

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 01/01/2014

fy 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 St. Joseph Hospital

Street Address 172 Kinsley Street

City Nashua **County** 06 - Hillsborough **State** NH **Zip Code** 3060

Federal ID # 20222215 **State Registration #** 6284

Website Address: www.stjosephhospital.com

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive:	Richard Boehler, MD	6038823000	rboehler@sjnh.org
Board Chair:	Louise Trottier	6038823000	smclaughlin@sjnh.org
Community Benefits Plan Contact:	Kathleen Cowette	6038823000	kcowette@sjnh.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: St. Joseph Hospital

Our Mission is to provide exceptional, compassionate person-centered care to all we serve as inspired by the healing ministry of Jesus and as modeled by St. Marguerite d'Youville. The mission statement was recently edited to include language reflecting the legacy of our foundress St. Marguerite.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

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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):

St. Joseph Healthcare's service area consists of 18 towns and is as follows: Primary Service Area (PSA) consists of: Amherst, Brookline, Hollis, Hudson, Litchfield, Merrimack, Milford, Nashua, and Wilton. The PSA consists of approximately 190,000 people.

The Secondary Service Area (SSA) consists of Dunstable, MA, Greenville, Mason, Londonderry, Lyndeborough, Mont Vernon, Pelham, Pepperell, MA and Windham.

The SSA consists of approximately 72,000 people. This service area includes all towns which are designated as the Greater Nashua public health region.

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

Serves the general population

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?

2014. We collaborated with the City of Nashua's Division of Public Health & Community Services and other healthcare agencies and organizations to develop the 2014 Community Health Needs Assessment. It is the most comprehensive needs assessment and is the best representation of our communities needs. The assessment meets the requirements for all Nashua area healthcare charitable trusts, and will be used as the basis for creating our community benefit plans. The copy of report can be downloaded from the following website:

<http://www.nashuanh.gov/CityGovernment/Departments/PublicHealthCommunityServices/CommunityHealthAssessments/2014CommunityHealthAssessment/tabid/1152/Default.aspx>

(Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	100
2	101
3	122
4	370
5	300
6	400
7	420
8	600
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	121
B	600
C	603
D	503
E	604

F	999
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*
Community Advocacy, Board involvement in healthcare agencies, community benefits preparation

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 3 7	\$116,013.00	\$115,000.00
<i>Community-based Clinical Services</i>	1 2 5	\$501,321.00	\$500,000.00
<i>Health Care Support Services</i>	4 8 A	\$73,160.00	\$75,000.00
<i>Other: Screenings, Support Grp</i>	1 5 7	\$68,715.00	\$70,000.00

<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>	B E --	\$66,732.00	\$67,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	8 B --	\$21,205.00	\$22,000.00
<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: Patient care/int svcs.</i>	-- -- --	\$140,046.00	\$140,000.00
<i>Type of Service: Transportation</i>	B C D	\$2,600.00	\$3,000.00
<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>	5 B C	\$73,375.00	\$74,000.00
<i>Community Health Research</i>	-- -- --		
<i>Other: IRB</i>	F -- --	\$68,887.00	\$69,000.00

<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>	A B C	\$240,457.00	\$241,000.00
<i>Grants</i>	-- -- --	\$0.00	\$0.00
<i>In-Kind Assistance</i>	2 B D	\$168,657.00	\$169,000.00
<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>	8 -- --	\$70,238.00	\$71,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Dedicated Staff Costs</i>	F -- --	\$35,850.00	\$36,000.00
<i>Community Needs/Asset Assessment</i>	F -- --	\$9,500.00	
<i>Other Operations</i>	-- -- --		

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Free & Discounted Health Care Services</i>	1 2 D	\$1,912,151.00	\$1,900,000.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Medicare Costs exceeding reimbursement</i>	1 2 --	\$21,178,900.00	\$22,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$4,325,257.00	\$4,500,000.00
<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>	\$436,745,639.00
<i>Net Revenue from Patient Services</i>	\$164,765,708.00
<i>Total Operating Expenses</i>	\$158,000,832.00
<i>Net Medicare Revenue</i>	\$60,584,745.00
<i>Medicare Costs</i>	\$71,603,346.00
<i>Net Medicaid Revenue</i>	\$2,847,947.00
<i>Medicaid Costs</i>	\$7,357,242.00
<i>Unreimbursed Charity Care Expenses</i>	\$ 1,912,151.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$27,160,913.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$29,073,064.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$29,073,064.00

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) City of Nashua Division of Public Health & Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Community Health Assessment Advisory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Jayne Barnes, Nashua Community College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Bob Cioppa, Nashua School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Ashley Conley, Epidemiologist, Div of Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Kathleen Cowette, St. Joseph Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Margaret Crowley, Northeast Healthcare Quality Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Amy Cullem, CHI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Bev Doolan, City of Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Dave Hackett, Gateways Community Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Paul Hebert, United Way of Greater Nashua	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Kristine Howard, Harbor Care Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Mike Lachance, YMCA Greater Nashua	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Patti Laliberte, Dartmouth Hitchcock Nashua	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Ed Lecious, Nashua Police Dept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Mark McLaughlin, Merrimack School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Camile Pattison, Nashua Reg Planning Commission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Pamela Small, Greater Nashua Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Jonas Taub, Nashua Community College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Dee Twomey, Greater Nashua Dental Connection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Greg White, Lamprey Health Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Kerran Vigroux, City of Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23) Chris Williams, Greater Nashua Chamber of Commerce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Paula Williams, Rivier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) St. Joseph Hospital Senior Leadership Team & St. Joseph Hospital Board of Directors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): A CHA is a process by which community members gain an understanding of the health concerns and needs of the community by identifying, collecting, analyzing and disseminating information on the community’s assets, strengths, resources and needs. There are many health topics covered in this CHA, including access to healthcare, maternal health, chronic conditions, emergency preparedness, and substance misuse. The overarching goals of the CHA are to engage community partners, identify emerging health issues, provide information to community members and set the foundation for future programs and grant opportunities for the GNPFR. As appropriate, the data in the report are compared to the New Hampshire State Health Improvement Plan objectives and the Healthy People 2020 objectives.

As part of this assessment, the City of Nashua, Division of Public Health and Community Services and CHA Advisory Board wanted to collect qualitative data from residents in the City of Nashua and the twelve surrounding towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham and Wilton to enhance the data that was collected in the 2011 CHA, which was primarily quantitative data. This project was funded by the City of Nashua, Southern New Hampshire Health System and St. Joseph Healthcare. In addition, data was collected utilizing databases from the New Hampshire Department of Health and Human Services and the Centers for Disease Control and Prevention. The top health issues identified were obesity, access to health care and mental health, including substance misuse. In all five of the focus groups held with residents in the region as well as in Nashua, mental health/substance misuse and access to care were identified in the top three health priorities. Obesity was identified as one of the top three health priorities in four out of five focus groups. Focus groups included residents, medical professionals and key leaders and all contributed to the development of the 2014 Community Health 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 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

