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Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP5-XBFG-YW97D, version 2)

Details

Submitted 4/8/2021 (0 days ago) by Elizabeth Swanton

Alternate Identifier Alice Peck Day Memorial Hospital

Submission ID HP5-XBFG-YW97D

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

7/1/2019

Organization Name

Alice Peck Day Memorial Hospital

Street Address

10 ALICE PECK DAY DR

LEBANON, NH 03766

Federal ID #

20222791

State Registration #

6329

Website address (must have a prefix such as "http://www.")

http://www.alicepeckday.org

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

Yes

Chief Executive

First Name	Last Name
------------	-----------

Susan	Mooney
-------	--------

Phone Type	Number	Extension
------------	--------	-----------

Business	6034487425	
----------	------------	--

Email

mooneys@apdmh.org

Board Chair

First Name	Last Name
------------	-----------

Greg	Lange
------	-------

Phone Type	Number	Extension
------------	--------	-----------

Other	6037380042	
-------	------------	--

Email

lange.gregw@gmail.com

Community Benefits Plan Contact

First Name	Last Name	
Elizabeth	Swanton	
Title		
Community Health and Engagement Officer		
Phone Type	Number	Extension
Business	6034425953	
Email		
swantone@apdmh.org		

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served

Mission Statement

It is the mission of Alice Peck Day Memorial Hospital (APD) to improve the health and wellbeing of our community.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

NONE PROVIDED

Please select service area municipalities (NH), if applicable

LEBANON
CANAAN
CORNISH
CROYDON
DORCHESTER
ENFIELD
GRAFTON
GRANTHAM
HANOVER
LYME
NEWPORT
ORANGE
ORFORD
PIERMONT
PLAINFIELD
WARREN

Service Population Description

Serve the General Population

Section 3.1: 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? (Please attach a copy of the needs assessment below if completed in the past year)

2019

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

[FY19_DH_APD_VNH_Community_Health_Needs_Assessment_with_Appendix.pdf - 01/20/2021 11:10 AM](#)

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 11)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

In-kind donation of space on the APD campus to the Good Neighbor Health Clinic, a free medical clinic; Charity Care, financial assistance, and payment plans; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals eligible for SEP)

Section 3.2: Community Needs Assessment (2 of 11)

Area of Community Need / Concern

20. Mental Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Mental health services through Behavioral Health Specialist for patients who screen positively for depression or anxiety; Participation in the Integrated Delivery Network; ED Rapid Referral Program through partnership with West Central Behavioral Health; In-kind donation of space to the 💎Rx for School Success💎 program

Section 3.2: Community Needs Assessment (3 of 11)

Area of Community Need / Concern

24. Substance Use

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

F7: Community Health Advocacy

E1: Cash Donations

E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)

Advocacy initiative aimed at increasing minimum age to 21 for sale of tobacco in Lebanon and New Hampshire; In-kind donation of space and coffee on the APD campus to AA, Al-Annon, and other recovery efforts; Narcan distribution through the ED; Primary Care Medication-Assisted Treatment Program with Behavioral Health Services; Advanced Transit marketing campaign regarding tobacco use

Section 3.2: Community Needs Assessment (4 of 11)

Area of Community Need / Concern

14. Domestic Abuse / Child Abuse

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Participation in regional ♦Strong Families Strong Starts♦ initiative including evidence informed staff education and Reach Out and Read enrollment

Section 3.2: Community Needs Assessment (5 of 11)

Area of Community Need / Concern

2. Access to Prescription Medications / Prescription Assistance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Prescription Assistance Program to uninsured and/or underinsured patients needing help paying for medications; pharmacy voucher program for low-income uninsured patients with acute medication needs; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations)

Section 3.2: Community Needs Assessment (6 of 11)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)

Space for Good Neighbor Health Clinic♦s Lebanon free health clinics, from one per month to two-three per month depending on volunteer capacity; More efficient new patient registration to improve and hasten access to primary care services

Section 3.2: Community Needs Assessment (7 of 11)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Senior Care Team's home-based primary care program for frail elderly in the local community; Elder Forum, a networking/educational forum for health and human services organizations focused on the elderly, hosted monthly at APD; Elder Friend program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits; Lifecare, senior living, which includes four levels of care: independent, assisted, supported, and memory care.

Section 3.2: Community Needs Assessment (8 of 11)

Area of Community Need / Concern

33. Affordable Housing

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Screen NH Medicaid patients for housing needs and assist patients with applications for local resources and make referrals

Section 3.2: Community Needs Assessment (9 of 11)

Area of Community Need / Concern

4. Oral Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A2: Community-Based Clinical Services

Brief description of major strategies or activities to address this need (optional)

Upper Valley Smiles, a school-based oral health program for children in Lebanon, Enfield, Canaan, Hartford, and the Hartland elementary schools

Section 3.2: Community Needs Assessment (10 of 11)

Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E1: Cash Donations

A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)

Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon

Section 3.2: Community Needs Assessment (11 of 11)

Area of Community Need / Concern

28. Physical Activity / Active Living

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

F1: Physical Infrastructure Improvement

Brief description of major strategies or activities to address this need (optional)

FitScripts, a program for adult primary care patients who can receive a "prescription" from their primary care provider for monthly memberships at local fitness centers; Mascoma River Greenway Access Trail Creation; APD Public Nature Trails Maintenance

Section 4: Community Benefit Activities**Optional Section 4 completion tool**

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)**Financial Assistance, Means-Tested Government Programs and Community Benefit Services****Total Functional Expenses for the Reporting Year (\$)**

71332283

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	447472	0	447472	0.6%	448000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	6088271	4687517	1400754	2%	6090000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	6535743	4687517	1848226	2.6%	6538000

Community Benefit Services**(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
9	NONE PROVIDED	247571	24945	222626	0.3%	250000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
1	NONE PROVIDED	8000	0	8000	0%	8000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
24	NONE PROVIDED	40420	0	40420	0.1%	49000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
34	0	295991	24945	271046	0.4%	307000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
34	0	6831734	4712462	2119272	3%	\$6845000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)

71332283

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
2	NONE PROVIDED	7715	0	7715	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
4	NONE PROVIDED	30048	0	30048	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
1	NONE PROVIDED	780	0	780	0%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
3	NONE PROVIDED	22834	0	22834	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
10	0	61377	0	61377	0.1%

Section 6: Medicare**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

19578901

Enter Medicare allowable costs of care relating to payments specified above (\$)

22091824

Medicare surplus (shortfall)

-\$2512923

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

Section 7: Summary Financial Measures**Gross Receipts from Operations (\$)**

65795691

Net operating costs (\$)

71332283

Ratio of gross receipts from operations to net operating costs

0.922

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

1848226

Other Community Benefit Costs (\$)

271046

Community Building Activities (\$)

61377

Total Unreimbursed Community Benefit Expenses (\$)

2180649

Net community benefit costs as a percent of net operating costs (%)

3.06%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

-\$2512923

Section 8: Community Engagement in the Community Benefits Process**Please list below**

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
LISTEN Community Services	Yes	Yes	No	No
Upper Valley Haven	Yes	Yes	No	No
Public Health Council of the Upper Valley	No	Yes	No	No
West Central Behavioral Health	Yes	Yes	No	No
NAMI NH Upper Valley	Yes	Yes	No	No
Turning Point	Yes	Yes	No	No
Lebanon Housing Authority	Yes	Yes	No	No
Headrest	Yes	Yes	No	No
Twin Pines Housing Trust	Yes	Yes	No	No
Pathways	Yes	Yes	No	No
Lebanon School District	Yes	Yes	No	No
CCBA	Yes	Yes	No	No
UVAC	Yes	Yes	No	No
UV Community Nursing Project	Yes	Yes	No	No
Lebanon Rotary	Yes	Yes	No	No
WISE	Yes	Yes	No	No
Visiting Nurse and Hospice for VT and NH	Yes	Yes	No	No
Vital Communities	Yes	Yes	No	No
Good Neighbor Health Clinic/Red Logan Dental	Yes	Yes	No	No
Grafton County Senior Citizens Council	Yes	Yes	No	No
TLC Family Resource Center	Yes	Yes	No	No
The Family Place	Yes	Yes	No	No
Bayada	Yes	Yes	No	No
Lebanon, Hartford, and Hanover Schools	Yes	Yes	No	No
Municipalities of Hanover, Lebanon, and Hartford	Yes	Yes	No	No

Please provide a description of the methods used to solicit community input on community needs:

Methods included a survey of community residents available digitally and in paper; a direct email survey of key stakeholders representing multiple community sectors; a set of community discussion groups; a compilation of results from assessment activities focused on behavioral health; and a review of available population demographics and health status indicators. All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversations including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable residents.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.
N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name **Last Name**
Elizabeth *Swanton*

Title
Community Health and Engagement Officer

Email
swantone@apdmh.org

Attachments

Date	Attachment Name	Context	Confidential?	User
1/20/2021 11:10 AM	FY19_DH_APD_VNH_Community_Health_Needs_Assessment_with_Appendix.pdf	Attachment	No	Elizabeth Swanton

FY20 Community Benefits Report Addendum, 7/1/2019 – 6/30/2020

Category	Description	Unreimbursed Cost
Community Health Improvement Services and Community Benefit Operations		
<ul style="list-style-type: none"> • Community Health Education 	COVID-19 Community Care News	\$7,733
<ul style="list-style-type: none"> • Community-Based Clinical Services 	Upper Valley Smiles Dental Program	\$8,166
<ul style="list-style-type: none"> • Other Community Health Improvement Services 	Reach Out & Read	\$502
	Emergency Pharmacy vouchers	\$500
	LISTEN Community Services vouchers	\$200
	Elder Forum	\$273
	RX for School Success	\$1,877
	APD Nature Trails Maintenance	\$464
	FitScripts prescription exercise program (additional \$24,945 in expenses covered through grants)	\$1,018
<ul style="list-style-type: none"> • Other Community Benefit Operations 	Dedicated Staff Costs (Salary, Office Supplies, Travel)	\$200,288
	Grant Writing for Community Health	\$1,605
Total		\$222,626
Health Professions Education		
<ul style="list-style-type: none"> • Scholarships/Funding for Professions Education 	Surgical Tech Training Program Scholarship	\$8000
Total		\$8,000
Financial Contributions		
<ul style="list-style-type: none"> • Cash Donations 	Lebanon Lunch Friends	\$7000
	Waypoint (Child and Family Services)	\$500

<ul style="list-style-type: none"> In-Kind Donations 	Ottauquechee School Sensory Path	\$1270
	Lebanon Bike Rodeo & Safety Fair	\$400
	Lebanon Recreation & Parks Shamrock Shuffle	\$200
	Headrest Annual Rail Trail Ramble	\$250
	Lebfest, a celebration of the Lebanon community	\$500
	Meeting space, refreshments for local nonprofit community groups (AA, Al-Anon)	\$11,148
Coffee donations for Turning Point recovery groups	\$1,200	
Space for Good Neighbor Health Clinic	\$17,952	
	Total	\$40,420
Community Building Activities		
<ul style="list-style-type: none"> Physical Improvements and Housing 	Mascoma River Greenway Access Trail Creation	\$3,395
	Advance Transit	\$4,320
<ul style="list-style-type: none"> Community Health Improvement Advocacy 	Coalition building in support of Tobacco 21	\$1,738
	Community Health event	\$4,534
	Leadership participation in local and statewide rural health advocacy forums	\$16,562
<ul style="list-style-type: none"> Support System Enhancements 	Staff participation in local and statewide emergency preparedness training	\$780
<ul style="list-style-type: none"> Economic Development 	Lebanon Chamber of Commerce board participation	\$435
	Mascoma Savings Bank board participation	\$13,270
	Upper Valley Business Alliance participation	\$11,823
	Upper Valley Medtech Collaborative participation	\$4,520
	Total	\$61,377