COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2008

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: Manchester Community Health Center

Street Address 145 Hollis Street

City Manchester **County** 06– Hillsborough **State** NH **Zip Code** 03101

Federal ID # - 20458174 **State Registration #** 5052

Website Address: www.mchc-nh.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?

IF YES, please attach the updated information.

Chief Executive:	Edward G. George	6036269500	egeorge@mchc-nh.org
Board Chair:	Richard Samuels	6036281470	rsamuels@mclane.com
Community Benefits Plan Contact:	Edward G. George	6036269500	egeorge@mchc-nh.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 the Manchester Community Health Center is to foster, through both direct services and collaboration, high-quality, comprehensive family-oriented primary healthcare services, which meet the needs of a diverse community regardless of age, ethnicity or income. Our focus is to provide access to those who cannot access primary healthcare services.

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):

The primary service area for MCHC is comprised of 10 towns (Auburn, Bedford, Candia, Chester, Deerfield, Goffstown, Hooksett, Manchester, New Boston, and Weare) and represents 17% of NH's total population.

According to HRSA (Health Resources and Services Administration): Section 330(e) grantees are required to serve all residents of the center's service area, regardless of the individual's ability to pay. Centers are also free to extend services to those residing outside the service area. However, HRSA recognizes that health centers must operate in a manner consistent with sound business practices. As such, health centers are not expected to extend services to additional patients residing inside or outside of the service area if (1) the demand for services exceeds available resources, and/or (2) doing so would jeopardize the center's financial stability. However, grantee health centers and FQHC Look-Alikes should address the acute care needs of all who present for service, regardless of residence.

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

Manchester Community Health Center's target population is the general public who are living at or below federal poverty levels. The target population mirrors closely, MCHC's current patient population: 52% are White (non-Hispanic), 31% are Hispanic, 10% are Black (not Hispanic), 4% Asian/Pacific Islander and 2% do not self-identify. Age demographics: 29% are 0-18, 67% are 18-64 and 4% are over the age of 65. Nearly 52% of the patient population does not use English as their primary language.

(Section 3: Introduction)

While the current needs assessment was still being formalized, Manchester Community Health Center immediately began using preliminary information gathered through community forums and round-table discussions intended to provide the basis for material that would ultimately make up the "Greater Manchester Community Needs Assessment 2009". The desire for real-life data was too great to dismiss initial findings and wait for finalization of the Plan.

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?
2007 *(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	500
2	100
3	400
4	370
5	520
6	600
7	
8	
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	200
B	300
C	361
D	601
E	604
F	605
G	372

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

The Assessment identified a number of sub-categories that further identify the priority and health concerns of the community. However, the inability to input this additional information prevented further representation of the Assessment's findings. We would therefore like to offer additional detail as follows:

Based on the Needs Assessment and community engagement process:

1) Economic security (500) - 503, 506

2) Access to Health Care (100) General

3) Healthy Behaviors (400) - 421, 422

4) Physical and Mental Health Status (370) General

5) Community Safety (520) - 528, 533, 534

6) Social Environment (600) Community Supports

Additional needs and community characteristics identified by this agency and considered in the development of the plan include:

A) Maternal & Child Health (200) - 201, 203, 206

B) Chronic Disease (300) - 301, 302, 320, 330, 340

C) Immunizations (361)

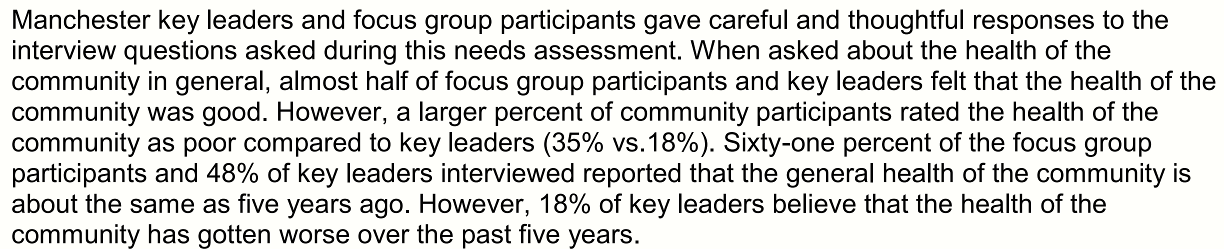
D) Transportation Services (601)

E) Prescription Assistance (604)

F) Medical Interpretation (605)

G Child and Adolescent Mental Health/Support (372)

The most commonly mentioned fundamental issues for assuring quality of life of the public during every state of life during the key leader interview process are summarized by six broad categories or factors: prosperity/economic security, access to health care, healthy behaviors, physical and mental health status, physical environment, and social environment.



Manchester key leaders and focus group participants gave careful and thoughtful responses to the interview questions asked during this needs assessment. When asked about the health of the community in general, almost half of focus group participants and key leaders felt that the health of the community was good. However, a larger percent of community participants rated the health of the community as poor compared to key leaders (35% vs.18%). Sixty-one percent of the focus group participants and 48% of key leaders interviewed reported that the general health of the community is about the same as five years ago. However, 18% of key leaders believe that the health of the community has gotten worse over the past five years.

Broad categories were used in the tables above to indicate the general areas of need as identified by the Community Needs Assessment as well needs identified by this agency through the use of patient input tools (i.e. patient surveys, consumer board membership, etc.).

MCHC surveys its patients on a quarterly basis as to their needs and satisfaction of services provided by the Health Center. Leadership continues to rely on information from this ongoing survey, along with anecdotal information gathered from other health care providers (including Elliot Hospital, Dartmouth-Hitchcock Manchester and Catholic Medical Center) in the community, to help provide direction for the target population's needs.

Additionally, MCHC hosts a consumer based Patient Advisory Committee (PAC) to assist in the direction of new services and needs for the Health Center. The committee is facilitated by a member of senior management (Director of Operations). The PAC's charge is to review patient related issues and present recommendations to senior management for review and action (when appropriate). The PAC meets periodically to review current services and Patient Satisfaction Survey results, and to make recommendations to management regarding newly trending needs or service updates. The Board of Directors is notified of issues identified and any actions taken. This process has proven to be extremely successful in gathering input from a patient's point of view as well as providing a voice to the patient base, on services.

Additional input into the Community Benefit offered by Manchester Community Health Center is gathered from a consumer board membership consisting of 51% of the Board's standing members. These individuals serve as a voice for the patient population being served at the Health Center.

Additionally, patient satisfaction surveys are utilized for the purpose of soliciting feedback on the services provided. Patients are also asked to comment on any gaps in service they might identify. The feedback gathered from the patient surveys are reviewed by Sr. Management and presented the Board of Directions (for action as necessary). Various programs of the Health Center are evaluated as a stipulation of the funding for that program. Quality Improvement methods are in place and carried out by the Medical Advisory Committee, Quality Improvement Committee or Environment of Care Committee.

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		$51,659.00	$55,000.00
Community-based Clinical Services			
Health Care Support Services		$114,572.00	$200,000.00
Other:			

N/A

B. Health Professions Education	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Provision of Clinical Settings for Undergraduate Training			
Intern/Residency Education			
Scholarships/Funding for Health Professions Ed.			
Other:			

N/A

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		$419,256.00	$490,000.00

I. Government-Sponsored Health Care	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Medicare Costs exceeding reimbursement		$199,420.00	$204,405.00
Medicaid Costs exceeding reimbursement		$285,632.00	$300,000.00
Other Publicly-funded health care costs exceeding reimbursement		$580,926.00	$610,000.00

Financial Information for Most Recent Fiscal Year	*Dollar Amount*
Gross Receipts from Operations	4,498,249.00
Net Revenue from Patient Services	2,596,193.00
Total Operating Expenses	4,698,874.00
Net Medicare Revenue	277,188.00
Medicare Costs	435,286.00
Net Medicaid Revenue	1,523,417.00
Medicaid Costs	1,810,975.00
Unreimbursed Charity Care Expenses	419,256.00
Unreimbursed Expenses of Other Community Benefits	166,231.00
Total Unreimbursed Community Benefit Expenses	585,487.00
Leveraged Revenue for Community Benefit Activities	1,881,237.64
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	2,466,725.00

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) MCHC Board of Directors	X	X	X	X
2) MCHC Consumer Board Membership	X	X	X	X
3) MCHC Senior Staff	X	X	X	x
4) MCHC Staff	X	X	X	x
5) Child Health Services	X	X		X
6) Elliot Health System	X			
7) Dartmouth-Hitchcock Manchester	X	X		
8) The Mental Health Center of Greater Manchester	X	X	X	
9) Manchester Public Health	X	X		
10) Department of Health & Human Services	X			
11) Manchester City Welfare	X	X		
12) Manchester School District	X			
13) City of Manchester Office of Planning and Community Dev.	X			

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

Manchester key leaders and focus group participants gave careful and thoughtful responses to the interview questions asked during this needs assessment. When asked about the health of the community in general, almost half of focus group participants and key leaders felt that the health of the community was good. However, a larger percent of community participants rated the health of the community as poor compared to key leaders (35% vs.18%). Sixty-one percent of the focus group participants and 48% of key leaders interviewed reported that the general health of the community is about the same as five years ago. However, 18% of key leaders believe that the health of the community has gotten worse over the past five years.

The most commonly mentioned fundamental issues for assuring quality of life of the public during every state of life during the key leader interview process are summarized by six broad categories or factors: prosperity/economic security, access to health care, healthy behaviors, physical and mental health status, physical environment and social environment.

While each of these issues is described separately in the sections following, it is important to note that these emerging themes were discussed in a variety of ways, in many different contexts, and were understood to be dynamic and interdependent to each other; and driven by intentional, values-based efforts that require community leadership.

The data collection process was purposefully designed to summarize standardized information from the New Hampshire State and Manchester City government and from local key informants including community members. Qualitative and quantitative data were also summarized and provide important perspectives to the developing portrait of the Manchester area.

Qualitative data were collected from local area residents through 14 separate focus group meetings and 19 key informant interviews, including an interview with a key leader from each of the HAS towns outside of Manchester and one group interview with key local business leaders. These data provide a closer look at the health care needs of the area through the perspective of those who receive - or who are in a position to receive – health care services in the future (i.e., all focus group participants, including participants who represented those who are more apt to have pressing health care needs compared to others), and from those in a position to provide care and services (i.e., key leaders).

Quantitative data were used to summarize aspects of health and well-being for the population. The data were collected from existing local, state, and national sources. The majority of the quantitative data were obtained from the Census Bureau, the American Community Survey, the New Hampshire Behavioral Risk Factor Surveillance System (BRFSS), the New Hampshire Youth Risk Behavior Surveillance System (YRBSS), the Manchester Health Department, and numerous state and local agencies. The New Hampshire Department of Health and Human Services, Office of Health Statistics and Data Management provided extensive data and technical assistance to this project.

The final indicators of public health and well-being used in the report were created by developing lists of recommended indicators for each of the Strategic Imperatives. Indicators chosen are sciencebased and primarily drawn from the following reputable sources: Institute of Medicine's State of the USA Health Indicators report and book; Institute of Medicine Report: Improving Health in the Believe In A Healthy Community; the Department of Health and Human Service's Community Health Status Indicators; the Centers for Disease Control and Prevention's Chronic Disease Indicators; Healthy People 2010 Leading Health Indicators; and the National Association for County and City Health Officials Tool: Mobilizing for Action through Planning and Partnerships.

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

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