

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2014

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 Families First of the Greater Seacoast

Street Address 100 Campus Drive, Suite 12

City Portsmouth County 08 - Rockingham State NH Zip Code 3801

Federal ID # -222757341 State Registration # 3027

Website Address: www.FamiliesFirstSeacoast.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: Helen B. Taft 603-422-8208

htaft@familiesfirstseacoast.org

Board Chair: Linda Sanborn 603-433-8838 linda@tobystowe.com

Community Benefits

Plan Contact: David Choate 603-422-8208

dchoate@familiesfirstseacoast.org

Is this report being filed on behalf of more than one health care charitable trust? No

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

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: To contribute to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay.

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):

We serve mainly the Seacoast region of New Hampshire, including Portsmouth, Hampton, Seabrook, Exeter, Dover, Rochester and surrounding towns.

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

Families First Health Center is open to the general population, but primarily serves people who are low-income, homeless, uninsured, underinsured and/or covered by Medicaid.

Certain programs at the Families First Health Center have more-limited target audiences, due to requirements set by funders of those programs or simply due to the nature of the programs:

Our mobile health care teams visit sites convenient for homeless people in Portsmouth, Rochester, Dover, Hampton and Exeter.

Our school-based children's dental program is for children who attend elementary schools in Portsmouth, Newington or Seabrook; Head Start programs in Portsmouth and Hampton Falls; and other early-childhood programs at the Community Campus in Portsmouth.

Our prenatal program is primarily for low-income women who live in Portsmouth or one of six nearby towns.

Our Dental Center is open to Families First primary care and prenatal patients; any child or teen living in New Hampshire or Maine; patients referred by AIDS Response–Seacoast, the Krempels Center (people living with brain injuries), Senior Companions, and the Portsmouth Regional Hospital or Exeter Hospital emergency departments; patients needing dental treatment prior to cardiology or oncology procedures; and seniors (age 65+) living in Portsmouth or an adjacent town.

FAMILIES FIRST HEALTH CENTER CLIENTS

The 4,665 patients seen at the Families First Health Center during the fiscal year that ended on June 30, 2014, had the following characteristics:

Socioeconomic Characteristics

54% were uninsured and thus were eligible for our sliding fee scale; 27% were covered by Medicaid; 9% were covered by Medicare; and 10% had private health insurance.

64% had incomes at or below the federal poverty level, and another 29% had incomes between 101% and 200% of the poverty level.

Thirty percent were homeless.

Demographic and Residency Characteristics

- 42% were adult women; 25% were adult men; 33% were children under age 21.
- 82% were white/non-Hispanic; 2% were mixed race; 4% were Asian; 3% were African American; 4% were Hispanic/Latino; and 4% did not report.
- 34% resided in Portsmouth; 16% in Hampton or Seabrook; 25% elsewhere in Rockingham County; 17% in Strafford County; and 7% in Maine.

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?

2013 (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	370
2	120
3	601
4	400
5	371
6	121
7	350
8	420
9	603

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	201
B	301
C	505
D	602
E	604
F	430
G	302

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

Families First addresses the identified community needs as follows:

Access to Primary Care

Families First Health Center provides primary care that is open to all, including both insured and uninsured patients. (A sliding fee scale is offered to uninsured patients.)

Dental Care

Families First Dental Center accepts private insurance and Medicaid, and offers a sliding fee scale for uninsured patients. It is open to all children and teens living in Seacoast New Hampshire or Southern Maine; established patients of Families First Health Center; and clients referred through some local hospital emergency departments or through selected organizations serving people with brain injuries, people with HIV/AIDS, and seniors living in or near Portsmouth.

Health/Wellness Services

Families First Health Center provides primary care – including preventive screenings and health education – to its patients. Families First also provides free breast and cervical cancer screenings to eligible uninsured women even if they are not Families First patients.

Mental Health Care Access

Families First Health Center integrates behavioral health counseling with primary care for existing patients. In 2015 Families First will add a part-time psychiatric nurse practitioner to its staff.

Elder Care and Support Services

Families First provides medical and dental care to seniors, accepting Medicare and offering discounts on Medicare co-pays and dental fees; and prescription assistance. The agency also partners with other organizations to offer senior luncheons, an Alzheimer's Café and a caregivers group. Families First is the Seacoast's site for the Senior Companion Program of NH.

Youth Suicide/Substance & Prescription Drug Abuse

Families First Health Center provides substance use counseling to all patients in its prenatal program and mobile Health Care for the Homeless program, as needed. Counseling is available to other Families First Health Center patients on a more limited basis.

Nutrition/Obesity

Families First Health Center provides nutrition education and counseling to all patients in its prenatal program. Counseling is available to other Families First Health Center patients on a more limited basis.

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>	1 2 1	\$78,033.00	\$81,935.00
<i>Community-based Clinical Services</i>	3 -- 1	\$18,628.00	\$19,559.00
<i>Health Care Support Services</i>	6 -- 2	\$231,600.00	\$243,180.00
<i>Other: Family/Parent Support Services</i>	4 3 --	\$428,937.00	\$450,384.00

<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>	-- -- --		
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<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:</i>	-- -- --		
<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>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	-- -- --		

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

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 2 --	\$2,773,567.00	\$2,912,245.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 2 --	\$235,357.00	\$247,125.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$411,861.00	\$432,454.00
<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>	\$3,946,734.00
<i>Net Revenue from Patient Services</i>	\$1,608,625.00
<i>Total Operating Expenses</i>	\$5,555,359.00
<i>Net Medicare Revenue</i>	\$182,381.00
<i>Medicare Costs</i>	\$417,738.00
<i>Net Medicaid Revenue</i>	\$841,342.00
<i>Medicaid Costs</i>	\$1,253,203.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,773,567.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$1,404,416.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$4,177,983.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$3,681,340.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$4,177,983.00

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) Exeter Hospital (Mark Whitney, Debra Vasapolli, Loree Hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Seacoast Mental Health Center (Jay Couture)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) SeaCare Health Services (Kathy Crompton)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Lamprey Health Care (Anita Rozeff)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Families First Health & Support Center (Helen Taft, Margie Wachtel)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) United Way of the Greater Seacoast (Lauren Wool)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Key leader interviews (42 people, listed on pp. 40-41 of attached Community Health Needs Assessment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Community Forums held in May 2013 in Exdeter, Seabrook and with school nurses (26 attendees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) UNH Survey Center Household Telephone Survey, January-March 2013 (607 respondents) ... survey also conducted in 2010, 2011 and 2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Employee Survey (distributed to employees of Core Physicians, Exeter Hospital, Exeter Health Resources, Rockingham VNA & Hospice, Families First, Lamprey, SeaCare, Seacoast Mental Health Center and United Way (384 respondents)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The table above was completed in reference to the 2013 Exeter Hospital Community Needs Assessment; Families First was part of a working group that developed this assessment. Here is more detail on the methodology of the Exeter Hospital needs assessments:

The 2013 Community Health Needs Assessment (CHNA) process included gathering and reviewing both qualitative and quantitative data through the use of a random telephone survey conducted by the University of New Hampshire, open community forums, online surveys, key leader interviews, outreach to support agencies, and the review of relevant secondary data sources. As a component of the forums and online surveys, respondents were asked to participate in prioritizing qualitative health needs.

1. UNH Survey Center Household Telephone Survey

Utilizing the University of New Hampshire Survey Center, a random household telephone survey was conducted as a means to collect information regarding community members' health status and to identify their healthcare needs. The telephone survey was conducted annually in 2010, 2011, 2012 and 2013. In total, 3,409 healthcare decisionmakers residing within the hospital's service area participated in the survey. Of those respondents, 89% rated their health status as good, very good or excellent; 95% reported having a primary care physician, and miscellaneous ailments were most commonly reported as the "most important health related concern."

2. Community Forums

A total of four Community Forums were planned and promoted to the general public. The community forums were promoted via email, social media, paid print advertisements and direct-mail. Invitations were sent to key community leaders, including Rockingham County's 53 elected state representatives and school nurses. A total of 26 community members and key leaders attended the forums.

During each community forum, an overview of the CHNA requirements and the process through which the CHNA Steering Committee intended to gather information was reviewed with attendees. In addition, copies of the 2008 Community Needs Assessment were distributed, and key findings from the 2008 report were reviewed along with notable environmental changes since that time, i.e., changes in the economy, unemployment rates, the Patient Protection and Affordable Care Act, and the cost of healthcare and transportation.

Following the overview, community members engaged in an open discussion and provided verbal insight into the significant health needs of their communities. Comments and or discussion points were recorded for consideration by the Steering Committee. At the close of each forum, attendees were asked to write down and submit their top three health concerns. Submissions were then reviewed by the steering committee and grouped according to topic. The significant needs identified through this process, in order of number of time the need was mentioned, were:

- Access to Care
- Transportation
- Mental Health Services/Substance Abuse Services
- Health Prevention Services
- Youth Suicide
- Dental Care
- Elder Care and Support Services

3. Online Surveys

Exeter Hospital (together with its affiliates Core Physicians and Rockingham VNA & Hospice), in collaboration with Families First Health and Support Center, SeaCare Health Services, United Way of the Greater Seacoast, Seacoast Mental Health Services and Lamprey Health Care, offered a voluntary online health needs assessment to each organization's employee base. In total, 384 people participated, including 31 physicians, 10 mid level providers, 179 clinical staff members and 162 non-clinical employees.

In response to the question, "What do you believe is the most prevalent health care need for Seacoast residents?," the most common response was "Behavioral/Mental Health" (38%), followed by "Access to Primary Care" (22%).

In response to the question, "What is the primary reason Seacoast residents are not able to access health care services?," the most common response was "No Insurance or Underinsured" (76%).

3. Key Leader Interviews

Interviews were conducted with key leaders who were identified as having broad knowledge of the health needs of the communities served, including underserved and "low income" populations. A complete list of interviewees is submitted as an attachment to this report.

In total, 42 key leader interviews were conducted during May and June 2013. The top three health needs identified by these key leaders were:

1. Mental Health Services
2. Substance Abuse/Suicide (including prescription drug abuse)
3. Dental Care

4. Secondary Research Sources:

Additional secondary resources were reviewed to further understand the health status of people living within Rockingham County. These sources included:

- The 2011 New Hampshire State Health Profile- by the NH Division of Public Health Services, Department of Health and Human Services (DHHS)
- The High Cost of Alcohol Consumption in New Hampshire- by PoIEcon Research Dec 2012
- County Health Rankings & Roadmaps, 2013 Rankings New Hampshire, by the University of Wisconsin Population Health Institute
- Greater Rockingham County Regional Network, Community Based, Data-Driven Response to Substance Misuse & Disorders, Strategic Plan for Prevention 2012-2015
- Health and Equity in New Hampshire: 2013 report card, NH Center for Public Policy
- Aging and the Public Healthcare System, October 31, 2012, NH Center for Public Policy
- 2011 Rockingham Youth Risk Behavioral Survey (YRBS) Regional and State
- 2011 Snapshot of New Hampshire's Public Health Regions, Counties, and Manchester and Nashua- by the NH. Division of Public Health Services, DHHS
- New Hampshire State Epidemiological of Mental, Behavioral and Emotional Health Profile – New Hampshire Bureau of Drug and Alcohol Services

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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