

December 29, 2017

Office of the Attorney General  
Charitable Trust Unit  
33 Capitol Street  
Concord, NH 03301-6307

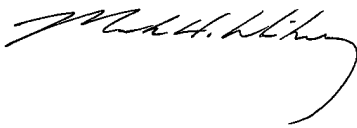
To Whom It May Concern:

On behalf of the operating affiliates of Exeter Health Resources, we do hereby submit three Community Benefit Reports for Fiscal Year 2016/2017 for Exeter Hospital, Core Physicians and Rockingham Visiting Nurse Association & Hospice. These three affiliates are separate charitable trusts within the Exeter Health Resources healthcare system.

Each of the Community Benefit Reports reflects the tremendous effort the organizations, their employees and our collaborators have put forth to improve the health of the communities served.

If you should have any questions or need greater detail, please contact me directly at 603.580.7437.

Sincerely,



Mark Whitney, Vice President Strategy, Community Relations and Development  
Exeter Health Resources, Inc.

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 10/01/2017

*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** Exeter Hospital, Inc.

**Street Address :** 5 Alumni Drive

**City :** Exeter                      **County** 08 - Rockingham    **State** NH    **Zip Code** 0 3833

**Federal ID #** 22-2674014                      **State Registration #** 6273

**Website Address:** <http://www.exeterhospital.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>	Kevin Callahan	(603) 580-6691	kcallahan@ehr.org
<b>Board Chair:</b>	William Schleyer	(603) 531-3075	wtschleyer@comcast.net
<b>Community Benefits</b>			
<b>Plan Contact:</b>	Mark Whitney	(603) 580-7437	mwhitney@ehr.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:

The mission of Exeter Hospital is to improve the health of the community. This mission will be principally accomplished without compromising Exeter Hospital's own sustainability through the provision of health services and information to the community in collaboration with Exeter Health Resources' other affiliates which share this mission.

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):

Exeter Hospital Service Area

Atkinson	Hampstead	Nottingham
Barrington	Hampton	Plaistow
Brentwood	Hampton Falls	Portsmouth
Candia	Kensington	Raymond
Chester	Kingston	Rye
Danville	Lee	Rye Beach
Deerfield	Madbury	Sandown
Durham	Newfields	Seabrook
East Hampstead	Newington	Somersworth
East Kingston	Newmarket	South Hampton
Epping	Newton	Stratham
Exeter	Newton Junction	West Nottingham
Fremont	North Hampton	
Greenland	Northwood	

Total Area Population: 237,228

(Source: U.S. Department of Commerce, United States Census Bureau - projected to 2017)

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?

2016 (*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 trust 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	<i>101-Access to Care Financial Barriers*</i>
2	<i>400- Substance Abuse; Life Style Issues</i>
3	<i>370- Mental Health/Psychiatric Disorders-Prevention and Care;General</i>
4	<i>371- Suicide Prevention</i>
5	<i>601- Transportation</i>
6	<i>509 – Housing Adequacy</i>
7	<i>505 – Homelessness</i>
8	<i>501 – Aging Population</i>
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	<i>100 – Access to Care; General</i>
B	<i>360 – Infectious Disease – Prevention and Care, General</i>
C	<i>520 – Community Safety and Injury; General</i>
D	<i>604 – Prescription Assistance</i>
E	<i>430 – Family/Parent Support Services</i>
F	<i>300 – Chronic Disease – Prevention and Care; General</i>
G	<i>999 – Other Community Need</i>

\*Any individual within the service area can apply for charity care.

#### **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).

<b><i>A. Community Health Services</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>Community Health Education</i>	B F G	\$500,189.00	\$515,194.00
<i>Community-based Clinical Services</i>	B F G	\$32,289.00	\$33,258.00
<i>Health Care Support Services</i>	1 5 A	\$384,449.00	\$395,982.00
<i>Other:</i>	-- -- --		

<b><i>B. Health Professions Education</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>Provision of Clinical Settings for Undergraduate Training</i>	A -- --	\$847,687.00	\$873,119.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>C. Subsidized Health Services</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>Type of Service: Diabetes</i>	F -- --	\$1,081,332.00	\$1,113,772.00
<i>Type of Service: Paramedicine</i>	C -- --	\$1,600,714.00	\$1,648,735.00
<i>Type of Service: Mental Health</i>	3 2 4	\$463,482.00	\$477,386.00
<i>Type of Service: Women &amp; Children</i>	A -- --	\$174,821.00	\$180,066.00
<i>Type of Service:</i>	-- -- --		

<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>	F A --	\$374,440.00	\$385,674.00
<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>	7 2 G	\$313,562.00	\$332,968.00
<i>Grants</i>	1 4 G	\$550,320.00	\$566,830.00
<i>In-Kind Assistance</i>	B F A	\$67,636.00	\$69,665.00
<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>	A C G	\$85,937.00	\$88,515.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<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>	A G --	\$155,597.00	\$160,265.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	G -- --	\$9,610.00	\$9,898.00

<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 -- --	\$993,124.00	\$973,262.00

<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 -- --	\$22,356,964.00	\$23,027,673.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$10,699,138.00	\$10,378,164.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i> ✕	-- -- --	\$1,672,152.00	\$1,722,317.00

\* The cost related to Exchange Plans is not counted as a Community Benefit and the cost figure of \$1,672,152 is not included in the Total Unreimbursed Community Benefit Expense line item in Section 5 – Summary of Financial Measures.

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$241,919,215.00
<i>Net Revenue from Patient Services</i>	\$232,183,240.00
<i>Total Operating Expenses</i>	\$216,679,360.00
<i>Net Medicare Revenue</i>	\$73,920,615.00
<i>Medicare Costs</i>	\$96,277,579.00
<i>Net Medicaid Revenue</i>	\$9,571,119.00
<i>Medicaid Costs</i>	\$20,270,257.00
<i>Unreimbursed Charity Care Expenses</i>	\$993,124.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$39,698,167.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$40,691,291.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$40,691,291.00



## **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
1) Exeter Area YMCA	X	X	X	X
2) Easter Seals NH	X	X	X	X
3) Lamprey Health Care	X	X	X	X
4) Families First Health and Support Center	X	X	X	X
5) Richie-McFarland Children's Center	X	X	X	X
6) Seacoast Mental Health Center	X	X	X	X
7) United Way of the Greater Seacoast	X	X	X	X
8) Bobbie Williams, Seacoast YMCA	X			
9) Celeste Clark, Raymond Youth Coalition	X			
10) Chris Munns, CEO, One Sky Community Services	X			
11) Cindy Shanley, Social Worker	X			
12) Cleo Castonguay, St Vincent DePaul	X			
13) Daisy Wojowoda, Director Military & Veterans Services	X			
14) Debra Bartley, Director of Transportation Services, Lamprey Health Care	X			
15) Ellen Tully, Welfare Administrator, City of Portsmouth	X			
16) Joyce Kimball, Raymond Community Action	X			
17) Maria Gagnon, Child and Family Services	X			
18) Susan Turner Susan Turner, Director, Community Resource Network	X			
19) Tory Jennison, Seacoast Public Health Network, Community Facilitator	X			
20) Dr. Kevin McBride, Raymond Baptist Church	X			
21) Morey Goodman, President Seacoast Family Y	X			
22) Newmarket Superintendent of Schools	X			
23) Sheri Riffle, Town of Exeter Welfare Office	X			
24) Mary Cook, Coordinator for Emergency Preparedness Seacoast Public Network	X			
25) Scott Bogle, Senior Transportation Planner, Rockingham Planning Commission	X			
26) Randi Talent, Developmental Specialist	X			
27) Kim Mary Cardinal, Licensed Mental Health Counselor, Lamprey Health Care	X			
28) Dr. Paul Friedrichs, Family Practice Physician	X			
29) David Salois, Police Chief, Town of Raymond, NH	X			
30) Senior Helpers	X	X		
31) Marilyn Kellogg, With Open Minds	X			
32) Chris Mazzone, Principal Newmarket Jr./Sr. High School	X			
33) Matt Foster, Assistant Principal Newmarket Jr./Sr. High School	X			
34) Jennifer Wheeler, Leadership Seacoast	X			
35) Public Online via Survey Monkey	X	X		

Please provide a description of the methods used to solicit community input regarding community needs (attach additional pages if necessary): See Attached.

COMMUNITY BENEFITS REPORTING FORM  
EXETER HOSPITAL, INC.  
FISCAL YEAR 2016

Section 6: COMMUNITY ENGAGEMENT continued:

In 2016, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA and Hospice, along with their community partners, conducted a Community Needs Assessment which focused on priority health needs that were identified in the 2013 Community Needs Assessment. The purpose of the Assessment was to engage actual community members and to reach out to support agencies to determine the local area health needs.

Methods:

1. University of New Hampshire (UNH) Survey Center Household Telephone Survey
2. Community Forums
  - a. Exeter Hospital, Inc.
  - b. Raymond Baptist Church
  - c. Vic Geary Senior Center
  - d. Seabrook Public Library
3. On Line Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Exeter Hospital with community partners released an online health needs survey to the public
5. Key Leader Interviews
6. Multiple Secondary Research Sources

**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"/>

\*Any Individual within the service area can apply for charity care.

### **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

## COMMUNITY ADVOCACY 2017

Exeter Health Resources' team of managers and directors carry on its mission to improve the health of the community by committing many hours to various outside organizations and agencies that promote the health and wellness of the community. Exeter Health Resources and its affiliates encourage this participation and are pleased to present that information here for public knowledge.

Name, Position, Organization	Board, Committee, Service Organization
Goodspeed, Ron Physician Recruitment Core Physicians LLC	Exeter Historical Society - Board Member
Kirby, Tracie Patient Accounts Manager Exeter Hospital, Inc.	New Hampshire Health Access Network
Gaylord, Tamara Patient Accounts Supervisor Exeter Hospital, Inc.	New Hampshire Health Access Network
Karakostas, Lisa Human Resources-Communication Specialist Exeter Hospital, Inc.	ElderPet, Advisory Board
Savoie, Michelle Family Center Manager Exeter Hospital, Inc.	Association of Women's Health Obstetric and Neonatal Nurses Coordinating Team, Secretary/Treasurer
Thibeault, Laura Paramedicine Manager Exeter Hospital, Inc.	Region III EMS Council NH EMS Coordinators National Association of Emergency Medical Technicians NH Paramedic Association
Leblanc, Ray Emergency Management/HazMat/Safety Coordinator Exeter Hospital, Inc.	NH Hospital Association Emergency Preparedness Coordinators Advisory Board NH Hospital Association Emergency Preparedness Coordinators Seacoast Public Health Region InfraGard New Hampshire Chapter National Emergency Management Association HICS National Advisory Committee Internation Association Of Emergency Managers
Creem, DR Jennifer Core Pediatric Dentist Core Physicians LLC	NH Academy of Pediatric Dentistry - Member
Decker, Lindsay	NH Academy of Pediatric Dentistry - Member



## COMMUNITY ADVOCACY 2017

Core Pediatric Dentist Core Physicians LLC	
DeMaria, Brenda Registered Nurse Rockingham Visiting Nurse Assn. & Hospice	Community Diabetes Support Group - Salem, NH and Londonderry, NH
Revak, Karen Registered Nurse Rockingham Visiting Nurse Assn. & Hospice	Community Diabetes Support Group - Exeter, NH
Parise, Joan Registered Nurse Rockingham Visiting Nurse Assn. & Hospice	Seacoast Senior Provider Network Elderwrap, Seacoast NH Portsmouth Readmission Task Force Community Resource Network (CRN)
Garrett, Cathy Community Relations Specialist Rockingham Visiting Nurse Assn. & Hospice	Elderwrap, Derry NH Service Link Advisory - Board Member Parkland Medical Center Readmission Task Force Falls Prevention Program - Derry Fire Department Network Breakfast Group, West Territory
Michel, Karen Executive Director Rockingham Visiting Nurse Assn. & Hospice	Home Care Assn of NH Health Reach Diabetes Advisory Committee VNA Health System of Northern New England - CEO rep.
Fittro, Dave Lean Leader Exeter Health Resources, Inc.	Exeter Area Chamber of Commerce - Board of Directors
Thomas, Charles Director Human Resources Operations Exeter Health Resources, Inc.	Hampstead Civic Club - member
Mary Godfrey Director of HealthReach Community Education Exeter Hospital, Inc.	HealthReach Advisory Board - member
Lucille Marvin Program Manager - HealthReach Diabetes Edu Exeter Hospital, Inc.	HealthReach Diabetes Advisory Board President-elect for Granite State Diabetes Educators (GSDE)

## **Addendum**

### **The Operating Affiliates of Exeter Health Resources**

### **Narrative Report of Community Benefits, FY 2017**

The mission of Exeter Health Resources and its affiliates is to improve the health of the community. This mission will be principally accomplished without compromising Exeter Health Resources' sustainability by supporting the provision of health services and information to the community by the affiliated companies of Exeter Health Resources.

Throughout the past year Exeter Hospital, Core Physicians and Rockingham VNA & Hospice have continued the pursuit of this mission. During FY 2017 the affiliates provided \$67,312,514 in charity care and other community benefit programs and services to communities in the areas served. Since the inception of the community benefit reporting requirement in FY 2000, the affiliates of Exeter Health Resources have provided a total of \$399,301,255 in community benefits.

**Exeter Hospital** is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics and emergency care services. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a Magnet-recognized hospital. Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high quality patient care.

**Core Physicians** is a community-based, multi-specialty group practice affiliated with Exeter Health Resources that provides comprehensive primary, specialty and pediatric dental care throughout the greater Seacoast Region. Over 160 providers in 15 locations pursue exceptional patient satisfaction through clinical competence and professional office administration.

**Rockingham Visiting Nurse Association & Hospice** is a community-based, home health and hospice agency providing individuals and families with the highest quality home care, hospice and community outreach programs within Rockingham County and the surrounding towns of Barrington, Lee, Dover and Durham.

This addendum includes an overview of *some* of the affiliates' many community benefit services and programs that help to address needs identified in the 2016 Community Health Needs Assessment. The final assessment can be found at: <https://www.exeterhospital.com/About-Us/Community-Benefits>.

The operating affiliates of Exeter Health Resources work collaboratively with numerous community agencies towards meeting the needs of the community. These relationships include but are not limited to:

**Lamprey Health Care:** In FY 2017 Exeter Hospital continued its financial support of Lamprey Health Care with a community benefit grant in the amount of \$380,500.

Lamprey Health Care provides high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay. As New Hampshire's oldest community health center care it provides services at three centers located in Newmarket, Raymond and Nashua.

**Families First Health and Support Center:** In FY 2017 Exeter Hospital made financial contributions to Families First in the amount of \$51,000.

Families First is a community health center offering a wide variety of health services and programs including primary care, prenatal care, dental care and mobile health care for the homeless.

**New Heights:** Exeter Hospital continued its support of New Heights in the amount of \$50,000.

New Heights is an experiential learning organization for youth in grades 5-12 and focuses on the development and leadership of exciting, high quality summer and year-round programs designed to open young minds to new possibilities. Programs include adventure, arts & culture, STEM and team building activities.

### **Mental Health Care Access**

**Seacoast Mental Health Center:** Exeter Hospital partners with Seacoast Mental Health to offer mental health services to patients and their caregivers in the Emergency Department and the Center for Cancer Care. In FY 2017 Exeter helped to underwrite mental health services in the amount of \$463,482 serving 541 people.

### **Access to Primary Care**

**Exeter Hospital** provided \$ 993,124 (calculated at cost) in charity care during FY 2017 which served 978 people.

**Financial Assistance:** Exeter Hospital has three components to its health care access program:

#### **Uninsured Care Discount/Hospital Access Plus Program**

Patients who are uninsured will not be charged more than amounts generally billed to people who have insurance covering the same care. Exeter Hospital, prior to billing the patient, applies a discount towards gross charges for patients who are uninsured. This discount is not valid for patients who have health insurance coverage, including but not limited to: Medicare, Medicaid, MedPay, third party liability, or any other state or federal programs.

#### **Financial Assistance Program (FAP)**

Exeter Hospital's community –based Financial Assistance Program is available to uninsured and under-insured patients who meet income and asset guidelines, and who live in our service area. To qualify, patients must first have applied for all other sources

of coverage, including through the Healthcare Exchange and the New Hampshire Health Protection Program.

### **Catastrophic Care Discount**

Exeter's Catastrophic Care Program provides financial relief for those patients who do not qualify for the Financial Assistance Program, but who are faced with a substantial debt due to a serious illness or injury. This program is calculated based on a percentage of the patient's gross income.

Additional information can be found at: <https://www.exeterhospital.com/patients-and-visitors/Financial-Assistance>

**Telehealth Services:** During FY 2017 Exeter Hospital provided \$338,009 in Telehealth monitoring services serving 10,226 persons.

**Core Physicians** offers a financial assistance program for patients who meet certain geographic and financial criteria. In FY 2017 Core provided \$180,495 (calculated at cost) in charity care which served 488 people.

**Rockingham VNA & Hospice** provided \$6,247 (calculated at cost) in charity care during FY 2017 which served 6 people.

The operating affiliates actively promote these programs through direct patient education, paid advertising and community partnerships.

### **Transportation**

Exeter Hospital's transportation program is an important health care support service provided in response to an identified community need. Each year the program enhances access for hundreds of patients who otherwise would not be able to obtain needed health care and health related support services. During FY 2017 Exeter Hospital provided 241 transports at a cost of \$26,522.

### **Youth Suicide/ Substance and Prescription Drug Abuse**

#### **HAVEN**

In FY 2017 Exeter Hospital provided support in the amount of \$40,000 to Haven in alignment with its suicide prevention efforts. HAVEN, formerly known as A Safe Place and SASS officially merged in July of 2015 becoming the largest violence prevention and support services agency in NH.

HAVEN is dedicated to addressing public health through violence prevention and improving the well-being of children and families. Preventing abuse and providing support for those impacted by domestic and sexual violence can lead to healthier and more secure children and adults.

### **Connors Climb**

In FY 2017 Exeter Hospital provided support in the amount of \$17,000 to Connor's Climb. The Connor's Climb Foundation is dedicated to preventing youth suicide. The nonprofit raises funds locally to support suicide prevention and education programs in New Hampshire. All of the funds raised directly impact programs for suicide awareness, education and prevention in the N.H. community.

## **Additional Community Benefit Programs and Services**

### **Community Health Services**

The operating affiliates of Exeter Health Resources continue to provide various support programs and services to improve the health and wellness of the community. These include but are not limited to:

**Community Education Programs:** Exeter Hospital provided community education services at an expense of \$500,189.

**Cancer Wellness and Diabetes Support Programs:** During FY 2017 Exeter Hospital served 704 people in its cancer and diabetes programs at \$1,110,161.

**Community Based Clinical Services:** In FY 2017 Rockingham VNA & Hospice contributed \$54,290 towards serving 689 people with community based clinical services.

### **Research**

The Center for Cancer Care at Exeter Hospital participates in several national research groups sponsored by the National Cancer Institute, which enables the Center to offer clinical trials to patients undergoing treatment at Exeter Hospital. These offerings allow patients to voluntarily take part in leading edge research that does not necessitate travel outside of the Seacoast area. During FY 2017 Exeter Hospital provided \$374,440 for clinical trials and research that served 782 patients.

### **Health Education**

Through the Health Education Program, students in various stages of their academic careers benefit from the experience of working with professional clinical staff. Agreements with Dartmouth-Hitchcock Medical School and the University of New England among others, allow medical students to pursue internships through various Core Physician practices. We have been fortunate to partner with Seacoast School of Technology allowing high school juniors and seniors to explore future health career options available to them. In addition to, this year over 180 students in nursing and allied health related careers from over 30 educational facilities were

given the opportunity to work alongside the excellent clinical staff of Exeter Hospital, Core Physicians and Rockingham VNA & Hospice.

During FY 2017 - 188 students participated in training and internship programs provided by the affiliates of Exeter Health Resources at a total cost value of \$1,106,501.