs, or otherwise are deeply knowledgeable about the broad interests and needs of the community. A full list of key stakeholders invited to participate is available by contacting Barbara Farnsworth at [barbara.g.farnsworth@hitchcock.org](mailto:barbara.g.farnsworth@hitchcock.org)

**Discussion Groups:** Between March and June 2018, we conducted in-person discussion groups provided an opportunity to have a more in-depth dialogue with community members regarding community health concerns and opportunities. A total of 56 community members participated in these Discussion Groups. We intentionally used our Discussion Groups to gain feedback from populations who face significant barriers to health and well-being and/or who may not be well-represented in our broader CHNA data collection tools.

•**Demographics, Public Health and other Secondary Data Sources:** Our CHNA includes a review of the most currently available secondary data describing health and wellbeing at the population level (i.e. data available through reports made by state and federal agencies and related sources that compile population health statistics). These data sources are regularly reported; have well-established, consistent, and valid methodologies; and are commonly used by health and public health officials to monitor demographic composition of communities and to monitor health and well-being of communities.

•**Analytical Methods Applied:** Service area statistics and maps describing demographics of the service area population, such as income, age and insurance rates were compiled at the county and/or town level using the US Census Bureau, American Factfinder online tool. Community resident and key stakeholder survey analysis was completed using SPSS and included analysis of response frequencies and cross-tabulations to investigate variation in identified needs by

respondent characteristics such as household income, age and community of residence. Community discussion groups were analyzed for key themes and patterns through transcription of discussions by question/topic followed by coding and sorting in Excel.

Information gaps that impact the hospital's ability to assess community health needs: Data identified in any CHNA process is inherently limited to what the assessment team asked about. We consider the data gathered in the FY2019 CHNA process a 'starting point' for considering community needs, and strengthen our findings through ongoing dialogue with community members, municipal leaders, and organization leaders. Additionally, many of the secondary sources used in our assessment have significant time lags, challenging applicability to current community experience. Finally, our experience suggests that CHNA respondents are highly focused on 'unmet needs,' and do not identify 'needs well-addressed' that should receive continued focus to sustain the necessary level of service capacity and quality.

List of organizations that collaborated with the hospital: MHMH conducted this CHNA in a shared effort ('CHNA Collaborative') with five other health entities that have abutting and/or overlapping service areas. These entities include: Valley Regional Hospital, New London Hospital, Alice Peck Day Memorial Hospital, Visiting Nurse and Hospice of VT and NH, and Mt Ascutney Hospital and Health Care. These six entities used common assessment tools and methods to gather community input, allowing us to identify common needs shared across hospital regions while also identifying localized variances in community health needs. A wide range of other health and human service organizations also provided input into this CHNA process and encouraged participation of clients and community members whom they serve. These agencies included the Public Health Council of the Upper Valley; Good Neighbor Health Clinic; White River Family Practice; Mascoma Community Health Clinic; the Upper Valley Haven; Lebanon, Hartford, and Hanover Schools; municipalities of Hanover, Lebanon, and Hartford; Vital Communities; and other entities.

**Section 7: CHARITY CARE COMPLIANCE**

| <b>Please characterize the charity care policies and procedures of your organization according to the following:</b> | <b>YES</b>                          | <b>NO</b>                | 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