

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING
07/01/2015

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 x120
htaft@familiesfirstseacoast.org

Board Chair: Linda Sanborn 603-433-8838 LSanborn@bnn CPA.com

Community Benefits

Plan Contact: David Choate 603-422-8208 x143
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:

- Mobile health care teams visit sites convenient for homeless people and public-housing residents 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 the Seacoast Community School at the Community Campus in Portsmouth.
- Our prenatal program is primarily for low-income women who live in Portsmouth or one of six nearby NH 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+) and veterans who live in Portsmouth or an adjacent town.

FAMILIES FIRST HEALTH CENTER CLIENTS

Of the 4,814 patients who came to Families First for health care in fiscal year 2015, 28% were uninsured; 28% were homeless; and 44% were covered by Medicaid. Two-thirds were living at or below the federal poverty level (i.e. less than \$20,090 for a family of three) and another 29% were below 200% of poverty.

Socioeconomic Characteristics

- 28% were uninsured and thus were eligible for our sliding fee scale; 44% were covered by Medicaid; 13% were covered by Medicare; and 15% had private health insurance.
- 66% had incomes at or below the federal poverty level, and 29% had incomes between 101% and 200% of the poverty level.

- 28% were homeless.

Demographic and Residency Characteristics

- 43% were adult women; 26% were adult men; 31% were children under age 21.

- 88% were white/non-Hispanic; 3% were Asian; 3% were African American; 5% were Hispanic/Latino; the remainder were mixed race or did not report.

- 32% resided in Portsmouth; 17% in Hampton or Seabrook; 27% 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 2015 (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	120
2	121
3	320
4	350
5	370
6	400
7	407
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	302
D	430
E	505
F	602
G	604

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

The priority needs listed in the preceding tables were obtained from the Seacoast Public Health Network’s (SPHN) Community Health Improvement Plan for 2015-2017, issued in 2015; and the Exeter Community Health Needs Assessment, led by Exeter Health Resources (EHR) in 2013.

Families First addresses the identified community needs as follows:

Access to Primary Care (EHR)

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.) Families First also helps patients and members of the general public understand and enroll in health insurance plans available through the Affordable Care Act.

Dental Care (EHR)

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 and veterans living in or near Portsmouth.

Health/Wellness Services (EHR)

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.

Heart Disease/Stroke (SPHN)

Families First assists patients with setting self-management goals, provides tools for self-monitoring (including free blood-pressure cuffs), prescribes medications to control hypertension and followup to specialty care if needed. Families First is participating in the Million Hearts Campaign which has enabled Families First to implement best practices in the management of hypertension in the office setting. The clinical staff has been re-trained in taking blood pressures and new protocols in blood pressure management have been implemented.

Mental Health Care Access (EHR and SPHN)

Families First Health Center integrates behavioral health counseling and substance abuse counseling with primary care. In 2015 Families First added a part-time psychiatric nurse practitioner to its staff and received a grant to add a second one, who will be part of our van-based health care team that serves mostly homeless people.

Elder Care and Support Services (EHR) and Injury prevention (reducing falls in older adults) (SPHN)

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 and a caregivers group. Families First is the Seacoast's site for the Senior Companion Program of NH. Recent and planned enhancements to services for seniors include:

- Increasing outreach to seniors to ensure they are seen more regularly. We have a volunteer nurse calling people ages 65+ who are due for physicals to try to schedule them.
- Enhancing and standardizing senior-specific health screenings: Staff were trained this year in how to administer the SLUMS (St Louis University Mental Status Exam), a more sensitive, sophisticated assessment tool that what we had used in the past. We have made a fall-risk assessment, and the Get Up and Go mobility assessment part of each physical for seniors. We are moving the fall risk assessment to routine forms and we are going to start doing fall-risk assessments on people 65+ at a minimum once a year or as triggered. These three screenings suggest which patients might need additional supports at home – if so, we try to get a home assessment from a visiting-nurse organization – and which patients might need a referral to occupational therapy, physical therapy, neurology or geropsych.
- Developing a home-visiting program for our Medicare patients.

Youth Suicide/Substance & Prescription Drug Abuse (EHR)
Alcohol and Substance Misuse (SPHN)

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. This year, a second substance abuse counselor will be added to the staff in order to serve more primary-care patients, and we are beginning a Medication-Assisted Treatment program for opioid addiction. Recent initiatives have been:

- Reviewing prescribing practices for pain medications
- Looking at alternatives to drugs for managing pain, such as acupuncture
- Using a more sensitive universal screening tool for substance abuse (SBIRT) to pick up indications of risk, not just existing abuse
- Hiring a psychiatric nurse practitioner to work in our Health Center to increase access to treatment for mental illness and reduce need for self-medication through substances
- Sending mobile health team, including substance abuse counseling, to a family public housing complex that has been the site of a lot of drug activity
- Distributing free Narcan at Health Center and in Mobile Health Program
- Supporting recovery through counseling and parent support

Initiatives planned for the near future are:

- Hiring a psychiatric nurse practitioner to work at some of our mobile health clinics, just as we now have this capacity at our Health Center
- Hiring a third behavioral health / substance abuse counselor
- Providing Medication-Assisted Treatment for opioid addiction
- Providing more individual counseling, and beginning to provide group counseling, particularly as a complement to the Medication-Assisted Treatment.
- Providing acupuncture to help patients manage withdrawal symptoms, minimize cravings and maximize the clinical effects of medication treatment

Nutrition/Obesity (EHR and SPHN)

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.

The services listed above address all but two of the needs identified in the two needs assessments: Transportation (EHR) and Emergency Preparedness (SPHN).

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	\$74,987.00	\$78,737.00
<i>Community-based Clinical Services</i>	3 -- 1	\$19,251.00	\$20,214.00
<i>Health Care Support Services</i>	6 -- 2	\$251,037.00	\$263,589.00
<i>Other: Family/Parent Support Services</i>	4 3 --	\$481,316.00	\$505,382.00

<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>	-- -- --		
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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>	1 2 --	\$2,420,163.00	\$2,541,171.00

<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 --	\$347,278.00	\$364,642.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$610,438.00	\$640,960.00
<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>	\$3,608,694.00
<i>Net Revenue from Patient Services</i>	\$2,130,608.00
<i>Total Operating Expenses</i>	\$5,739,302.00
<i>Net Medicare Revenue</i>	\$212,251.00
<i>Medicare Costs</i>	\$347,278.00
<i>Net Medicaid Revenue</i>	\$1,081,880.00
<i>Medicaid Costs</i>	\$1,692,318.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,420,163.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$1,784,307.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$4,204,470.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$3,461,650.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$4,204,470.00

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 checked="" 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) United Way of the Greater Seacoast (Cindy Boyd, Lauren Wool)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Lamprey Health Care (Carrie Chooljian, Anita Rozeff, Greg White)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Families First Health & Support Center (Helen Taft, Susan Turner, Margie Wachtel)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) SeaCare Health Services (Kathy Crompton)	<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 the Exeter-area 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 Exeter, 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) Portsmouth Regional Hospital (Stacey Angers, Doreen Gilligan, James Joyce, Justin Looser, Grant Turpin)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Raymond Coalition for Youth (Celeste Clark)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) City of Portsmouth (Brinn Chute)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) Foundation for Seacoast Health (Deb Grabowski)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) Lincoln Street School SAU16 (Jim Hayes)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16) Rockingham Community Action (Patte Ardizzoni)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17) Portsmouth Housing Authority (Kelly Mann)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18) Southern NH Area Health Education Center (Paula Smith)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19) Connor's Climb (Tara Ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20) Seacoast Medical Reserve Corps (Nancy Parker)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21) Greater Seacoast Coalition on Homelessness (Maria Sillari)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22) Seacoast Youth Services (Barry Timmerman)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23) Project Safety (Karen Webb)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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): Input on community needs was gathered through the

process of preparing the Seacoast Public Health Network's Community Health Improvement Plan in 2015, and the Exeter Community Health Needs Assessment in 2013. Families First staff participated in both of these endeavors. Information on how community input was solicited for each plan follows:

SEACOAST PUBLIC HEALTH NETWORK

In 2013, the state of New Hampshire published the State Health Improvement Plan (SHIP) 2013-2020, which highlights ten key health areas currently facing the population (tobacco, obesity/diabetes, heart disease/stroke, healthy mothers and babies, cancer prevention, asthma, injury prevention, infectious disease, emergency preparedness, and misuse of alcohol and drugs). In the fall of 2014, the Public Health Networks, including the Seacoast, were tasked with creating Community Health Improvement Plans (CHIP), by selecting five priority areas from the New Hampshire SHIP. Starting in January of 2015, the Seacoast Public Health Network and its Public Health Advisory Council gathered and reviewed data to inform the selection process, interviewed and involved various community organizations, voted on priorities, and strategically planned the Seacoast CHIP.

The six-month process included robust methods for indicator selection: a review of county and regional data to choose priorities, interviews of community stakeholders and partners, and a comprehensive strategic planning session.

In October of 2014, inquiries were made to PHAC members regarding needs assessments completed within the last three years; the key one identified was Exeter Hospital's 2013 assessment, for which Families First and several other PHAC members served on the steering committee.

From January 2015 to May 2015, the PHAC was educated on a variety of local, county, and regional data sets in order to better inform their selection of health priorities.

Beginning in January 2015, the SPHN staff coordinated and facilitated a regional process to develop the Seacoast CHIP. This process included presentations from experts of primary data sources and facilitated discussion to inform the PHAC's selection of health indicators. Topics included:

- Anna Ghosh and Lea Lafave, Community Health Institute (CHI), presented regional PARTNER survey results that identified partnerships within the region.
- Deb Vasapoli, Director of Public Relations Exeter Health Resources, presented Exeter Hospital's 2013 Community Need's Assessment; Sarah Tremblay oriented the PHAC to the CHIP template and expectations as outlined by CHI's webinar training
- Mary Cook and Sarah Tremblay presented the 2014 Rockingham County Health Rankings data
- Dr. Benjamin Chan, DHHS Epidemiologist, presented seacoast regional data based on the SHIP indicators. Following the presentation, Sarah Tremblay updated the PHAC on the 2015 Rockingham County Health Rankings, County Health Rankings trend data from 2010-2015, and an overview of all reviewed data points (See Appendix A and B, respectively). The meeting adjourned with PHAC members voting on which indicators would be included in the CHIP.

Finally, members and staff attended the statewide PHAC meeting to gain an understanding of developing strategies to complete tasks.

-- Sarah Tremblay, a PHAN staff member, presented results from individual surveys of seacoast organizations to illustrate initiatives already being conducted in the region in relation to SHIP indicators.

During the process, the PHAC suggested that staff research programs and initiatives already being done in the region in an effort to link them to the CHIP. As a result, a PHN staff member surveyed local organizations and stakeholders via phone and in person interviews to gain further clarity of the scope of work already being accomplished within each health indicator. This occurred during April and May of 2015, and the results were presented and used during the final CHIP Strategic meeting on May 19, 2015.

On May 19, 2015, the SPHN partnered with Community Health Institute to facilitate a CHIP Strategic Planning Session. Various community stakeholders were invited to participate and establish goals, objectives, and strategies to address the selected indicators.

Representatives of organizations were involved during all stages of this process. The PHAC was educated through presentations from experts on primary data sources. The Exeter Hospital Community Needs Assessment, 2015 County Health Rankings, and seacoast regional data, informed the PHAC's ranking of the most pressing priorities facing the region. Members ranked the indicators 1-9, one being the most important to be included in the CHIP. Therefore, the lower the score, the more likely it would be included in the CHIP (see below for rankings).

In order to make this an even more robust process and ensure community involvement, the PHAC requested a deeper understanding of what stakeholders and partners were already accomplishing within the SHIP health priority areas. This was the impetus for the SPHN staff to organize and conduct numerous stakeholder interviews in order to collect information on programs, strengths, gaps, and goals and see how the SPHN could best include them in the CHIP in order to work towards a more coordinated and collaborative public health network.

The questions that framed each interview were:

1. Programs, initiatives, or collaborative partnerships that help alleviate (insert applicable health indicator)?
2. Are there other partners you work with to help make this happen?
3. Population served?
4. Goals within the program for the future? How are they measured?
5. Funding source?
6. Greatest strengths and assets?
7. What gaps hinder the success of this work/program?

Most of the interviews were with members of the Public Health Advisory Council. In addition, interviews were conducted with representatives of Connor's Climb, Epping High School and Seacoast Youth Services.

In order to begin strategizing these priority areas and identifying goals, objectives, and strategies. The PHAC and various community stakeholders attended a CHIP Strategic Planning Session on May 19, 2015. CHIP data, methods, and process of indicator selection was presented to the group and discussion was opened up for any concerns about the proposed health priority areas. Subsets of attendees participated in breakout sessions on Substance Misuse, Chronic Disease (Obesity; Heart Disease/Stroke), Mental Health (includes reducing suicide deaths) and Injury Prevention (focus on reducing falls in seniors).

As a result of this strategic planning meeting, the SPHN had the data and community input needed to complete an informed, holistic, and inclusive CHIP for the Seacoast Public Health Region.

EXETER COMMUNITY HEALTH NEEDS ASSESSMENT

The process for the 2013 Community Health Needs Assessment (CHNA) 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%).

4. 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:

- Mental Health Services
- Substance Abuse/Suicide (including prescription drug abuse)
- Dental Care

5. Secondary Research Sources:

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

In addition to participating in both of these needs assessments, Families First also participates on an ongoing basis in coalitions that are working to help clients access the continuum of services they need and address gaps in services communitywide. These include the Seacoast

Collaborative (Care Coordination Subgroup). Led by Portsmouth Regional Hospital, this group consists of many of the health and human services in the Portsmouth area and its aim is to improve care coordination activities in the Seacoast, with a focus on transitions of care.

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