

Creating a Culture of Health

Why Community Benefit Matters

From our people to our programs, LRGHealthcare is committed to making a difference in the communities we serve. Improving the health and well-being of individuals is at the heart of everything we do, and our commitment goes far beyond our walls.

Community benefit is comprised of programs and services which meet essential healthcare needs; improve the health and quality of life of the people we serve and addresses the healthcare needs of the most at-risk and underserved populations.

How Needs Are Identified

The LRGHealthcare service area includes 26 cities and towns in central New Hampshire with a resident population of more than 98,000 people. LRGHealthcare regularly engages with the community to assess and respond to needs. In 2017, we conducted a community health needs assessment survey to identify community health priorities and opportunities for community health improvement. The results of this survey, in conjunction with health statistics and focus group feedback, are the foundation for the development of the LRGHealthcare Community Health Improvement Plan. In the fall of 2020, we once again began assessing our community needs through community surveys, key leader surveys, focus groups, and survey data. This report will be completed by December 31, 2020.

What We Provide to the Community

Access to primary and family healthcare as well as concern about substance misuse are consistently top health concerns for the communities LRGHealthcare serves. LRGHealthcare provides subsidy to programs and services to ensure access to quality healthcare, and we partner with a wide range of community organizations to support this work. In addition, we work hand in hand with community partners to address substance misuse prevention, treatment and recovery.

Subsidized Health Services \$2,867,576
Charity Care
Govt-Sponsored Healthcare \$31,679,261
Health Professions Education \$83,555
Community Health Services \$228,359
Financial and In-Kind Contributions \$12,188



A SMALL SAMPLING OF THE SERVICES WE SUPPORT:

PRIMARY CARE

SUBSTANCE MISUSE PREVENTION, TREATMENT AND COUNSELING SERVICE

CARE COORDINATION

MENTAL HEALTH/ PSYCHIATRIC SERVICES

FINANCIAL COUNSELING AND INSURANCE ENROLLMENT ASSISTANCE

NUTRITION AND PHYSICAL ACTIVITY PROGRAMS

Breastfeeding Education and Support

DENTAL SERVICES

HEALTH PROFESSIONAL TRAINING SITE

EMERGENCY PREPAREDNESS
COORDINATION

ACCESS TO NEEDED MEDICATIONS

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 10/01/2018

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 LRGHealthcare

Street Address 80 Highland Street

City Laconia County 01 - Belknap State NH Zip Code 03246

Federal ID # 20222150 State Registration # 6276

Website Address: www.lrgh.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? No IF YES, please attach the updated information.

Chief Executive:	Kevin Donovan	6035272898	kdonovan@lrgh.org
Board Chair :	Cynthia Baron	6033666008	cpbaron@metrocast.net
Community Benefi	its		
Plan Contact:	Cass Walker	6035272815	cjwalker@lrgh.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: LRGHealthcare's mission is to provide quality, compassionate care and to strengthen the well-being of our community. The mission statement was reconfirmed at the LRGHealthcare Annual Meeting on April 10, 2019

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):

- 1. Alexandria
- 2. Alton
- 3. Ashland
- 4. Andover
- 5. Barnstead
- 6. Belmont
- 7. Boscowen
- 8. Bridgewater
- 9. Bristol
- 10. Center Harbor
- 11. Danbury
- 12. Franklin
- 13. Gilford
- 14. Gilmanton
- 15. Hebron
- 16. Hill
- 17. Laconia
- 18. Meredith
- 19. Moultonboro
- 20. New Hampton
- 21. Northfield
- 22. Salisbury
- 23. Sanbornton
- 24. Sandwich
- 25 Tilton
- 26. Tuftonboro

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

Lakes Region General Hospital is a community and regional acute care facility with a licensed bed capacity of 137 beds. FRH is a 25 bed critical access community hospital with an additional 10 bed inpatient psychiatric distinct part unit. We offer a wide range of inpatient and outpatient medical, surgical, psychiatric, diagnostic, and therapeutic services as well as wellness education, support groups and other community outreach services.

The LRGHealthcare service area includes 26 cities and towns in central New Hampshire with a resident population of more than 98,000 people. According to the Winnipesaukee Public Health Region's (WPHR) 2015-2020 Community Health Improvement Plan, 11.4 % of residents living in the WPHR have incomes at or below the federal poverty level, which is notably higher than the rate for New Hampshire overall (8.7%). Poverty levels within the service areas vary greatly, for example: an estimated 1.5% of residents in Sanbornton live in poverty compared to 21.0% in Franklin. It is also important to note that the percentage of children (ages 0-17) living in poverty across the Lakes Region (17.4%) is significantly higher than in New Hampshire overall (11.1%).

Additionally, residents within the WPHR are slightly older on average with 15.5% of the population age 65 years or older compared to the State of New Hampshire with 14.2%. The aging population plays a major role in shaping the cost and delivery of healthcare services today and into the future.

The cities of Laconia and Franklin have historically been federally-designated as Medically Underserved Communities by the Health Resouce and Services Administration.

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?

2017 (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? No

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	400
2	370
3	100
4	124
5	420
6	451
7	422
8	600
9	121

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)?

	T
	NEED (Please enter code # from
	attached list of community needs)
A	300
В	520
С	200
D	507
Е	128
F	500
G	999

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

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).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	A D 8	\$152,922.00	\$128,304.00
Community-based Clinical Services		\$0.00	\$0.00
Health Care Support Services	D E 3	\$101,076.00	\$88,329.00
Other: Transportation	F 3	\$3,202.00	\$11,726.00

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	D 3	\$77,769.00	\$83,555.00
Intern/Residency Education		\$0.00	\$0.00
Scholarships/Funding for Health Professions Ed.	1 D	\$99,007.00	\$0.00
Other:			

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service: Primary	3 A	\$3,129,182.00	\$1,143,249.00
Type of Service: Dental	3 9 A	\$512,867.00	\$302,000.00
Type of Service: Specialty	1 2 3	\$1,027,855.00	\$1,422,327.00
Type of Service: Ambulance	3 8 B	\$86,524.00	\$0.00
Type of Service:			

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research			
Community Health Research			
Other:			

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations	8	\$15,109.00	\$12,188.00
Grants			
In-Kind Assistance			
Resource Development Assistance			

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement			
Economic Development			
Support Systems Enhancement			
Environmental Improvements			
Leadership Development; Training for Community Members		\$116,377.00	\$0.00
Coalition Building			
Community Health Advocacy			

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

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	3 A F	\$847,307.00	\$1,014,479.00

I. Government-Sponsored Health	Community	Unreimbursed Costs	Unreimbursed Costs
Care	Need	(preceding year)	(projected)
	Addressed		
Medicare Costs exceeding reimbursement	3 A	\$21,929,812.00	\$26,660,600.00
Medicaid Costs exceeding reimbursement	3 A	\$4,940,251.00	\$5,018,661.00
Other Publicly-funded health care costs exceeding reimbursement			

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount		
Gross Receipts from Operations	\$544,761,943.00		
Net Revenue from Patient Services	\$197,053,092.00		
Total Operating Expenses	\$226,212,113.00		
Net Medicare Revenue	\$36,675,783.00		
Medicare Costs	\$63,342,383.00		
Net Medicaid Revenue	\$25,830,857.00		
Medicaid Costs	\$30,849,518.00		
Unreimbursed Charity Care Expenses	\$1,014,479.00		
Unreimbursed Expenses of Other Community Benefits	\$36,149,235.00		
Total Unreimbursed Community Benefit Expenses	\$68,848,975.00		
Leveraged Revenue for Community Benefit Activities	\$0.00		
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	\$68,848,975.00		

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

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.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
LRGHealthcare Board of Trustees		\boxtimes		\boxtimes
2) Healthcare Access Committee members including:		\boxtimes	\boxtimes	\boxtimes
3) Lakes Region Partnership for Public Health		\boxtimes		
4) Horizon's Counsling	\boxtimes	\boxtimes		
5) Laconia Police Department	\boxtimes	\boxtimes		
6) Lakes Region Mental Health	\boxtimes	\boxtimes		
7) Hope for NH Recovery	\boxtimes	\boxtimes	\boxtimes	
8) County Jail Commissioner	\boxtimes	\boxtimes		
9) Salvation Army	\boxtimes	\boxtimes		
10) Community Action Program-Belknap & Merrimack Cty	\boxtimes	\boxtimes		
11) HealthFirst	\boxtimes	\boxtimes		
12) City Officials Towns of Laconia & Franklin	\square	\boxtimes		
13) Community Health Services Network	\square	\boxtimes	\boxtimes	
14) Winnipesaukee Public Health Council		\boxtimes	\boxtimes	
15) Navigating Recovery				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): In FY 2017, LRGHealthcare completed a Community Health Needs Assessment (CHNA) gathering information about the health and wellbeing of community members in the 26 towns that we serve. The CHNA included data from a random sample telephone survey of 418 residents of the LRGHealthcare service area. The survey sample was comprised of approximately equal numbers of respondents from the Lakes Region General Hospital service area and the Franklin Regional Hospital service area. In addition, we conducted focus groups and reviewed public health data on health status indicators. The 2017 CHNA is the foundation for the LRGHealthcare Community Health Improvement Plan (CHIP).

Annually, we work with community partners to keep our pulse on the status of current health concerns and refocus strategies and tactics to meet needs, as necessary. In FY18, LRGHealthcare participated n a community assessment process as a member of the

Winnipesaukee Public Health Council (WPHC) in development of a regional Community Health Improvement Plan.

In FY18, LRGHealthcare continued as a member of the Community Health Services Network (CHSN) formed in reposne to the alarming rise in substance misuse in the region. The goal of the CHSN is to build a strong and sustainable behavioral health infrastructure. The community driven workplan for the CSNH was established from data gathered by focus groups, a survey and public health statistics.

In the fall of 2020 LRGHealthcare, along with several community agencies began conducting a new community health needs assessment. This assessment should be finalized by January of 2021.

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			
Written charity care policy available to the public			
Any individual can apply for charity care			
Any applicant will receive a prompt decision on eligibility and amount of charity care offered			
Notices of policy in lobbies			
Notice of policy in waiting rooms			
Notice of policy in other public areas			
Notice given to recipients who are served in their home			

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