

Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-264N-B3FYW, version 1)

Details

Submitted 12/21/2023 (0 days ago) by Diane Davis

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Concord Hospital - Laconia

State Registration #

842949

Federal ID #

851443782

Fiscal Year Beginning

10/01/2022

Entity Address

80 Highland Street
Laconia, NH 03246

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

<https://www.concordhospital.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Robert	Steigmeyer

Phone Type	Number	Extension
Business	[REDACTED]	

Email

Board Chair (first, last name)

First Name	Last Name
Manisha	Patel

Phone Type	Number	Extension
Mobile	[REDACTED]	

Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Betsey	Ryhnhart	
Title		
Vice President, Population Health		
Phone Type	Number	Extension
Business	[REDACTED]	
Email		
[REDACTED]		

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)?

N/A

Section 2: Mission & Community Served

1. Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?

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

- Belknap
- Merrimack
- Grafton

Please select service area municipalities (NH), if applicable

- LACONIA
- GILMANTON
- GILFORD
- BELMONT
- ALTON
- ASHLAND
- BARNSTEAD
- CENTER HARBOR
- MEREDITH
- MOULTONBOROUGH
- NEW HAMPTON
- SANDWICH
- TUFTONBORO

Service Population Description

The Laconia regional population has proportionally more seniors than NH overall, and this region has a higher proportion of single-parent family households with children and individuals with disabilities.

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)

2023

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

[Concord & Lakes Region 2023 Community Health Needs Assessment - BOT approved 9-18-23.pdf - 12/21/2023 09:53 AM](#)

Comment

NONE PROVIDED

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 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Availability of primary care and medical sub-specialty 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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A3: Health Care Support Services

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

B1: Provision of Clinical Setting for Undergraduate Education

B4: Other Health Professions Education Support

C3: Hospital Outpatient Services

C5: Women's and Children's Services

C10: Other Subsidized Health Services

E2: Grants

F8: Workforce Development

A2: Community-Based Clinical Services

C1: Emergency and Trauma Services

C7: Subsidized Continuing Care

C9: Palliative Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Availability of 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.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A5: Dedicated Staff costs
- C3: Hospital Outpatient Services
- E2: Grants
- F8: Workforce Development
- A2: Community-Based Clinical Services
- C1: Emergency and Trauma Services
- B2: Intern/Residency Education
- B1: Provision of Clinical Setting for Undergraduate Education
- B3: Scholarships/Funding for Health Professions Education
- C8: Behavioral Health Services
- C7: Subsidized Continuing Care
- C5: Women's and Children's Services
- C10: Other Subsidized Health Services
- E1: Cash Donations

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Alcohol and drug use prevention, treatment and recovery

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
- A5: Dedicated Staff costs
- C3: Hospital Outpatient Services
- E2: Grants
- F8: Workforce Development
- A2: Community-Based Clinical Services
- C1: Emergency and Trauma Services
- B2: Intern/Residency Education
- B1: Provision of Clinical Setting for Undergraduate Education
- B3: Scholarships/Funding for Health Professions Education
- C8: Behavioral Health Services
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- E1: Cash Donations
- C5: Women's and Children's Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- B4: Other Health Professions Education Support

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Cost of health care 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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

E2: Grants

F8: Workforce Development

A2: Community-Based Clinical Services

E1: Cash Donations

A3: Health Care Support Services

A7: Other Community Benefit Operations

C3: Hospital Outpatient Services

A1: Community Health Education

C1: Emergency and Trauma Services

E3: In-Kind Assistance

C7: Subsidized Continuing Care

C8: Behavioral Health Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Socioeconomic conditions

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
- E2: Grants
- F8: Workforce Development
- A2: Community-Based Clinical Services
- E1: Cash Donations
- A3: Health Care Support Services
- C3: Hospital Outpatient Services
- A1: Community Health Education
- E3: In-Kind Assistance
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- A5: Dedicated Staff costs
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- C5: Women's and Children's Services
- C10: Other Subsidized Health Services
- F6: Coalition Building

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Services and supports for older adults

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
- E2: Grants
- A2: Community-Based Clinical Services
- E1: Cash Donations
- A3: Health Care Support Services
- C3: Hospital Outpatient Services
- E3: In-Kind Assistance
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- A5: Dedicated Staff costs
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- C10: Other Subsidized Health Services
- C9: Palliative Care
- A7: Other Community Benefit Operations
- B3: Scholarships/Funding for Health Professions Education
- C1: Emergency and Trauma Services
- A1: Community Health Education
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Difficulty navigating the health care system and health care workforce shortages

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

E2: Grants

A2: Community-Based Clinical Services

E1: Cash Donations

A3: Health Care Support Services

E3: In-Kind Assistance

C7: Subsidized Continuing Care

C8: Behavioral Health Services

A5: Dedicated Staff costs

C10: Other Subsidized Health Services

F8: Workforce Development

C9: Palliative Care

F7: Community Health Advocacy

F6: Coalition Building

C3: Hospital Outpatient Services

B4: Other Health Professions Education Support

B2: Intern/Residency Education

C5: Women's and Children's Services

D2: Community / Population Health Research

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Affordability and availability of dental care 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.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- E2: Grants
- A2: Community-Based Clinical Services
- E1: Cash Donations
- A3: Health Care Support Services
- E3: In-Kind Assistance
- A5: Dedicated Staff costs
- C10: Other Subsidized Health Services
- F8: Workforce Development
- F7: Community Health Advocacy
- F6: Coalition Building
- D2: Community / Population Health Research
- C3: Hospital Outpatient Services
- B4: Other Health Professions Education Support
- C5: Women's and Children's Services
- A1: Community Health Education

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

NONE PROVIDED

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 (\$)

141670085

(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	819	134068	0	134068	0.1%	135000

(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	7674	19616232	14139870	5476362	3.9%	5500000

(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	0	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	8493	19750300	14139870	5610430	4%	5635000

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	819	134068	0	134068	0.1%	135000

(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	138	307852	129769	178083	0.1%	130000

(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	3345	21597741	8275223	13322518	9.4%	13330000

(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	0	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 (\$)
NONE PROVIDED	NONE PROVIDED	427566	0	427566	0.3%	428000

(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	NaN	22467227	8404992	14062235	9.9%	14023000

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	NaN	42217527	22544862	19672665	13.9%	\$19658000

Section 5: Community Building Activities**Total expense (\$; entered at top of Section 4)**

141670085

(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	0	0	0	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%

(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	40541	0	40541	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	40541	0	40541	0%

Section 6: Medicare**1. Total revenue received from Medicare (\$ -- including DSH and IME)**

63577501

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

72560344

3. Medicare surplus (shortfall)

-\$-8982843

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.

NONE PROVIDED

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 (\$)

133199777

2. Net operating costs (\$)

141670085

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

0.94

Unreimbursed Community Benefit Costs

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

5610430

5. Other Community Benefit Costs (\$)

14062235

6. Community Building Activities (\$)

40541

7. Total Unreimbursed Community Benefit Expenses (\$)

19713206

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

13.91%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

-\$-8982843

Section 8: Community Engagement in the Community Benefits Process

1. 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
Community Action Program, Belknap-Merrimack Counties	Yes	Yes	Yes	Yes
Capital Area Public Health Network - Granite United Way	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
HealthFirst Family Care Center	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center	Yes	Yes	Yes	Yes
Partnership for Public Health	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	Yes	Yes	Yes
Foundation for Healthy Communities	Yes	Yes	Yes	Yes
NH Department of Health and Human Services	Yes	Yes	Yes	Yes
Greater Concord Interfaith Council discussion group	Yes	Yes	No	No
Granite State Independent Living discussion group	Yes	Yes	No	No
White Birch Community Center Seniors discussion group	Yes	Yes	No	No
White Birch Community Center Childcare discussion group	Yes	Yes	No	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Ascentria Services for New Americans discussion group	Yes	Yes	No	No
Tilton Senior Center discussion group	Yes	Yes	No	No
Lakes Region LGBTQ+ discussion group	Yes	Yes	No	No
Family Medicine Residents discussion group	Yes	Yes	No	No
Riverbend Intensive Outpatient Treatment discussion group	Yes	Yes	No	No
HealthFirst Medication Assistance Treatment discussion group	Yes	Yes	No	No
Family Health Center clinicians discussion group	Yes	Yes	No	No

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

Methods used to solicit community input included a Community Leaders survey to 239 individuals with 132 responses, Community Members survey sent to 1,012 with 850 responses, Concord Hospital provider and staff survey with 726 responses, and 11 community discussion groups representing people in treatment and recovery from substance use, caregivers and educators for young children, seniors within the community, community faith groups, community refugees, secondary migrants, and asylees, individuals receiving community mental health services, young adults within the community, and members and/or allies of the LGBTQ+ community. Also, representatives from local, county, and state organizations listed above contributed time, guidance, insight, knowledge about the communities served, and feedback throughout the health needs assessment process and completion.

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.

N/A

Section 10: Certification

Electronic Signature

First Name

Betsey

Last Name

Rhynhart

Title

Vice President, Population Health

Email



NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
12/21/2023 9:53 AM	Concord & Lakes Region 2023 Community Health Needs Assessment - BOT approved 9-18-23.pdf	Attachment	No	Diane Davis