

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 01/01/2015

*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** 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](http://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.

<b>Chief Executive:</b>	Richard Boehler, MD	6038823000	rboehler@sjnh.org
<b>Board Chair:</b>	Maurice Arel	6038823000	smclaughlin@sjnh.org
<b>Community Benefits Plan Contact:</b>	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.

St. Joseph Hospital is currently undergoing an exercise to rewrite its mission statement in coordination with Covenant Health. Senior leadership and Board members will create and adopt a new mission statement, vision statement and heritage statement in Fiscal Year 2016.

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):

St. Joseph Hospital'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. St. Joseph Hospital collaborated with the City of Nashua's Division of Public Health & Community Services and other health and human service 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 is used as the basis for creating our community benefit plans. The copy of CHNA report can be downloaded from the St. Joseph Hospital website at [www.stjosephhospital.com](http://www.stjosephhospital.com) and the City of Nashua website via this link: <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

**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	\$134,631.00	\$130,000.00
<i>Community-based Clinical Services</i>	1 2 5	\$504,617.00	\$500,000.00
<i>Health Care Support Services</i>	4 8 A	\$20,525.00	\$20,000.00
<i>Other: Screenings,</i>	1 5 7	\$60,393.00	\$60,000.00

<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 --	\$65,307.00	\$65,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	8 B --	\$19,965.00	\$20,000.00
<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>	-- -- --	\$185,736.00	\$180,000.00
<i>Type of Service: Nurse navigator, genetic couns</i>	-- -- --	\$52,615.00	\$53,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	5 B C	\$58,444.00	\$58,000.00
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	A B C	\$203,369.00	\$200,000.00
<i>Grants</i>	-- -- --	\$0.00	\$0.00
<i>In-Kind Assistance</i>	2 B D	\$206,656.00	\$200,000.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	8 -- --	\$71,738.00	\$71,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --	\$37,500.00	\$37,000.00

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	F -- --	\$34,060.00	\$34,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$0.00	
<i>Other Operations</i>	-- -- --	\$9,500.00	\$9,500.00

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 2 D	\$951,175.00	\$950,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	1 2 --	\$21,176,284.00	\$22,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$5,770,766.00	\$5,800,000.00
<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>	\$465,253,752.00
<i>Net Revenue from Patient Services</i>	\$174,083,808.00
<i>Total Operating Expenses</i>	\$173,902,094.00
<i>Net Medicare Revenue</i>	\$66,519,542.00
<i>Medicare Costs</i>	\$78,353,917.00
<i>Net Medicaid Revenue</i>	\$4,450,408.00
<i>Medicaid Costs</i>	\$11,552,530.00
<i>Unreimbursed Charity Care Expenses</i>	\$951,175.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$7,435,882.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$8,386,997.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$8,386,997.00

**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 Staff and	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Public Health Advisory Council members:	<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) Kathln Cowette, St. Joseph Hospital	<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, One Greater Nashua/United Way 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 University	<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 provided separately	<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): The community health needs assessment (CHNA) 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 CHNA, including access to healthcare, behavioral health including substance misuse, chronic conditions, emergency preparedness, safety and security, and others health status indicators. The overarching goals of the CHNA are to engage community partners, identify emerging health issues, provide information to community members and set the foundation for future programs and services for the Greater Nashua region. This needs assessment was funded through grants

received by the City of Nashua Public Health department, as well as Southern New Hampshire Health System, Dartmouth Hitchcock and St. Joseph Hospital.

In the creation of this most recent CHNA (2014), the City of Nashua, Division of Public Health and Community Services and the Public Health Advisory Council collected qualitative data through focus groups with residents of City of Nashua and the twelve surrounding towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham and Wilton. The residents provided feedback and input on their perceptions of the top health needs within our community. In addition, focus groups were held with medical professionals and key community leaders, who also provided input into the development of the assessment. Quantitative data was collected and analyzed, from the New Hampshire Department of Health and Human Services, the Centers for Disease Control and Prevention, the Nashua Regional Planning Commission and other sources including hospital utilization statistics from local hospitals. The top health issues identified were obesity, access to health care and behavioral health, including substance misuse. In all five of the "resident" focus groups, 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.

Lastly, members of the community, including residents, medical professionals and key community leaders were/are involved in the creation and execution of the Community Health Improvement Plan (CHIP). The CHIP provides guidance to the health department, hospitals, health care and human service providers and community stakeholders, on improving the health of the population. The CHIP is critical for developing policies, programs and services that promote health. The community health improvement plan is used in collaboration with community partners to set priorities, coordinate and target resources to address identified needs.

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
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