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# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQK-SB0X-V6HD7, version 1)

## Details

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**Submitted** 3/5/2026 (0 days ago) by Greg Norman

**Submission ID** HQK-SB0X-V6HD7

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Mary Hitchcock Memorial Hospital

**State Registration #**

6278

**Federal ID #**

02-0222140

**Fiscal Year Beginning**

07/01/2024

**Entity Address**

One Medical center Drive  
Lebanon, NH 03756

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

<http://www.dartmouth-hitchcock.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Joanne	Conroy	Business	603-653-3580	
<b>Email</b> joanne.m.conroy@hitchcock.org				

**Board Chair (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Mark	Speers	Business	6178237537	
<b>Email</b> markspeers80@gmail.com				

## Community Benefits Plan - Contact (first, last name)

<b>First Name</b>	<b>Last Name</b>	
Greg	Norman	
<b>Title</b>		
Sr. Director Community Health		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6036505000	
<b>Email</b>		
gregory.a.norman@hitchcock.org		

**1. Is the entity's community benefits plan on the organization's website?**

Yes

**2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?**

No

## Section 2: Mission & Community Served

### 1. Mission Statement

We advance health through research, education, clinical practice, and community partnerships, providing each person with the best care, in the right place, at the right time, every time.

**2. 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.

**1. 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**

CANAAN  
CORNISH  
DORCHESTER  
ENFIELD  
GRAFTON  
GRANTHAM  
HANOVER  
LEBANON  
LYME  
ORANGE  
PLAINFIELD  
PIERMONT

### Service Population Description

Dartmouth-Hitchcock Medical Center and Clinics (DHMC) serves the general population with a wide range of primary care, hospital, and specialty health care services, with a primary hospital service region comprising the Upper Valley region of NH (Piermont, Orford, Lyme, Hanover, Lebanon, Plainfield, Cornish, Enfield, Canaan, Orange, Dorchester, and Grafton. In addition to this primary hospital service region, DHMC provides primary health care to populations in Concord, Manchester, and Nashua, NH and other NH communities where our outpatient clinics are located, and we provide the larger population of NH and VT with other specialty health care or unique health care services not provided elsewhere in these states.

## **Section 3.1: Community Needs Assessment**

**1. 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)**

FY2025

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

[2025-community-health-needs-assessment.pdf - 03/03/2026 02:17 PM](#)

**Comment**

This FY2025 CHNA was conducted during this FY2025 period, with the report being produced shortly prior to the end of FY2025. The hospital's FY2022 CHNA report and associated Improvement Plans was in effect for most of FY2025.

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 6)**

**3. Area of Community Need / Concern**

22. Access to Mental Health Services

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

A2: Community-Based Clinical Services

C8: Behavioral Health Services

E1: Cash Donations

F6: Coalition Building

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

Inpatient psychiatric services provided at loss; Unreimbursed costs of providing integrated behavioral health and primary care services; Community-based suicide prevention training (NAMI-NH's CONNECT Suicide Prevention model, Youth Mental Health First Aid); behavioral health workforce training for schools and Peer Specialists; Project ECHO for dissemination of case-based behavioral health expertise.

## **Section 3.2: Community Needs Assessment (2 of 6)**

**3. Area of Community Need / Concern**

24. Substance Use

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

A3: Health Care Support Services

A1: Community Health Education

C5: Women's and Children's Services

C8: Behavioral Health Services

E1: Cash Donations

F6: Coalition Building

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

Coordination of regional substance misuse prevention coalitions in the Upper Valley and Sullivan County regions; NH Doorway's Hub and broader substance use disorder treatment services; Outpatient and intensive outpatient perinatal substance use disorder treatment services; Contributions to substance misuse prevention coalitions in Concord, Manchester, Nashua and Keene, NH, and funding and partnerships with harm reduction services.

**Section 3.2: Community Needs Assessment (3 of 6)**

**3. Area of Community Need / Concern**

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

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. 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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- C1: Emergency and Trauma Services
- C2: Neonatal Intensive Care (if subsidized)
- C3: Hospital Outpatient Services
- C8: Behavioral Health Services
- C9: Palliative Care
- C10: Other Subsidized Health Services
- E1: Cash Donations
- F6: Coalition Building

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

Health care services for the uninsured and/or income qualifying patients provided with Financial Assistance ("Charity Care"); Health care services for Medicaid Beneficiaries provided at-loss; Contributions to Federally Qualified Health Centers, Free Clinics, and Community Health Centers; Public flu vaccination clinics in-hospital and in-schools; Medication assistance programs. Lebanon Mobile Integrated Health services and related community Pop-Up Clinic for unsheltered persons.

**Section 3.2: Community Needs Assessment (4 of 6)**

**3. Area of Community Need / Concern**

3. Access to Primary Care

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. 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
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- F6: Coalition Building

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

Health care services for uninsured and/or income qualifying patients (Financial Assistance or "Charity Care"); Health care services for Medicaid Beneficiaries provided at-loss; Training of residents, nurses, and other health care providers; Contributions to Federally Qualified Health Centers and Free Clinics; Integrated behavioral health services in primary care clinics; community health worker services integrated in primary care to assist meeting non-clinical needs of patients

**Section 3.2: Community Needs Assessment (5 of 6)**

**3. Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

A2: Community-Based Clinical Services

E1: Cash Donations

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

Provision of free food packages to food-insecure patients; tailored food support services to pregnant and post-partum patients with food insecurity and food-sensitive health conditions; Contributions to regional and statewide food insecurity services

**Section 3.2: Community Needs Assessment (6 of 6)**

**3. Area of Community Need / Concern**

14. Domestic Abuse / Child Abuse

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

C5: Women's and Children's Services

E1: Cash Donations

F6: Coalition Building

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

Dartmouth-Hitchcock Children's Advocacy and Protection Program and Children's Advocacy Center; Contributions to regional intimate partner violence and sexual assault program.

**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 (\$)**

2468723348

**(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	16638765	0	16638765	0.7%	16000000

**(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	445590224	240771989	204818235	8.3%	200000000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	462228989	240771989	221457000	9%	216000000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	10939326	2662347	8276979	0.3%	8000000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	76725511	20840474	55885037	2.3%	55000000

**(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	64293576	34089436	30204140	1.2%	30000000

**(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	104824818	82440061	22384757	0.9%	21000000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	1720837	0	1720837	0.1%	1600000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	258504068	140032318	118471750	4.8%	115600000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	720733057	380804307	339928750	13.8%	\$331600000

**Section 5: Community Building Activities**

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

2468723348

**(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 (%)
NONE PROVIDED	NONE PROVIDED	55000	0	55000	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(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 (%)
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**(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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
NONE PROVIDED	NONE PROVIDED	55000	0	55000	0%

## **Section 6: Medicare**

**1. Total revenue received from Medicare (\$ -- including DSH and IME)**

226955350

**2. Medicare allowable costs of care relating to payments specified above (\$)**

388656669

**3. Medicare surplus (shortfall)**

\$-161701319

**4. 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.**

This represents an actual uncompensated cost to our organization, and as such can be considered a benefit to the community.

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

Cost to charge ratio

## **Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

2609751688

**2. Net operating costs (\$)**

2468723348

**3. Ratio of gross receipts from operations to net operating costs**

1.057

### **Unreimbursed Community Benefit Costs**

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

221457000

**5. Other Community Benefit Costs (\$)**

118471750

**6. Community Building Activities (\$)**

55000

**7. Total Unreimbursed Community Benefit Expenses (\$)**

339983750

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

13.77%

### **Other Community Benefits (optional)**

---

**1. Leveraged Revenue for Community Benefit Activities (\$)**

380804307

**2. Medicare Shortfall (\$)**

\$-161701319

## **Section 8: Community Engagement in the Community Benefits Process**

**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Amanda Perry, The Dartmouth Institute	Yes	Yes	Yes	No
Amanda R St Ivany, City of Lebanon Fire Dept	Yes	Yes	Yes	Yes
Ann Greenwald, AGIFT Movement Coaching for Healthy Aging	Yes	Yes	Yes	Yes
Anna M Hullinger, Upper Valley Regional Public Health Network	Yes	Yes	Yes	Yes
Beth Gustafson Wheeler, Foundation for Healthy Communities	Yes	Yes	Yes	No
Bill Boyle, Public Health Council of the Upper Valley	Yes	Yes	Yes	No
Briana White, Visiting Nurse and Hospice for Vermont and New Hampshire	Yes	Yes	Yes	No
Brianne Gallagher, WISE of the Upper Valley	Yes	Yes	No	No
Bridget Labrie, Enfield Parks & Recreation	Yes	Yes	Yes	No
Bridget Mudge, Hanover Community Nurse Advisory Committee	Yes	Yes	Yes	No
Calvin Hunnewell, City of Lebanon	Yes	Yes	Yes	No
Carol Kolenski, The Village at White River Junction	Yes	Yes	Yes	No
Carol Langstaff, Sharon Health Initiative	Yes	Yes	Yes	No
Caroline Christie, Mascoma Valley Regional School District	Yes	Yes	Yes	No
Catherine Bardier, New London Hospital	Yes	Yes	Yes	Yes
Christine Gunn, The Dartmouth Institute & Norris Cotton Cancer Center	Yes	Yes	Yes	No
Cristina Hammond, Hanover Fire Department	Yes	Yes	Yes	No
Deanna Jones, Thompson Senior Center	Yes	Yes	Yes	No
Donald Kollisch, Community Nurse Connection	Yes	Yes	Yes	No
Elizabeth Craib, Granite United Way	Yes	Yes	Yes	Yes
Erin Smith, Upper Valley Music Center	Yes	Yes	Yes	No
Eula L Kozma, Friends of Mascoma Foundation	Yes	Yes	Yes	No
Janet Hunt, New Futures	Yes	Yes	Yes	Yes
Jenna Schifflbein, Dartmouth College/Norris Cotton Cancer Center	Yes	Yes	Yes	No
John Haffner, Vital Communities	Yes	Yes	Yes	No
Jon Felde, St. Barnabas Church, Norwich	Yes	Yes	Yes	No
Julia Griffin, Town of Hanover	Yes	Yes	Yes	Yes
Kathryn Gamble, Open Door Integrative Wellness	Yes	Yes	Yes	No
Krista Karlson, Willing Hands	Yes	Yes	Yes	No
Kristin Barnum, Community Nurse Connection	Yes	Yes	Yes	Yes
Kristy & Glen Badger, Assisted Living Locators of Portsmouth	Yes	Yes	Yes	No
Laura Beidler, The Dartmouth Institute	Yes	Yes	Yes	No
Laura Di Piazza, Upper Valley Equity and Anti-Racism Leadership Council	Yes	Yes	Yes	No
Lindsey Trombley, Orange County Parent Child Center	Yes	Yes	Yes	No
Lisa Champagne, DHMC, Norris Cotton Cancer Center	Yes	Yes	Yes	No
Lisa D Delegato, Gifford Health Care	Yes	Yes	Yes	No

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Lynne Goodwin, City of Lebanon Human Services	Yes	Yes	Yes	Yes
Martha Tecca, Community Care of Lyme	Yes	Yes	Yes	Yes
Megan Chamberlain, VNH of VT and NH	Yes	Yes	Yes	Yes
Mike Reiderer, Tri-Valley Transit	Yes	Yes	Yes	No
Nancy Bloomfield, The Family Place	Yes	Yes	Yes	Yes
Patty Monahan, Mascoma Bank	Yes	Yes	Yes	No
Peggy O'Neil, Womens Information Service WISE	Yes	Yes	Yes	Yes
Roger Osmun, West Central Behavioral Health	Yes	Yes	Yes	Yes
Rudy Fedrizzi, VT Department of Health	Yes	Yes	Yes	Yes
Ryan Richards, HIV/HCV Resource Center	Yes	Yes	Yes	Yes
Stephanie Bergeron, West Central Behavioral Health	Yes	Yes	Yes	Yes
Steve Belmont, Greater Sullivan County Regional Public Health Network	Yes	Yes	Yes	No
Traci Fowler, NH Charitable Foundation	Yes	Yes	Yes	No
Trudi Brock, Sharon Health Initiative	Yes	Yes	Yes	No
Dana Michalovic, Good Neighbor Health Clinic	Yes	Yes	Yes	Yes
Wesley Parks, SEVCA	Yes	Yes	Yes	No
Alice Ely, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
Claudia Reeder and Tom Bossert, Harvard School of Public Health	Yes	Yes	Yes	No
Kenneth Dolkart, Eastman Cares	Yes	Yes	Yes	No
Alan Keiller, Mt Ascutney Hospital Trustee	Yes	Yes	Yes	Yes
Sally Kraft, DHMC Population Health	Yes	Yes	Yes	Yes
Candace Ann Nattie, Hanover High School Health Office	Yes	Yes	Yes	No
Cherry Sullivan, Little Rivers Health Care	Yes	Yes	Yes	No
Eleanor Zue, Bugbee Senior Center	Yes	Yes	Yes	No
Janet Potter, Second Growth, Hartford Community Coalition	Yes	Yes	Yes	No
Jocelyn F. Caple, Valley Regional Hospital	Yes	Yes	Yes	No
Deborah Fabry, DHMC	Yes	Yes	Yes	Yes
Caroline A. Koloski, DHMC Pediatrics	Yes	Yes	Yes	Yes
Christine Finn, DHMC Psychiatry	Yes	Yes	Yes	Yes
Luke Archibald, DHMC Addiction Treatment Program	Yes	Yes	Yes	Yes
Jennifer Rupp, DHMC CHaD	Yes	Yes	Yes	Yes

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

a) A survey of area community members made available through paper copies in selected community locations, direct-to respondent strategies, and intranet-based strategies; b) A survey of key community stakeholders including agency, municipal and community leaders; c) A series of community and health care organization discussion groups; and d) A review of available population demographics and health status indicators

**Section 9: Charity Care Compliance**

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

Yes

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

5. Notice of the charity care policy is posted in lobbies.

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

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

Yes

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

Yes

## Section 10: Certification

### Electronic Signature

**First Name**

gregory

**Last Name**

norman

**Title**

Senior Director Community Health

**Email**

gregory.a.norman@hitchcock.org

NHCT-31 (September 2022)

## Attachments

Date	Attachment Name	Context	User
3/3/2026 2:17 PM	2025-community-health-needs-assessment.pdf	Attachment	Greg Norman

## Status History

	User	Processing Status
3/3/2026 2:08:20 PM	Greg Norman	Draft
3/5/2026 5:26:29 PM	Greg Norman	Submitting
3/5/2026 5:26:33 PM	Greg Norman	Submitted

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Greg Norman	3/5/2026 5:26:33 PM