

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2014

RECEIVED

to be filed with:

Office of the Attorney General

Charitable Trusts Unit

33 Capitol Street, Concord, NH 03301-6397

603-271-3591

OCT 26 2015

CHARITABLE TRUSTS UNIT

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Ammonoosuc Community Health Services, Inc.

Street Address 25 Mount Eustis Road

City Littleton

County 05 - Grafton

State NH **Zip Code** 3561

Federal ID # -510137745

State Registration # 02064/1408

Website Address: <http://achs-inc.org/>

Is the organization's community benefit plan on the organization's website? No

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: Edward D Shanshala II 6034448223 ed.shanshala@achs-inc.org

Board Chair: Beth Harwood 6038238714

Beth.G.Harwood@dartmouth.edu

Community Benefits

Plan Contact: Edward D Shanshala II 6034448223 ed.shanshala@achs-inc.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:

It is the mission of Ammonoosuc Community Health Services to provide a stable network of comprehensive Primary Health Care Services to individuals and families throughout the communities we serve. In support of this mission, ACHS provides evidenced based, outcome specific, systematic care that is: patient centered, focused on prevention, accessible and affordable to all.

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):

The community addressed in this collaborative plan will be defined as all towns in the Littleton Hospital Service Area, and all the NH towns identified in the Haverhill Hospital Service Area. Towns served: Littleton, Lincoln, Woodsville, Bath, Benton, Bethlehem, Carroll, Dalton, Easton, Franconia, Haverhill, Landaff, Lisbon, Lyman, Monroe, Pike, Twin Mountain, Rumney, Warren, Wentworth, Whitefield, and Woodstock.

ACHS is located in a Medically Underserved Area, and includes the Baker River Valley HPSA, both necessary for designation as a FQHC by the Bureau of Primary Health Care.

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

Serve the General Population with a special focus on those who qualify for a sliding-fee-scale discount based upon household size, household income, and the federal poverty level.

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	400
3	120
4	121
5	122
6	300
7	420
8	421
9	422

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	220
B	401
C	403
D	406
E	321
F	604
G	128

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

120-122: ACHS has worked toward mitigation of financial barriers associated with access primary medical, behavioral, dental, and pharmacological care care, through the hiring of two Outreach and Enrollment staff who assist patients navigate the health insurance marketplace an enroll in enhanced Medicaid.

120: ACHS provides Primary Care Services to 1 in 3 individuals who live in our service area and receive care at one of our five care delivery sites. Our care delivery sites are located in Franconia, Littleton, Warren, Whitefield, and Woodsville, New Hampshire. In Calendar Year 2014 ACHS provided 35,100 visits to 9,765 unduplicated patients. ACHS offers a sliding-fee-scale discount to those patients who qualify thus reducing the financial barriers in obtaining high quality primary preventive health care. ACHS was one of two Federally Qualified Health Centers in New Hampshire participating in the Citizens Health Initiative Multi-Stakeholder Medical Home Pilot Project. The success of which prompted Anthem to use this model across their organization.. In this reporting period ACHS recertified and obtained the highest rating as a medical home (level 3) from NCQA (National Committee on Quality Assurance). In the current reporting period ACHS continues to work with the Citizens Health Initiative Multi-Stakeholder Accountable Care Project as the lead organization collaborating with Littleton Regional Hospital, Cottage Hospital, and North Country Home Health and Hospice. ACHS also worked with Mid-State Community Health Center, Coos Family Health Services, and Indian Stream Health Center to be designated by CMS as a Share Savings Advanced Payment Model Accountable Care Organization through the creation of the North Country ACO (a 501 - c - 3 organization that is wholly owned by the North Country Health Consortium which is also a 501 - c-3 organization)

121: ACHS has expanded its oral health efforts, leveraging ~ \$15K of NH DHHS Oral Health Funds with ~ \$15K of funds raised through the ACHS Ammonoosuc Amble "Miles-for-Smiles" 5 mile walk/run, \$15K matching funds from each of Littleton Regional Healthcare and Cottage Hospital to a total of \$60K . These funds are being invested in adult oral health clinics as performed by the North County Health Consortium Molar Express, provision of dentures, and provision of oral health vouchers to local dentists. These efforts are working to decrease the prevalence of individuals presenting to the hospital emergency department. Patients presenting to emergency departments for oral health care needs is in the top two reasons for emergency department use in New Hampshire.

ACHS is also participating with NH DHHS Oral Health, Bi-State Primary Care Association, Mid-State Community Health Center, North Country Health Consortium Molar Express, and the University of New England School of Dentistry in a three year HRSA Oral Health Workforce Development Grant. Entering into the third year of the grant, ACHS opened a five operator integrated oral health clinic at ACHS - Littleton in October 2014. ACHS and Mid-State CHC have fixed site dental clinics in Littleton and Bristol respectively, the NCHC Molar Express performs cleaning, screening, and refer to treatment at one of these two oral health hubs, and the University of New England and AT Still Schools of Dentistry use these two facilities as educational sites for their dental students.

122: ACHS has a behavioral health complement of three licensed medical masters prepared social workers and one PhD clinical psychologist and a Psychiatric APRN. This is complimented with patient navigators who work with patients who encounter challenges with activities in daily living and barriers associated with the social determinants of health.

128: The pharmacy also provides clinical pharmacy services including medication therapy management and medication reconciliation as participants in our multidisciplinary care delivery

teams. ACHS has a multidisciplinary clinical pharmacy team who participate in the AIMM Patient Safety Clinical Pharmacy Collaborative. ACHS has added a third pharmacist and will pilot direct bedside delivery of discharge medication for patients at our critical access hospital collaborating partners in 2016

200: ACHS integrates the provision of Maternal & Child Health Services that in part is provided through a NH Department of Health and Human Services Primary Care Contract. We are continuing to increase our integration of clinical pharmacy and oral health services. ACHS has integrated clinical pharmacy services at the ACHS - Littleton Care Delivery Site. ACHS provides access to medications through a pharmacy assistance program, a 340B purchasing program, and the provision of a sliding-fee-scale discount for eligible patients.

300: ACHS has successfully addressed the individual and patient population needs for those individuals who experience chronic disease. Specifically ACHS has focused in Diabetes, Depression including the integration of behavioral and medical health services, Asthma, Coronary Artery Disease and most recently Patient Safety and Clinical Pharmacy.

As a result of these efforts ACHS was identified by the US Department of Health Resource Service Administration & the National Institute of Health as only 1 of 26 other FQHC's for being the highest performing with regards to clinical outcomes out of over 1,000 FQHCs in the country.

In 2015 ACHS was recognized by HRSA as a National Quality Leader for

Meeting or exceeding clinical benchmarks for:

1. Chronic disease management
2. Preventive care
3. Perinatal/prenatal care

These results has enable ACHS to be successful in additional healthcare reform efforts including the CMS Shared Savings Advanced Payment Model ACO Pilot Project and the HRSA Oral Health Workforce Development Grant.

ACHS through the ACHS Care Model Team focuses on chronic diseases at a population level, reflecting on the process of care and clinical outcomes at the individual patient-provider care level. Illustrative of these efforts are focuses on Depression, Diabetes, Asthma, Coronary Artery Disease, and Poly - pharmacy.

360: ACHS focuses on Infectious disease through both prevention of and treatment of disease. Most recently ACHS continues to work collaboratively with local schools to ensure appropriate vaccination for seasonal flu and works with the State Department of Health and Human Service in providing flu surveillance reporting in conjunction with the Centers for Disease Control.

ACHS is beginning effort to address the communicable infectious diseases associated with oral health. ACHS will do so in an integrated manner.

370: ACHS as a Medical Home has successfully integrated behavioral, medical, and clinical pharmacy health services receiving state and national recognition for doing so. ACHS is working with LRH and CH to collaboratively address the unmet behavioral healthcare needs.

400: ACHS with its behavioral health staff works in a multidisciplinary manner with the medical staff to identify patients who need assistance in addressing substance use issues. This may include referral to further treatment that is outside the scope of our services while continue to meet the primary care needs during this time.

420, 421, 422: Obesity is a recent issue that ACHS is working to address from both a chronic care perspective as well as a preventive lifestyle; activity, nutrition, perspective. Regarding the activity base for improvement ACHS sponsors an annual family and community friendly 5 mile run/walk each April. The Ammonoosuc Amble has been a success for over 20 years. This year ACHS has further integrated oral health needs by rebranding the event "Miles for Smiles" whereby the funds to address the unmet oral healthcare needs of adults in the north country.

ACHS leveraging HRSA Expanded Services funding has hired a Nutritionist who is be our ACHS Patient Education and Community Outreach Coordinator in addition to items 420, 421, and 422, this individual will be able to initiate efforts associated with items 220, (School Health), and 401 (Youth Ethanol), 403 (Youth Drug), and 406 (Youth Tobacco) use.

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>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<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>	-- -- --		
<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: Family Planning</i>	3 A --	\$95,588.00	
<i>Type of Service: Pharmacy Assistance Program</i>	F G --	\$363,772.00	\$350,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<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>	3 G 5	\$1,058,409.00	\$1,100,000.00

<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>	3 5 G	\$725,384.00	\$287,500.00
<i>Medicaid Costs exceeding reimbursement</i>	3 5 G	\$137,516.00	\$140,000.00
<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>	\$9,817,606.00
<i>Net Revenue from Patient Services</i>	\$7,538,803.00
<i>Total Operating Expenses</i>	\$9,729,260.00
<i>Net Medicare Revenue</i>	\$1,625,940.00
<i>Medicare Costs</i>	\$2,351,324.00
<i>Net Medicaid Revenue</i>	\$1,363,725.00
<i>Medicaid Costs</i>	\$1,501,241.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,058,409.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$457,360.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$1,515,769.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$2,095,684.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$4,474,353.00

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) Business, Economics, Rotary and Chamber Members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Clergy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Civic and Health Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Councilors and Legislators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Physicians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Seniors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) WREN Womens Rural Entrepreneurial Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Please see attached comprehensive list of individuals under the above headings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input 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):

ACHS collaborated with Cottage Hospital and Littleton Regional Healthcare and hence leveraged their Community Needs Assessments performed in September 2013 and July 2013 respectively. The results are attached with this submission

ACHS - Warren and ACHS - Woodsville provide primary preventive healthcare services to a service area consistent with that of Cottage Hospital as such ACHS considered the healthcare needs of this service area from the September 2013 Cottage Hospital Community Health Needs Assessment as follows:

Access to primary care providers (including the availability of

providers, affordability of care, and transportation)

Access to behavioral health service providers (including the availability of providers and affordability of care)

Drug and alcohol abuse; Drug and alcohol education and early intervention

Screening for heart disease, cancer, and other chronic illnesses

Chronic disease treatment and co-morbid conditions such as mental health and other disease management initiatives

Dental services / availability of providers

Obesity / exercise / nutrition programs for adults and children

Preventive health services (e.g., flu shots, mammograms, and other screenings)

ACHS - Littleton, ACHS - Franconia, and ACHS - Whitefield provide primary preventive healthcare services to a service area consistent with that of Littleton Regional Healthcare as such ACHS considered the healthcare needs of this service area from the July 2013 as follows:

Not having health insurance 75% listed as a major concern, with support of "Insurance Problems" being a secondary issue in the written comments.

People making unhealthy food choices 73% listed as a major concern, with support of Obesity being a secondary issue in the written comments.

Mental Health Issues 63% listed as a major concern, but it appears it was not enough of a problem to be ranked as a major problem needing attention.

Diabetes 55% listed as a major concern.

Youth Drug Use 55% listed as a major concern.

Youth smoking / tobacco use 53% reported as a major concern, with written comments citing an issue with tobacco use.

Adult abuse of alcohol and/ or drugs was noted by 52% of responses as a concern.

Cancer was listed as being a major concern by 51 % of responses.

Pulmonary was prominently noted as a written major issue needing attention and this was an unaided response as pulmonary conditions was not listed as a topic for survey participants

to statistically cite as a problem.

Children Healthcare was written as a secondary issue to resolve, but specific aspects of children, teen births, vaccination, alcohol use, and, bullying did not receive a statistical majority of responses citing any concern. (This point may be viewed as support for above point #6.)

ACHS considered both community needs assessments to produce a consolidated understanding of the 26 towns healthcare needs, towns that comprise our scope of work. The results are detailed above in Section 3: Community Needs Assessment.

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