

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Brattleboro Memorial Hospital</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>17 Belmont Avenue</b> City or town, state or province, country, and ZIP or foreign postal code <b>Brattleboro, VT 05301</b> <b>F</b> Name and address of principal officer: <b>Steven Gordon</b> <b>same as C above</b>	<b>D</b> Employer identification number <b>03-0107300</b> <b>E</b> Telephone number <b>(802) 257-0341</b> <b>G</b> Gross receipts \$ <b>97,646,960.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>www.bmhvt.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1904</b>		<b>M</b> State of legal domicile: <b>VT</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To provide health care services on a region-wide basis</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>758</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>117</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,279,213.</b>	<b>1,178,724.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>80,466,734.</b>	<b>86,496,947.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,917,186.</b>	<b>1,262,260.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-178,363.</b>	<b>-111,878.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>83,484,770.</b>	<b>88,826,053.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>64,613.</b>	<b>94,180.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>46,522,504.</b>	<b>48,185,348.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>36,795,525.</b>	<b>38,528,302.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>83,382,642.</b>	<b>86,807,830.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>102,128.</b>	<b>2,018,223.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>82,570,726.</b>	<b>80,602,363.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>23,187,981.</b>	<b>19,766,908.</b>
		<b>59,382,745.</b>	<b>60,835,455.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>Michael Rogers, VP Fin. Planning &amp; Treasurer</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Joseph R. Byrne</b>	Preparer's signature <b>Joseph R. Byrne</b>	Date <b>08/14/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01289281</b>
	Firm's name ▶ <b>Berry Dunn McNeil &amp; Parker, LLC</b>	Firm's EIN ▶ <b>01-0523282</b>			
	Firm's address ▶ <b>P.O. Box 1100 Portland, ME 04104-1100</b>	Phone no. (207) <b>775-2387</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: Brattleboro Memorial Hospital will provide community-based quality health services delivered with compassion and respect.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 68,271,761. including grants of \$ 94,180. ) (Revenue \$ 86,550,001. ) Provision of Hospital Care, both inpatient and outpatient services, on a region-wide basis. Approximately 159,200 outpatients and 2,120 inpatients were served throughout the year.

Brattleboro Memorial Hospital is a modern, well-equipped and professionally staffed community hospital which has been serving greater Brattleboro and the tri-state area since 1904. Throughout our more than a century of caring for our community, BMH has kept up with medical technology which, in turn, has drawn excellent physicians to our facility. The BMH Medical Staff boasts more than 100 board-certified physicians, active in both primary care and many specialties.

4b (Code: ) (Expenses \$ 963,229. including grants of \$ ) (Revenue \$ ) Charity Care:

The Hospital's charity care program is designed to assist those patients who are either uninsured, underinsured or have limited financial resources that impact their ability to fully pay for their hospital care. Before completing an application for charity care, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veteran's Benefits or other governmental or public assistance programs.

The Hospital's qualifications for charity care are as follows:

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 69,234,990.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 758		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records Michael Rogers - (802) 257-0341 17 Belmont Avenue, Brattleboro, VT 05301

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Phillips Board Chair	1.00 1.00	X		X				0.	0.	0.
(2) William Daley Board Vice Chair	1.00 1.00	X		X				0.	0.	0.
(3) Michael Mandracchia Board Secretary	1.00 1.00	X		X				0.	0.	0.
(4) Patty O'Donnell Board Member	1.00 1.00	X						0.	0.	0.
(5) Rhonda Calhoun Board Member	1.00 1.00	X						0.	0.	0.
(6) George Idelkope, M.D. Board Member	1.00 1.00	X					59,724.	0.	0.	0.
(7) Donna McElligott Board Member	1.00 1.00	X					0.	0.	0.	0.
(8) Elizabeth McLarney, M.D. Board Member	40.00 1.00	X					839,901.	0.	61,665.	0.
(9) John V.P. Meyer Board Member	1.00 1.00	X					0.	0.	0.	0.
(10) Peter Carvell Past Board Member	1.00 1.00	X					0.	0.	0.	0.
(11) Steven Gordon President & CEO	40.00 2.00			X			0.	346,756.	57,730.	0.
(12) John Marzinzik Interim CFO	40.00 2.00			X			0.	0.	0.	0.
(13) Michael Rogers VP Financial Planning & Treasurer	40.00 2.00			X			0.	214,078.	42,060.	0.
(14) Kathleen McGraw Chief Medical Officer	40.00 1.00				X		315,264.	0.	44,214.	0.
(15) Jodi Stack VP Patient Care Services	40.00 1.00				X		155,907.	0.	18,815.	0.
(16) Craig A. Rinder Staff MD Urology	40.00 0.00					X	382,191.	0.	15,183.	0.
(17) Jonathan Thatcher Staff MD Ortho	30.00 0.00					X	334,301.	0.	36,951.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Thomas H. Lewis, M.D. General Surgeon	30.00 0.00					X		326,165.	0.	53,906.
(19) Gregory R. Gadowski General Surgeon	40.00 0.00					X		319,009.	0.	39,566.
(20) Aida Avdic Hospitalist	39.00 0.00					X		292,596.	0.	65,352.
(21) Mary Urquhart Former VP Patient Care Services	0.00 0.00						X	0.	146,371.	8,367.
<b>1b Sub-total</b>								3,025,058.	707,205.	443,809.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,025,058.	707,205.	443,809.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **63**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Dartmouth Hitchcock Keene 580-90 Court Street, Keene, NH 03431 PPR, LLC	Physician Services	2,735,069.
P.O. Box 674009, Dallas, TX 75267-4009 Southern VT Health Services Corp.	Temporary Staffing	1,209,097.
17 Belmont Avenue, Brattleboro, VT 05301 Anesthesia Physicians of Brattleboro	Management Fees	1,023,081.
17 Belmont Avenue, Brattleboro, VT 05301 LaVallee Brensinger Architects, 155 Dow Street, Ste 400, Manchester, NH 03101	Anesthesia Service	976,861.
	Architect & Engineer Fees	815,095.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	32,719.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,028,070.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	117,935.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		1,178,724.				
	<b>Program Service Revenue</b>	<b>2 a</b> Patient Service Revenue .....	<b>Business Code</b> 621400	181,852,030.	181,852,030.		
<b>b</b> Miscellaneous Revenue .....		900099	13,586,720.	13,232,273.		354,447.	
<b>c</b> Provision for Bad Debt .....		621400	-3,585,192.	-3,585,192.			
<b>d</b> Contractual/Char. Adj. ....		621400	-105,356,611.	-105,356,611.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			86,496,947.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		756,418.			756,418.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	243,013.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	354,891.				
		<b>c</b> Rental income or (loss) .....	-111,878.				
	<b>d</b> Net rental income or (loss) .....		-111,878.			-111,878.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	8,950,358.				
		(ii) Other	21,500.				
		<b>b</b> Less: cost or other basis and sales expenses .....	8,445,273.	20,743.			
		<b>c</b> Gain or (loss) .....	505,085.	757.			
	<b>d</b> Net gain or (loss) .....		505,842.			505,842.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			88,826,053.	86,142,500.	0.	1,504,829.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	94,180.	94,180.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,495,490.	1,495,490.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	37,125,817.	29,384,323.	7,741,494.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,602,694.	1,269,211.	333,483.	
9 Other employee benefits	5,374,239.	4,253,699.	1,120,540.	
10 Payroll taxes	2,587,108.	2,066,853.	520,255.	
11 Fees for services (non-employees):				
a Management	1,023,000.		1,023,000.	
b Legal	57,076.		57,076.	
c Accounting	75,820.		75,820.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,458.		67,458.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,252,363.	10,284,862.	2,967,501.	
12 Advertising and promotion	92,380.	1,019.	91,361.	
13 Office expenses	361,184.	141,752.	219,432.	
14 Information technology				
15 Royalties				
16 Occupancy	1,592,360.	1,194,731.	397,629.	
17 Travel	183,231.	83,078.	100,153.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	138,150.	89,681.	48,469.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,051,038.	2,379,524.	1,671,514.	
23 Insurance	812,237.	812,237.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Drugs</b>	4,989,549.	4,989,549.		
b <b>Provider Taxes</b>	4,742,584.	4,742,584.		
c <b>Medical/Surgical Suppli</b>	3,753,230.	3,724,901.	28,329.	
d <b>Lab Supplies</b>	1,150,322.	1,149,967.	355.	
e All other expenses	2,186,320.	1,077,349.	1,108,971.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	86,807,830.	69,234,990.	17,572,840.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X  X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,827,859.	<b>1</b>	32,880.
	<b>2</b> Savings and temporary cash investments .....	24,150,782.	<b>2</b>	18,998,152.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,553,064.	<b>4</b>	12,281,904.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,720,216.	<b>8</b>	2,441,469.
	<b>9</b> Prepaid expenses and deferred charges .....	297,229.	<b>9</b>	538,323.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 74,297,853.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 49,552,295.		
	<b>11</b> Investments - publicly traded securities .....	24,779,298.	<b>10c</b>	24,745,558.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,690,380.	<b>11</b>	17,751,546.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	884,344.	<b>12</b>	887,114.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,262,734.	<b>14</b>	1,750,417.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	404,820.	<b>15</b>	1,175,000.	
	82,570,726.	<b>16</b>	80,602,363.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,786,470.	<b>17</b>	10,834,118.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	1,600.
	<b>20</b> Tax-exempt bond liabilities .....	8,303,632.	<b>20</b>	7,376,635.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	662,312.	<b>24</b>	331,156.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,435,567.	<b>26</b>	1,223,399.
	23,187,981.	<b>26</b>	19,766,908.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	58,440,034.	<b>27</b>	59,892,964.
	<b>28</b> Temporarily restricted net assets .....	663,669.	<b>28</b>	663,449.
	<b>29</b> Permanently restricted net assets .....	279,042.	<b>29</b>	279,042.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	59,382,745.	<b>33</b>	60,835,455.
	<b>34</b> Total liabilities and net assets/fund balances .....	82,570,726.	<b>34</b>	80,602,363.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,826,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,807,830.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,018,223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,382,745.
5	Net unrealized gains (losses) on investments	5	-240,274.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-325,239.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,835,455.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**Brattleboro Memorial Hospital**

Employer identification number

**03-0107300**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>Brattleboro Memorial Hospital</b>	Employer identification number  <b>03-0107300</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>89,420.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>430,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>9,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>523,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Brattleboro Memorial Hospital</b>	Employer identification number  <b>03-0107300</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>32,719.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Brattleboro Memorial Hospital</b>	Employer identification number  <b>03-0107300</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>Brattleboro Memorial Hospital</b>	Employer identification number  <b>03-0107300</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Brattleboro Memorial Hospital</b>	Employer identification number <b>03-0107300</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		15,115.
<b>j</b> Total. Add lines 1c through 1i .....			15,115.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

BMH is a member of the VT Association of Hospitals and Health Systems and the American Hospital Association. A portion of the dues paid to these organizations is available for lobbying expenditures on behalf of BMH and other member organizations in furtherance of their exempt purposes. BMH does not directly perform any lobbying activities.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** Brattleboro Memorial Hospital **Employer identification number** 03-0107300

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,499.		45,499.
b Buildings		41,734,469.	26,348,537.	15,385,932.
c Leasehold improvements				
d Equipment		26,764,139.	21,345,249.	5,418,890.
e Other		5,753,746.	1,858,509.	3,895,237.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,745,558.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Estimated Third-Party Payor</b>	
(3) <b>Settlements</b>	1,150,000.
(4) <b>Due to Affiliate</b>	53,809.
(5) <b>Interest Rate Swap</b>	19,590.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,223,399.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	88,547,973.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-240,274.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	29,652.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-210,622.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,758,595.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	67,458.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	67,458.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	88,826,053.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	87,095,263.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	354,891.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	354,891.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	86,740,372.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	67,458.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	67,458.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	86,807,830.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Other Adjustments:

Change in Interest in SVHSC	2,770.
Rental Expenses	354,891.
Unrealized Loss on Interest Rate Swap	-328,009.
Total to Schedule D, Part XI, Line 2d	29,652.

Part XII, Line 2d - Other Adjustments:

Rental Expenses	354,891.
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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization **Brattleboro Memorial Hospital** Employer identification number **03-0107300**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			962,643.		962,643.	1.11%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			16,750,775.	9,866,450.	6,884,325.	7.93%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			17,713,418.	9,866,450.	7,846,968.	9.04%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			1,249,883.	1,007,508.	242,375.	.28%
<b>f</b> Health professions education (from Worksheet 5) .....			261,119.		261,119.	.30%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			94,180.		94,180.	.11%
<b>j Total.</b> Other Benefits .....			1,605,182.	1,007,508.	597,674.	.69%
<b>k Total.</b> Add lines 7d and 7j .....			19,318,600.	10,873,958.	8,444,642.	9.73%



Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 Brattleboro Memorial Hospital, Inc.
17 Belmont Ave.
Brattleboro, VT 05301
www.bmhvt.org
840

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , Community Hospital, .

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Brattleboro Memorial Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.bmhvt.org/services/community-health-t</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>www.bmhvt.org/services/community-health-team/communi</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Brattleboro Memorial Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.bmhvt.org</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.bmhvt.org</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://www.bmhvt.org</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Brattleboro Memorial Hospital

	Yes	No
<p><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	<b>X</b>	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group Brattleboro Memorial Hospital

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2018

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Brattleboro Memorial Hospital:

Part V, Section B, Line 5: BMH conducted a collaborative CHNA in partnership with Grace Cottage Family Health & Hospital and the Brattleboro Retreat. In October 2017, the Windham County Community Health Needs Assessment Steering Committee formed and began meeting. The Steering Committee was comprised of representatives from BMH, the Brattleboro Retreat, Grace Cottage Family Health & Hospital, and the Brattleboro Office of the VDH. From October 2017 through August 2018, the group met eight times. The data collection process took place from November 2017 through May 2018. The resident surveys were available throughout the month of March 2018.

The Needs Assessment was approved by the Board in December, 2019.

Brattleboro Memorial Hospital:

Part V, Section B, Line 6a: The Hospital's CHNA was conducted in partnership with Grace Cottage Hospital and The Brattleboro Retreat.

Brattleboro Memorial Hospital:

Part V, Section B, Line 11: Please see attached Community Health Needs Assessment & Implementation Plan.

The Hospital's CHNA & Implementation Plan can also be accessed via the Hospital's website -

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[www.bmhvt.org/services/community-health-team/community-health-needs-assess](http://www.bmhvt.org/services/community-health-team/community-health-needs-assess)

Multiple horizontal lines for providing supplemental information.



**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Brattleboro Memorial Hospital's Free Care program is designed to assist those patients who are either uninsured, underinsured or have limited financial resources that impact their ability to fully pay for their hospital care. When making application for Free Care, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veterans' Benefits or other governmental or public assistance programs. Free Care should always be the payor of last resort.

A. Qualifications for Free Care:

1. Free Care is limited to medically necessary services. Patients receiving certain elective services, such as those considered cosmetic, investigational or experimental, are expected to make payment arrangements in advance, as these types of services are not covered by Free Care;

2. Patients' family income must be at or below 250% of the current Federal Poverty Income Guidelines for their family size;

**Part VI** Supplemental Information (Continuation)

3. Patients or their guarantors must complete a Free Care application and provide the hospital with verification of income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses.

NOTE: Income verification may be waived at the discretion of the Director of Patient Financial Services, particularly in those instances in which patients have subsequently qualified for Medicaid, or are deceased, with no estate;

4. Free Care applications will be processed within two weeks of the date of their receipt in our Business Office;

5. Free Care applies only to those patient accounts still in active Accounts Receivable; no Free Care allowance may be applied against accounts that have been forwarded to a collection agency as Bad Debt.

B. Patients will be notified in writing of their approval or denial status within 30 days of the date of receipt of the application and any required supporting documentation. All accounts written off to Free Care must be approved by the Director of Patient Financial Services or the Vice-President of Finance.

Part I, Line 7:

A cost accounting system was used to calculate the amounts reported in the table. The cost accounting system addresses all patient segments. A cost-to-charge ratio was used.

**Part VI** Supplemental Information (Continuation)

Part II, Community Building Activities:

1. Health Fair

2. Director of the Community Health Team participates in community coalitions such as Fit & Health Kid's Coalition, Healthier Communities Coalition. The HCC coalition, of which the Director of the Community Health Team, is a member, has been instrumental in advocating for healthy nutrition, exercise, food security, Farm to School programming & advocating for improving the built environment & town policies to support health & wellness. Many of the health improvement needs identified by & advocated for by the coalition have been incorporated into the new town plan for Brattleboro. The HCC was recognized for its success & effectiveness. The HCC has conducted Community Healthier Living Index (CHLI) assessments at Green Street School and at BMH. This YMCA tool measures community organization support for physical activity & health eating. Mini grant money will be used to implement strategies for improvements in the areas of health nutrition and exercise.

3. Our Director of Nutrition Services supports local agriculture & has been recognized for BMH's level of support. 550 BMH employees benefit from local foods & healthy choices on our breakfast, lunch & dinner menus daily.

Part III, Line 3:

A simple RCC was utilized to reduce charges to cost. The estimated bad debt that may be eligible for our charity care policy was based on a 50% eligibility rate.

Part III, Line 4:

**Part VI** Supplemental Information (Continuation)

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

**Part VI** Supplemental Information (Continuation)

During September 30, 2019, the Hospital decreased its estimate from \$7,177,617 to \$5,882,225 in the allowance for doubtful accounts relating to self-pay patients, and during 2018, the Hospital increased its estimate from \$5,414,985 to \$7,177,617 in the allowance for doubtful accounts relating to self-pay patients. During September 30, 2019, self-pay write-offs increased from \$3,620,560 to \$4,880,584 and during 2018, self-pay write-offs decreased from \$4,407,730 to \$3,620,560. The changes resulted from trends experienced in the collection of amounts from self-pay patients and increased write-offs of self-pay balances deemed uncollectible during 2019, resulting in an improvement in the aging and balance of self-pay receivables as of September 30, 2019.

## Part III, Line 8:

The Medicare shortfall should be considered a community benefit in its entirety. A cost-to-charge ratio was used.

## Part III, Line 9b:

Patients or their guarantors must complete a Free Care application and provide the hospital with verification of income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses.

NOTE: Income verification may be waived at the discretion of the Director of Patient Financial Services, particularly in those instances in which patients have subsequently qualified for Medicaid, or are deceased, with no estate.

## Part VI, Line 2:

**Part VI** Supplemental Information (Continuation)

BMH conducted the 2018 Community Health Needs Assessment. The needs assessment addressed health and wellness in Windham County, inclusive of lifestyle, access to care, maternal & child health, illness & death, and injury. Methodology included data analysis, on-line surveys, survey questionnaire distribution at public events, various focus groups, provider surveys and 2 formal Steering Committee meetings. Highest priority issues about healthcare & healthcare access were identified.

Evaluations were given to all participants of the Community Health Needs Assessment. Participants are asked what health & wellness topics they would like to have presented. Each participant developed an implementation plan. These responses are compiled & prioritized. The committee for the calendar uses these priority requests to plan content of future calendars.

Part VI, Line 4:

BMH serves a total service area that includes:

- 22 towns
- A population of 42,869
- Compared to VT/US, residents of the service area tend to be:
  - a. Older
  - b. Similarly well off, especially in the secondary service area
  - c. Less at risk for obesity

The 65+ population will be the fastest growing segment, while the 0-17 and 18-44 age cohorts drop. VT is the second oldest state in the country (after Maine). Median age in the PSA & SSA is higher than Vermont overall & significantly higher than the US median.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **Brattleboro Memorial Hospital** Employer identification number **03-0107300**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
The Strolling of the Heifers, Inc. 105 Partridge Road East Dummerston, VT 05346	02-0638820	501(c)(3)	6,000.	0.			Support continuing programs
Boys and Girls Club 17 Flat Street Brattleboro, VT 05301	03-0309528	501(c)(3)	11,000.	0.			Support continuing programs
Groundworks Collaborative, LLC PO Box 370 Brattleboro, VT 05302	03-0267404	501(c)(3)	6,000.	0.			Support continuing programs
UVM AHEC Program 1 South Prospect St Arnold 5 Burlington, VT 05401	03-0360193	501(c)(3)	50,000.	0.			Support continuing programs

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization makes contributions to small community events and no monitoring is deemed necessary.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Brattleboro Memorial Hospital**

Employer identification number

**03-0107300**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>	X	
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elizabeth McLarney, M.D. Board Member	(i)	617,035.	221,594.	1,272.	32,925.	28,740.	901,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Steven Gordon President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	328,505.	16,667.	1,584.	31,092.	26,638.	404,486.	0.
(3) Michael Rogers VP Financial Planning & Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	199,978.	0.	14,100.	15,882.	26,178.	256,138.	0.
(4) Kathleen McGraw Chief Medical Officer	(i)	296,206.	0.	19,058.	14,425.	29,789.	359,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jodi Stack VP Patient Care Services	(i)	155,571.	0.	336.	8,291.	10,524.	174,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Craig A. Rinder Staff MD Urology	(i)	381,159.	0.	1,032.	14,425.	758.	397,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Jonathan Thatcher Staff MD Ortho	(i)	317,301.	0.	17,000.	13,750.	23,201.	371,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Thomas H. Lewis, M.D. General Surgeon	(i)	324,581.	0.	1,584.	39,600.	14,306.	380,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Gregory R. Gadowski General Surgeon	(i)	317,737.	0.	1,272.	13,750.	25,816.	358,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Aida Avdic Hospitalist	(i)	274,584.	2,100.	15,912.	14,425.	50,927.	357,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Mary Urquhart Former VP Patient Care Services	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	20,690.	0.	125,681.	2,647.	5,720.	154,738.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4a:

Mary Urquhart, Former VP of Patient Care Service, recieved \$94,557 in severance.

Part I, Line 6:

Bonuses paid in calendar year 2018 are mostly contractual however the net earnings are a minor consideration in the senior leadership bonus amounts.

Part I, Line 7:

Bonus payments made to Elizabeth McLarney are qualitative bonuses based in part on worked Relative Value Units (RVUs) performed in excess of baseline expectations.

Bonus payments made to Aida Avdic are qualitative bonuses based on attending medical staff meetings.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **Brattleboro Memorial Hospital** Employer identification number **03-0107300**

Part I	Bond Issues	See Part VI for Columns (a) and (f) Continuations											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	<b>A</b>	Vermont Educational and Health Building Financing	23-7154467	None	06/01/16	10,500,000.	Advance refund of previously issue		X		X		X
	<b>B</b>												
	<b>C</b>												
	<b>D</b>												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	3,007,118.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,500,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	169,085.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	8,067,131.							
12	Other unspent proceeds	2,263,784.							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property? .....		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
6 Total of lines 4 and 5 .....								
7 Does the bond issue meet the private security or payment test? .....		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply? .....								
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X							

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	People's United Bank							
<b>c</b> Term of hedge .....	10.0000000							
<b>d</b> Was the hedge superintegrated? .....	X							
<b>e</b> Was the hedge terminated? .....		X						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: Vermont Educational and Health Building Financing Agency

(f) Description of Purpose: Advance refund of previously issued bonds



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joanne Rogers	Family Member of Mi	39,047.	Employment		X
Judith McBean	Family Member of Do	232,622.	Employment		X
Gail Roberts	Family Member of Pe	41,728.	Employment		X
Sharon Dunn	Family Member of St	52,318.	Independent		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Joanne Rogers

(b) Relationship Between Interested Person and Organization:

Family Member of Michael Rogers, VP Financial Planning & Treasurer

(c) Amount of Transaction \$ 39,047.

(d) Description of Transaction: Employment

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Judith McBean

(b) Relationship Between Interested Person and Organization:

Family Member of Donna McElligott, Board Member

(c) Amount of Transaction \$ 232,622.

(d) Description of Transaction: Employment

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Gail Roberts

(b) Relationship Between Interested Person and Organization:

Family Member of Peter Carvell, Past Board Member

(c) Amount of Transaction \$ 41,728.

(d) Description of Transaction: Employment

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Sharon Dunn

(b) Relationship Between Interested Person and Organization:

Family Member of Steve Gordon, President & CEO

(c) Amount of Transaction \$ 52,318.

(d) Description of Transaction: Independent Contractor Arrangement

(e) Sharing of Organization Revenues? = No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Brattleboro Memorial Hospital

Employer identification number

03-0107300

Form 990, Part III, Line 4b, Program Service Accomplishments:

1. Charity care is limited to medically necessary services. Patients receiving certain elective services, such as those considered cosmetic, investigational or experimental, are expected to make payment arrangements in advance, as these types of services are not covered by the charity care program.

2. The patient's family income must be at or below 300% of the current Federal Poverty Income Guidelines for their applicable family size. The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies and equivalent service statistics. The following information measures the level of the charity care provided during the year ended September 30, 2019:

Equivalent percentage of charity care services to all services

1.33%

Number of patients receiving charity care

1,162

In addition, the Hospital incurs a payment shortfall in the treatment of Medicaid patients. This government program reimburses for medical services at less than the costs incurred to provide those services. In September 30, 2019 and 2018, the Hospital incurred a shortfall of

Name of the organization

Brattleboro Memorial Hospital

Employer identification number

03-0107300

approximately \$10,138,000 and \$9,395,000, respectively, related to treating Medicaid patients.

The Hospital also provided other community benefits upon which no monetary value has been placed.

-BMH provides space at no cost to the local non-profit Brattleboro Walk-in Clinic.

-Offers free smoking cessation classes.

-Collaborates with other community agencies in publishing a community wellness calender twice a year.

Form 990, Part VI, Section A, line 6:

The sole member of the Hospital shall be Southern Vermont Health Services Corporation, a Vermont not-for-profit corporation.

Form 990, Part VI, Section A, line 7a:

The Board of Directors of the Hospital shall consist of eleven persons elected by Southern Vermont Health Service Corporation (sole member) from among membership of the sole member, plus the President and Medical Staff President ex officio but without the power to vote. Directors shall be elected annually by the sole member to hold office for three years and until their successors have been elected and qualified or until thier death or resignation. Elected directors may serve for a maximum of three consective three-year terms.

Form 990, Part VI, Section A, line 7b:

The Board of Directors may not take any of the following actions without

Name of the organization Brattleboro Memorial Hospital	Employer identification number 03-0107300
---	--

the prior approval of Southern Vermont Health Service Corporation (sole member):

- a) Adopt any annual or long-term capital or operating budget of the Hospital;
- b) Authorize the Hospital to enter into any contract or engage in any transaction which is not provided for in an annual or long-term capital or operating budget of the Hospital approved by the sole member, where the amount involved exceeds an amount as determined from time to time by the sole member;
- c) Authorize the Hospital to transfer funds or other assets to any other organization or corporation, where the amount involved exceeds an amount as determined from time to time by the sole member;
- d) Authorized the Hospital to engage in, or enter into, any transaction involving the borrowing of funds, incurring of debt, and/or guaranteeing, pledging, or collateralizing of any of its assets in connection therewith;
- e) Adopt any new, or any changes to the existing, long-range or master plans or the Hospital; or
- f) Organize or acquire, or authorize the organization or acquisition of, any subsidiary or affiliate of the Hospital.

Form 990, Part VI, Section B, line 11b:

The role of the Hospital's Finance and Audit Committee includes review of the 990. The Finance and Audit Committee engages the auditors and receives the audit and a complete copy of the Form 990, including all schedules. The Finance and Audit Committee will report to the Board that the 990 review has occurred. The Board accepts The Finance and Audit Committee reports and the 990. All members of the Board will have access to the 990 prior to filing.

Name of the organization

Brattleboro Memorial Hospital

Employer identification number

03-0107300

Form 990, Part VI, Section B, Line 12c:

Each December, Board Members are required to complete a Conflict of Interest Statement. Beginning FY 2010, these statements were reviewed by outside counsel and reported back to the Board of Directors along with recommendations for action.

Form 990, Part VI, Section B, Line 15:

The Executive Compensation Committee (ECC) of the Board of Directors (BOD) engages an outside compensation consultant to review executive compensation policies, procedures and conduct an independent regional and national market survey for senior leadership positions. The ECC sets the CEO's compensation and reviews the CEO's recommendations for other senior leadership compensation. The actions of the ECC are reviewed and approved by the BOD.

Form 990, Part VI, Section C, Line 19:

Financial statements are published on our website. Our governing documents and conflict of interest policies are not made available to the public.

Form 990, Part IX, Line 11g, Other Fees:

Contract Services &amp; Consultant:

Program service expenses	7,049,142.
Management and general expenses	1,511,119.
Fundraising expenses	0.
Total expenses	8,560,261.

Contract Temp.:

Name of the organization Brattleboro Memorial Hospital	Employer identification number 03-0107300
---	--

Program service expenses	1,685,437.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1,685,437.

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Service Contracts:

Program service expenses	1,467,194.
Management and general expenses	1,405,905.
Fundraising expenses	0.
Total expenses	2,873,099.

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Laundry:

Program service expenses	83,089.
Management and general expenses	50,477.
Fundraising expenses	0.
Total expenses	133,566.

Total Other Fees on Form 990, Part IX, line 11g, Col A	13,252,363.
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Form 990, Part X, Line 10: Land, Buildings, and Equipment

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Section 1.263(a)-3(n) Election:

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Brattleboro Memorial Hospital

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17 Belmont Avenue

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Brattleboro, VT 05301

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EIN: 03-0107300

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Brattleboro Memorial Hospital is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Name of the organization <b>Brattleboro Memorial Hospital</b>	Employer identification number <b>03-0107300</b>
--	---

Form 990, Part XI, line 9, Changes in Net Assets:

Unrealized Gain on Interest Rate Swap	-328,009.
Change in Interest in SVHSC	2,770.
<b>Total to Form 990, Part XI, Line 9</b>	<b>-325,239.</b>

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **Brattleboro Memorial Hospital** Employer identification number **03-0107300**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Southern Vermont Health Services Corp. - 22-2564588, 17 Belmont Ave., Brattleboro, VT 05301	Provide Health Management Services	Vermont	501(c)(3)	Line 7	N/A		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Brattleboro Memorial Hospital</b>	Employer identification number (EIN) or <b>03-0107300</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>17 Belmont Avenue</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Brattleboro, VT 05301</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Michael Rogers**

- The books are in the care of ▶ **17 Belmont Avenue - Brattleboro, VT 05301**  
Telephone No. ▶ **(802) 257-0341** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **August 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment

2018  
COMMUNITY HEALTH NEEDS  
ASSESSMENT



**Brattleboro Memorial Hospital**  
EXCEPTIONAL CARE FOR OUR COMMUNITY

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## Introduction

This report presents the findings of a comprehensive 2018 Community Health Needs Assessment (CHNA) for residents of Windham County and surrounding towns within the Brattleboro Memorial Hospital (BMH) service area. It identifies significant health needs (SHNs) in our community and establishes priorities that the BMH Senior Leadership team has chosen based on an analysis of the findings. An Implementation Plan will be developed in the coming months to address the established priorities.

BMH first began conducting assessments of the healthcare needs of the community in 2009. In 2018, BMH conducted its third Community Health Needs Assessment in partnership with the two other Windham County hospitals, Grace Cottage Family Health & Hospital and the Brattleboro Retreat. The Brattleboro Office of the Vermont Department of Health (VDH) actively assisted in this project.

While the population health data and resident survey results compiled in this report were prepared in collaboration with the institutions listed above, each of the three hospitals establish their own priorities and implementation strategies. The CHNA findings presented herein provide the most recent comprehensive data regarding the healthcare issues, conditions, and concerns of Windham County residents. The data is available to local health and human services organizations and to the public at large.

This 2018 CHNA complies with IRS Regulations promulgated under the Patient Protection and Affordable Care Act. By law, it is required to be conducted every three years.

This report was approved by the BMH Board of Trustees at their December 11, 2018 board meeting. The associated CHNA Implementation Plan will be presented to the Board for approval in February 2019. The Report and Plan are available to the public on the BMH website, [www.bmhvt.org](http://www.bmhvt.org).

## About Brattleboro Memorial Hospital

Founded in 1904, BMH is a licensed, 61-bed, not-for-profit community hospital located in southeastern Vermont, serving a rural population of more than 60,000 people in 22 towns in Vermont, New Hampshire and Massachusetts. The BMH medical staff includes board-certified providers in primary care and many other specialties, with a shared mission of providing exceptional health care delivered with compassion and respect.

BMH provides primary and acute medical care at more than 88,000 outpatient visits each year. Approximately 14,000 patients are seen annually in the Emergency Department and more than 3,500 surgical procedures are performed annually at BMH, a large number of which are same-day procedures. In addition, the hospital provides a robust program of community education events and support groups for area residents, and also provides close to \$1.2 million in free and charitable care each year.

## The BMH Service Area

BMH is located in Windham County, in the southeastern corner of Vermont, bordered by New Hampshire and Massachusetts.

BMH identified its Service Area by reviewing the towns of residence of our patients, and by considering the proximity of towns to Brattleboro.



# Executive Summary

On September 18, 2018 the BMH Senior Leadership Team reviewed and discussed the findings of the 2018 CHNA, as presented by the 2018 Windham County CHNA Steering Committee in the pages that follow.

## Significant Community Health Needs

### **Health Issues & Conditions:**

- Diabetes, Obesity, Weight Management
- Mental Health (Stress, Anxiety, Depression)
- Substance Abuse
- Healthy Aging
- Dental Health
- Smoking/Tobacco Use
- Heart Disease (Hypertension, High Cholesterol)

### **Barriers to Achieving Good Health:**

- Financial Constraints
- Lack of Education/Knowledge
- Transportation Limitations

## Priorities Established by BMH Senior Leadership

At the September 18<sup>th</sup> meeting, the Senior Leadership Team prioritized the needs that BMH will address in the CHNA Implementation Plan.

Criteria used to prioritize the identified Significant Health Needs (SHNs) included:

- The importance placed by the community on the need
- The severity or urgency of the SHN
- The ability of BMH to impact the SHN within a reasonable timeframe
- The feasibility and effectiveness of possible intervention
- The ability to measure outcomes
- The availability of other resources to address the SHN
- The financial resources and human resources required
- Health disparities associated with the need (e.g. disparities by race, ethnicity, gender)

## BMH Priorities:

- **Dental Health**
- **Mental Health Issues (Stress, Anxiety, Depression)**
- **Obesity**
- **Substance Use**
- **Accessing/Navigating the Healthcare System**

In December 2018, a Strategic Implementation Plan (SIP) to address the Priorities above was adopted by the Senior Leadership Team. We will report on the progress of our efforts on an annual basis. The SIP and an annual update will be posted on our website.

At BMH, efforts to promote healthy aging and combat heart disease are constant and diverse. These issues will always be a top consideration in the care of individual patients and a primary driver in the classes and services we provide to the community.

On an on-going basis we continue to make efforts to reduce smoking and tobacco rates in our community by encouraging patients who use tobacco products to quit and by offering free health coaching and cessation counselling.

We will address all community health needs, and every individual's unique health needs, within the context of our mission and clinical strengths, and will work with the patients to achieve positive results.

### **A thank you to our partners**

We would like to thank Grace Cottage Family Health & Hospital and the Brattleboro Retreat for working together with us in conducting the CHNA survey and reporting on its findings. We would also like to thank all of the community partners who provided input into the 2018 CHNA. In particular, we thank the Brattleboro Office of the VDH for its generous sharing of statistical data, insight, and support in preparing this report.

## How Data Was Obtained

BMH conducted a collaborative CHNA in partnership with Grace Cottage Family Health & Hospital and the Brattleboro Retreat. In October 2017, the Windham County Community Health Needs Assessment Steering Committee formed and began meeting. The Steering Committee was comprised of representatives from BMH, the Brattleboro Retreat, Grace Cottage Family Health & Hospital, and the Brattleboro Office of the VDH. From October 2017 through August 2018, the group met eight times. The data collection process took place from November 2017 through May 2018. The resident surveys were available throughout the month of March 2018.

### Sources of Data

This report consists of four primary sources of information:

- Demographic, geographic, economic, and population health data gathered on Windham County residents from a variety of sources, mostly accessed through VDH's online databank
- Community Health Needs Survey results (See survey in the Appendix)
- Completed questionnaires submitted by groups and agencies representing unique populations of Windham County residents
- Completed questionnaires submitted by healthcare providers

BMH did not receive any written comments regarding its 2015 CHNA Report or Implementation Plan.

### Process for Consulting with Persons Representing the Community's Interests

The 2018 CHNA Steering Committee made significant effort to assure that the needs and concerns of all segments of the Windham County population were heard.

On page 43 of this report, details are provided regarding the outreach efforts made to assure that residents of all towns and individuals of all demographic profiles had the opportunity to complete the Community Health Needs Survey in written form or online.

Additionally, in the appendix of this report, information is provided from representatives of eleven social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers.

## Limitations and Information Gaps

The data presented in this report has a few limitations.

First, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography, others are by town. Accordingly, data sources may not be consistent in their geographic scope or reporting period, which limits comparisons. Although the most recent available data was used in this report, the secondary data may be several years old.

Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors or your community").

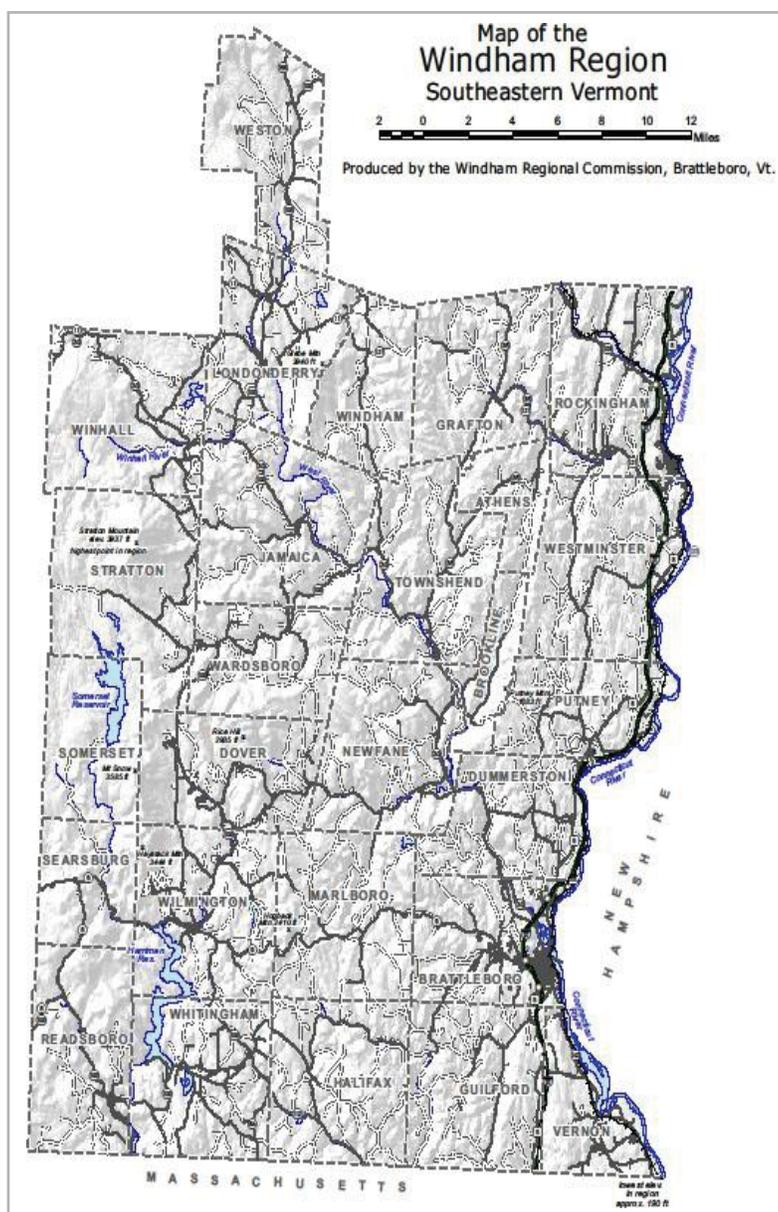
Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, the consumer survey has very good participation results and was fairly representative of the demographics of the county population.



# Windham County: the Region, Population Demographics, and Healthcare Access

## Geography – Windham County

Vermont’s road conditions are a common barrier to healthcare. Windham County has a total of 1,491 miles of roads; 868 miles, or 58% of these, are unpaved. This makes travel difficult during the five winter months and the mud season that follows. Additionally, the geography of Windham County, specifically the mountains, can be challenging, as road conditions vary greatly throughout the county based on elevation. The land climbs sharply from Brattleboro, in the southeastern corner of Windham County (278 feet above sea level) to Townshend, in the northwest (616 feet elevation), and to the town of Windham (1,950 feet in elevation), at the county’s far northwestern corner.



Lack of public transportation in Windham County plays a significant and persistent role in limiting access to health and human services. Windham County’s 2015 CHNA identified lack of transportation as a major factor affecting access to health care services. This difficulty persists in 2018.

Most of Windham County has infrequent or no public transportation. Residents with economic challenges often find the costs of buying and maintaining a car and purchasing gasoline are insurmountable barriers when faced with a choice between food, heating fuel, car insurance, or gasoline. It is not uncommon for low-income patients to cite lack of transportation as the reason for canceling a medical appointment. The Windham Regional Commission works to assess the transportation difficulties and opportunities, but at present, the challenges persist.

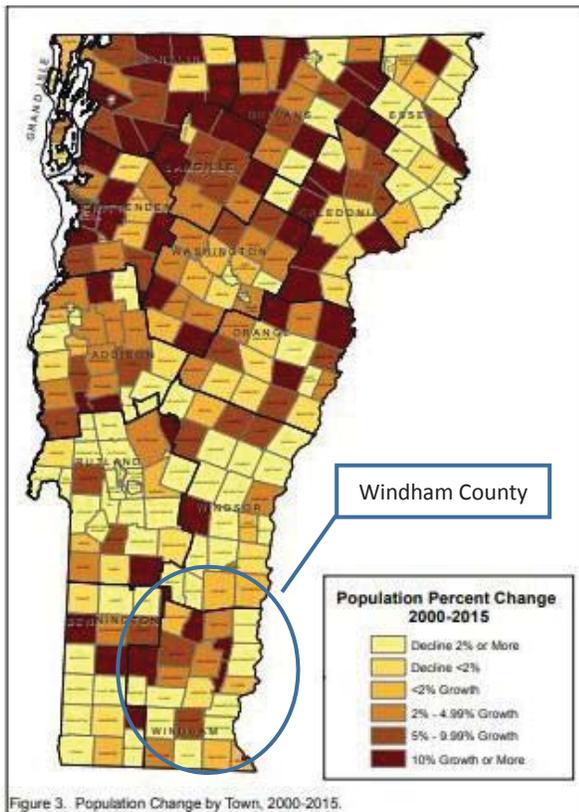
*(At left): Dirt Roads vs. Paved Roads & Relief Map for Windham County. The darkest lines are paved roads: double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountainous character of county. (Source: Windham Regional Commission, 2013).*

## Population – Windham County

Vermont is second only to Wyoming, as the least populous of the 50 United States.

	<u>Windham County</u>	<u>Vermont</u>	<u>United States</u>
Population	42,869	623,657	325,719,178
Population Density (Per Square Mile)	56.7	67.9	87.4
Population Change since April 2010	-3.7%	-0.3%	5.5%
Age Under 18	18.0%	18.7%	22.6%
Age 18-64	60.0%	62.6%	61.8%
Age 65 and Older	22.0%	18.7%	15.6%
Race/White	93.0%	92.9%	60.7%
Race/Other	7.0%	7.1%	39.3%
Female	51.0%	50.6%	50.8%
Education High School Graduate (age 25+)	91.5%	91.9%	87.0%
Education Bachelor's Degree or Higher (age 25+)	35.3%	36.2%	30.3%
Median Household Income (2012-2016)	\$50,917	\$56,104	\$55,322
Per Capita Annual Income (2012-2016)	\$28,923	\$30,663	\$29,829
Persons in Poverty	12.7%	11.9%	12.7%

*(U.S. Census Quick Facts, July 1, 2017 estimates)*



Some Windham County towns have gained population since the year 2000, and some have lost population; overall, Windham County is losing population. This trend is shown town by town at left.

In part, the population decline is a response to a perceived lack of economic opportunity.

Younger workers are inclined to move elsewhere in search of better career opportunities. The percentage of workers entering the workforce in their late teens and early twenties is small, compared to those who are retired. Job creation has been stagnant in Vermont for several decades.

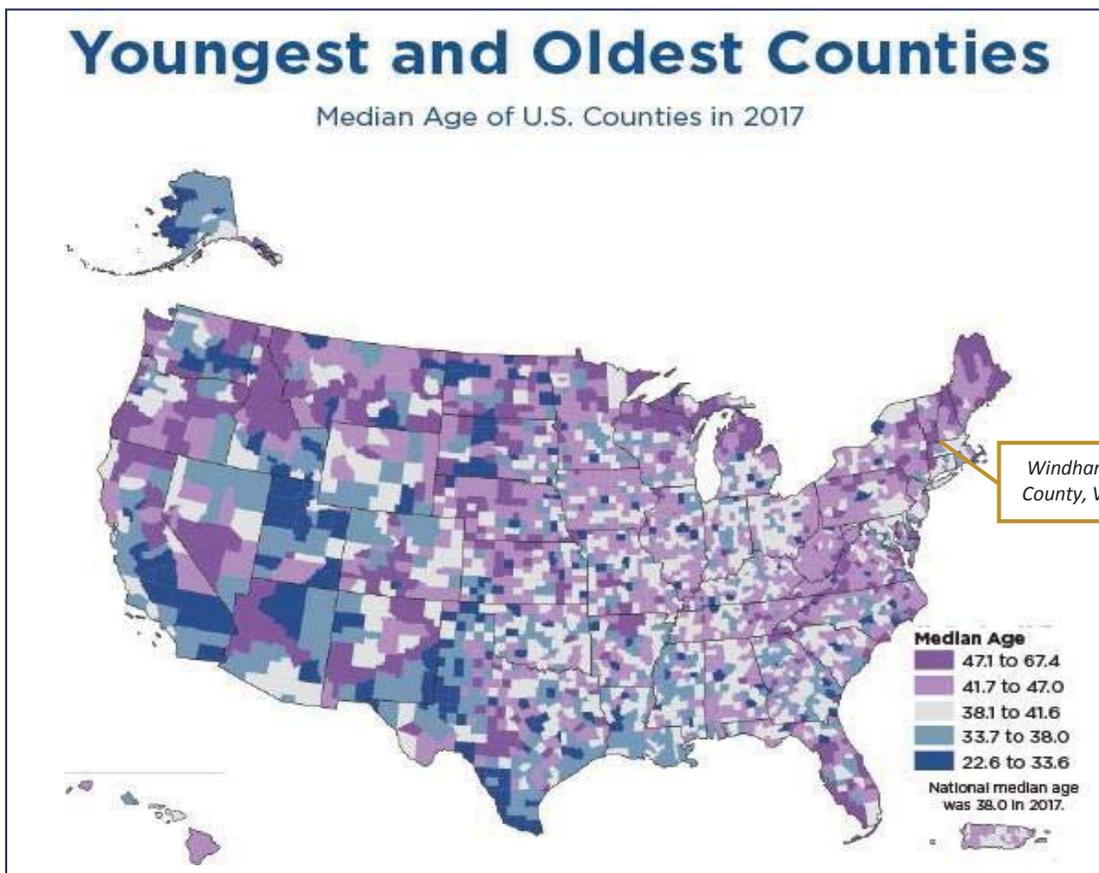
“In short, low wages, rising cost of living, and limited job opportunities are creating ... a future that looks anything but secure, especially for younger residents. Failure to address that disconnect will result in many Southeastern Vermonters continuing to search for economic opportunity elsewhere,” according to the Southeastern Vermont Comprehensive Economic Development Strategy (CEDS) report.

Sources: <https://www.census.gov/quickfacts/fact/table/windhamcountyvermont,vt,US/PST045217>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/STAT\\_2015\\_Population\\_Estimates\\_Bulletin.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/STAT_2015_Population_Estimates_Bulletin.pdf);  
<https://brattleborodevelopment.com/wp-content/uploads/2016/09/FINALCEDSReport.pdf>

## Windham County's Aging Population

**"Vermont's most notable demographic trend is the aging of its population."**

*Southeastern Vermont Community Action Community Assessment, 2015*



Windham County, VT is in the highest median-age bracket (47.1 to 67.4) of all U.S. counties, as indicated in the map above. Vermont ranks third, following Maine and New Hampshire, in the top three states in the nation for rate of increase in median age. Between 2000 and 2016, Maine's increase was 6 years, New Hampshire's was 5.9, and Vermont's was 5. The fourth ranking state, Florida, had only a 3.4-year increase in median age.

Will Sawyer, of the Vermont State Data Center at UVM's Center for Rural Studies, says the Center predicts the median age in Vermont will be 43.9 in the year 2030, with seniors making up 24.4% of the population. At the time of the 2010 U.S. Census, Windham County's age 65+ population was 22%.

Sources: <https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html>;  
<https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>  
[https://www.uvm.edu/crs/Census/presentations/vcda\\_033111.pdf](https://www.uvm.edu/crs/Census/presentations/vcda_033111.pdf)

## Health Equity



While Vermont is consistently ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Insurance coverage, economic status, age, distance from healthcare sources, and the number of available medical providers—all of these factors and more have an impact on a person's and a family's health.

This Windham County CHNA makes a point to consider the needs of the Potentially Medically Underserved (PMU). PMU people are defined as defined as respondents in one or more of the following categories: Age 65+, household income less than \$35,000, people of color, transgender people, and/or limited English speakers. (See pages 54 and 60-61 for more details on these specific needs.)

For all Vermonters to be as healthy as they can be, the healthcare facilities that serve them must consider the social and environmental factors that affect health. The goal is to improve health by connecting healthcare with social services and community partners that can provide housing, healthy food, heat assistance, transportation, and other support to individuals.

## Healthcare Access: Insurance

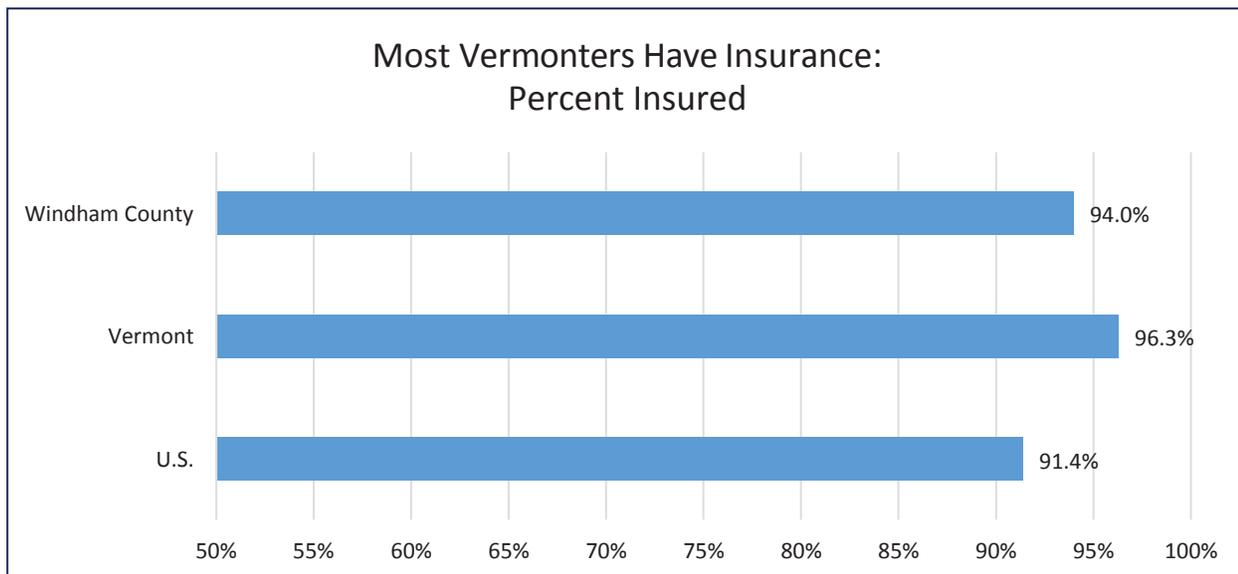
Despite recent changes in healthcare policy and focus in recent years, one fact remains constant: access to comprehensive healthcare services is important for overall health. The VDH and the Vermont Office of Rural Health and Primary Care work to improve access to primary, dental, and mental health care for all Vermonters, especially for the uninsured, under-served, and most rural populations.

How well is this working for Windham County residents?

While it is important to note that healthcare access is more than being covered by insurance (it also includes, for example, the number of available providers), health insurance still plays a large role.

According to the VDH's 2016-17 "Healthcare Workforce Census," Windham County residents are more likely to be insured than other Americans, but less likely than other Vermonters.

The large majority of Windham County residents is covered by some type of health insurance, but being enrolled in a health insurance plan is only part of the story. Beyond the enrollment fees, there are also costs for co-pays and deductibles. Many survey respondents (see the second half of this report) indicated that the cost of co-pays and deductibles is often a barrier to good health, including dental health.



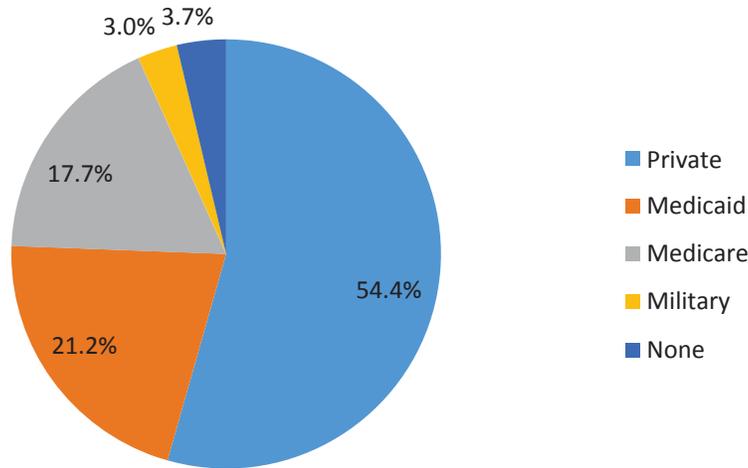
Each Windham County hospital has at least one staff member whose job includes helping people sign up for health insurance and other benefits. Here are some details (note: each hospital keeps its records differently):

- The Brattleboro Retreat helped 33 patients in 2017, and 15 patients thus far in 2018\* with free care or reduced fee applications. They also helped 14 Windham County clients with VT Medicaid enrollment, and another 7 county residents with VT Medicaid for the disabled enrollment.
- BMH assisted with health insurance applications for 124 households in 2017 and 75 households thus far in 2018\*.
- Grace Cottage Hospital had 508 client visits in 2017, and 196 thus far in 2018, for community members seeking assistance with health insurance.\*

\* Jan. to July 2018

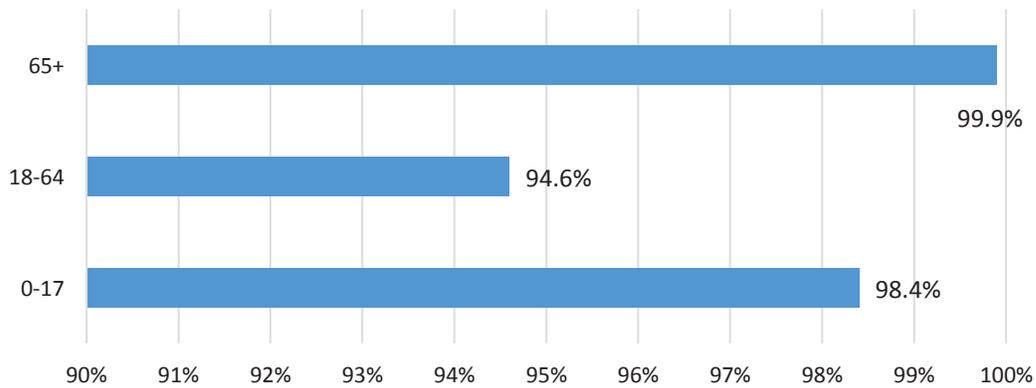
The following graphics illustrate insurance coverage of Vermonters by overall population, by age, and by gender. The first chart shows what types of insurance are covering Vermonters and Windham County residents.

Percent of Vermonters Covered: Insurance Type

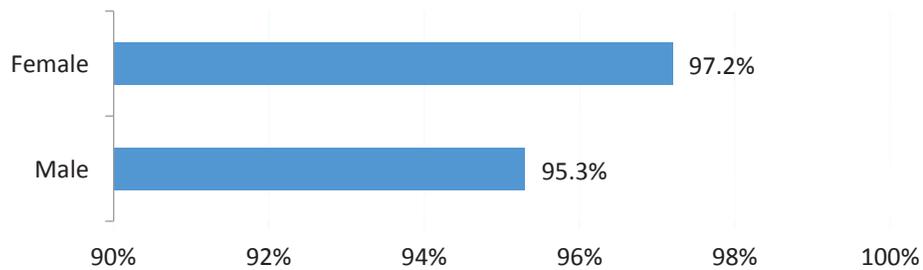


Sources: U.S. Census American Community Survey for demographics; VDH and Windham County CHNA 2015 for insurance types.

Percent Insured by Age



Percent Insured by Gender



Note: only two gender categories were offered in this survey

## Healthcare Access: Providers

Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental, and mental health providers and services. The federal government works with state partners to determine which of these should be classified with “shortage designations,” and therefore eligible to receive certain federal resources.

The two main shortage designations are “Health Professional Shortage Area” (HPSA) and “Medically Underserved Area”.

Grace Cottage Family Health qualifies as a HPSA.

Several towns in Windham County are also designated a “Medically Underserved Areas”, meaning they have a shortage of primary care health services. Towns in Windham County that qualify for MUA designation include:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Weston
Dover	Newfane	Townshend	

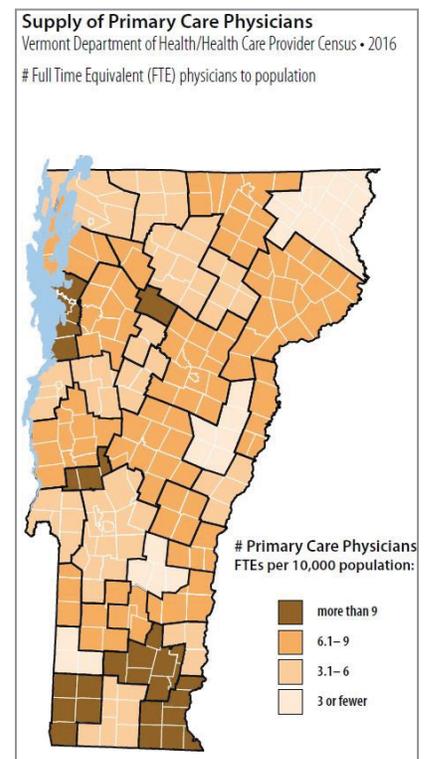
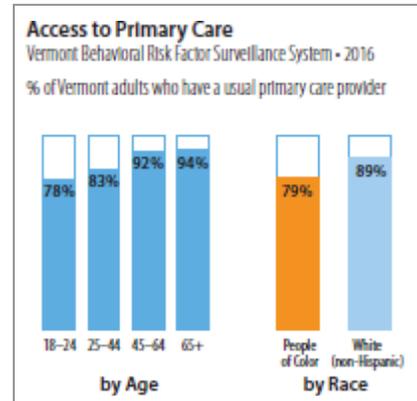
At the time of issuance of this report, there are at least six primary care providers accepting new patients in Windham County, but that is not always the case. The number was closer to zero just two months ago. Access to primary care can be difficult because recruitment of new primary care providers for Windham County is very challenging, expensive, and time-consuming, with no guarantee of retention. Residents experience health care service shortages in the form of long wait times for appointments, particularly when they are seeing a new provider.

The situation is fluid because the loss of just one provider can send hundreds of patients scrambling for a new provider. In the past year, several Windham County primary care providers have either retired or moved away, requiring their patients to seek a new provider.

By the spring of 2018, most of the patients who lost their “Medical Homes” in 2017 had been accommodated at other practices within the county. A “Medical Home” refers to a regular provider who is seen for all primary care issues.

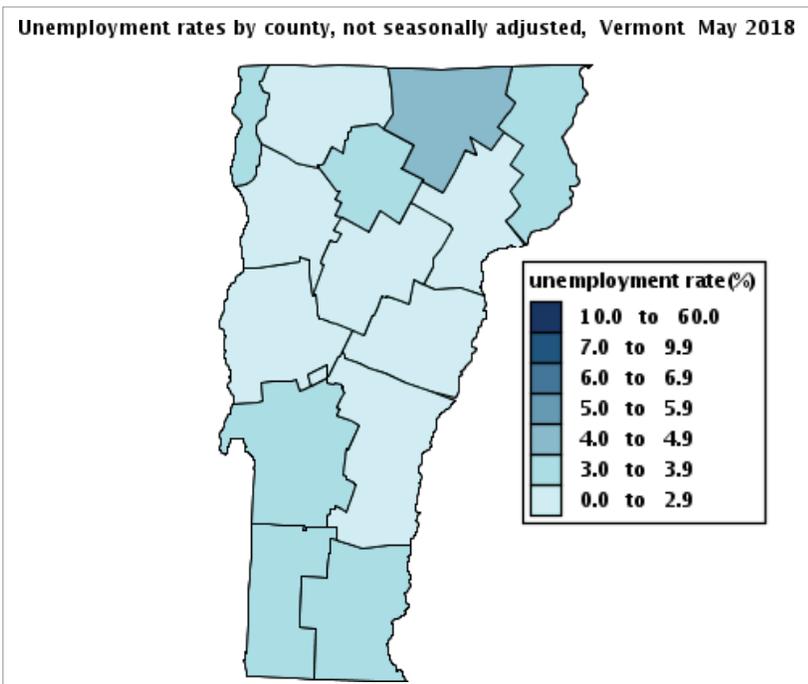
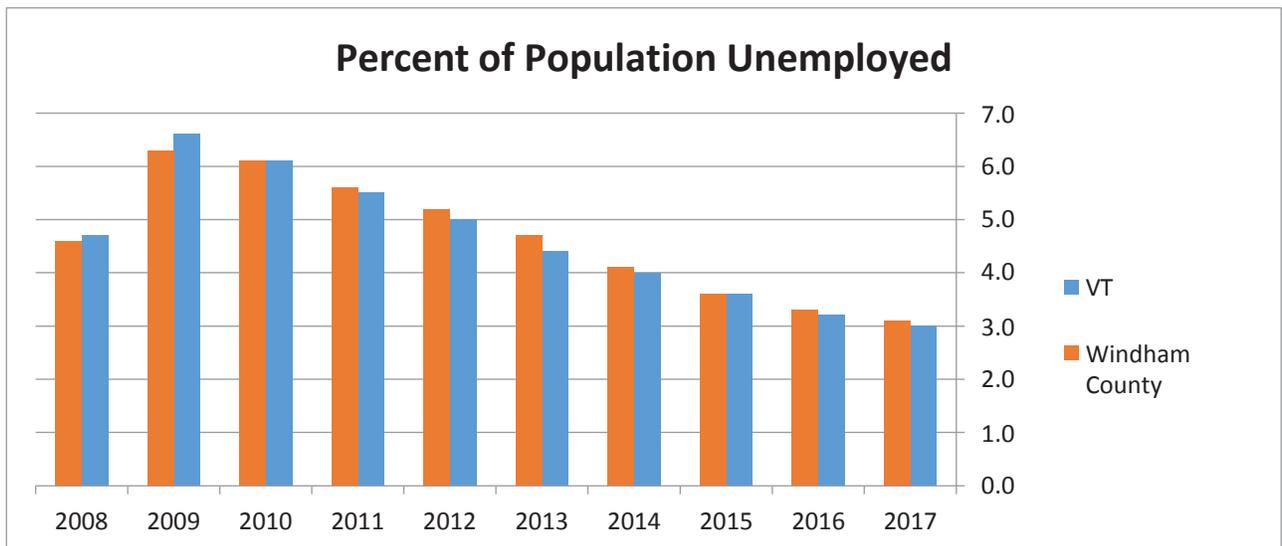
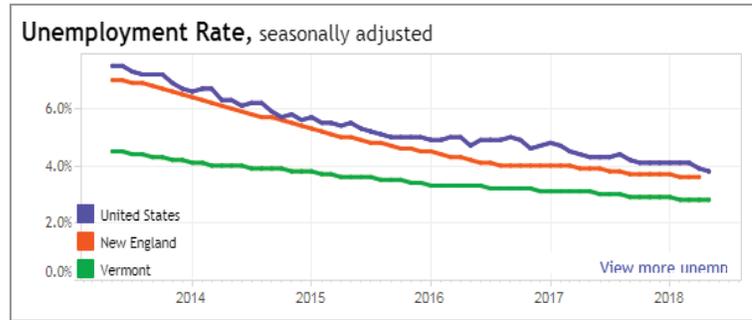
One main difference between having a “Medical Home” and going to urgent care is the continuity of care. A provider in a “Medical Home” has a record of each patient’s health issues over time, so that patterns and progression of diseases can be noted and treated.

Sources: HPSA & MUA information: U.S. Health Services and Resources Administration (HRSA), <https://bhw.hrsa.gov/shortage-designation>; Windham County provider information: Brattleboro Memorial Hospital, Brattleboro Retreat, Grace Cottage Hospital, Vermont Department of Health/Brattleboro; <http://www.healthvermont.gov/about/reports/updating-sha-ship>



## Windham County Employment

Unemployment rates have gone down throughout the United States over the past decade, and this trend also holds true for Vermont and Windham County. Statistically speaking, Windham County's unemployment rate keeps pace fairly closely with the state's overall rate, but it has been slightly higher than Vermont's for six of the last seven years.



Sources:

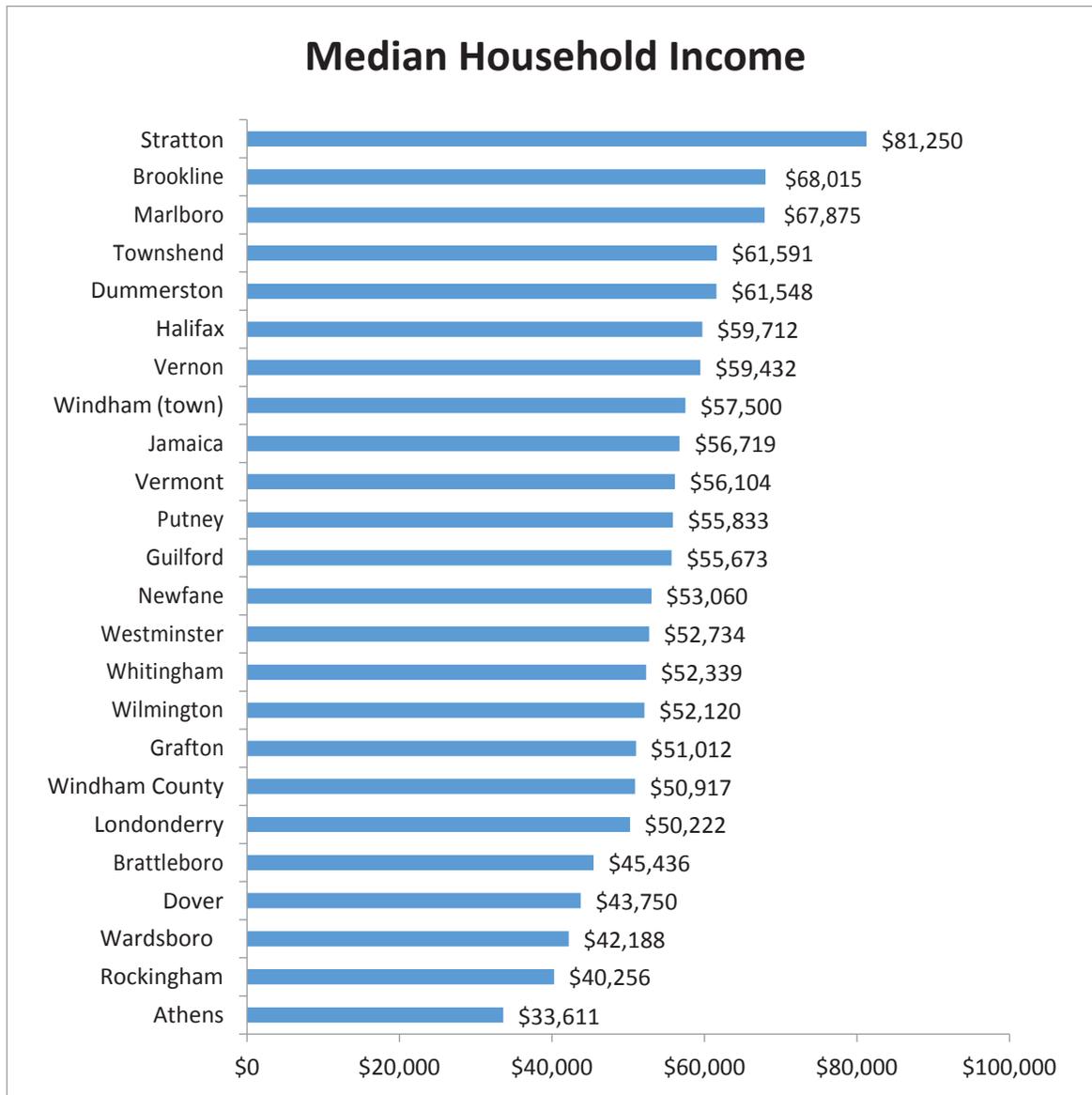
- [http://www.vtlmi.info/;](http://www.vtlmi.info/)
- <http://www.vtlmi.info/detftp.htm#ces;>
- <https://data.bls.gov/map/MapToolServlet?survey=la&map=state&seasonal=u>

## Median Household Income

In 2015, the median household income for Windham County was \$51,045; in 2018, it is \$50,917. Vermont's statewide median family income is currently \$56,104.

While the inflation rate for the nation has averaged around 2% for the past three years, Windham County's median annual income has dropped by \$128. Windham County lost a major employer in 2015 when the Vermont Yankee Nuclear Power Plant closed; hundreds of highly skilled workers moved out of the area.

Even though median incomes vary greatly across the county, six Windham County towns fall below the county median, and half of them fall below the state's median income.

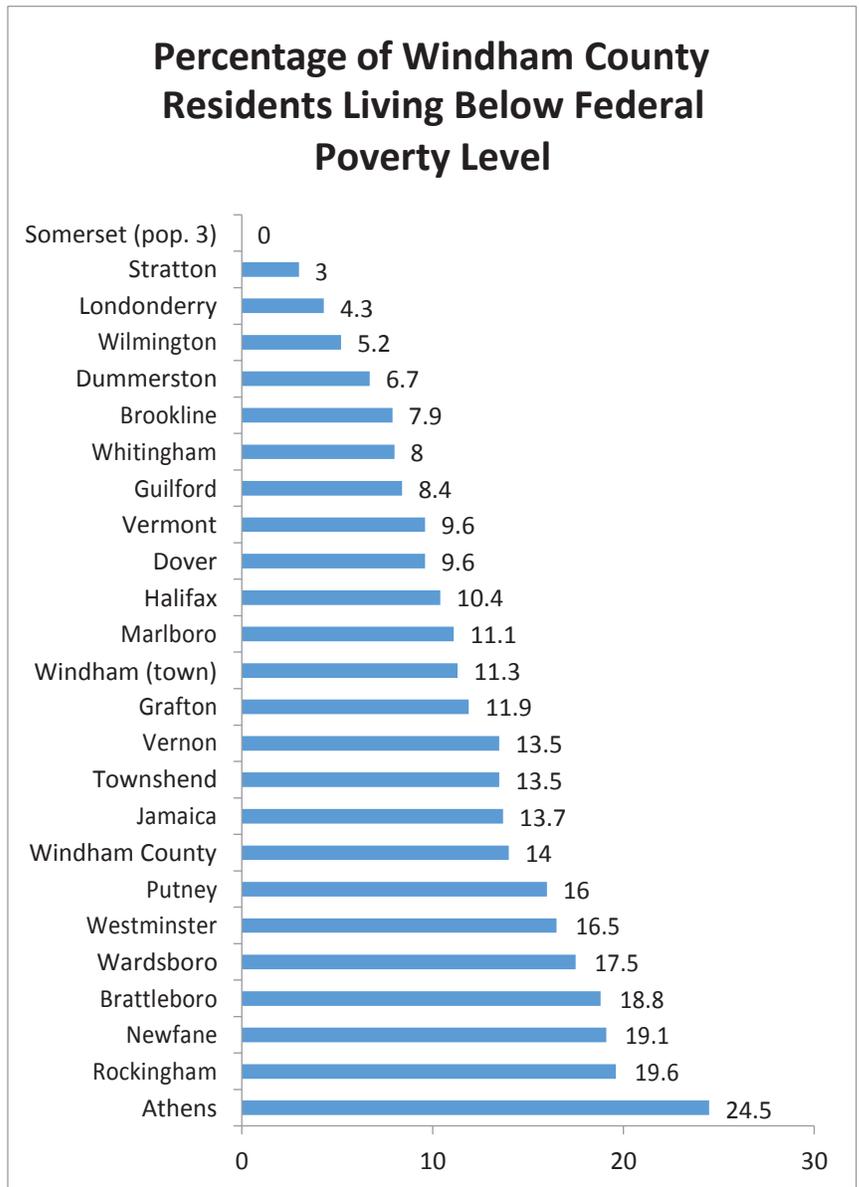
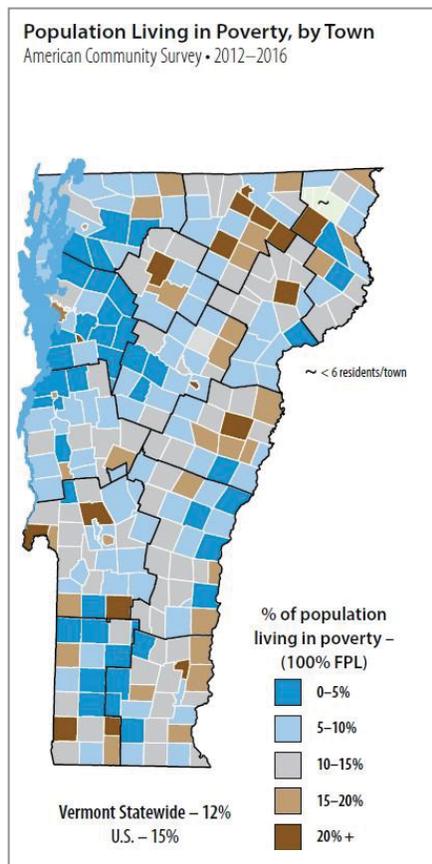


Source: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?\\_afpt=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table)

## Poverty in Windham County

The federal poverty level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPLs are used to determine eligibility for federal programs and benefits, including health insurance. For 2018, the FPL income numbers are: \$12,140 for individuals; \$16,460 for a family of 2; \$20,780 for a family of 3; \$25,100 for a family of 4. Families with incomes up to 250% of the FPL are considered low income.

The percentage of Windham County's residents who live below the federal poverty level varies widely across the towns within the county, and the percentage itself hides those within a town who struggle with poverty despite a seemingly low poverty rate town-wide.



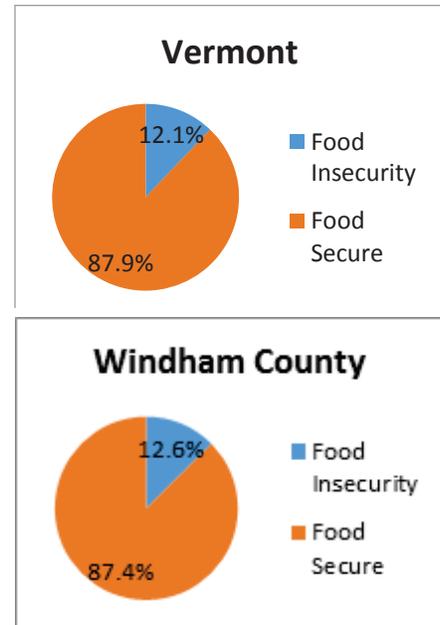
Sources: <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S1701&prodType=table;](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1701&prodType=table;)  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/4%20Populations%20in%20Focus\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/4%20Populations%20in%20Focus_0.pdf)

## Poverty's Impact: Health Care Access and Food Insecurity

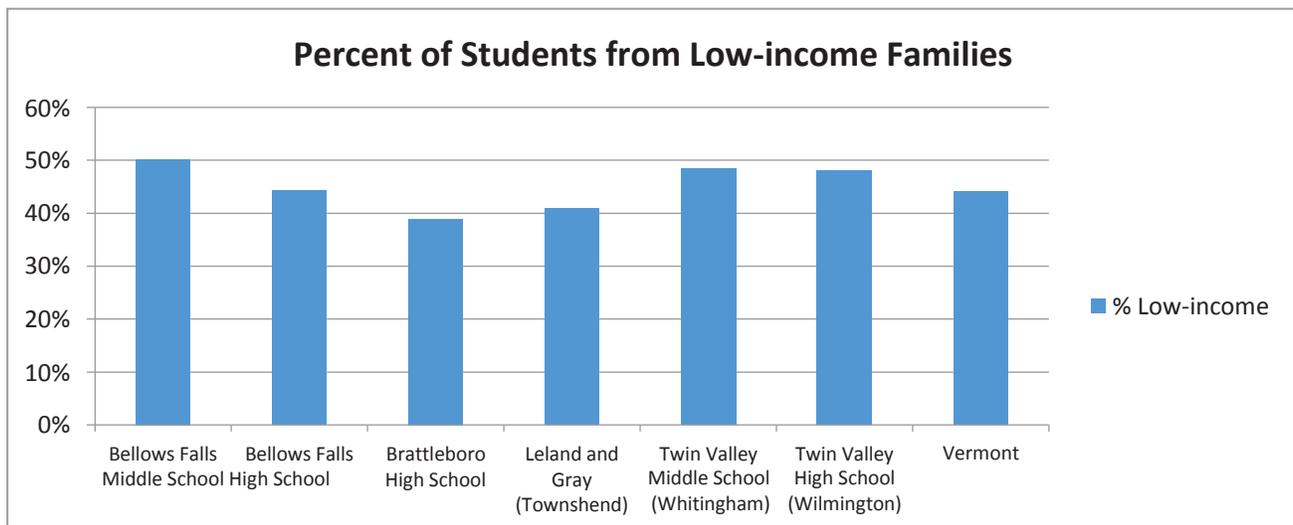
The relationship between one's economic status and one's health has been well-documented. Poverty can be both a cause and a consequence of poor health. Income can affect access to healthcare as well as access to healthy foods.

Every four years, Feeding America conducts a survey about food insecurity in America with the help of its partners, including the Vermont Foodbank. The 2014 "Hunger in America" study found that an estimated 63% of households in Vermont reported having to choose between paying for food and paying for utilities at some point in the previous 12 months; 21% make that choice every month.

The choice is similar when deciding between healthcare deductibles and co-pays. Many low-income Vermonters put off healthcare needs until a crisis arises. The 2014 "Hunger in America" study reported that 56% of Vermont respondents said they had to choose between paying for food and medicine or medical care at some point in the past 12 months; 23% said they must choose every month.



Food insecurity is also a significant problem in Windham County, affecting 12 out of every 100 residents (estimated total = 5,500). 14% of Vermont's children under the age of 18 live in food insecure households, according to Hunger Free Vermont. During the 2017-18 school year, an average of 51.8% of secondary-school-age students in Windham County qualified for free or reduced price lunches. The Vermont Department of Education and the USDA administer the Community Eligibility Provision (CEP) program, which provides breakfast and lunch to all students at no charge for eligible schools. Four Windham county schools participate in CEP.



Sources: <https://www.vtfoodbank.org/about-us/newsroom/hunger-in-america>;  
<https://www.hungerfreevt.org/hungerinvermont/>;  
[http://www.feedingamerica.org/research/map-the-meal-gap/2016/overall/VT\\_AllCounties\\_CDs\\_MMG\\_2016.pdf](http://www.feedingamerica.org/research/map-the-meal-gap/2016/overall/VT_AllCounties_CDs_MMG_2016.pdf);  
<http://education.vermont.gov/sites/aoe/files/documents/edu-nutrition-free-and-reduced-eligibility-report-2017.pdf>

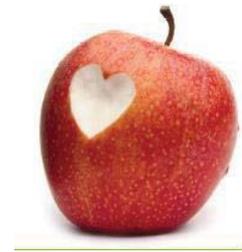
A number of organizations are working to help the residents of Windham County access healthy foods, especially fruits and vegetables, including the Vermont Department for Children & Families through its 3Squares (SNAP) program and the Vermont Foodbank through its support of local food shelves and through its VeggieVanGo program.



VeggieVanGo trucks arrive at a variety of location throughout Windham County each month—low-income housing sites, schools, and hospitals—with large bins of fresh produce to give away to families and individuals in need. Along with providing free access to healthy, fresh food, VeggieVanGo staff and volunteers provide education and outreach, including cooking demonstrations and taste tests of the vegetables available, paired with recipes and cooking tips. Information and application assistance is also available at these events for the 3SquaresVT food assistance program.

**Windham County has food shelves, at the following locations:**

- Agape Christian Fellowship, Canal Street, Brattleboro (weekly)
- Brigid’s Kitchen and Pantry, Walnut Street, Brattleboro (2xweek)
- Deerfield Valley Food Pantry, Church Street, Wilmington (2xmonth)
- Groundworks Drop-in Center, S. Main Street, Brattleboro (4xweek)
- Guilford Food Pantry, Guilford Center Road, Guilford (1xweek)
- Jamaica-Wardsboro Food Pantry, Main Street, Wardsboro (2xmonth)
- Neighbors Pantry, Main Street, Londonderry (monthly)
- Our Place Drop-in Center, Island Street, Bellows Falls (6xweek)
- Putney Food Shelf, Christian Square, Putney (2xweek)
- Townshend Food Shelf, Townshend church, Townshend (weekly)



**Windham County also has meal sites for the general public:**

- Brigid’s Kitchen and Pantry, Walnut Street, Brattleboro (lunch: M, W, Thu, Sat)
- Loaves & Fishes, Main Street, Brattleboro (lunch: Tue, F)
- Our Place Drop-in Center, Island Street, Bellows Falls (breakfast & lunch: M-F)
- West Brattleboro Baptist Church, Western Avenue, Brattleboro (lunch: last Sunday)

**Other organizations working to improve food security include:**

Community Health Teams: BMH and Grace Cottage both have Community Health Teams, which include health specialists who educate patients about nutrition and help them access healthy food.

Edible Brattleboro has gardens and a Share the Harvest Stand in Brattleboro. It partners with the Brattleboro Food Co-op and with local farmers, gathering leftovers from farmers markets and giving them away.

Food Connects, which helps to connect local farmers to schools, healthcare facilities, and other outlets by delivering locally produced food, and provides educational and consulting sources to improve the food system so that fresh, locally-produced food is more available.

The Hunger Council of Windham Region helps schools and other site to set up meal programs, provides nutrition education to professionals and the public, and works to change state and federal policy.

The University of Vermont Extension Service and its Center for Sustainable Agriculture are participating in the “Enhancing Food Security in the Northeast” (EFSNE) project,” a USDA initiative exploring whether greater reliance on regionally produced food could improve food access in low-income communities, while benefiting farmers, food supply chain firms, and others in the food system.

# Windham County: Population Health Indicators

According to the VDH’s “Healthy People 2020” report, “Health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are ‘social determinants’ that affect population health.”

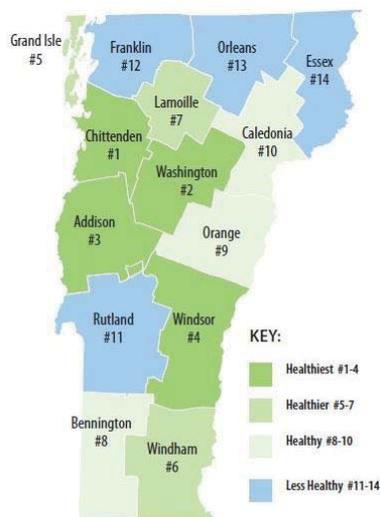
Vermont’s “Healthy People 2020” initiative is part of a nationwide effort developed by the U.S. Department of Health and Human Services (HHS). Every ten years, the federal “Healthy People” report tells about current conditions and sets benchmarks for improvement in the coming decade. The goal is twofold: to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices.

According to HHS, “Chronic diseases, such as heart disease, cancer and diabetes, are responsible for seven out of every 10 deaths among

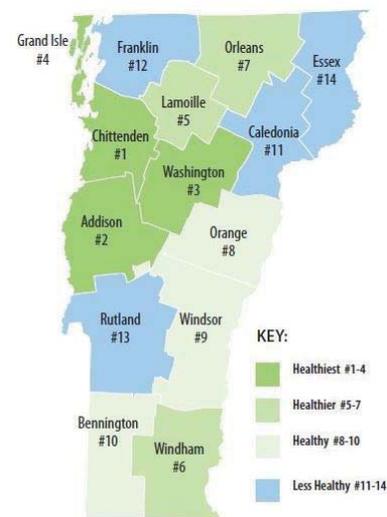
Americans each year and account for 75 percent of the nation’s health spending. Many of the risk factors that contribute to the development of these diseases are preventable ... The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action.”

Like the federal initiative, the VDH’s “Healthy Vermonters 2020” report includes data on current conditions and goals for improving health outcomes in the coming decade. The most up-to-date data can be found at [healthvermont.gov](http://healthvermont.gov).

Chronic conditions included in the VDH report that have the most impact on Vermonters’ health include: cancer, diabetes, heart disease, high blood pressure, high cholesterol, lung disease, mental health, nutrition and obesity, physical activity, stress, and substance abuse. The most up-to-date data for the prevalence of these conditions in Windham County is presented in the following pages. Overall, Windham County ranks sixth out of Vermont’s 11 counties in overall rankings for health factors and health outcomes.



**Health Factor Rankings, by County**  
 Rankings are based on a combination of health behavior measures (tobacco use, diet/exercise, alcohol use, sexual activity), clinical care measures (access, quality), socio-economic factors (education, employment, income, family/social support, community safety) and environmental measures (air quality and the built environment).  
 County Health Rankings 2012 • data 2002-2010



**Health Outcome Rankings, by County**  
 Rankings are based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).  
 County Health Rankings 2012 • data 2002-2010

Sources: <https://www.healthypeople.gov/2020/About-Healthy-People>;  
<http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports>;  
<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>

## Windham County Behavioral Risk Assessment

According to the VDH, “Poor nutrition, lack of physical activity and tobacco use are three behaviors that contribute to the development and severity of four chronic diseases that claim the lives of more than 50% of all Vermonters.” VDH uses the slogan “3-4-50” to emphasize the connection between these risk behaviors and chronic disease.

Every other year since 1993, the VDH and the Vermont Agency of Education have conducted the Vermont Youth Risk Behavior Survey (YRBS). Developed by the U.S. Centers for Disease Control (CDC), the YRBS helps to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury and social problems among youth. Students are asked questions about physical activity, nutrition, weight status, tobacco use, alcohol consumption and other substance use, violence and bullying, and sexual behaviors.

Likewise, the CDC & VDH also conduct a similar assessment of adults. Titled the Behavioral Risk Factor Surveillance System (BRFSS), this data collection covers a wide range of health and lifestyle topics, from pregnancy, to diabetes nutrition, to smoking and tobacco use, to chronic disease.



Much of the population health data provided in this report comes from these two surveys, YRBS and BRFSS. According to the VDH, “Personal health behaviors ... have a major impact on the health of the population.” Healthcare providers and researchers recognize that beyond personal preferences and choices, behavior is greatly influenced by the conditions, communities, systems, and social structures in which people live. The need to belong to a group that shares common values and habits is another powerful influence on behavior.

Some risks can be cyclical. For example, poor diet and sugar-sweetened beverages are linked to tooth decay and increased risk for obesity. Vermonters who are obese or smoke tend to have more tooth loss, making it harder to eat healthy foods. The avoidance of healthy foods then reinforces the factors that led to the initial problem, thereby creating an unhealthy cycle.

While personal behavior is an important measure for preventing disease, Vermont communities can be powerful agents of change, and simple changes in local policies or programming can help create conditions for everyone to have an equal chance to be healthy.

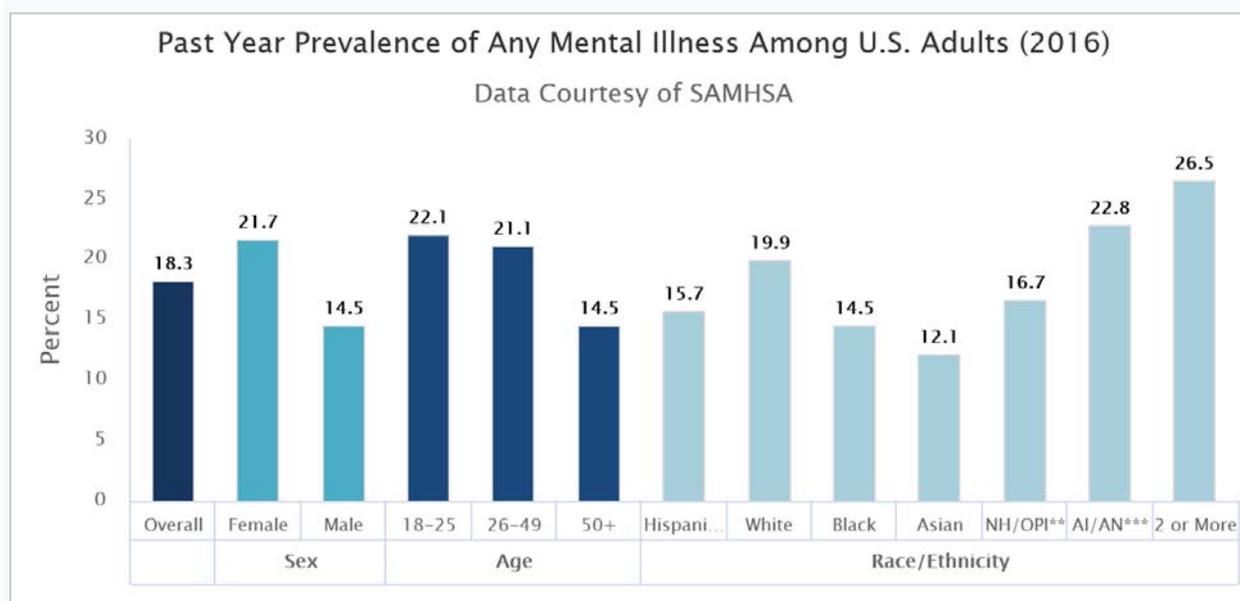
This 2018 Windham County CHNA is one tool in this process, helping to guide the prevention, treatment, and outreach strategies of Windham County’s three hospitals.

Sources: <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>;  
<http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-brfss>;  
<http://www.healthvermont.gov/stats/surveys>

## Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, more often mental health issues remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear.

According to the National Institute of Mental Health, nearly one in five US adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. In Vermont 19.39% of adults aged 18 or older experienced Any Mental Illness (AMI) in 2011 and 2012 based on the 2011 and 2012 National Surveys on Drug Use and Health. (AMI is defined as the presence of any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria.)

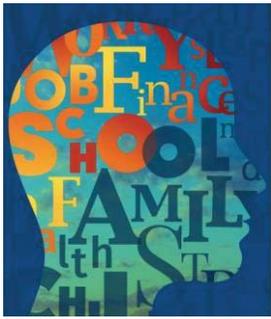


Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat's Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: "Telling someone experiencing a major depression to 'pick yourself up by your bootstraps' or, for a person struggling PTSD to 'get over it,' is like telling a runner with a broken leg to 'just rise up and finish that marathon.' We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel ... profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ..."

Two of the most prevalent mental illnesses are anxiety and depression.

### **Anxiety Disorders:**

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional, and community responsibilities, it may reach the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.



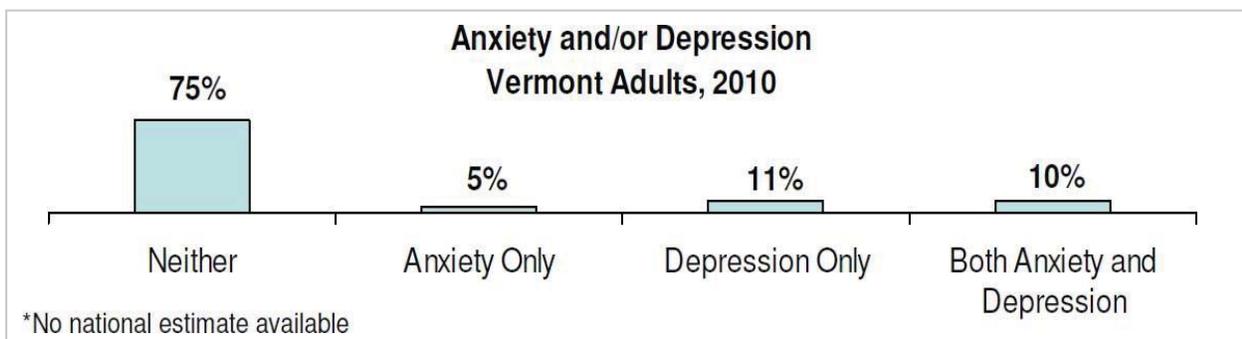
When the length of time or intensity of anxious feelings get out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder.

There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.

In Vermont, 25% of Vermont adults said they have anxiety and/or depression in 2010, according to the VDH's most recent Vermont Behavioral Risk Factor Surveillance System 2010 Data Summary. Of these, 11% had depression, 10% had both anxiety and depression, and 5% had anxiety only.



Anxiety disorders can affect one's physical health, job performance, relationships, and overall enjoyment of life. They can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Sources: <https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>; <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>; <https://www.medicalnewstoday.com/info/anxiety>; <https://www.samhsa.gov/disorders/mental>; <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>; <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>; <https://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm>; [https://www.samhsa.gov/data/sites/default/files/2015\\_Vermont\\_BHBarometer.pdf](https://www.samhsa.gov/data/sites/default/files/2015_Vermont_BHBarometer.pdf); [http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary\\_brfss\\_2010.pdf](http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_brfss_2010.pdf)

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (February 28, 2014). *The NSDUH Report: State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health*. Rockville, MD

## Depression:

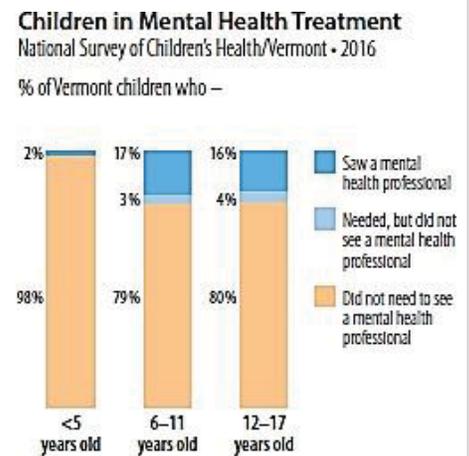
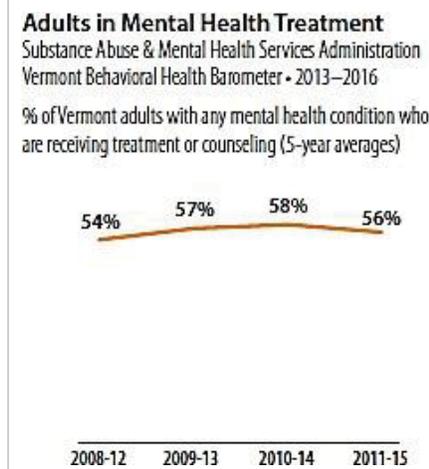
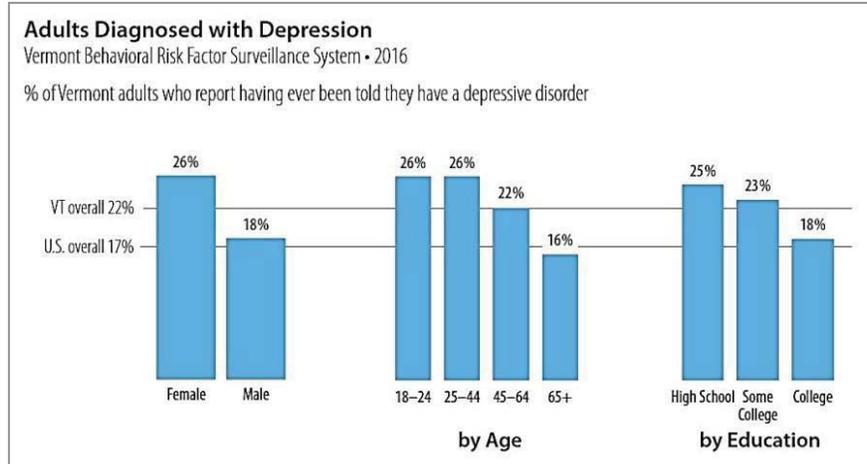
Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on energy, mental outlook and quality of life. Often, the result of chronic stress is depression.

According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how

people feel, think, and handle daily life. It can affect an individual's patterns of socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be present for at least two weeks.

In 2016, approximately 13% of Vermont children age 6 to 17 had a diagnosis of anxiety, and 4% had a diagnosis of depression. A small percentage of children who need to see a mental health professional were not able to get care. For those age 6 and older, about half who sought care had a diagnosable problem. Approximately half of all adults who have been diagnosed with a mental health condition are in treatment or counseling. Over the past decade, the percentage of adults diagnosed with depression has remained between 20-23%.

The VDH assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the "Behavioral Risk Factor Surveillance System" survey every other year, and by conducting the YRBS every two years. The county data above comes from those surveys.



Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Suicide:

Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Windham County's rate of suicide has been higher than the state's for several years.

The number of Vermont teens who have made a suicide plan is also higher in Windham County.

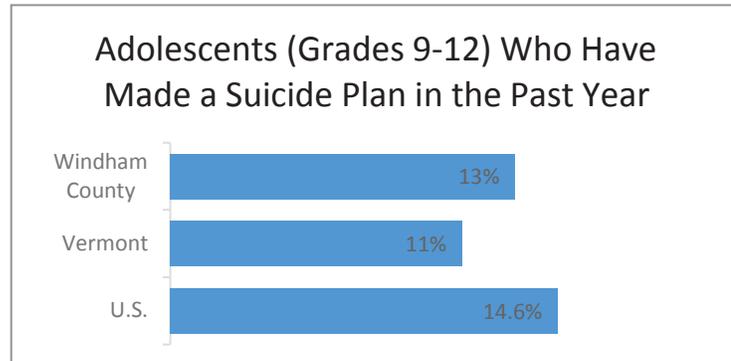
Teen suicide is a real concern in Vermont, and many organizations, schools, and mental health agencies have led communities to become more aware of the issue and to support families and friends after an event of suicide.

According to the most recent YRBS, one in ten students in grades 7 to 12 made a suicide plan during the past 12 months; 5% of students attempted suicide during that same time frame. Following a decrease in the percent of students who reported making a suicide plan from 1995 to 2005, the percent of students making a suicide plan has significantly increased since 2007. While the percent of students making a suicide plan significantly decreased between 2015 and 2017, it still remains above the HV2020 Goal of 8%.

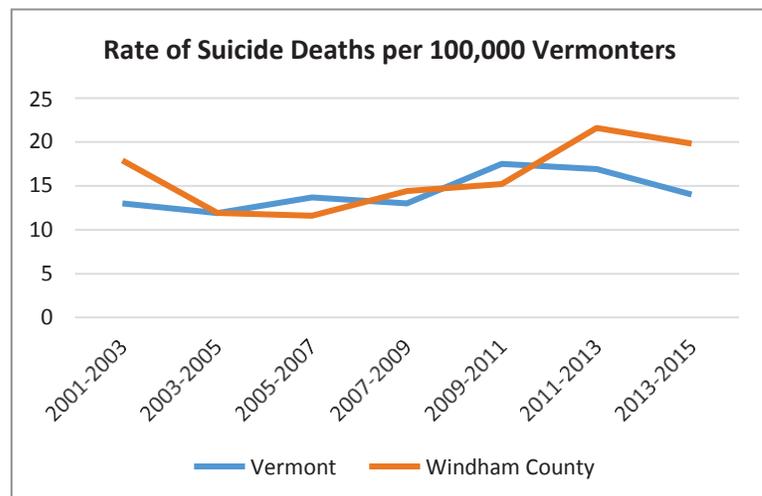
Veterans and youth identifying as Lesbian, Gay, Bisexual, Transgender, or Questioning are more likely to attempt or succeed at suicide.

Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse, mental health issues such as depression, physical illness such as a chronic disease, financial troubles, or problems at home, school, or in the workplace.

To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.



Data sources: above 2017 YRBS; below: VDH CHNA Health Atlas



Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf); <http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020QuickReference.pdf>; <http://www.healthvermont.gov/children-youth-families/adolescent-health/prevent-teen-suicide>; <http://vtspc.org/what-we-know-about-suicide-nationally-and-in-vermont/>; <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>

## Substance Use and Abuse

There are many reasons why people use alcohol, tobacco, and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier.

Addiction is not a choice or a moral failing. Some people are genetically prone to addiction, and this in itself is a risk factor in developing a substance use disorder. As a chronic illness, addiction becomes a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery. Adding to the stress of behavior change is the feeling of isolation that may come from avoiding friends or situations that may trigger smoking, drinking, or drug use.

### Alcohol

An estimated 33,000 Vermonters are in need of, but have not sought treatment for, alcohol use disorder.

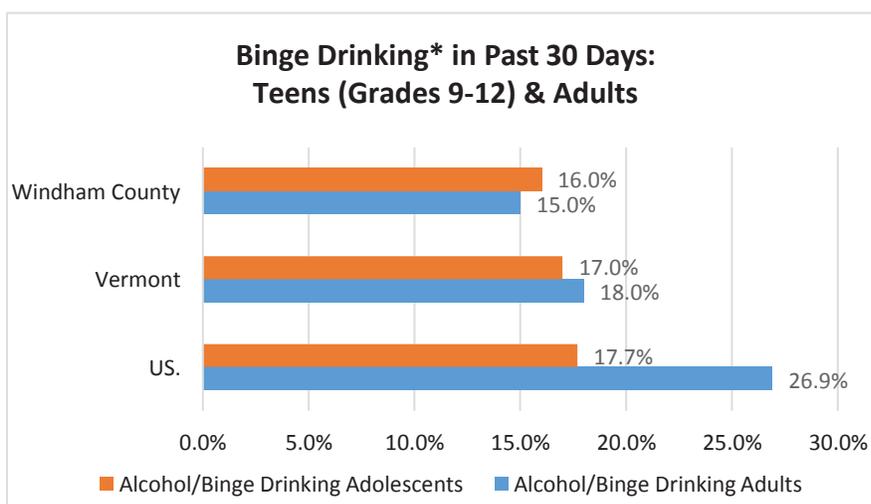
The age at which a young person starts drinking strongly predicts alcohol dependence later in life. The percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly—from 42% in 2005 to 30% in 2015.

However, the incidence of binge drinking is still a concern. The CDC recently revised its definition of binge drinking, making it gender-specific. (See note, above.)

By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drink.

The medical diagnosis for problem drinking that becomes severe is “alcohol use disorder” – a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.

Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. One in four (25%) Vermonters age 65+ engage in risky alcohol use, higher than the U.S. average of 19%. Risky drinking for this age group (65+) is two or more drinks on one occasion for females, three or more for males. In contrast to other risk behaviors, older adults with higher incomes and education are more likely to engage in risky drinking compared to those with lower incomes and less education.



*\*Note: Binge drinking is defined as 4+ drinks in one sitting for women; 5+ drinks in one sitting for men. Windham County and VT adolescent data are from 2017 YBRS; county and state adult data are from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020. Quick Reference.*

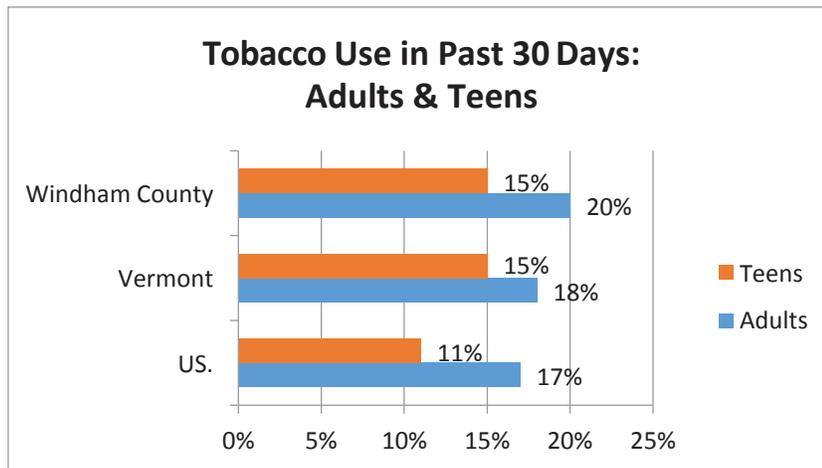
Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Cigarettes and Tobacco

The percentage of adults who smoke, and the rate of their attempts to quit, have stayed relatively unchanged over the past decade. In 2016, 18% of all adult Vermonters smoked. The rate is higher in Windham County.

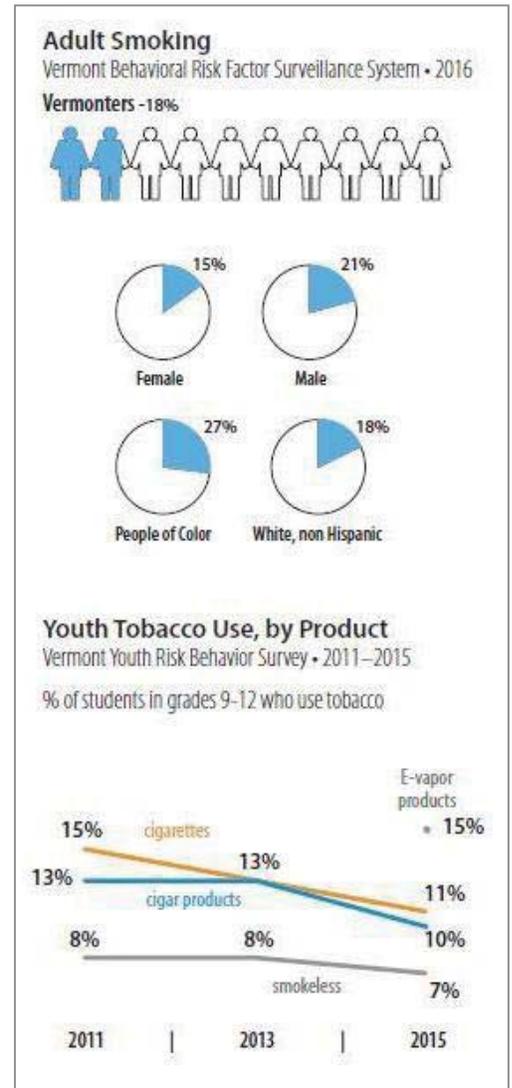
Teenage cigarette smoking has declined slightly over the past several years, but use of e-cigarettes is on the rise (see Vaping, page 28). In 2015, 11% of Vermont high-school students reported smoking cigarettes in the past 30 days; 11% of Windham County students reported the same. In 2017, that number was 9% statewide and 10% in Windham County. When cigars, smokeless tobacco, and e-cigarettes were included, the percentage for the state rose to 19% and for the county to 20%.

Vermont high school students who used one or more tobacco products in the past month were much more likely to use marijuana, alcohol, and to binge drink compared to students who do not use tobacco. For students who have asthma, the use of tobacco, alcohol, and marijuana can make symptoms much worse.



*Windham County and VT adolescent data are from 2017 YBRS; county and state adult data is from VDH 2016 CHNA Health Atlas; U.S. data is from 2015 Healthy Vermonters 2020 Quick Reference.*

Smoking rates vary by population group. As income and education levels rise, the smoking rate decreases. Males are more likely to smoke than females. Vermonters of color are more likely to smoke than white Vermonters, but are also more likely to make an attempt to quit (59% compared to 49%).

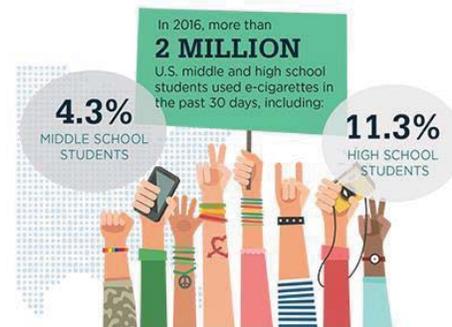


Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf); [http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty\\_15.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf); [http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf); [https://www.cdc.gov/tobacco/data\\_statistics/surveys/nyts/index.htm](https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm)

## E-Cigarettes & Vaping

Electronic-cigarettes, sometimes known as “e-cigarettes” are devices that have a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity that simulates smoking. Vaping is the term used for use of this device, because of the vapor that is inhaled. Vaping can be used to inhale tobacco, marijuana, and other drugs. E-cigarettes can also be used to inhale marijuana and other drugs. They are a convenient way to do this discreetly because many of them are created to look like ordinary objects like pens, computer thumb drives, and pencil sharpeners.

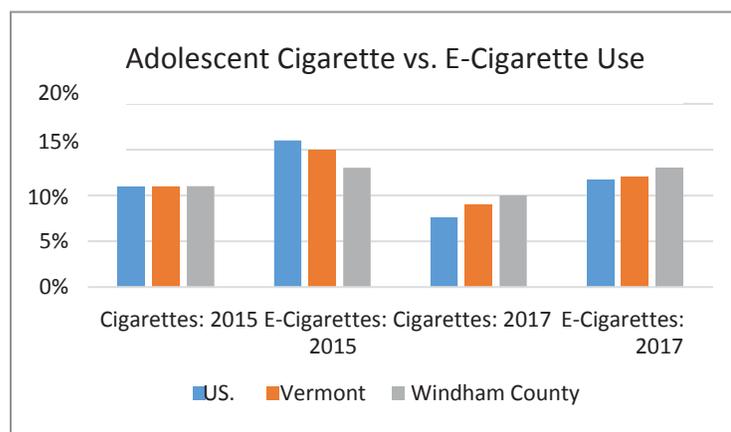
The exhaled vapor can easily be hidden, so students are beginning to use them secretly during class.



Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, marijuana, alcohol, and drugs.

Dual use (use of e- cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25).

Of the 35 states that collect data on e- cigarette/e-vapor use, Vermont currently has the lowest rate, at 13%. West Virginia is highest, at 31%. Still, the rate of use is rapidly increasing. In just over a decade, this fad has grown into huge industry, with hundreds of thousands of users.



The use of e-cigarettes is on the rise for adults, but also particularly for teens. Use among teens has seen the fastest growth. The National Youth Tobacco Survey for 2011-15 shows that the national rate among teens was 2% in 2011 and 16% just four years later. In 2015, more teens reported use of e-cigarettes than conventional cigarettes (15% vs. 11%). It is now estimated that more than one in four students in grades 6-12, and more than one in three young adults, have tried e-cigarettes.

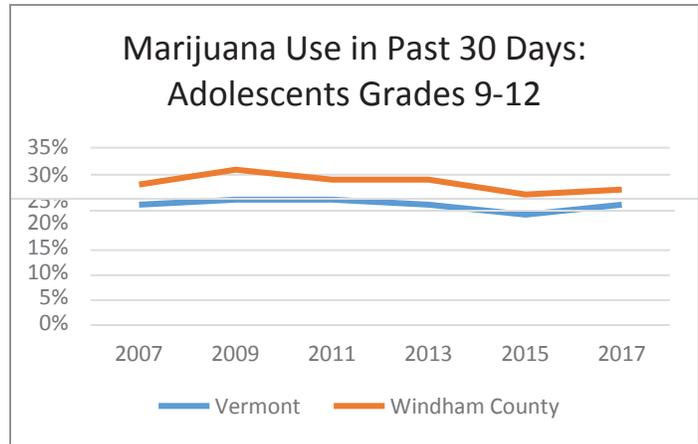
In both the 2015 and 2017 YRBS, 13% of Windham County teens reported using e- cigarettes in the past 30 days, while the Vermont rate dropped during that same time period, from 15% in 2015 to 12% in 2017. In both cases, the rate of e-cigarette use is higher than that of traditional cigarettes.

The risks associated with the nicotine used in e-cigarettes may be less than with conventional cigarettes, but the long-term effects of vaping are as yet unknown. E-cigarettes are a new invention, on the market for only about 11 years. Nearly 20% of young adults believe e-cigarettes cause no harm, more than half believe they are only moderately harmful, according to the U.S. Surgeon General.

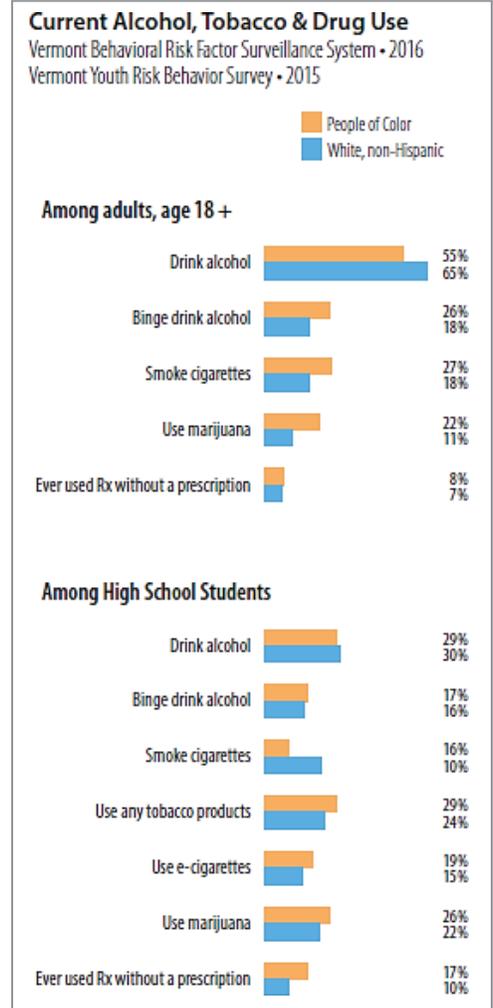
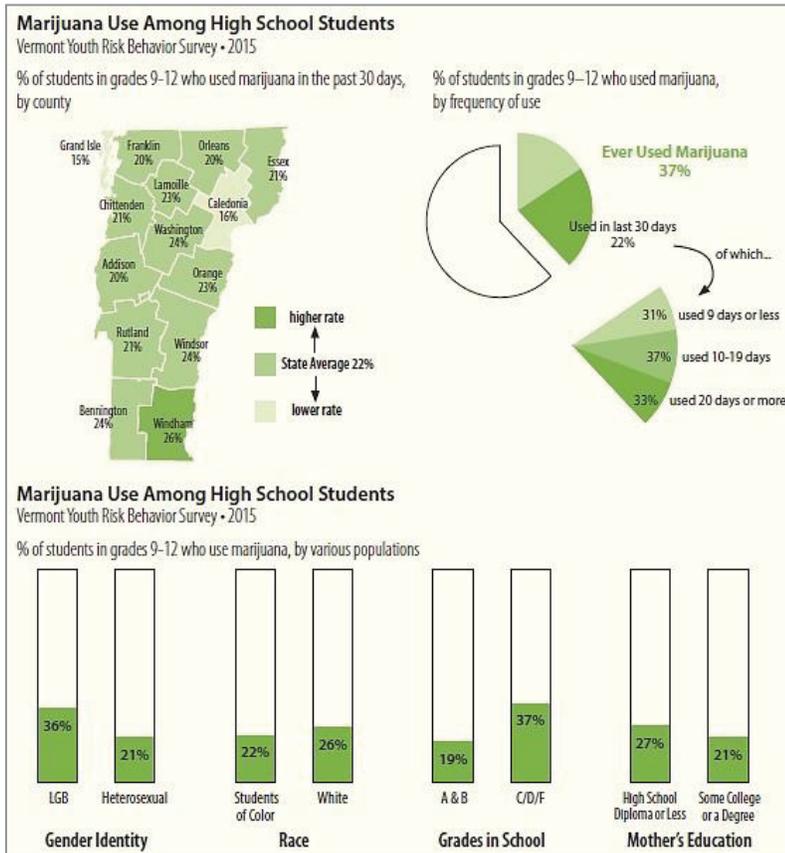
Sources: [https://www.cdc.gov/tobacco/data\\_statistics/surveys/nyts/index.htm](https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty\\_15.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty_15.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf); <https://e-cigarettes.surgeongeneral.gov/getthefacts.html>; [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/index.htm](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm)

## Marijuana

Perceptions of risk and community acceptance strongly influence behavior. Among high school students, more than 75% think it is wrong or very wrong for someone their age to smoke cigarettes, yet only 50% think it is wrong or very wrong to use marijuana or to drink. More Vermonters drink alcohol and use marijuana compared to the overall U.S. population. For Vermonters age 12+, alcohol is by far more commonly used than marijuana or any other drug. However, the county's teen use of marijuana is higher than the statewide average.



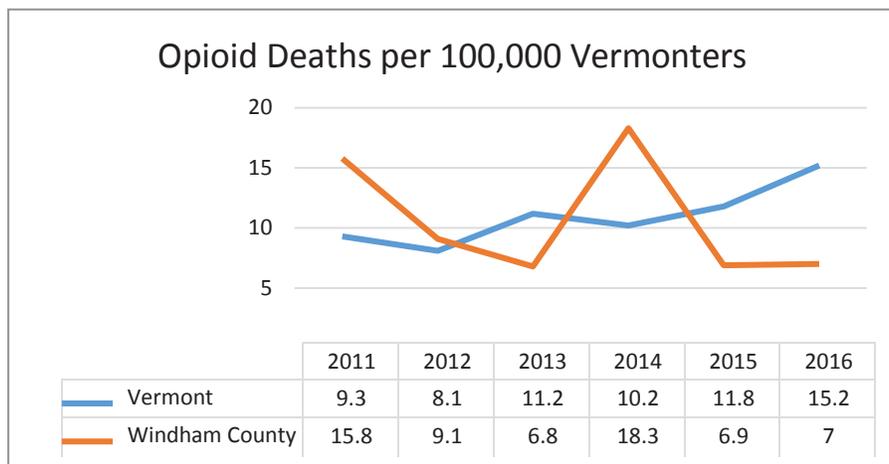
It will be important to note any changes in rates of marijuana use after July 1, 2018, when recreational marijuana use became legal in Vermont.



Sources: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf)

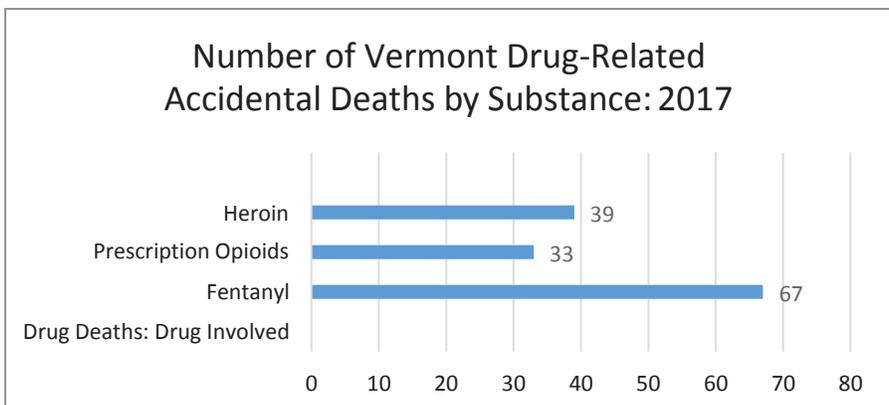
## Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid addiction. Anyone can become addicted to these powerful drugs, and opioid addiction is a lifelong problem. It can start with just one prescription or one dose. The number of drug-related deaths, especially those associated with opioids, are being constantly monitored and are still a great concern in Vermont. The rate of fentanyl-related deaths has increased eightfold since 2011, from 8% in 2011 to 64% in 2017.



The VDH's Division of Alcohol & Drug Abuse has selected measures to be used to gauge progress, recognizing that many of the measures reflect long-term goals that involve multiple systems and providers – and it will take time and a coordinated effort to effect change. The focus is on prevention, intervention, treatment, and recovery.

National data shows that Vermont has one of the highest percentages of illegal drug use in the country. The illegal drugs these data examines are: cocaine (including crack), heroin, hallucinogens, inhalants, and prescription drug misuse. In addition to immediate effects, those who use illegal drugs are more likely to get sick from diseases like stroke and cancer. It is important to look at the reasons why more Vermonters are using illegal drugs than citizens in most other states. The VDH is monitoring how our efforts



are making a positive difference with illegal drug use, especially among young people in Vermont.

Children and youth have a higher risk of future addiction if they misuse substances when they are young. Therefore, the VT Department's Division of Alcohol & Drug Abuse has established priorities related to reducing the rate of underage drinking, prescription drug misuse, and marijuana use. Seven percent of Windham County's high-school teens report having misused prescription pain medications, and 8% reported misusing stimulants in the most recent YRBS.

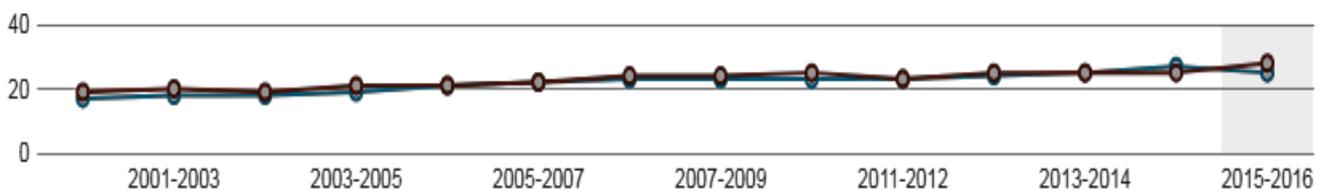
Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP\\_Annual\\_Overview.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Annual_Overview.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>; <http://www.healthvermont.gov/scorecard-opioids>;  
<http://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/heroin-and-other-drugs>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS\\_YRBS\\_WindhamCounty.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf)

## Obesity, Inactivity and Nutrition

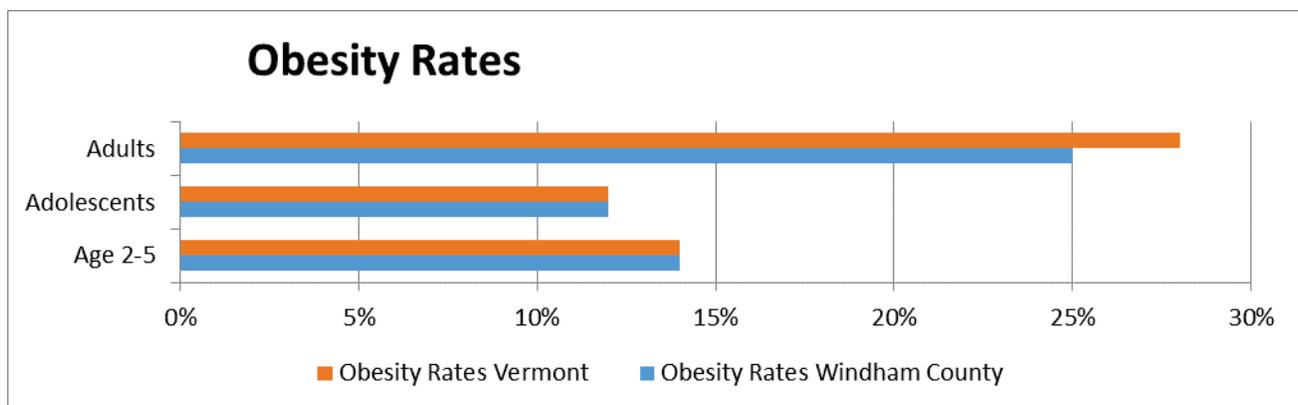
Vermonters, like other Americans, are becoming more overweight. In fact, there is a growing trend toward obesity. The terms ‘overweight’ and ‘obese’ describe weight ranges that are above what is medically considered to be healthy. According to the U.S CDC, “A high amount of body fat can lead to weight-related diseases and other health issues and being underweight can also put one at risk for health issues.”

In 2016, two-thirds of Vermont adults were overweight or obese. Compared to the U.S., Vermont adults have a lower rate of obesity (28% compared to 30%) but a similar rate of overweight. This growing trend affects males and females, and people of all races, incomes and education levels– but especially Vermonters at the lower end of the socioeconomic ladder. People often become less active as they age, and this corresponds to a tendency to gain weight. Adults age 45 to 64 are more likely, and adults 65+ are *much* more likely, to be overweight than those age 20 to 44.

The percentage of Vermont’s adult population (age 20 and older) who are obese has risen from 19% in the year 2000, to 28% in 2015. While Windham County’s percentage (blue line) is slightly less than the state average (red line), it has increased at a similar rate, from 17% in 2000, to 25% in 2015. One in four adults who live in Windham County is obese.



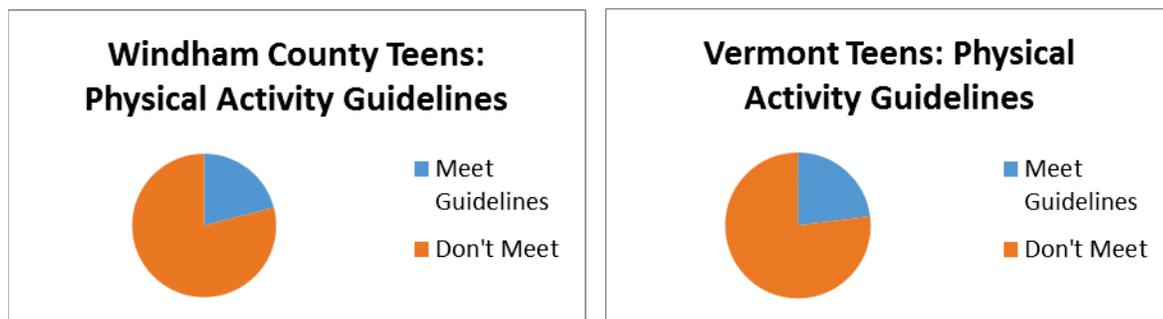
While the trend toward obesity increases as one ages, increasingly it affects teens and children. Over the last 15 years, the VDH’s YRBS has found that consistently 12-15% of adolescents in grades 9-12 are obese. Data from the Women, Infants, and Children (WIC) program also show that for children age 2-5, 14% are already obese.



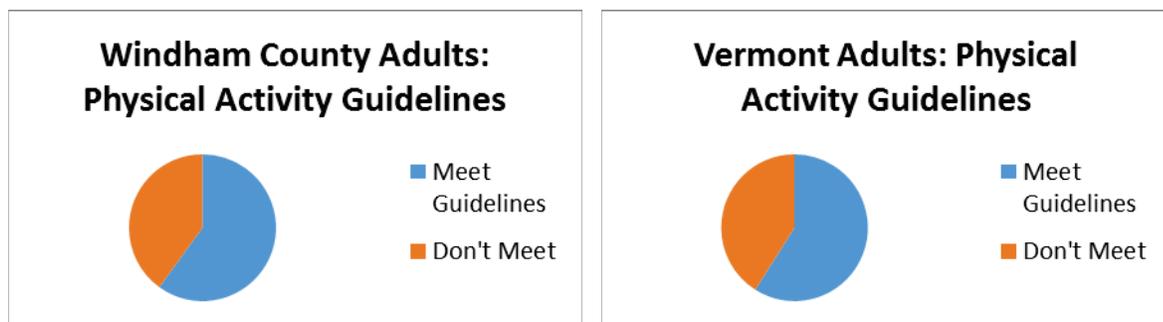
Source: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

As a chronic condition, obesity greatly increases a person’s risk for other serious illnesses and other chronic conditions—such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, gall-bladder disease, osteoarthritis, sleep apnea, and some cancers. Obesity is complex and multi-faceted, but is most often the result of physical inactivity and poor nutrition.

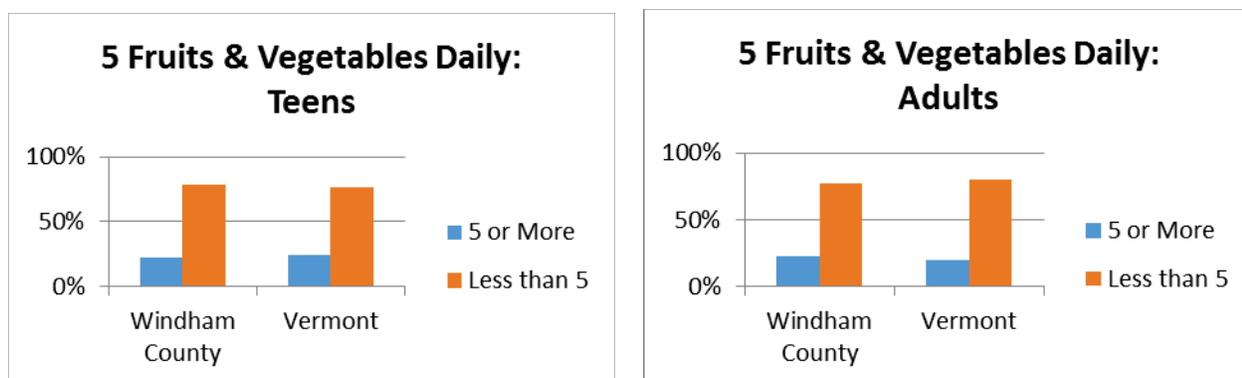
Windham County’s adolescents are comparable to the state average in terms of meeting physical activity guidelines, but this is not good news. Only 21% of Windham County teens meet the recommended guideline of getting 60 minutes of physical activity per day. Vermont’s statewide average is 23%. This means that 79% of teens in Windham County and 77% statewide are not active enough for optimal health.



Adults in Windham County do much better in terms of meeting physical activity guidelines, though it’s important to note that the recommendation for adults is 30 minutes a day (versus 60 minutes for youth).



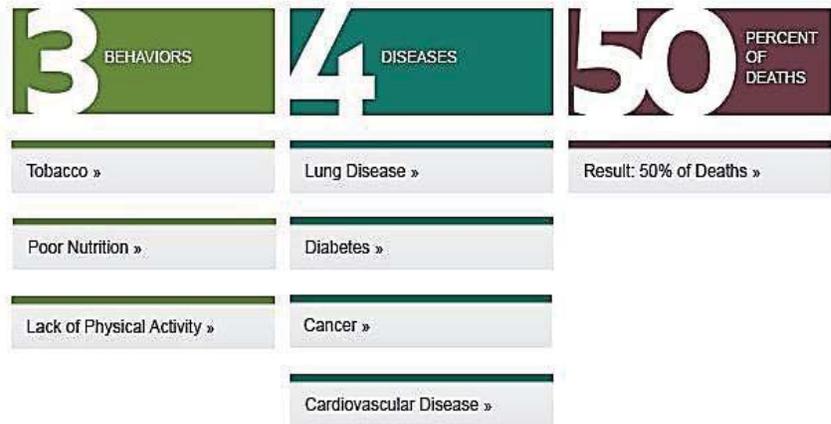
In terms of nutrition, both teens and adults in Windham County are comparable, but in a way that fails to meet nutrition guidelines. Using the recommended daily consumption of five fruits and vegetables per day as a measure, 77% of adults and 78% of teens do NOT eat enough produce for optimal health.



Source: <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

## Chronic Diseases

Research has shown that more than half of all chronic disease deaths are due to the same four diseases, which are caused by or exacerbated by the same three behaviors: lack of physical activity, poor diet, and tobacco use. The VDH uses the slogan 3-4-50 as a reminder of these facts.



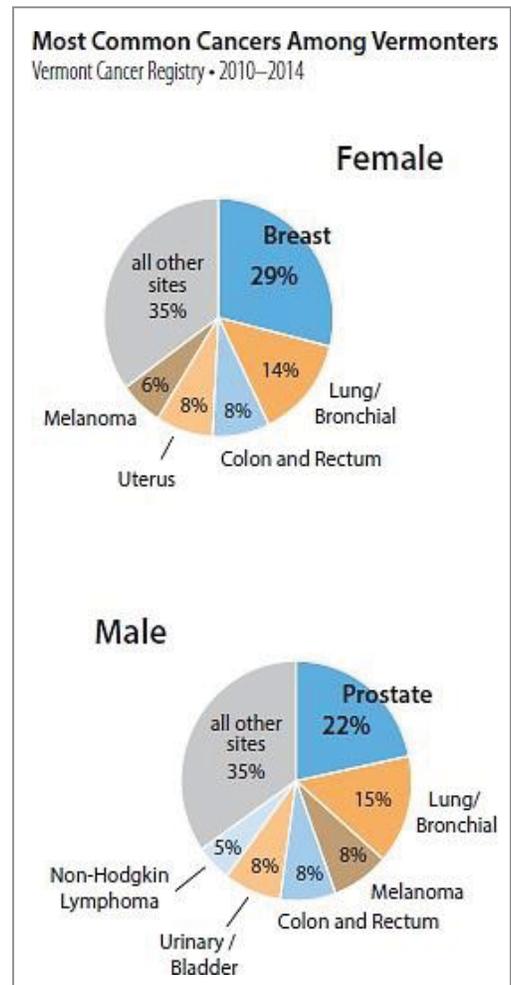
## Cancers

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers, including: tobacco use, alcohol use, diet, physical inactivity, and overexposure to sunlight.

Cancer affects thousands of Vermonters, and is now the leading cause of death. Cancer occurs in people of all ages, but risk increases significantly with age. Approximately four in 10 adults in the U.S. will develop cancer in their lifetime.

Some types of cancer are more prevalent among Vermonters compared to the U.S. population. For females, the incidence of breast cancer, cancers of the lung/bronchus, uterus, urinary bladder, and melanoma of the skin is higher than in the rest of the U.S. For males, the incidence of melanoma of the skin, urinary bladder cancer, non-Hodgkin's lymphoma, and esophageal cancer is higher than in the rest of the U.S.

Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor nutrition, lack of physical activity, and obesity. Not all cancers can be prevented, but risk for many can be reduced through a healthy lifestyle. Excess weight increases the likelihood of cancers of the breast (postmenopausal), colon and rectum, uterus, thyroid, pancreas, kidney, esophagus, gallbladder, ovary, cervix, liver, non-Hodgkin lymphoma, myeloma and prostate (advanced stage). Use of tobacco increases the likelihood of cancers of the lung, larynx (voice box), mouth, lips, nose and sinuses, throat, esophagus, bladder, kidney, liver, stomach, pancreas, colon and rectum, cervix, ovary, and acute myeloid leukemia.



Sources: <http://www.healthvermont.gov/3-4-50/data-results>;  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP\\_3-4-50\\_Cancer\\_%20Data%20Brief\\_FINALapproved\\_040717.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP_3-4-50_Cancer_%20Data%20Brief_FINALapproved_040717.pdf)

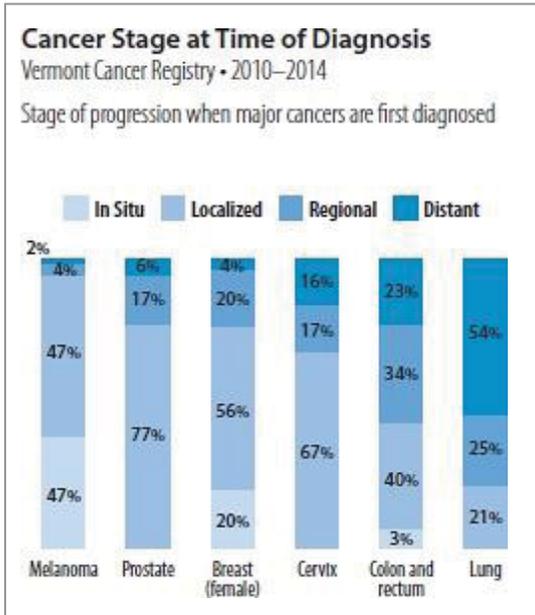
## Cancer Screening Tests

The good news is that cancer is often survivable. Survival rates are highest when the cancer is found and treated early before it has spread. That’s why recommended cancer screenings are so important, including those for lung, breast, cervical, and colorectal cancers.

There is some relationship between education, income and race and the rate of use for some certain cancer screenings. For example, in Vermont, the three-year Pap test rate for women aged 25-65 was lower among those with a high school education or less than among college graduates (2016). Vermont women aged 21-65 who lived below 250% of the federal poverty level were less likely to report having been screened, compared to those at or above 250% of the federal poverty level (2016). Racial and ethnic minorities in Vermont had a lower breast cancer screening rate (70%, 2014 and 2016) compared to racial and ethnic minorities nationally (81%, 2016).

## Breast Cancer and Cervical Cancer Screening Rates

The incidence of breast cancer among Windham County women is 121.2 per 100,000 residents, or 12%, for the period of 2010-2014. For all Vermont women, the percent is slightly higher at 13%.

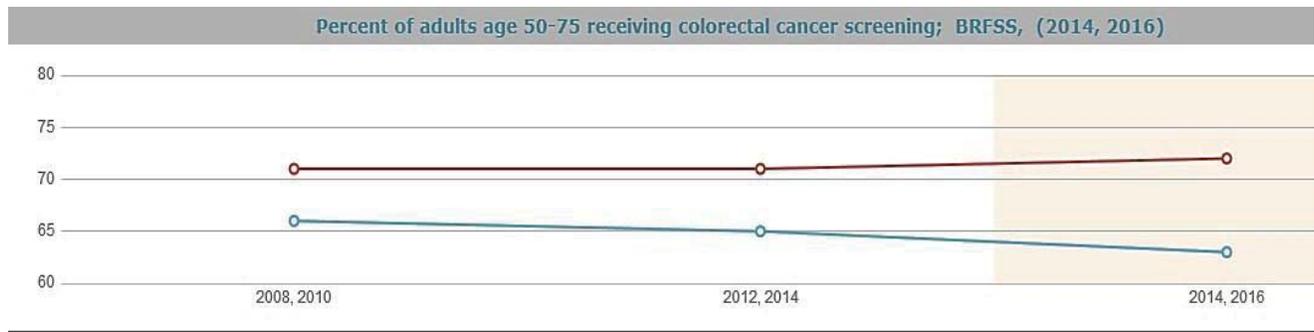


The percentage of Windham County women age 50-74 who have the recommended breast cancer screening (annual mammogram) is 77%, compared to 79% for all Vermont women. The percentage of Windham County women age 21-65 who have the recommended cervical cancer screening is 87% (86% statewide).

## Colon Cancer Screening Rates

The incidence of colorectal cancer is higher in Windham County than in the rest of the state, 42.8 cases per 100,000 people, versus 36.1 per 100,000 statewide. This corresponds to a lower rate for colon cancer screenings. The percentage of Windham County adults age 50-75 who have the recommended colorectal cancer screening (fecal occult blood screening and colonoscopy) is 63%, compared to 72% statewide. Windham County consistently lags behind the state average for this screening.

For chart below: Blue = Windham County; Red = Vermont



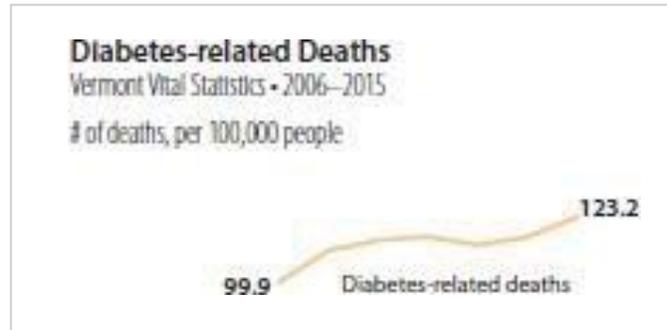
Sources: [http://www.healthvermont.gov/sites/default/files/documents/pdf/stat\\_CancerDataPagesPDF.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>;  
<http://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf>  
[http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf)

## Diabetes

Diabetes affects more than 55,000 Vermonters. The VDH reports that, “Diabetes is a serious disease that makes your blood sugar too high – either because your body doesn’t make enough insulin, or because the insulin it makes is not used correctly by your body. High blood sugar over time causes problems in many parts of the body.” Thus diabetes is often a contributing factor in other diseases.

In 2015, diabetes was the primary cause of 123.2 deaths for every 100,000 Vermonters, and the contributing cause for 25.4 deaths per 100,000 Vermonters.

(The difference between primary and contributing cause likely reflects the fact that diabetes is the cause of other fatal diseases. For example, diabetes is the most common cause of kidney disease, which can progress to death from kidney failure.)



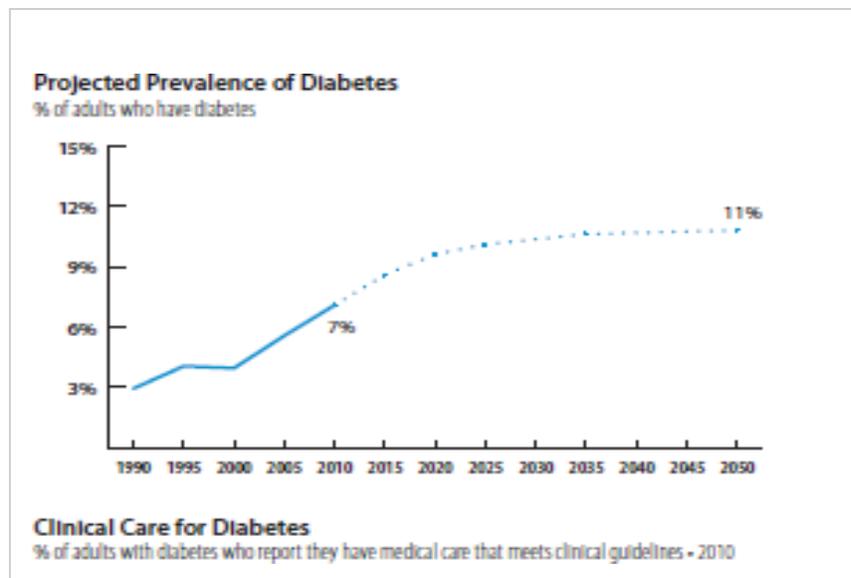
The prevalence of diabetes among Vermonters has remained steady for the past several years.

Windham County consistently reports slightly higher rates of diabetes than the statewide average, 9% in 2016, versus 8% overall for Vermont. The county’s incidence rate has been consistently higher than the state average at least since 2011.

The VDH predicts that rates of diabetes among the population will continue to increase in the future. As overweight Vermont children reach adulthood, diabetes rates are expected to increase substantially. Also, many Vermonters have prediabetes, and the VDH anticipates that 15% to 30% of these will develop Type 2 diabetes within five years.

The percentage of Windham County adults who have had their blood sugar tested in the past three years (data from 2012-2014; due to be reported again in 2018) is 53%, comparable to the statewide percentage of 52%.

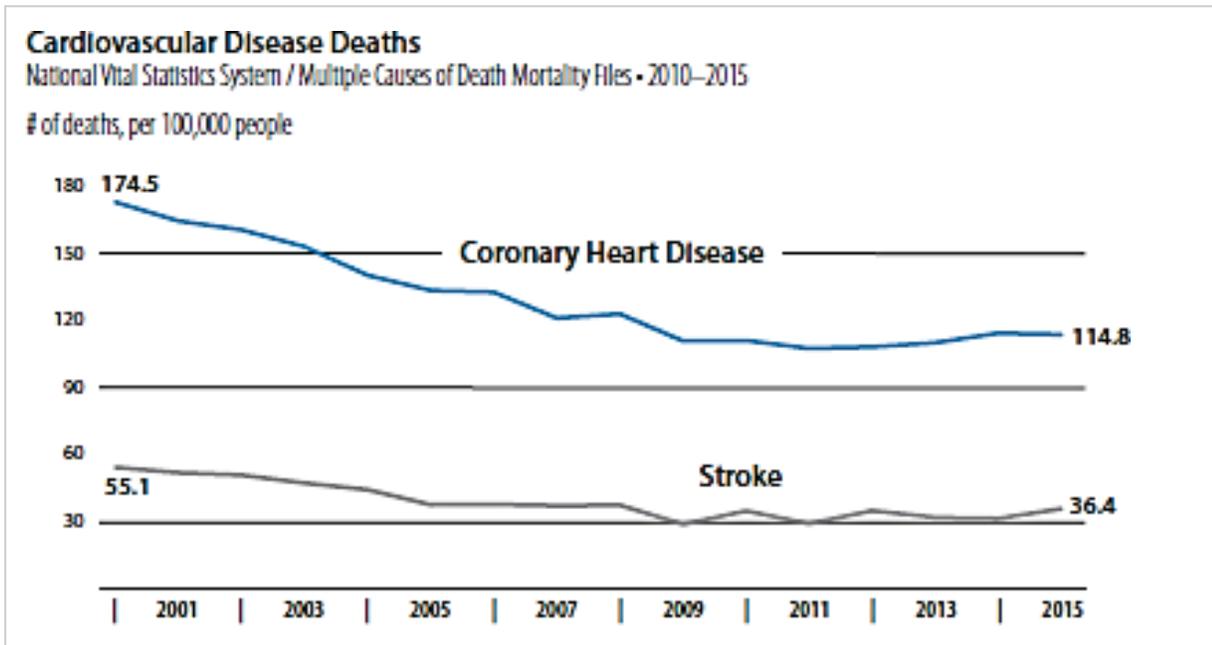
The percentage of Vermonters with diabetes who received diabetes education services is only 46%. The VDH has set a goal of increasing that to 60% but reports that the trend is toward a lower percentage, not higher.



Sources: <http://www.healthvermont.gov/about/reports/healthy-vermonters-plans-reports> ;  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html> ; <http://www.healthvermont.gov/wellness/diabetes>

## Heart Disease Deaths

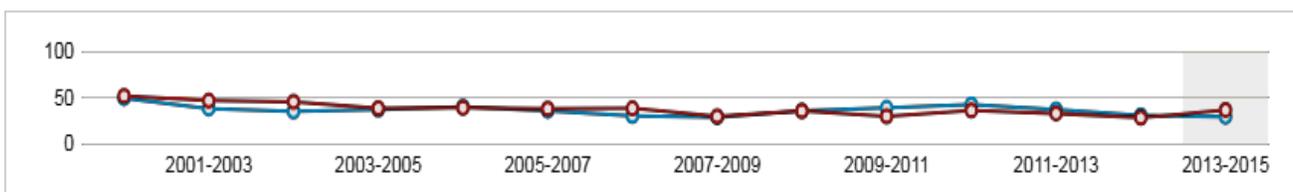
Deaths of Vermonters from heart disease and stroke have been declining steadily over the past decade. Vermonters are significantly less likely to die of stroke than Americans overall. Still, heart disease is the #2 cause of death, and stroke is #6.



The Windham County rate of incidence for cardiovascular disease is comparable to the state’s rate: 7% of the county’s population and 8% of the state’s. These two rates have been comparable for at least 18 years.

Likewise, deaths due to coronary heart disease are 116.9 per 100,000 people, versus 118.9 deaths per 100,000 for the state, and these state-county rates have been close to equal for 18 years.

The incidence rate of deaths due to strokes in Windham County is similar to the state rate. The most recent statistic for Windham County is 29.1 per 100,000 people (blue line), and 36.4 per 100,000 for the state (red).



**Sources:** [http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease\\_0.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf);  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

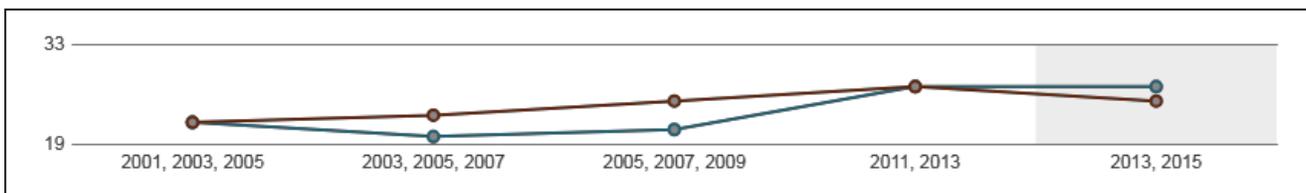
## High Blood Pressure and High Cholesterol

More than half of all Vermonters who have cardiovascular disease also have at least one of the following key risk factors: high blood pressure (also called hypertension), high cholesterol, and/or a habit of smoking.

According to the U.S. CDC, “Blood pressure is the force of blood pushing against the walls of your arteries. Blood pressure normally rises and falls throughout the day. But if it stays high for a long time, it can damage your heart and lead to health problems.” High blood pressure raises one’s risk of having heart disease or a stroke, which are leading causes of death in the U.S.

High blood pressure has no warning signs or symptoms, and many people do not know they have it. Therefore, regular blood pressure screenings are an important diagnosis tool. Patients have their blood pressure checked routinely, each time they see a medical provider. Those who have been diagnosed with hypertension need to check their blood pressure much more often.

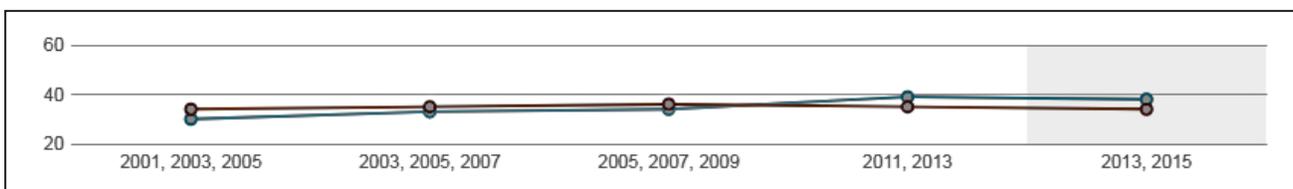
The incidence rate of high blood pressure among Windham County’s population rose from a low of 20% in 2003, to 27% in 2011, and it has remained at this level ever since (blue line). This is higher than the state average (red line), which has remained relatively steady over the past decade and a half.



Regular screenings for cholesterol levels in the blood are also important. Like high blood pressure, the presence of a high cholesterol level has no symptoms by itself, even though it may be causing damage silently, behind the scenes.

The CDC reports that, “Cholesterol is a waxy, fat-like substance that your body needs. But, when you have too much in your blood, it can build up on the walls of your arteries. This can lead to heart disease and stroke—leading causes of death in the United States.” Approximately one in every six adult Americans has high cholesterol. It can be easily diagnosed with a simple blood test.

Windham County’s rate of high cholesterol levels among its population was lower than the state average until 2009, when it jumped sharply, by 5%. It has remained higher than the state average ever since.



The percentage of Windham County adults who have had their cholesterol level checked in the past five years (the recommendation interval for those whose cholesterol is in the safe range) is 75%, compared to the statewide average of 76%.

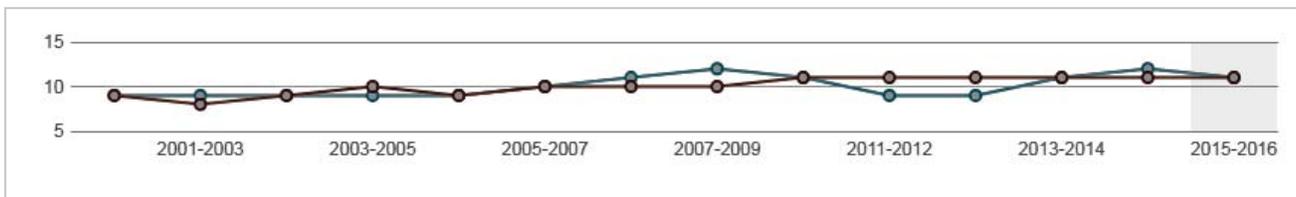
Sources: <https://www.cdc.gov/bloodpressure/about.htm>; [https://www.cdc.gov/cholesterol/docs/consumered\\_cholesterol.pdf](https://www.cdc.gov/cholesterol/docs/consumered_cholesterol.pdf); <http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

## Lung Health

The three most common lung diseases that afflict Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. The latter two are directly related to smoking, and the first one, while not directly caused by it, is certainly aggravated by smoking.

**Asthma:** According to the VDH, “Asthma is a chronic disease in which the lungs become inflamed and airways narrow and react to ‘triggers.’ When the lungs become irritated, the airways swell and mucus builds up, causing shortness of breath, coughing, wheezing, chest pain or tightness, tiredness or a combination of these symptoms. People with uncontrolled asthma often have difficulty sleeping and breathing, may miss school and work, and often face costly medical bills due to hospitalizations and emergency department visits. Asthma affects people of all ages, and most often starts during childhood.”

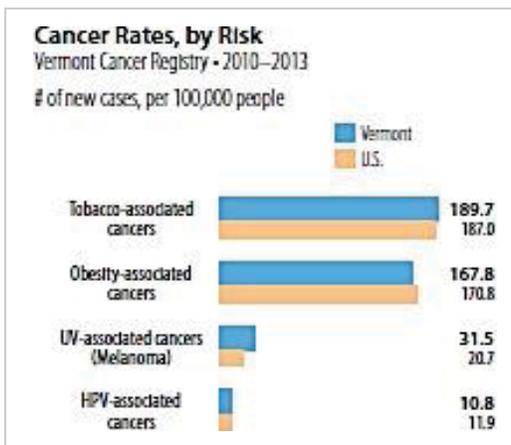
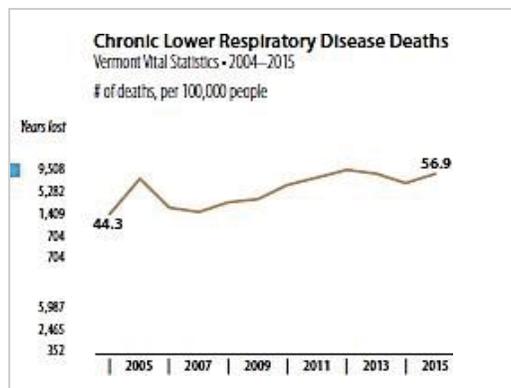
Windham County’s incidence of asthma among adults was worse than the state’s rate in 2007 and better than the state’s rate in 2011-12, but is now equal at 11% each.



**Chronic Obstructive Pulmonary Disease (COPD):** This term refers to a group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis. Tobacco smoke is a key factor in the development and progression of COPD. Almost 15.7 million Americans -- 6.4% -- reported a diagnosis of COPD, but the actual number may be higher, as COPD is known to be underdiagnosed. Both Windham county and Vermont report a rate of 6%.

Chronic lower respiratory disease – bronchitis, emphysema, asthma – is the third leading cause of death, and there has been no change over time. Nearly all of these deaths occur among adults age 45+. The death rate increases with age, and is higher among white Vermonters.

**Lung Cancer:** Smoking can cause cancer almost anywhere in the body. One-third of cancers diagnosed in the U.S. are associated with tobacco; nine out of 10 cases of lung cancer are caused by smoking. Vermont adults with non-skin cancer smoke at a higher rate than those without cancer (25% vs. 18%), which can worsen the odds of survival. Windham County’s rate of lung cancer is noticeably better than the state’s (54.9 cases per 100,000, versus 64.9 for Vermont).



Sources: <http://www.healthvermont.gov/wellness/asthma/>;  
<http://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease/>;  
<http://www.healthvermont.gov/ia/CHNA/County/atlas.html>

## Prevention: Vaccines

Vaccinations help protect people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults with weakened immune systems. Vaccinations can protect those being vaccinated, as well as prevent those in contact with vulnerable populations from transmitting a dangerous disease. Increased vaccination rates can help to protect the health of all Vermonters, those who receive immunizations, and those to whom they are in close proximity.

The Vermont Immunization Program provides health care providers with all pediatric and most adult vaccines at no cost through the federal Vaccines for Children and Vaccines for Adults programs.

Individuals with questions about what is best for their family should speak to their health care provider. Those without a healthcare provider can contact a nurse at the VDH local health office in Brattleboro by calling (892)257-2880 or visiting [www.healthvermont.gov/disease-control/immunization](http://www.healthvermont.gov/disease-control/immunization).

### Children: School-Age Vaccinations Rates

Congress created the federal Vaccines for Children (VFC) Program in 1993. The goal of the VFC Program is to prevent vaccine-preventable diseases by removing or reducing cost barriers. The VFC program is funded by federal entitlement money guaranteed to each state to buy vaccines for children who are Medicaid eligible, uninsured, underinsured (defined in this case as a health insurance policy that will not cover vaccination services), Alaskan native, or native American.

Data on Windham County vaccine coverage is tracked by the VDH. The tables below are the most recent data on the percentage of students by school who are fully vaccinated. There has been improvement in the percent of fully-vaccinated students in some Windham schools, and there is room for more improvement.

		STATEWIDE COMPARISON DATA		
		Total Enrollment	Fully Vaccinated	
<b>PUBLIC SCHOOLS</b>	<b>2017-18 VACCINATION COVERAGE</b>	Kindergarten Public	5,899	92.0%
		Kindergarten Independent	356	76.1%
		<b>Kindergarten Total</b>	<b>6,255</b>	<b>91.1%</b>
		Seventh grade Public	6,081	92.5%
		Seventh grade Independent	582	87.8%
		<b>Seventh grade Total</b>	<b>6,663</b>	<b>92.1%</b>
		K-12th Public	76,130	95.1%
		K-12th Independent	9,116	88.9%
		<b>K-12th Total</b>	<b>85,246</b>	<b>94.4%</b>

County	Supervisory Union/District	School Name	Total Enrollment	Fully Vaccinated
Windham	Windham Central SU	Dover Elementary	77	98.7%
Windham	Windham Northeast SU	Bellows Falls Union High School	332	98.5%
Windham	Windham Southwest SU	Halifax School	53	98.1%
Windham	Windham Southeast SU	Green Street School	231	97.0%
Windham	Windham Northeast SU	Athens/Grafton Joint Contract School	74	95.9%
Windham	Windham Northeast SU	Saxtons River Elementary	98	95.9%
Windham	Windham Southeast SU	Vernon Elementary	161	95.0%
Windham	Windham Northeast SU	Bellows Falls Middle School	237	94.9%
Windham	Windham Southwest SU	Twin Valley Elementary	175	94.9%
Windham	Windham Southeast SU	Brattleboro Union High School	759	94.3%
Windham	Windham Central SU	Townshend Village School	70	94.3%
Windham	Windham Central SU	NewBrook Elementary School	119	94.1%
Windham	Windham Northeast SU	Westminster School	192	93.8%
Windham	Windham Southeast SU	Academy School	352	93.5%
Windham	Windham Southeast SU	Brattleboro Area Middle School	289	93.4%
Windham	Windham Southeast SU	Oak Grove School	127	92.9%
Windham	Windham Northeast SU	Central Elementary	163	92.6%
Windham	Bennington Rutland SU	Flood Brook School	285	91.9%
Windham	Windham Southeast SU	Dummerston School	145	90.3%
Windham	Windham Central SU	Leland & Gray Union High School	286	89.9%
Windham	Windham Southeast SU	Putney Central School	157	88.5%
Windham	Windham Southeast SU	Guilford Central School	95	87.4%
Windham	Windham Central SU	Windham Elementary	15	86.7%
Windham	Windham Central SU	Wardsboro Central School	39	84.6%
Windham	Windham Southwest SU	Twin Valley Middle/High School	234	83.8%
Windham	Windham Central SU	Jamaica Village School	52	82.7%
Windham	Windham Central SU	Marlboro Elementary	76	73.7%

		STATEWIDE COMPARISON DATA	
		Total Enrollment	Fully vaccinated
<b>INDEPENDENT SCHOOLS</b> <b>2017-18 VACCINATION COVERAGE</b>	<b>Kindergarten Public</b>	5,899	92.0%
	<b>Kindergarten Independent</b>	356	76.1%
	<b>Kindergarten Total</b>	6,255	91.1%
	<b>Seventh grade Public</b>	6,081	92.5%
	<b>Seventh grade Independent</b>	582	87.8%
	<b>Seventh grade Total</b>	6,663	92.1%
	<b>K-12th Public</b>	76,130	95.1%
	<b>K-12th Independent</b>	9,116	88.9%
	<b>K-12th Total</b>	85,246	94.4%

\*\*\* – data redacted for schools with enrollment of six or fewer students to protect confidentiality

County	School Name	Total Enrollment	Fully Vaccinated
Windham	Inspire For Autism Inc.	15	100.0%
Windham	Kurn Hattin Homes	93	100.0%
Windham	Hilltop Montessori School	79	98.7%
Windham	Community Schoolhouse	39	97.4%
Windham	Stratton Mountain School	138	97.1%
Windham	Meadows Educational Center	40	95.0%
Windham	Saint Michael School	112	93.8%
Windham	Vermont Academy	204	93.6%
Windham	Greenwood School	59	91.5%
Windham	Kindle Farm School	54	88.9%
Windham	Mt Snow Alpine Training Academy	29	86.2%
Windham	The Grammar School	71	83.1%
Windham	The Putney School	233	75.1%
Windham	The Compass School	73	74.0%
Windham	Neighborhood Schoolhouse	31	67.7%
Windham	12 Tribes School-Bellows Falls	7	0.0%

## Adolescents & Young Adults: HPV Vaccine

Human Papilloma Virus (HPV) is a virus that can cause six different types of cancer. It is so common that nearly all sexually active men and women get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are many different types of HPV. Most HPV infections (9 out of 10) go away by themselves within two years, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer, and they can cause certain cancers and other diseases. Every year in the United States, HPV causes 32,500 cancers in men and women.

The HPV vaccine is a safe and effective vaccine that prevents most common health problems associated with the virus, including cancer. Vaccination with the HPV vaccine prior to exposure to the virus can decrease the risk of certain cancers. The vaccine is fairly new. In 2006, the first HPV vaccine was licensed for girls, and five years later it was recommended for use in boys. The HPV vaccine should be given to all adolescents at 11-12 years, when it is most effective. The HPV vaccine may be given anytime from age 9-26 years.

According to the Vermont Immunization Program's 2017 annual report, 44 percent of Windham County teens age 13–15 had completed the HPV vaccine series, compared to the statewide average of 46.8 percent. Windham County ranked ninth out of Vermont's 14 counties in terms of its percentage of teens immunized.

## Flu Vaccines: Children, Adults & Seniors

Influenza, commonly called “the flu”, is a contagious respiratory illness caused by a virus that affects the nose, throat, and lungs. Influenza spreads from person to person when an infected person coughs or sneezes.

Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year in the U.S., influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths. Approximately 71-85% of seasonal flu-related deaths have occurred in people 65 years and older, and 54-70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.

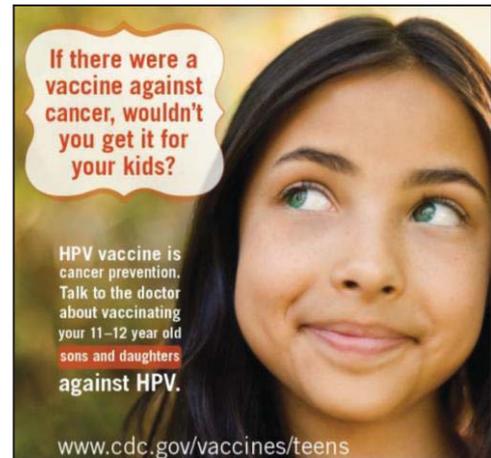
Those at highest risk of contracting a serious or deadly case of the flu include:

- Pregnant women and breastfeeding mothers
- All adults 50 years of age and older
- Residents of nursing homes and other long term care facilities
- Healthcare workers
- Travelers
- People with certain chronic medical conditions or a compromised immune system
- Anyone with a condition that can compromise respiratory function

The CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. It is especially important for those with weakened immune systems.

In Windham County 62% of residents age 65 and older receive an annual flu vaccine, slightly higher than the Vermont figure of 59%.

Sources: <https://www.cdc.gov/hpv/parents/questions-answers.html>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization/parents>; <http://www.healthvermont.gov/immunizations-infectious-disease/immunization-health-care-professionals/vaccines-childrenvaccines>; <https://www.cdc.gov/flu/about/disease/65over.htm>; [www.healthvermont.gov/stats/data](http://www.healthvermont.gov/stats/data)



## 2018 Community Health Needs Survey

With input from the Grace Cottage medical staff, in January of 2018, the CHNA Steering Committee prepared a short 12-question survey (See Appendix). The survey questions were identical to the questions asked in 2015. Some of the answer options were different in 2018.

The survey was made available in paper form and online from March 1 – March 31, 2018.

In order to get a broad representation of all community residents, many efforts were made. First, surveys were made available at each of Windham County's Town Meetings. Survey boxes were also available at each of the County's three hospitals, at the VDH, and at various additional locations. See a list of locations to the right.

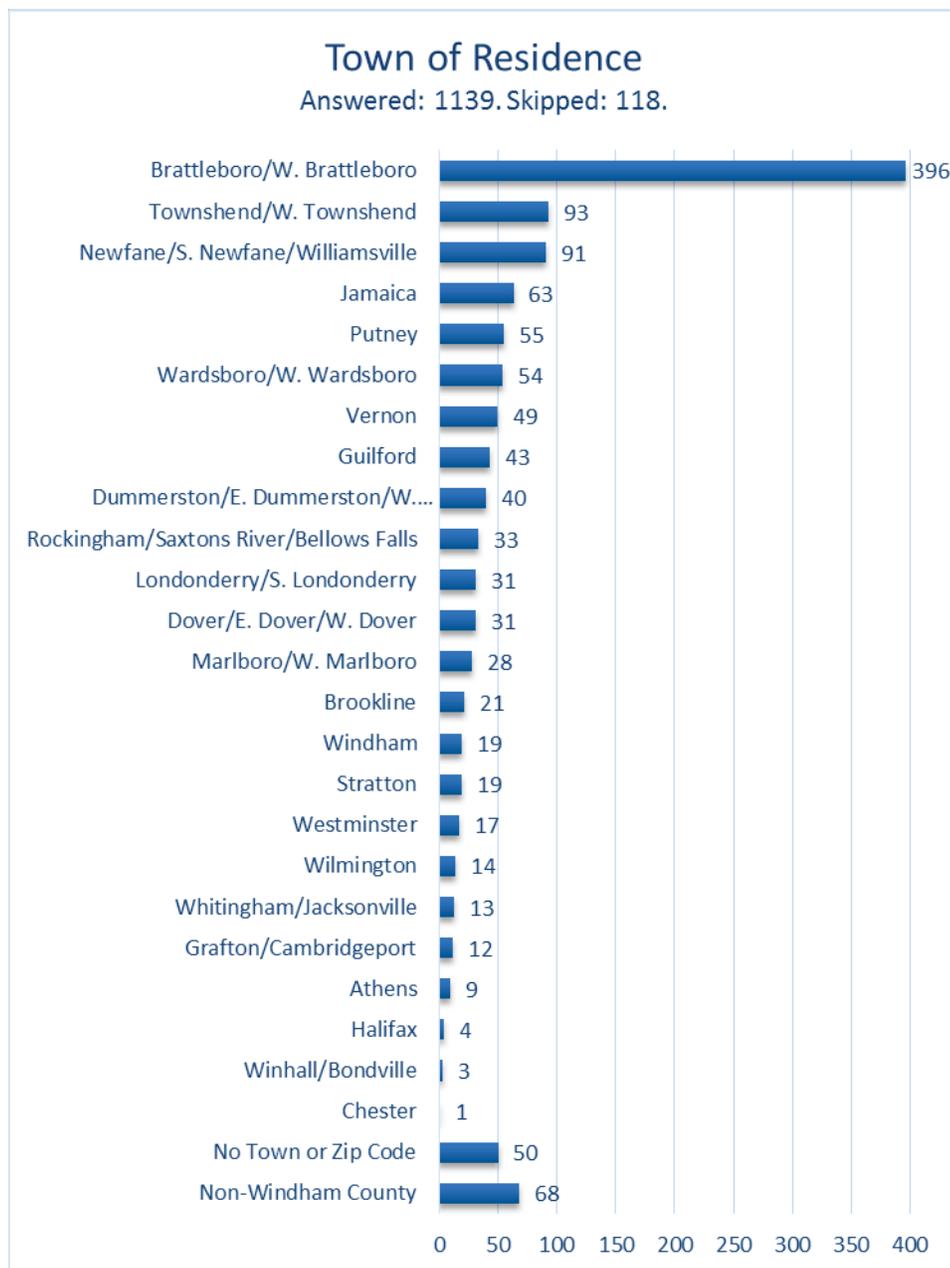
The online survey was promoted with a series of press releases in February and March in all local media outlets, and through social media including Facebook and Front Porch Forum.

The 2017 census reports a population for Windham County of 42,869. Total number of survey-takers was 1,257, up from 699 in 2015.

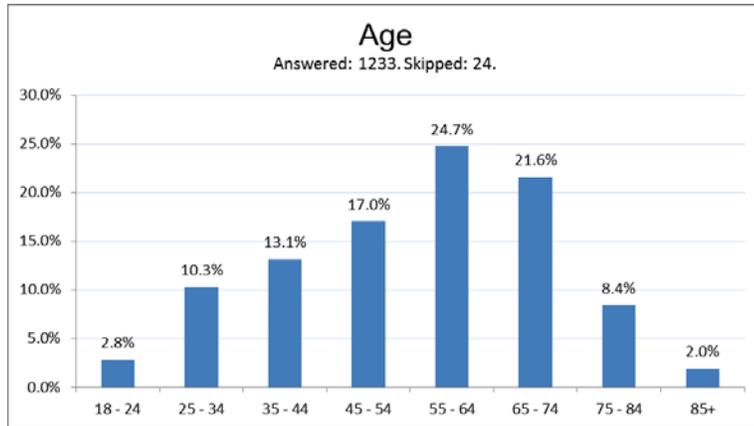
<b>2018 CHNA Survey Collection</b>	
<b>Paper Surveys:</b>	
LOCATION/SOURCE	EST. #
ATHENS TOWN MEETING	4
BRATTLEBORO TOWN MEETING	14
DOVER TOWN MEETING	18
GRAFTON TOWN MEETING	6
JAMAICA TOWN MEETING	37
LONDONDERRY TOWN MEETING	28
NEWFANE TOWN MEETING	14
S. NEWFANE/WINDHAM TOWN MEETING	22
STRATTON TOWN MEETING	16
TOWNSHEND TOWN MEETING	30
WARDSBORO TOWN MEETING	44
WILMINGTON TOWN MEETING	7
BMH CAMPUS	75
GC CAMPUS	67
GC CHT OUTREACH COORDINATOR	16
BRATTLEBORO RETREAT	12
VALLEY CARES	15
SOV - WIC/ECON SERVS.	36
CCV CAMPUS	12
LOAVES & FISHES MEAL SITE	18
THE WINSTON L. PROUTY CENTER	2
APSV	8
OTHER/MISC.	20
<b>Total Paper Survey Completed:</b>	<b>521</b>
<b>Total Individual Online Surveys Completed:</b>	<b>736</b>
<b>Total 2018 CHNA Surveys Completed:</b>	<b>1257</b>

## Residence of Survey Takers

With the exception of Somerset, an unincorporated township with a population of 3, every town in Windham County was represented in the survey results. The number of survey-takers per town is listed below. Roughly 92% of all respondents are Windham County residents.



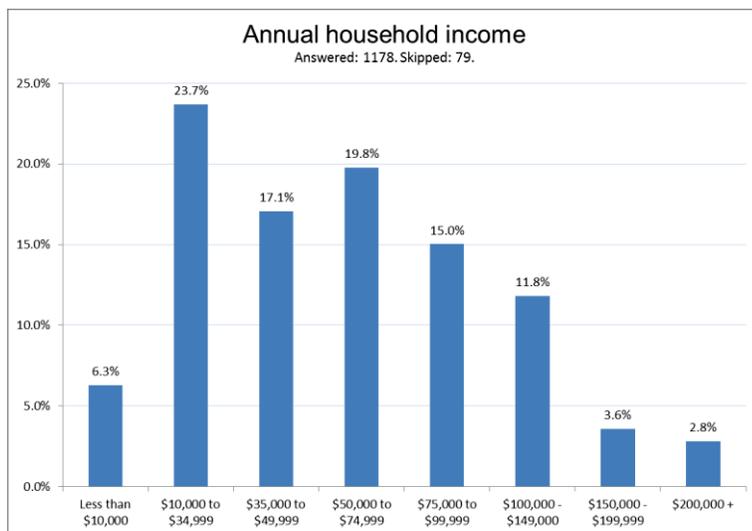
## Demographics of Survey Takers



By and large, the demographics of the 1,257 2018 CHNA survey respondents are representative of the Windham County population. A few exceptions are noted below. \*The demographics of all Windham County residents are provided on page 9 of this report.

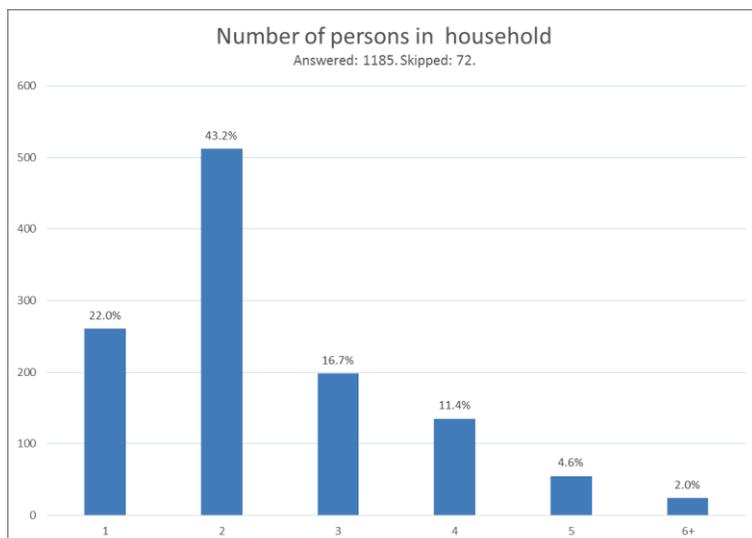
### Age:

Windham County has more people in the 18-24 and the 85+ categories, and fewer residents in the 55-64 and 65-74 categories as compared to the survey respondents. *(Based on 2016 VDH population estimates.)*



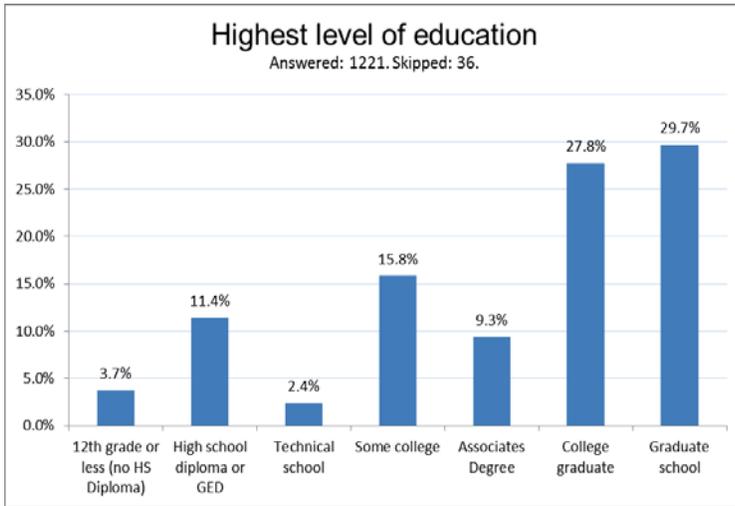
### Household Income:

The income profile of the survey respondents is very close to the actual population with one exception: there are more households in the \$10K-\$34,999 range county-wide. *(Based on US Census data, 2016.)*

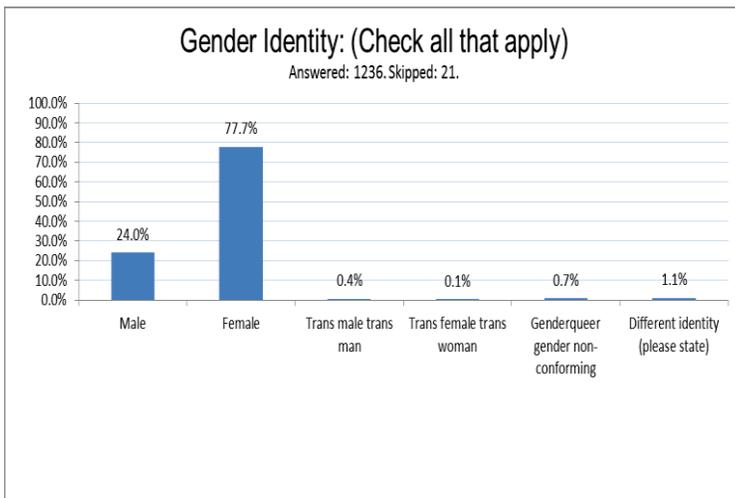


### Number in Household:

Again, the survey results are quite similar to Windham County statistics. The average household size of CHNA Survey respondents is 2.4. Throughout Windham County, the average size is 2.2. *(Based on US Census data, 2016.)*

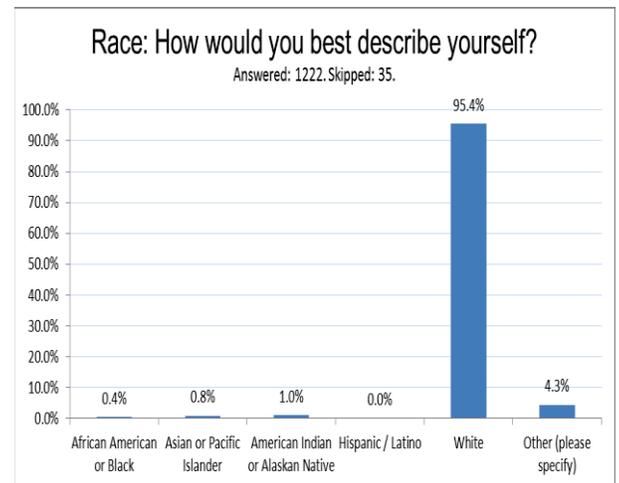


**Education:** While the income levels of survey respondents and the population as a whole are very similar, survey respondents are much more highly educated. In Windham County, 57.5% of respondents hold college degrees compared to only 35.3%. (Source: US Census, 2016; WC, age 25+)

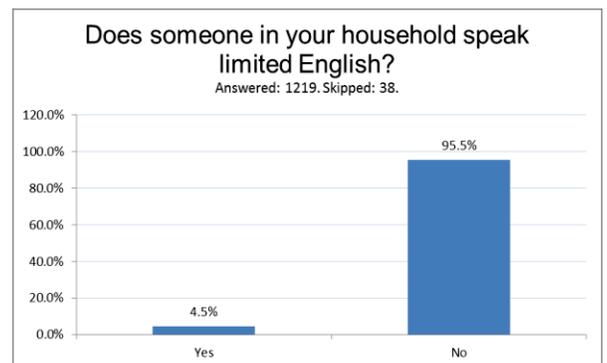
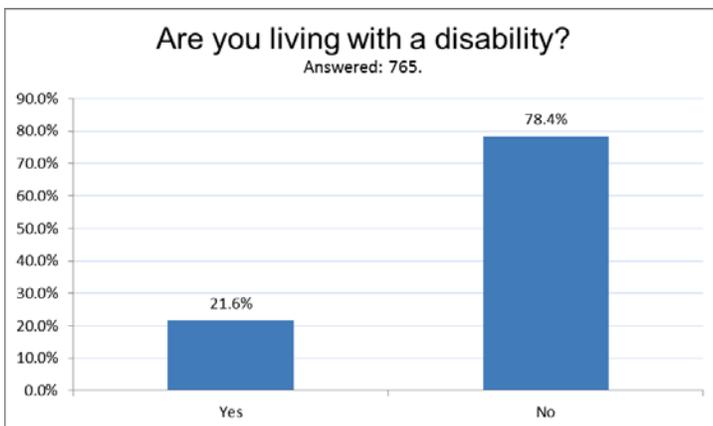


**Gender:** While the gender ratio of Windham County is close to 50/50, more females than males took the survey.

**People of Color:** The percent of people of color survey-takers is small, comparable to the population of Windham County.



**Note:** Comparable data on Windham County residents who are transgender or living with a self-described disability are not available.



## 2018 CHNA Survey Results:

Beyond the demographic questions, survey-takers were asked three questions, identical to the questions asked in the 2015 survey:

**Question 1: What are the most significant health issues or concerns facing you and your family?**

**Question 2: What are the most significant health issues or concerns facing your neighbors or your community?**

**Question 3: What most prevents you and your family from attaining good health and well-being?**

In each instance, they were offered the ability to ‘check all that apply’. The answers to these questions are shown on the following pages by ranking, with the Top 10 displayed in orange.

Note that while the questions were identical to those posed in 2015, survey-takers were given more options to choose from, including ‘Healthy Aging’, ‘Anxiety’, and ‘Housing Insecurity.’

**Note that answers are provided for different segments of the survey population:**

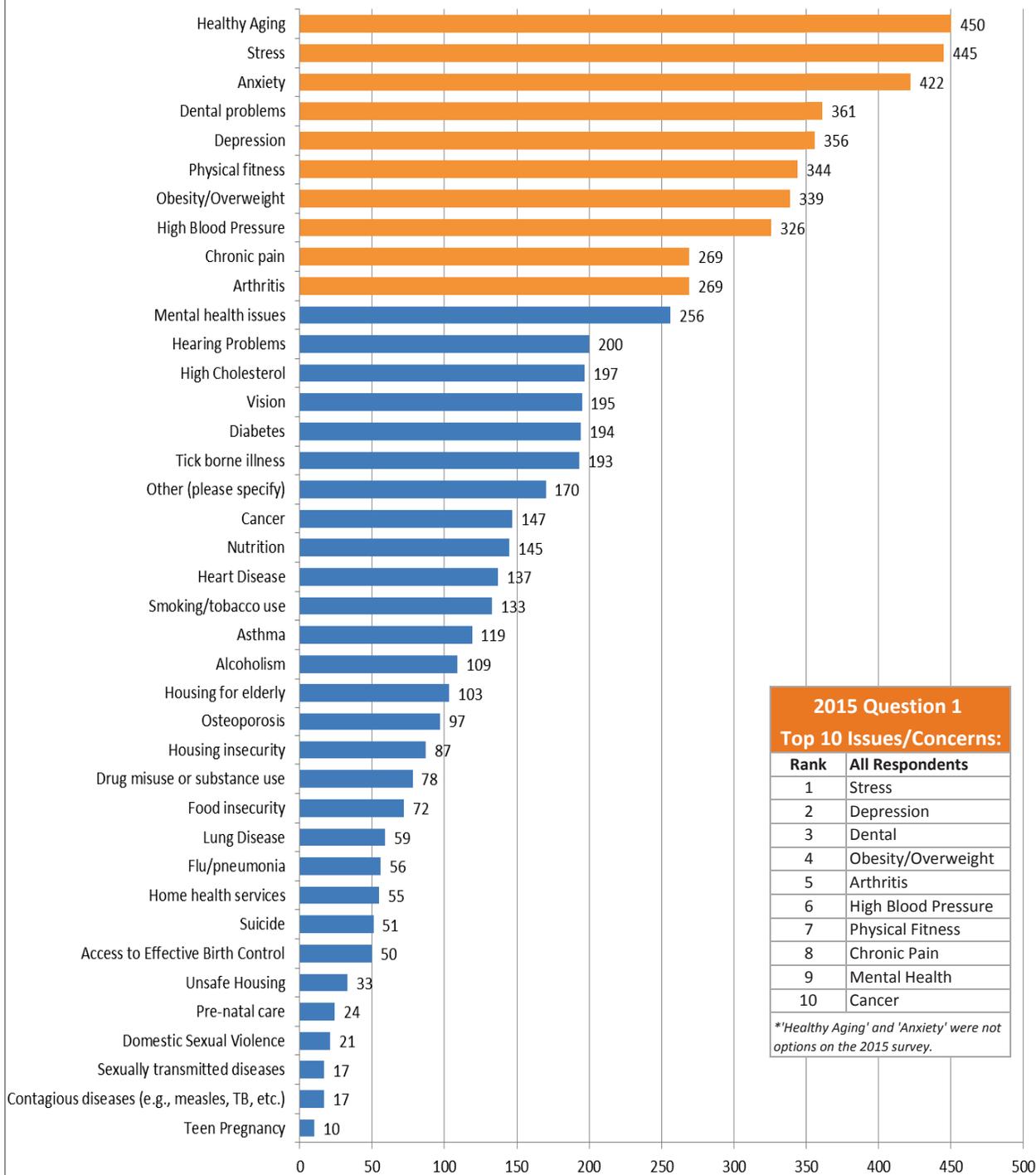
- **All Respondents**
- **Medically Underserved Respondents**
- **Senior Respondents**
- **Low Income Respondents**

We did not provide segmented responses based on race or gender non-conformity as the total number of respondents in these categories was too low for fair analysis. The concerns of these groups were merged in the pages reflecting the ‘Potentially Medically Underserved’ population.

## 2018 CHNA Question 1: All Respondents

### What are the most significant health issues or concerns facing you and your family? (Check all that apply).

All Survey Respondents: Answered 1228. Skipped 29.



## 2018 CHNA Question 1: All Respondents

In response to Question 1, 170 respondents checked “Other”. The ‘Cloud’ graph below identifies the words typed in most frequently in identifying ‘other’ issues or concerns.

Q1 What are the most significant health issues or concerns facing you and your family?  
(Check all that apply).



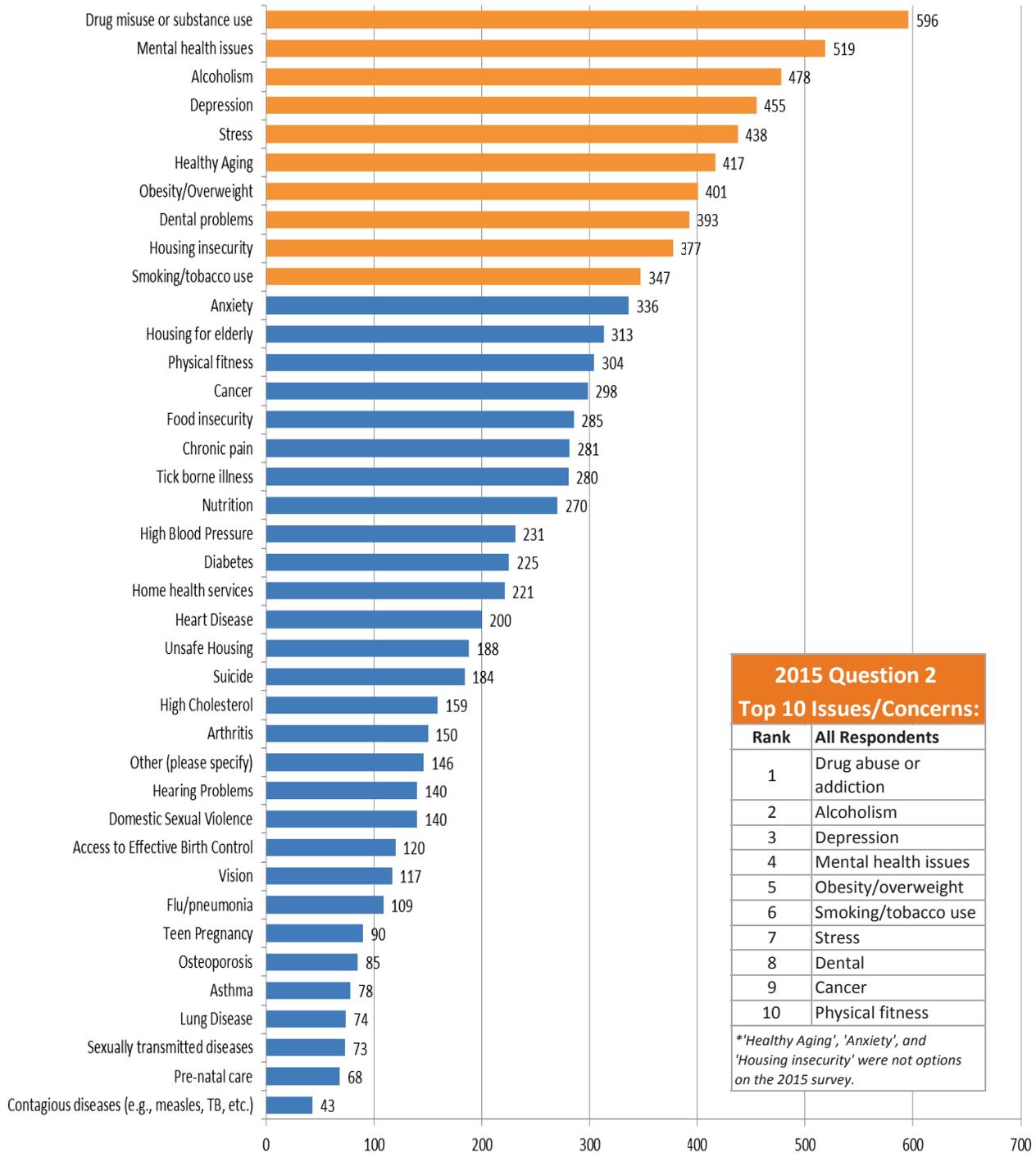
A small sampling of comments that represent some of the ‘other’ concerns, as written by individual respondents, is provided below:

- Affordable high quality health care
- Access to healthcare in general, single payer healthcare, Medicare for all! Dental care needs to be included in healthcare! Medicaid will pay for ambulance to ER and the antibiotics for a dental access, but won't pay more than \$500 for cleanings, fillings only! The mouth is part of the body. Further it's health is essential to good health!
- Speech
- Turnover of primary care providers
- Eating disorder
- ADHD (adult)
- Epilepsy and seizure disorders; Traumatic Brain Injury
- Medical freedom and affordable insurance. Clean food, water and air.
- Autoimmune diseases
- Lack of local doctors
- Multiple Chemical Sensitivity. Chronic Fatigue Syndrome.
- e-cigarettes
- Having a kidney dialysis center nearby
- Renal issues
- Autism
- Parkinson's disease

## 2018 CHNA Question 2: All Respondents

### What are the most significant health issues or concerns facing your neighbors or your community? (Check all that apply).

All Survey Respondents: Answered 1159. Skipped 98.



## 2018 CHNA Question 2: All Respondents

In response to Question 2, 146 respondents checked "Other". The 'Cloud' graph below identifies the words typed in most frequently in identifying 'other' issues or concerns.

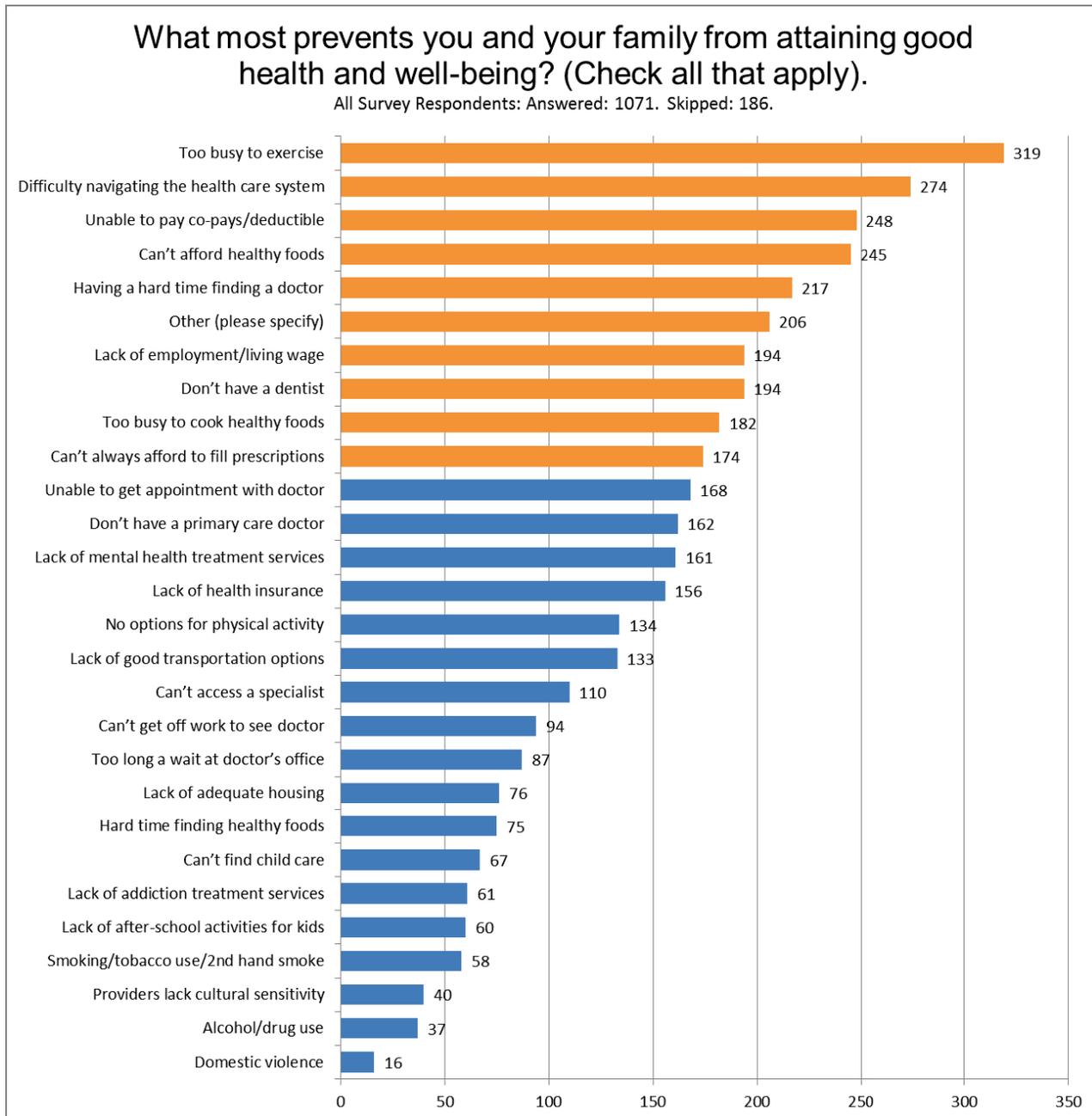
Q2 What are the most significant health issues or concerns facing your neighbors or your community? (Check all that apply).



A small sampling of comments that represent some of the 'other' concerns, as written by individual respondents, is provided below:

- Dominance of fast foods and soda, cheap food choices that lead to poor nutrition
- Undiagnosed lyme and lyme-like disease
- Air pollution from fragranced dryer vents affects my health and my child's health in my neighborhood and my own yard. Air pollutants in my community affect my ability to function in the world even though I'm healthy when not exposed to other people's toxic fragrances.
- Commenting that its curious to me that "domestic sexual violence" is here but not "domestic violence" generally. The design of the survey leaves a response gap that can taint the findings.
- Mental health stigma
- Opiate addiction & Domestic Neglect
- There is no transportation in the valley, it is very difficult to get to the grocery store, drug store, medical appointments. There is no childcare that is affordable. People cannot work without childcare. Big lack of mental health/ primary care providers, and help with drug and alcohol. We all know the terrible stories of people waiting in ER's for days and weeks at a time while waiting for a mental health bed in Vermont. It is unacceptable, inhumane, and just horribly wrong, that we have a huge problem in Vermont with drugs and alcohol and there are very few options for many people when trying to seek treatment.
- Opiate Crisis
- Allergies
- Don't know my neighbors all that well.

## 2018 CHNA Question 3: All Respondents



## 2018 CHNA Question 3: All Respondents

In response to Question 3, 206 respondents checked "Other". The 'Cloud' graph below identifies the words typed in most frequently in identifying 'other' issues or concerns.

Q3 What most prevents you and your family from attaining good health and well-being?  
(Check all that apply).



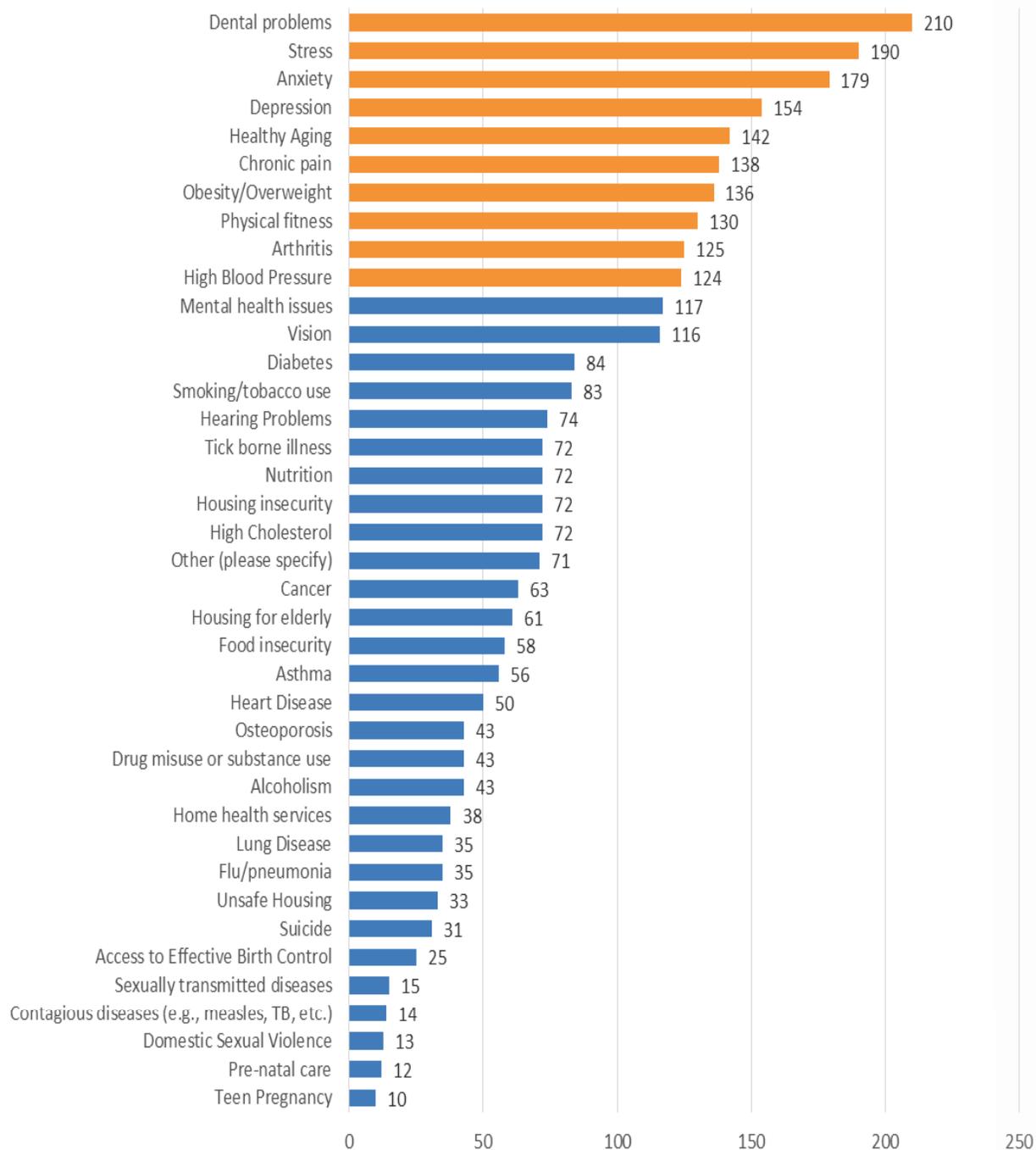
A small sampling of comments that represent some of the 'other' concerns, as written by individual respondents, is provided below:

- Inability to find child care prevents people from moving here!
- Failure of Obamacare
- Self-discipline!
- Nothing – we have good healthcare
- Having to go to Dartmouth for specialists
- Difficult options for exercise – far away, cost
- Time, busy-ness
- Need a swimming pool for winter activity!
- Not enough job creation
- Lack of urgent care center, if own doctor is not available only option is emergency room, specialist do
- Lab work too expensive
- Health insurance doesn't cover the care I want.
- Lack help coping with parenting teens
- Given up
- So busy with hustle and bustle of owning a business and having three children that there is very little time for self-care and slowing down when I am ill.
- Lack of MD psychiatrists (not psychotherapists "
- There is a ""Catch 22"": illness decreases the ability to work, which decrease income, which decrease ability to make health food choices and increases stress, which makes illness more difficult to resolve.
- Dementia impacts decision-making
- As a family with an above \*local average income, a home of our own and two fully insured, fully salaried parents and one child, we still find it hard to afford child care, and insurance/medical costs.

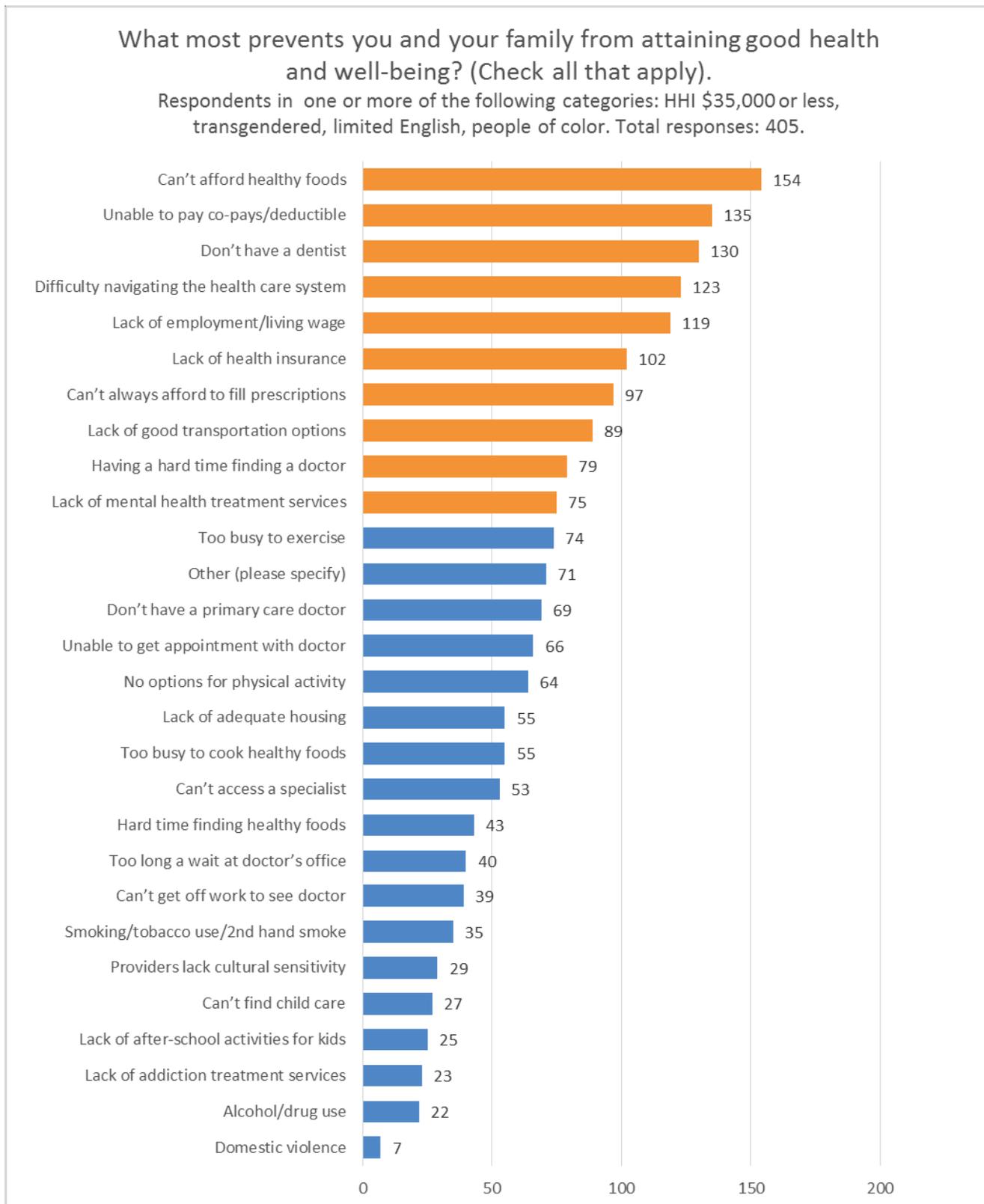
## 2018 CHNA Question 1: Potentially Medically Underserved Respondents

What are the most significant health issues or concerns facing you and your family? (Check all that apply).

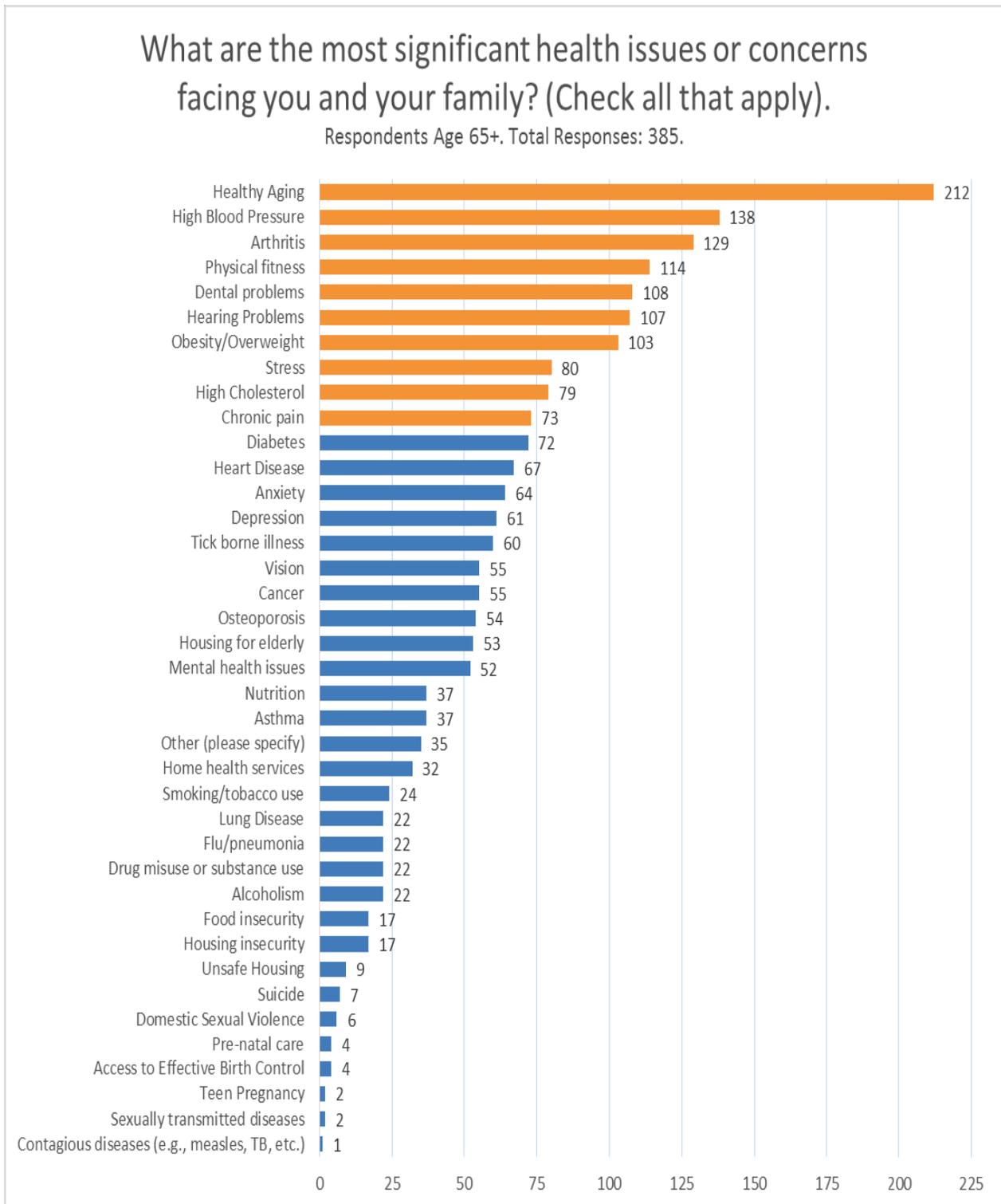
Respondents in one or more of the following categories: HHI \$35,000 or less, transgendered, limited English, people of color. Total responses: 447.



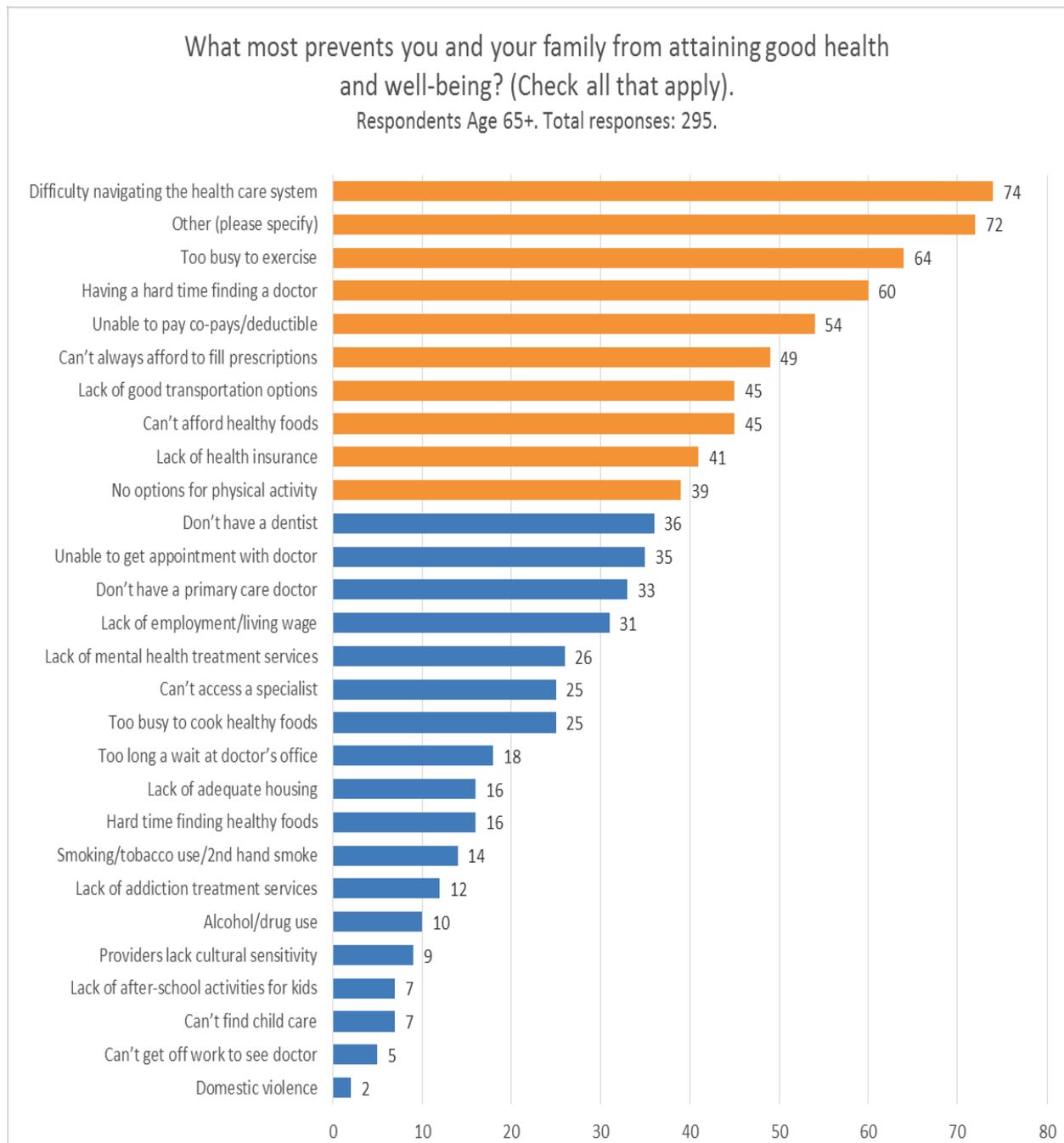
### 2018 CHNA Question 3: Potentially Medically Underserved Respondents



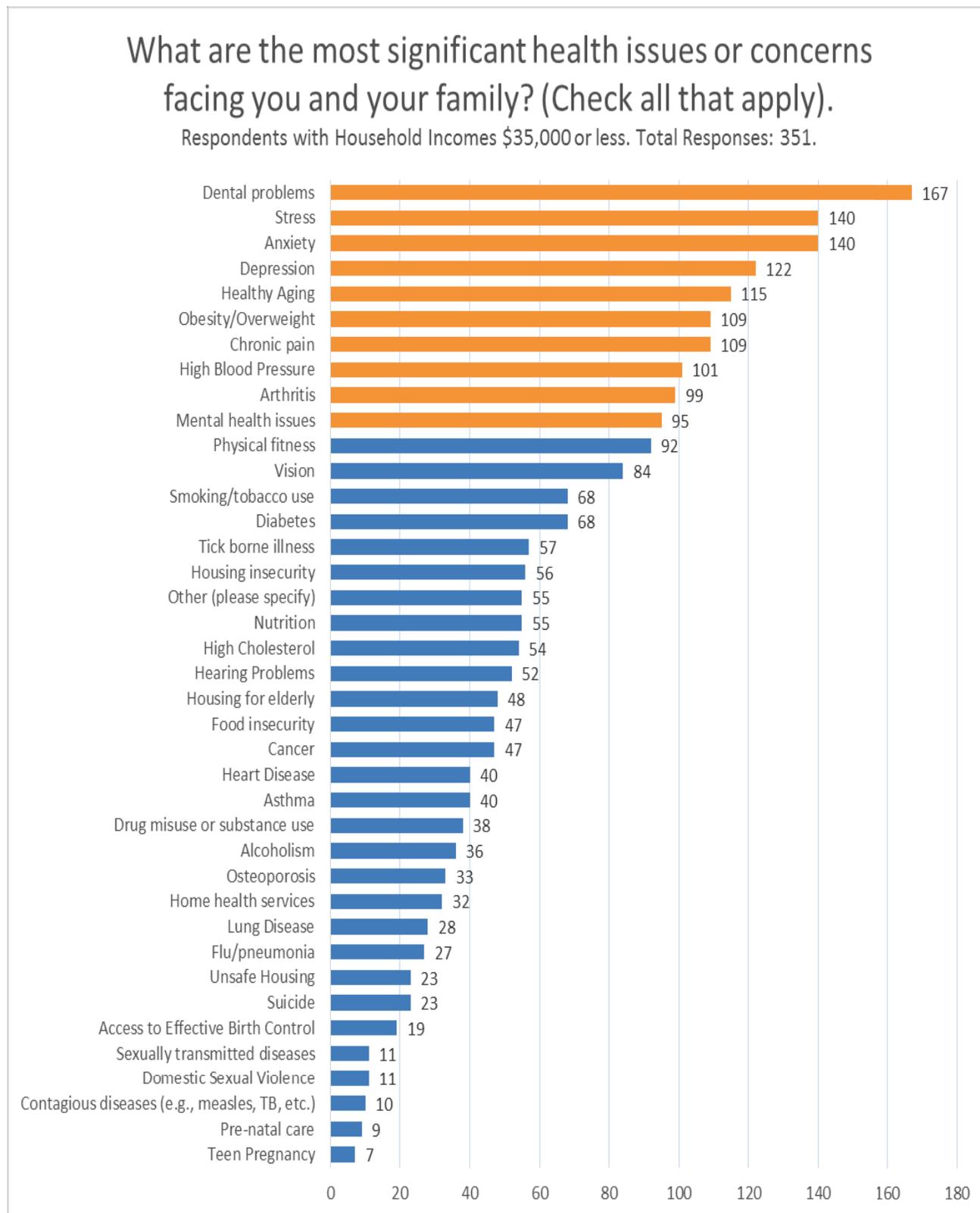
## 2018 CHNA Question 1: Seniors



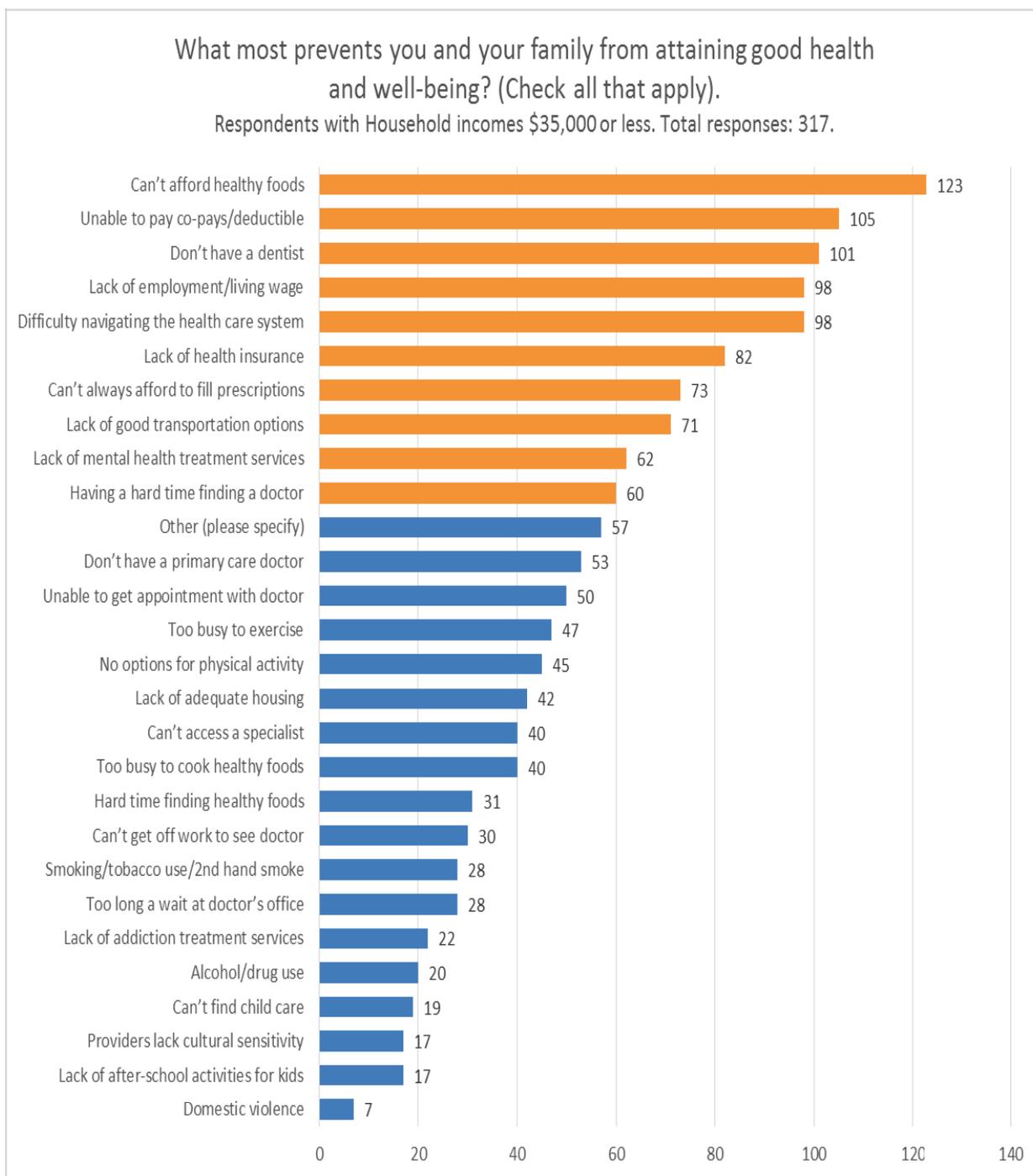
## 2018 CHNA Question 3: Seniors



## 2018 CHNA Question 1: Low Income



## 2018 CHNA Question 3: Low Income



## Summary of Findings

Based on an analysis of all of the data, survey results, and commentary included in this report, the 2018 CHNA Steering Committee drew the following conclusions:

### Requisites for the Maintenance or Improvement of Health Status

- Access to health care including physical, mental and oral health services
- Access to illness prevention
- Adequate nutrition
- Safe and healthy housing
- Social supports and
- Environmental factors (clean air, water, access to recreation, etc.)

### Significant Health Needs of Windham County Residents

- Access to primary care providers
- Alcohol & Substance Abuse
- Culturally sensitive services
- Financial Barriers – high copays and deductibles or needs not covered by insurance
- Flu vaccinations
- Good nutrition
- Mental Health (stress, anxiety, depression)
- Obesity/Overweight/Physical Activity
- Oral Health Access
- Prevention of Chronic Diseases including hypertension
- Smoking/Nicotine Use
- Support for Healthy Aging (including arthritis and needs listed above)
- Support to Navigate the Healthcare System
- Transportation

### Health Needs of People of Color, Low-Income & Medically Underserved Populations

A focus of the 2018 CHNA was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, people of color, LGBTQ and any others who may experience difficulty in accessing appropriate healthcare. The findings were very similar to the 2015 needs.

In addition to the survey results from the PMU subset of all survey respondents, Table 1, presented in the Appendix, summarizes the input obtained on medically underserved populations. The table identifies:

- The health needs of the identified population
- The barriers to achieving or maintaining good health faced by the identified population
- Community resources potentially available to address these needs and barriers

Table 1 in the Appendix provides an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access.

The feedback on the needs of Windham County's medically underserved populations is greatly appreciated and highly informative. Several common themes regarding the health needs and concerns of medically underserved populations in Windham County emerged from the group's written comments as well as their collective survey responses:

- **Mental Health.** Mental health issues were a significant concern among all populations. "Mental health" broadly included Alzheimer's, anxiety, bipolar disorder, borderline personality disorder, dementia, depression, PTSD, as well as undiagnosed mental health issues. Stress, anxiety, and depression were all listed in the top five answers in the survey portion of the CHNA of the PMU population.
- **Oral Health.** The need for dental services was a recurrent theme across all age groups, from children and young adults to seniors. Dental concerns were the number one concern among PMU respondents of the survey.
- **Diet & Nutrition.** Poor diet and nutrition were raised as concerns. Resulting health issues such as obesity was also a concern, as was not being able to afford healthy foods. Similarly, some common themes emerged regarding barriers to the achievement or maintenance of good health for people of color, low-income, and medically underserved populations.
- **Transportation Barriers.** Transportation challenges emerged as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities.
- **Financial Barriers.** Financial barriers impede good health in many ways. Individuals are forced to choose between basic necessities (food, housing, heat) and healthcare. Even those with insurance may face prohibitive healthcare costs; for example, insurance may cover only 80% of the cost. High deductibles and co-pays create a barrier to good health, forcing individuals to meet their health needs last as basic necessities must come first. This is also true for purchasing healthy food. Obtaining affordable food was identified as the number one barrier to achieving health and wellness among PMU respondents.
- **Systemic Barriers.** Navigating the healthcare system can be difficult for some individuals. Medically underserved individuals sometimes struggle with transitions in their care plans, especially when the care that they receive is provided through more than one medical office or department. The lack of assistance in care navigation can prevent some individuals from accessing the medical care that they need.
- **Lack of Stable Housing.** This was also identified as a common theme. From teens to adults, this is an area that was identified as a barrier to attaining good health. If someone does not have stable housing, it can be harder for them to achieve health and wellness.

## Evaluation of Actions Taken to Address Health Needs Identified in the 2015 CHNA

In 2015, the Brattleboro Memorial Hospital Board of Directors adopted the 2015 CHNA. In the report, eight health conditions were established as priorities based on similar criteria as used to establish priorities in 2018. The health issues chosen were mental health, obesity, substance abuse, aging, dental health problems, difficulty navigating healthcare system, transportation, and culturally competent medical staff. On February 9, 2016 the Board of Trustees adopted the Implementation Plan to address these prioritized conditions.

The full 2015 CHNA Report and Implementation Plan can be found at <https://www.bmhvt.org/services/community-health-team/community-health-needs-assessment/>.

A summary of the actions, outreach initiatives, and related results that have occurred between September 2015 and August 2018 are noted below.

### Mental Health

- Community collaborations have continued to develop around Mental Health services in our community.
- Screenings for depression were performed in the Patient Centered Medical Home primary care practices. If a person screened positive a referral was made to support the patient further.
- A Behavioral Nurse Practitioner was hired in the Emergency Department.
- Just So Pediatrics has an embedded Mental Health Clinician in their practice one day a week to assist with mental health needs.
- The Regional Psychiatric Strategy Group, of which BMH is a part of, continues to meet bi-monthly to collaborate on the mental health needs in our community including tele-psychiatry.

### Obesity

- CHT supports hours for embedded Pediatric Care Coordinators at Just So Pediatrics and Brattleboro Primary Care to ease referrals to the Health Coach and Registered Dietitians.
- Continue to explore participation in RiseVT, aimed at preventing Childhood Obesity through the EPODE model.
- CHT continues to host walking groups, chair yoga, tai chi and juggling for health to increase adult activity.
- The CHT Health Coach continues to teach food pantry employees how to prepare health meals
- Collaboration continues with Vermont Foodbank with the Veggie Van Go program which provide local families with fruits and veggies monthly. Food demonstrations also continue at the drop sites to teach people how to prepare health meals with the food that is provided.

### Substance Abuse

- Continue to participate in community conversations and initiatives surrounding Substance Use Disorder.
- BMH Narcotics Task Force continues to operate assessing patients with high MED scores. BMH continues to adapt workflows to the updated prescribing laws.
- Continued collaboration with the Blueprint for Health and the Brattleboro Retreat for the Windham County Hub and Spoke program for Medication Assisted Treatment.
- Brattleboro OBGYN continues to participate in the Women's Health Initiative screening women for Substance Use Disorder, Mental health and other Social Determinants of Health. If a patient screens positive, they are referred to the Community Health Team Social Worker to assist where needed.

- The Rx Abuse Prevention Task Force continued to meet quarterly at different venues to discuss preventing abuse of prescription opioids and other controlled substances. This has proven to be a very productive dialogue between Clinicians and Pharmacist in the Brattleboro area.
- SBIRT (Screening, Brief Intervention, Referral to Treatment) was implemented in Brattleboro Family Medicine and is still being used. SBIRT is used to screen for SUD and Mental Health.
- Just So Pediatrics uses the CRAFFT screening tool to screen for Substance Use Disorder in adolescents.

## **Aging**

- BMH continues to finance and maintain a Post-Acute Care Department that provides care to elders in Skilled Nursing Facilities in the Brattleboro Area.
- Continued work with increasing Medicare Hospice benefit for end of life care.
- Continued work with Brattleboro Area Hospice Taking Steps program to provide assistance with Advance Directives.
- BMH PCMH practices provides outreach to seniors for flu vaccine
- CHT and SASH continue to collaborate to discuss the vulnerable elderly population. SASH continues to do fall risk assessments during annual wellness visits.

## **Dental Health**

- BMH continues to collaborate with area partners to explore a Dental Center to serve patients who are underinsured/uninsured.
- Continued support for Windham County Dental Day.
- JSP continues to utilize Estey Dental.
- JSP initiated the fluoride varnish program and conducts water testing for fluoride.

## **Difficulty Navigating the Healthcare System**

- Embedded RN at Groundworks Collaborative's Drop in Center continues to provide help to patients navigating the healthcare system and establishing care with a Primary Care Provider.
- BMH continues to provide a Community Resource Liaison to assist patients navigate the financial side of healthcare.
- BMH continues to provide a Manager of Patient Experience to assist patients.
- Another area of focus that addresses population health is the RiseVT initiative. We are hopeful to develop a collaborative effort with BMH in order to better focus on creating a county-wide healthier community.

## **Transportation**

- CHT member attends transportation meeting regularly.
- BMH continues to have locations on the Current and Green Mountain express bus routes.

## **Culturally Competent Medical Staff**

- Continued collaboration with Groundworks to embed RN to work with clients to improve access to care.
- BMH evaluated marketing and messaging for cultural diversity. This continues to be the practice of BMH.
- Care Manager position was created within the Emergency Department to address the needs of various vulnerable populations.

## Contact Information

### **Brattleboro Memorial Hospital**

17 Belmont Avenue  
Brattleboro, VT 05301  
[www.bmhvt.org](http://www.bmhvt.org)

For questions or comments regarding this report, contact the office of Community Relations at 802-257-8314 or write to: [info@bmhvt.org](mailto:info@bmhvt.org).

### **2018 CHNA Steering Committee:**

Jacki Brown, Marketing Manager, Grace Cottage Family Health & Hospital

Rebecca J. Burns, RN, Dir of Community Initiatives & Blueprint Project Manager, Brattleboro Memorial Hospital

Erin Fagley, Digital Marketing Strategist/Community Liaison, Brattleboro Retreat

C. J. King, Grant Writer, Grace Cottage Family Health & Hospital

Prudence MacKinney, Director, Vermont Department of Health –Brattleboro District

Crystal Mansfield, Director of Rehabilitation Services, Community Health Team, Community Wellness Programs

Gina Pattison, Director, Development & Marketing, Brattleboro Memorial Hospital

Konstantin von Krusenstiern, VOP Development & Communications, Brattleboro Retreat

### **Participating agencies:**

**Grace Cottage Family Health & Hospital:** 185 Grafton Road, PO Box 216, Townshend, VT 05353, 802-365-9109

**Brattleboro Retreat:** Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302, 802-258-3785

**Vermont Department of Health-Brattleboro District:** 232 Main St., Ste 3, Brattleboro, VT 05301, 802-257-2880

# APPENDIX

**2018 CHNA Survey (front)**



**2018 COMMUNITY HEALTH NEEDS ASSESSMENT**

If you are at least 18 years of age, please take a minute to complete the survey below. All responses will remain anonymous. The purpose of this survey is to get your opinions about community health issues. Thank you for your time and interest in helping us to identify our most pressing problems and issues.

**1. What are the most significant health issues or concerns facing you and your family? (Check all that apply).**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control             | <input type="checkbox"/> Hearing Problems     | <input type="checkbox"/> Smoking/tobacco use           |
| <input type="checkbox"/> Alcoholism                                    | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety                                       | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Arthritis                                     | <input type="checkbox"/> High Cholesterol     | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Housing insecurity   | <input type="checkbox"/> Tick borne illness            |
| <input type="checkbox"/> Chronic pain                                  | <input type="checkbox"/> Housing for elderly  | <input type="checkbox"/> Unsafe Housing                |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia        | <input type="checkbox"/> Vision                        |
| <input type="checkbox"/> Dental problems                               | <input type="checkbox"/> Food insecurity      | <input type="checkbox"/> Others:                       |
| <input type="checkbox"/> Depression                                    | <input type="checkbox"/> Lung Disease         | _____  |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> Mental health issues | _____  |
| <input type="checkbox"/> Domestic Sexual Violence                      | <input type="checkbox"/> Nutrition            | _____  |
| <input type="checkbox"/> Drug misuse or substance use                  | <input type="checkbox"/> Obesity/Overweight   |  |
| <input type="checkbox"/> Healthy Aging                                 | <input type="checkbox"/> Osteoporosis         |  |
|  | <input type="checkbox"/> Physical fitness     |  |
|  | <input type="checkbox"/> Pre-natal care       |  |

**2. What are the most significant health issues or concerns facing your neighbors or your community? (Check all that apply).**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Access to Effective Birth Control             | <input type="checkbox"/> Hearing Problems     | <input type="checkbox"/> Smoking/tobacco use           |
| <input type="checkbox"/> Alcoholism                                    | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Anxiety                                       | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Arthritis                                     | <input type="checkbox"/> High Cholesterol     | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Home health services | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Housing insecurity   | <input type="checkbox"/> Tick borne illness            |
| <input type="checkbox"/> Chronic pain                                  | <input type="checkbox"/> Housing for elderly  | <input type="checkbox"/> Unsafe Housing                |
| <input type="checkbox"/> Contagious diseases (e.g., measles, TB, etc.) | <input type="checkbox"/> Flu/pneumonia        | <input type="checkbox"/> Vision                        |
| <input type="checkbox"/> Dental problems                               | <input type="checkbox"/> Food insecurity      | <input type="checkbox"/> Others:                       |
| <input type="checkbox"/> Depression                                    | <input type="checkbox"/> Lung Disease         | _____  |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> Mental health issues | _____  |
| <input type="checkbox"/> Domestic Sexual Violence                      | <input type="checkbox"/> Nutrition            | _____  |
| <input type="checkbox"/> Drug misuse or substance use                  | <input type="checkbox"/> Obesity/Overweight   |  |
| <input type="checkbox"/> Healthy Aging                                 | <input type="checkbox"/> Osteoporosis         |  |
|  | <input type="checkbox"/> Physical fitness     |  |
|  | <input type="checkbox"/> Pre-natal care       |  |

Please complete both sides of survey.

## 2018 CHNA Survey (back)

3. What most prevents **you and your family** from attaining good health and well-being? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol/drug use                            | <input type="checkbox"/> Having a hard time finding a doctor            |
| <input type="checkbox"/> Can't afford healthy foods                  | <input type="checkbox"/> Don't have a primary care doctor               |
| <input type="checkbox"/> Difficulty navigating the healthcare system | <input type="checkbox"/> Don't have a dentist                           |
| <input type="checkbox"/> Hard time finding healthy foods             | <input type="checkbox"/> Too long a wait at doctor's office             |
| <input type="checkbox"/> Lack of good transportation options         | <input type="checkbox"/> Unable to pay co-pays/deductible               |
| <input type="checkbox"/> Lack of health insurance                    | <input type="checkbox"/> Can't always afford to fill prescriptions      |
| <input type="checkbox"/> Lack of adequate housing                    | <input type="checkbox"/> Can't access a specialist                      |
| <input type="checkbox"/> Domestic violence                           | <input type="checkbox"/> Lack of mental health treatment services       |
| <input type="checkbox"/> Too busy to exercise                        | <input type="checkbox"/> Lack of addiction treatment services           |
| <input type="checkbox"/> Too busy to cook healthy foods              | <input type="checkbox"/> Smoking/tobacco use/2 <sup>nd</sup> hand smoke |
| <input type="checkbox"/> No options for physical activity            | <input type="checkbox"/> Lack of after-school activities for kids       |
| <input type="checkbox"/> Can't get off work to see doctor            | <input type="checkbox"/> Providers lack cultural sensitivity            |
| <input type="checkbox"/> Unable to get appointment with doctor       | <input type="checkbox"/> Lack of employment/living wage                 |
| <input type="checkbox"/> Can't find child care                       | <input type="checkbox"/> Other: _____                                   |

4. Age:

- 18 – 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+

9. Highest level of education:

- 12<sup>th</sup> grade or less (no HS Diploma)
- High school diploma or GED
- Technical school
- Some college
- Associates Degree
- College graduate
- Graduate school

5. Gender Identity: (check all that apply)

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Different identity (please state): \_\_\_\_\_

10. Annual household income:

- Less than \$10,000
- \$10,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 - \$149,000
- \$150,000 - \$199,999
- \$200,000 +

6. # of Persons in Your Household: \_\_\_\_\_

7. Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No

11. Does someone in your household speak limited English?

- Yes
- No
- If yes, language spoken \_\_\_\_\_

8. How would you best describe yourself?

- African American or Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White
- Other: \_\_\_\_\_

12. Town of residence: \_\_\_\_\_

13. Zip code where you live: \_\_\_\_\_

You can submit at Town Meeting, in person to the front desk at BMH, GCH, the Retreat, or the agency that you received the survey from, or mail completed survey to Community Health Needs Assessment, Grace Cottage Hospital, PO Box 1, Townshend, VT 05353. Survey is also available online at: [www.wellnessinwindham.org](http://www.wellnessinwindham.org).

Surveys must be received by March 31, 2018. Thank you for your participation!

## Qualitative Input Concerning the Health Needs of Potentially Medically Underserved

The information below was gathered and prepared by BMH as part of the CHNA process.

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What Community Resources are Potentially Available to Address these Needs and Barriers
<p><b>AIDS Project of Southern Vermont</b></p>	<p>The AIDS Project of Southern VT provides medical case management to HIV+ individuals, and supportive services to their families, prevention services, including counseling and testing. We offer syringe services for people who inject drugs.</p>	<ul style="list-style-type: none"> <li>• Appropriate screening exams (Gay, trans, LGBTQ)</li> <li>• Complicated multiple health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• PCPs – Lack of continuity of care</li> <li>• Coordination of care for multiple diagnoses</li> <li>• Insurance coverage (co-pays, co-insurance, deductibles, no dental)</li> <li>• Lack of dentists</li> <li>• Lack of psychiatrists</li> <li>• Comprehensive support systems (24/7)</li> </ul>	<ul style="list-style-type: none"> <li>• Vermont 211</li> <li>• Resource sharing</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Boys &amp; Girls Club of Brattleboro</b></p>	<p>Boys &amp; Girls Club of Brattleboro serves youth between the ages of 6 and 19 years old. We have members from all over the greater Brattleboro area. A large percentage of BGC members are from disadvantaged or low income homes. BGC of Brattleboro has over 1000 members.</p>	<ul style="list-style-type: none"> <li>• Food insecurity, nutrition, knowing where the next meal is coming from</li> <li>• Marijuana is an issue among high school students</li> <li>• Dental</li> <li>• Vision</li> <li>• Mental health</li> <li>• Also, many young people do not have a general feeling of safety physically, mentally and/or emotionally.</li> </ul> <p>General drug use is up, if not specifically with our members at least within their families.</p>	<ul style="list-style-type: none"> <li>• Lack of parental assistance/ involvement</li> <li>• Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues</li> <li>• Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal.</li> <li>• Free school lunch program only allows certain food items.</li> <li>• Lack of mental health providers, long wait and delays for mental health services.</li> <li>• Navigating services is a challenge – where is it, what time, is it child friendly?</li> <li>• Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/dusk.</li> <li>• Few dentists take Medicaid.</li> <li>• Lack of child care/child friendly sites</li> </ul>	<p>* Boys &amp; Girls Club provides dinner to members and families 6 nights/week.</p> <ul style="list-style-type: none"> <li>• Boys &amp; Girls Club has extended hours in the summer with a sliding fee scale – provides summer meals, too.</li> <li>• The Boys &amp; Girls Club also provides education and training around substance use and abuse, avoidance of using drugs and how to stop once/ if you start.</li> <li>• Also homelessness is a large problem for young people in our community, whether it is the youth themselves that are homeless or their entire family.</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Brattleboro Housing Partnership/SASH</b>	<p>The Brattleboro Housing Partnership houses seniors, adults with disabilities, and families. The mission of the Brattleboro Housing Partnership is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in meeting their health related goals and supports participants in becoming better self-managers.</p>	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Homemaking services for seniors and adults with disabilities</li> <li>• Medication management</li> <li>• Nutrition</li> <li>• Unaddressed addiction issues</li> <li>• Mental health</li> <li>• Prescribing Psychiatrist</li> <li>• Access to PCP</li> <li>• Chronic Disease Management</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Discrimination</li> <li>• Poverty</li> <li>• Housing</li> <li>• Insurance gaps</li> <li>• Not enough providers</li> <li>• Education</li> <li>• Access to healthier foods</li> <li>• Stigmas</li> <li>• Waitlists</li> <li>• Communication Barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Team Wellness Programs</li> <li>• Moderate Needs/Choices for Care Programs</li> <li>• Wellness Programs with incentives</li> <li>• Connecticut River Transit – transportation</li> <li>• HCRS programs</li> <li>• Winston Prouty case management/education</li> <li>• EES education</li> <li>• Senior Solutions Case Management</li> <li>• VT Foodbank</li> <li>• Community of Vermont Elders</li> <li>• Senior Meals</li> <li>• SEVCA</li> <li>• Shelter Plus Care</li> <li>• VT Center for Independent Living</li> <li>• Groundworks</li> <li>• Voc. Rehab</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Children’s Integrated Services (CIS)</b></p> <p><i>Family Supportive Housing (FSH)</i></p> <p><i>Early Learning Center</i></p> <p><i>Child Care Support Services</i></p>	<p>Children’s Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of their families are low-income, and they focus on coordinated child developmental services and family support.</p> <p>Case management for families with young children (priority children 6 and under) who are homeless or at risk of becoming homeless.</p> <p>Early education for children 6 weeks through 5 years. Child Care Referral, Child Care Financial Assistance Program, Early Learning Express Bookmobile, Child and Adult Care Food Program, Training &amp; Funding Opportunities for Early Care &amp; Learning Providers</p>	<ul style="list-style-type: none"> <li>• Poor diet and nutrition (and knowledge of mental health including depression, anxiety, bipolar, borderline personality disorder and mental health issues without a defined diagnosis).</li> <li>• Diabetes</li> <li>• Dental</li> <li>• Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc.</li> <li>• Respiratory issues from smoking</li> <li>• Substance abuse (heroin, alcohol)</li> <li>• Weight issues</li> <li>• Homelessness, lack of stable housing which impacts physical and mental health and diet</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Waiting lists, lack of providers</li> <li>• Very limited access to psychiatry</li> <li>• Lack of information/knowledge</li> <li>• Lack of basic needs such as housing and childcare. Clients in “crisis” mode and so don’t have time/energy, etc. to look after health needs</li> <li>• Bad experiences and/or trauma in the past</li> <li>• Guilt around not keeping up with healthcare</li> <li>• Time management/ability to keep appointments. Mental health issues can take over ability to keep appointments, etc.</li> <li>• Surrounded by negative influences</li> <li>• Poverty – again always in “crisis” mode</li> <li>• Access to phones/ changing numbers, being in contact with medical providers</li> <li>• Lack of natural support systems</li> <li>• Limited funds to purchase healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>• Med Rides</li> <li>• CIS/other home visiting agencies</li> <li>• Y Bus</li> <li>• Healthcare navigators</li> <li>• Housing case workers</li> <li>• Sue Rand at the Health Department</li> <li>• Local food shelves</li> <li>• WIC</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Green Mountain Crossroads</b></p>	<p>Green Mountain Crossroads primarily works with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ) living in rural areas and small towns. Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental healthcare providers, with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals we serve are also low-income.</p>	<ul style="list-style-type: none"> <li>• Access to competent care providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly related items such as hormone-replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or even have basic competencies in serving trans-gender patients. Frequently, our folks are traveling out of state and/or many hours to find care providers with whom they are comfortable working.</li> <li>• Care that is affordable. Even though transgender care is supposedly covered under Medicaid in the State of Vermont these days, many providers are not aware of this. Folks wait and/or delay or skip seeking care until health issues are dire.</li> <li>• Endocrinologist surgeons for gender confirmation surgery</li> <li>• Hormone replacement therapy</li> <li>• Peer-based services</li> <li>• Trans competent therapists</li> </ul>	<ul style="list-style-type: none"> <li>• Gatekeeping- needing letters for surgery, etc. Must go through a certain amount of therapy before “earning” other care.</li> <li>• Insurance companies, not care providers, deciding how long and what type of treatments make sense.</li> <li>• Care being cut off by insurance before folks are truly well</li> <li>• Challenges updating identity documents to match gender</li> <li>• Misunderstanding what’s possible – trans folks having kids for example.</li> <li>• Ability to pay</li> <li>• General stigma</li> <li>• Cultural competency</li> <li>• Lack of providers for folks with physical disabilities, sidewalks and road conditions in winter are dismal and means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc.</li> <li>• Lack of sober spaces to gather</li> <li>• Forms that don’t adequately apply to folks</li> <li>• Must take time off work to recover from surgeries, etc.</li> <li>• A widely-held belief that medical profs. know us and our own body and needs better than we do</li> </ul>	<p>GMC provides trainings and education on competency around working with LGBTQ folks. Happy to work developing materials and/or provide training. Send providers to:</p> <ul style="list-style-type: none"> <li>• Philadelphia Trans Health</li> <li>• Conference in June. Pride Center of Vermont</li> <li>• Outright Vermont AIDS Project of Southern Vermont</li> <li>• Vermont CARES</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Groundworks Collaborative</b></p> <p><b>Groundworks Shelter</b> <i>81 Royal Rd.</i></p> <p><b>Seasonal Overflow Shelter</b> <i>(November-April)</i> <i>209 Austen Dr.</i></p> <p><b>Drop-In Center</b> <i>60 S Main St.</i></p>	<p>Households at risk or struggling with homelessness including families with children, families with no children, and single adults.</p>	<ul style="list-style-type: none"> <li>• Dental care (mainly extractions/dentures)</li> <li>• Mental illness</li> <li>• Substance use</li> <li>• Chronic health conditions</li> <li>• Pain management</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of transportation</li> <li>• Stigma</li> <li>• Wait time to see a provider</li> <li>• Lack of psychiatric/treatment providers</li> <li>• Insurance barriers-no insurance, underinsured, insurance limits on treatment</li> <li>• Lack of stable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Retreat</li> <li>• HCRS</li> <li>• Private psychiatrist/treatment providers</li> <li>• Walk-In Clinic</li> <li>• Community Health Team</li> <li>• BMH</li> <li>• HUB</li> <li>• Habit Opco</li> <li>• Dental Day</li> <li>• VT Health Department</li> <li>• SEVCA</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Senior Solutions</b>	Older adults (60yo+) and People living with Disabilities of all ages	<ul style="list-style-type: none"> <li>• Social support and stimulation; includes mental and emotional. can obtain either through personalized attention (VNs, family/friends) or community engagement (senior centers, volunteering, church, town events)</li> <li>• complete nutrition</li> <li>• physical activity- unique for each individual and their limits/goals</li> </ul>	<ul style="list-style-type: none"> <li>• confusing information from various sources on how to lead "healthy" life (different for everyone)</li> <li>• various agencies/NPOs/orgs offering services to people with varying eligibility requirements; adds to client's confusion &amp; frustration when already distressed and seeking assistance</li> <li>• resources (grocery stores, exercise classes, MDs) are more spread out and/or scarce in VT</li> <li>• money- most older adults aren't working full time anymore so they have less funds to spend on travel/food/extra expenses to improve lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• free classes/services at hospitals</li> <li>• AAAs</li> <li>• Cares Groups</li> <li>• Churches</li> <li>• Community ctrs</li> <li>•The Current/MOOver</li> <li>•Various community groups (Neighborhood Connections, RSVP)</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Southeastern Vermont Community Action (SEVCA)</b>	Southeastern Vermont Community Action serves low-income residents of Windham & Windsor Counties who are suffering.	<ul style="list-style-type: none"> <li>• Coping with the social determinants of health</li> <li>• Living in constant state of scarcity, resulting in abnormally high stress levels and leading to inability to focus and ineffective executive function</li> <li>• Substance abuse &amp; recovery issues</li> <li>• Tobacco addiction</li> <li>• Poor diet &amp; nutrition</li> <li>• Health conditions associated with chronic homelessness</li> <li>• Other Mental Health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to access appropriate needed health services</li> <li>• Lack of a “medical home” with continuity of health care providers and coordination of care</li> <li>• Cost of health insurance premiums, high deductibles &amp; co-pays</li> <li>• Lack of accurate Info re: affordable &amp; available health care options</li> <li>• Inability to meet basic needs such as housing, heat, nutrition, financial security, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Federally Qualified Health Centers (FQHCs)</li> <li>• Affordable Care Act (ACA) / VT Health Connect</li> <li>• Health Connect Navigators</li> <li>• Community Mental Health Agencies</li> <li>• 3SquaresVT Program</li> <li>• Housing, Fuel, Food, Emergency Shelter, and other programs addressing basic needs</li> <li>• Interagency coordination of services</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<b>Townshend SASH</b>	Townsend SASH serves anyone on Medicare, and sometimes Medicaid in the towns surrounding Townshend and Townshend.	<ul style="list-style-type: none"> <li>• HTN</li> <li>• Isolation</li> <li>• Hearing/vision</li> <li>• Balance</li> <li>• Chronic condition management</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Dental</li> <li>• Nutrition</li> <li>• Diabetes</li> <li>• Weight,</li> <li>• Arthritis</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes a loss of faith in medical system</li> <li>• amount of time provider will spend</li> <li>• Transportation at times</li> <li>• pride</li> <li>• education about condition</li> <li>• loss of hope</li> </ul>	SASH and the Community Health Team are fantastic resources to assist with all of these obstacles. We rock!

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Women’s Freedom Center</b></p>	<p>The Women’s Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While The Women’s Freedom Center works to end men’s violence against women, but also provides support to all survivors of domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Those challenges may make them more likely to need our help with their trauma history itself creating huge economic repercussions.</p>	<p>Mental Health</p>	<p>Stress/ overwhelmed, exacerbated by long waits for mental health support – wide gap between crisis and stability support</p> <ul style="list-style-type: none"> <li>• Domestic violence wreaking havoc on financial options /work history/ rental stability, etc. Victims are often starting over from zero – may put their health last instead of first unless it is a medical emergency</li> <li>• Challenges getting access to mental health providers (wait time, HCRS especially)</li> <li>• For women fleeing without their psych meds sometimes, it’s hard to see a psychiatrist quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Numerous progressive grass roots orgs</li> <li>• 2 hospitals</li> <li>• Retreat,</li> <li>• HCRS</li> <li>• Phoenix House,</li> <li>• Private therapists</li> <li>• Free</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Women, Infants, and Children (WIC) Program</b></p>	<p>WIC is a supplemental foods, health care referral, and nutrition education program for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five. Low-Income is based on 185% of Federal Poverty level. Women or children who are receiving Vermont Medicaid/ Dr. Dynasaur and children in custody of Department of Children &amp; Families are eligible.</p>	<ul style="list-style-type: none"> <li>• Nutrition education and breastfeeding support</li> <li>• Food Security</li> <li>• Substance Use and Abuse (alcohol and drugs)</li> <li>• Tobacco Use</li> <li>• Dental Care</li> <li>• Blood lead screening</li> <li>• Vaccination</li> <li>• Referral Resource based on health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of nutrition information and knowledge</li> <li>• Food insecurity</li> <li>• Family unit instability</li> <li>• Time management and ability to keep appointments</li> <li>• Families who have suffered trauma</li> <li>• Lack of insurance and providers for dental care</li> <li>• Transportation</li> <li>• Lack of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• WIC Program with outlying clinic sites</li> <li>• VT Department of Health – Public Health Nutritionists, Public Health Dental Hygienist, Public Health Nurses (Immunization/Lead)</li> <li>• VT Food Bank – Veggie Van Go</li> <li>• Groundworks Collaborative</li> <li>• Children’s Integrated Services (CIS)</li> <li>• Early Education Services (EES)</li> <li>• Help Me Grow – 211 x6</li> <li>• 3 Squares</li> <li>• 802 Quits</li> <li>• Language Line for translation</li> <li>• Health Care &amp; Rehabilitation Services (HCRS)</li> </ul>

Organization	Population Served by the Organization	Health Needs of the Population Served	Barriers to Achieving or Maintaining Good Health faced by the population served by the Organization	What community resources are potentially available to address these needs and barriers
<p><b>Youth Services</b></p>	<p>The population served by Youth Services includes the following;</p> <ul style="list-style-type: none"> <li>• Families with children of all ages</li> <li>• Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program)</li> <li>• Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and exercise</li> <li>• Substance abuse and misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Capitalism</li> <li>• Affordability for healthcare, food and/or quality supplements</li> <li>• Accessibility (cultural, transportation)</li> <li>• Lack of treatment capacity (developmentally and culturally)</li> <li>• Poverty</li> <li>• Homelessness</li> <li>• Depression</li> <li>• Violence/trauma in the home</li> <li>• Lack of hope</li> <li>• Communities not vibrant w/ good economic opportunities for all skill sets and backgrounds</li> <li>• Trust in systems</li> <li>• Discrimination-against poverty, race, gender, etc.</li> <li>• Lack of investment/ resources in school-age youth population – Focus &amp; funding is shifting to early childhood.</li> <li>• We need to support significant developmental changes in teens, young adults</li> </ul>	<p>Reduction of resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income</p>

# Community Health Needs Assessment (CHNA) 2018 Implementation Plan



# 2018 CHNA SURVEY

Community Health Needs Assessment surveys were available for the month of March 2018. Details are as follows:

- Distributed at over 20 sites, including town meetings, local agencies, Brattleboro Memorial Hospital, Brattleboro Retreat, Grace Cottage Hospital and online
- 1257 respondents (up from 699 in 2015)
- Every town in Windham County represented in survey
- Representative of all ages and incomes
- Series of 3 questions were asked:
  1. What are YOUR health needs and concerns?
  2. What are YOUR COMMUNITY'S health needs and concerns?
  3. What are YOUR barriers to good health?



# CHINA FOCUS AREAS

- Dental Health
- Mental Health
- Substance Misuse
- Obesity
- Navigating/Accessing the Healthcare System



# DENTAL HEALTH

- Windham County Dental Center (Expected Opening May 21,2019)
  - BMH has hired the dentist (Dr. Ruhl)
  - BMH donated the space at 375 Canal Street
  - Further dentist recruitment
  - Serving on the advisory board
  - Grant assistance
- Volume and Funding
  - Expected to serve approximately 570 patients with Medicaid insurance in the first two years
  - The Dental Center will heavily rely on private donations and grants due to the limited insurance reimbursements from Medicaid



# MENTAL HEALTH

- Enhanced Depression screenings and referrals
  - Women's Health Initiative collaboration with Brattleboro OBGYN
- Dedicated RN Emergency Department Case Manager
- Psychiatric Nurse Practitioner in the Emergency Department
- Invest in staff competency around Mental Health
- Embedded Psychologist within Brattleboro Family Medicine to serve the Medical Group
- Continue to Support the Community Health Team
  - Social Worker
  - RN Care Coordinator



# MENTAL HEALTH

- Embedded HCRS resource within Just So Pediatrics
- Initiate evaluation of a specialized Psych ED as space becomes available
- Continued collaboration with Brattleboro Police Department, Brattleboro Fire Department and Rescue Inc. to improve mental health patient care
- Continue facilitation and participation in the Regional Psychiatric Strategy Committee



# SUBSTANCE MISUSE

- Administrative entity for the Hub and Spoke program- a model for prescribing Medication Assisted Treatment (MAT)
  - Putney Family Health serves as a Spoke
- Self-Management programs for tobacco cessation
- Preparing to start prescribing Medication Assisted Treatment in the ED.
- Embedded Recovery Coaches in the Emergency Department through collaboration with Turning Point Recovery Center
- BMH Medical Group Opioid Task Force
- Member of the COSU (Consortium on Substance Use)
  - County wide HRSA planning grant to assess the Opioid Epidemic in Windham County



# SUBSTANCE MISUSE

- Participation in Project CARE
  - Community Approach to Recovery and Engagement
  - Collaboration with the Brattleboro Police Department, Turning Point, Brattleboro Retreat, HCRS, Groundworks, Habit Opco, Brattleboro Union High School
- Continue to support Care Coordination
- Invest in Staff competency around Substance Misuse
- Continue to be a distribution site for free Narcan
- Continue to support the Drug Take Back program at BMH
  - Started in January 2018
  - Filled and sent to incineration 23 boxes of unused medications weighing a total of 722lbs.



# OBESITY

- Partner with RiseVT to work toward decreasing Childhood Obesity
  - Coordinating with local schools
- Community Health Team
  - Registered Dietitians
  - Health Coach
  - Certified Diabetes Educators
- Partner with the Vermont Foodbank to provide Veggie Van Go services
  - Served 198 families April 2019, Served 621 families YTD,
  - Served 1444 families in 2018
- Continue to explore partnerships with area organizations
  - Hunger Council
- Worksite wellness program at BMH



# NAVIGATING AND ACCESSING THE HEALTHCARE SYSTEM

- Centralized Scheduling Department for accessing Primary Care
  - 7221 patients scheduled and seen by their new PCP since CSD inception in 2014
  - 889 scheduled future appointments
- Healthworks, a collaboration with Groundworks Collaborative, with an embedded RN Care Coordinator and Respite Bed for patients discharging from the hospital
- BMH LGBTQ Committee
- BMH will continue to support
  - Care Coordinators in Medical Group and Hospital
  - Manager of Patient Experience
  - Community Resource Liaison
- Invest in Staff Competency around Navigating and Accessing the Healthcare System



# Approval

The Brattleboro Memorial Hospital Community Health Needs Assessment (CHNA) Implementation plan was approved by the BMH Board of Directors on May 14, 2019.



# **CHNA Annual Update 2019**

## **Dental Health**

- Windham County Dental Center (Opened May 21,2019)
- BMH has hired the Dr. Ruhl
- Recruited additional PT Dentist
- BMH donated the space at 375 Canal Street
- Continues to serve on the advisory board

## **Mental Health**

- Continue to provide enhanced depression screenings and referrals at Brattleboro OBGYN
- Continue to support a dedicated RN Emergency Department Case Manager
- Continue to provide a Psychiatric Nurse Practitioner in the Emergency Department
- Initial conversations scheduled to provide training for staff around Mental Health
- Continue to provide an embedded Psychologist within Brattleboro Family Medicine to serve the Medical Group
- Continue to Support the Community Health Team
- Continue to support an embedded HCRS resource within Just So Pediatrics
- Continued collaboration with Brattleboro Police Department, Brattleboro Fire Department and Rescue Inc. to improve mental health patient care
- Continue facilitation and participation in the Regional Psychiatric Strategy Committee
- Initiate evaluation of a specialized Psych ED as space becomes available-preliminary discussions have started

## **Substance Misuse**

- Continue to be administrative entity for the Hub and Spoke program- a model for prescribing Medication Assisted Treatment (MAT) through the Community Health Team
- Putney Family Health serves as a Spoke- ending in February 2019
- Self-Management programs for tobacco cessation – expanding outreach being explored for 2020
- Started prescribing Medication Assisted Treatment in the ED -2019
- Continue to support embedded Recovery Coaches in the Emergency Department through collaboration with Turning Point Recovery Center
- BMH Medical Group Opioid Task Force
- Continued Member of the COSU (Consortium on Substance Use)
- Explore a LADC embedded in the ED through the COSU grant
- Participation in Project CARE (Community Approach to Recovery and Engagement)
- Continued to support Care Coordination in the BMH practices and the community
- Invested in staff education around Substance Use Disorder
- Continue to be a distribution site for free Narcan
- Continue to support the Drug Take Back program at BMH

## **Obesity**

- Continue to partner with RiseVT to work toward decreasing Childhood Obesity and make the healthy choice the easy choice coordinating with local schools, businesses and coalitions.
- Continue to support wellness programs with the Community Health Team
  - Registered Dieticians
  - Health Coach
  - Certified Diabetes Educators
- Partner with the Vermont Foodbank to provide Veggie Van Go services monthly
- Continue to explore partnerships with area organizations
- Continue to participate in the Hunger Council
- Develop a Worksite wellness program at BMH- early stages

## **Navigating/Accessing the Healthcare System**

- Continue to support the Centralized Scheduling Department for accessing Primary Care at BMH
- Continue to support Healthworks, a collaboration with Groundworks Collaborative, with an embedded RN Care Coordinator and Respite Bed for patients discharging from the hospital
- Continue to support the BMH LGBTQ Committee
- BMH has continued to support
  - Care Coordinators in Medical Group and Hospital
  - Manager of Patient Experience
  - Community Resource Liaison
- Continue to Invest in staff education around Navigating and Accessing the Healthcare System- Fenway Health training for staff in 2019.



## **BRATTLEBORO MEMORIAL HOSPITAL, INC.**

### **FINANCIAL STATEMENTS**

**September 30, 2019 and 2018**

**With Independent Auditor's Report**



**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**September 30, 2019 and 2018**

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Brattleboro Memorial Hospital, Inc.

We have audited the accompanying financial statements of Brattleboro Memorial Hospital, Inc. (Hospital), a Vermont not-for-profit corporation and wholly-controlled subsidiary of Southern Vermont Health Services Corporation, which comprise the balance sheets as of September 30, 2019 and 2018, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Brattleboro Memorial Hospital, Inc. as of September 30, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

**Other Matter**

*Change in Accounting Principle*

As discussed in Note 1 to the financial statements, in 2019 the Hospital adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*. Our opinion is not modified with respect to this matter.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
January 14, 2020  
Registration No. 92-0000278

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Balance Sheets**

**September 30, 2019 and 2018**

**ASSETS**

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 1,786,356	\$ 3,827,859
Patient and other accounts receivable, net	12,281,904	7,553,064
Supplies inventory	2,441,469	2,720,216
Other current assets	1,713,323	297,229
Due from affiliate	<u>-</u>	<u>96,401</u>
Total current assets	<u>18,223,052</u>	<u>14,494,769</u>
Assets limited as to use		
Investments		
Internally designated	32,903,923	37,760,848
Under bond agreement for capital acquisition	2,036,923	2,021,948
Other investments with donor restrictions	<u>55,376</u>	<u>58,366</u>
Total assets limited as to use	<u>34,996,222</u>	<u>39,841,162</u>
Interest in net assets of Southern Vermont Health Services Corporation (SVHSC)	887,114	884,344
Deferred system development costs, net	1,750,417	2,262,734
Property and equipment, net	24,745,558	24,779,298
Interest rate swap	<u>-</u>	<u>308,419</u>
Total assets	<u>\$ 80,602,363</u>	<u>\$ 82,570,726</u>

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The accompanying notes are an integral part of these financial statements.

## LIABILITIES AND NET ASSETS

	<u>2019</u>	<u>2018</u>
Current liabilities		
Current portion of long-term debt	\$ 1,290,012	\$ 1,274,387
Accounts payable	3,809,587	4,919,328
Salaries, wages, and payroll taxes payable	235,440	1,571,872
Accrued retirement plan contribution	1,261,429	1,146,777
Accrued compensated absences	2,572,428	2,653,812
Other accrued expenses	2,955,234	2,494,681
Deferred revenue	1,600	-
Estimated third-party payor settlements	1,150,000	1,435,567
Due to affiliate	<u>53,809</u>	<u>-</u>
Total current liabilities	13,329,539	15,496,424
Long-term debt, less current portion	6,417,779	7,691,557
Interest rate swap	<u>19,590</u>	<u>-</u>
Total liabilities	<u>19,766,908</u>	<u>23,187,981</u>
Net assets		
Without donor restrictions	59,892,964	58,440,034
With donor restrictions	<u>942,491</u>	<u>942,711</u>
Total net assets	<u>60,835,455</u>	<u>59,382,745</u>
Total liabilities and net assets	<u>\$ 80,602,363</u>	<u>\$ 82,570,726</u>

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**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Statements of Operations**

**Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Revenues, gains, and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 76,495,419	\$ 75,479,210
Less provision for bad debts	<u>3,585,192</u>	<u>5,383,192</u>
Net patient service revenue	72,910,227	70,096,018
Meaningful use revenue	-	34,000
Fixed prospective revenue	11,067,968	7,746,828
Other revenue	3,787,648	3,866,904
Net assets released from restrictions for operations	<u>-</u>	<u>37,073</u>
Total revenues, gains, and other support without donor restrictions	<u>87,765,843</u>	<u>81,780,823</u>
Expenses		
Salaries, wages, and benefits	48,185,348	46,522,504
Supplies and other	18,423,196	17,279,157
Contracted services	11,404,278	10,595,365
Depreciation and amortization	4,201,707	4,605,275
Health care improvement tax	4,742,584	4,541,687
Interest expense	<u>138,150</u>	<u>161,794</u>
Total expenses	<u>87,095,263</u>	<u>83,705,782</u>
Operating income (loss)	<u>670,580</u>	<u>(1,924,959)</u>
Nonoperating gains (losses)		
Income from investments	1,197,035	1,839,559
Other nonoperating income	93,364	91,400
Unrealized (loss) gain on interest rate swap	(328,009)	187,947
Change in net unrealized (losses) gains on investments	(240,274)	566,941
Unrestricted gifts and donations	<u>27,515</u>	<u>-</u>
Nonoperating gains, net	<u>749,631</u>	<u>2,685,847</u>
Excess of revenues, gains, other support, and nonoperating gains (losses) over expenses	1,420,211	760,888
Net assets transferred from SVHSC for capital expenditures	<u>32,719</u>	<u>132,397</u>
Increase in net assets without donor restrictions	\$ <u>1,452,930</u>	\$ <u>893,285</u>

The accompanying notes are an integral part of these financial statements.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Statements of Changes in Net Assets**

**Years Ended September 30, 2019 and 2018**

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	<u>Total</u>
Balances, October 1, 2017	\$ <u>57,546,749</u>	\$ <u>978,948</u>	\$ <u>58,525,697</u>
Excess of revenues, gains, other support, and nonoperating gains over expenses	760,888	-	760,888
Change in net unrealized losses on investments	-	(1,588)	(1,588)
Investment income	-	804	804
Change in interest in SVHSC	-	1,620	1,620
Net assets released from restrictions for operations	-	(37,073)	(37,073)
Net assets transferred from SVHSC for capital acquisitions	<u>132,397</u>	<u>-</u>	<u>132,397</u>
Change in net assets	<u>893,285</u>	<u>(36,237)</u>	<u>857,048</u>
Balances, September 30, 2018	<u>58,440,034</u>	<u>942,711</u>	<u>59,382,745</u>
Excess of revenues, gains, other support, and nonoperating gains (losses) over expenses	1,420,211	-	1,420,211
Investment loss	-	(2,990)	(2,990)
Change in interest in SVHSC	-	2,770	2,770
Net assets transferred from SVHSC for capital acquisitions	<u>32,719</u>	<u>-</u>	<u>32,719</u>
Change in net assets	<u>1,452,930</u>	<u>(220)</u>	<u>1,452,710</u>
Balances, September 30, 2019	\$ <u><u>59,892,964</u></u>	\$ <u><u>942,491</u></u>	\$ <u><u>60,835,455</u></u>

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The accompanying notes are an integral part of these financial statements.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Statements of Cash Flows**

**Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ 1,452,710	\$ 857,048
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation and amortization	4,201,707	4,605,275
Amortization of debt issuance costs, included in interest expense	15,851	15,851
Provision for bad debts	3,585,192	5,383,192
Gain on sale of equipment	(757)	(3,400)
Net realized gain on investments	(505,085)	(1,332,464)
Net unrealized (loss) gain on investments	240,274	(565,353)
Unrealized loss (gain) on interest rate swap	328,009	(187,947)
Change in interest in net assets of SVHSC	(2,770)	(1,620)
Net assets transferred from SVHSC for capital acquisition	(32,719)	(132,397)
(Increase) decrease in		
Patient and other accounts receivable, net	(8,314,032)	(2,688,343)
Supplies inventory	278,747	(281,805)
Other current assets	(1,416,094)	(18,531)
Due from affiliate	96,401	68,972
(Decrease) increase in		
Accounts payable	(1,109,741)	(315,719)
Accrued salaries, wages and benefits	(1,417,816)	167,195
Due to affiliate	53,809	-
Deferred revenue	1,600	(41,971)
Other current liabilities	575,205	190,650
Estimated third-party payor settlements	<u>(285,567)</u>	<u>(1,425,572)</u>
Net cash (used) provided by operating activities	<u>(2,255,076)</u>	<u>4,293,061</u>
Cash flows from investing activities		
Purchase of property and equipment	(3,676,392)	(3,674,373)
Proceeds from sale of equipment	21,500	-
Proceeds from the sale of investments	8,950,358	7,241,216
Purchase of investments	<u>(3,840,607)</u>	<u>(5,502,001)</u>
Net cash provided (used) by investing activities	<u>1,454,859</u>	<u>(1,935,158)</u>
Cash flows from financing activities		
Net assets transferred from SVHSC for capital acquisition	32,719	132,397
Repayments of long-term debt	<u>(1,274,005)</u>	<u>(1,258,281)</u>
Net cash used by financing activities	<u>(1,241,286)</u>	<u>(1,125,884)</u>
Net (decrease) increase in cash and cash equivalents	<u>(2,041,503)</u>	1,232,019
Cash and cash equivalents, beginning of year	<u>3,827,859</u>	<u>2,595,840</u>
Cash and cash equivalents, end of year	\$ <u>1,786,356</u>	\$ <u>3,827,859</u>
Supplementary disclosures of cash flow information		
Cash payment for interest	\$ <u>263,165</u>	\$ <u>236,596</u>

The accompanying notes are an integral part of these financial statements.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### Nature of Business

Brattleboro Memorial Hospital, Inc. (Hospital) is a Vermont not-for-profit hospital. SVHSC, a not-for-profit organization, is the sole corporate member of the Hospital. The Hospital is a provider of healthcare services with facilities in the Brattleboro, Vermont area.

### 1. Summary of Significant Accounting Policies

#### Basis of Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-For-Profit Entities*. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows, according to the following net asset classifications:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Hospital. These net assets may be used at the discretion of the Hospital's management and the Board of Directors (Board).

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Hospital or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

#### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### **Cash and Cash Equivalents**

Cash and cash equivalents are held in either demand deposit or highly liquid savings deposit accounts.

### **Patient Accounts Receivable**

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

During September 30, 2019, the Hospital decreased its estimate from \$7,177,617 to \$5,882,225 in the allowance for doubtful accounts relating to self-pay patients, and during 2018, the Hospital increased its estimate from \$5,414,985 to \$7,177,617 in the allowance for doubtful accounts relating to self-pay patients. During September 30, 2019, self-pay write-offs increased from \$3,620,560 to \$4,880,584 and during 2018, self-pay write-offs decreased from \$4,407,730 to \$3,620,560. The changes resulted from trends experienced in the collection of amounts from self-pay patients and increased write-offs of self-pay balances deemed uncollectible during 2019, resulting in an improvement in the aging and balance of self-pay receivables as of September 30, 2019.

### **Supplies Inventory**

Supplies inventory is carried at the lower of cost (determined by the first-in, first-out method) or market.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues, gains, other support, and nonoperating gains (losses) over expenses unless the income or loss is restricted by donor or law.

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

The Hospital has elected the fair value option in FASB ASC 825, *Financial Instruments*, relative to its investments to simplify the presentation of all investment performance activity from investments without donor restrictions within the nonoperating gains (losses) section of the statements of operations.

### **Assets Limited as to Use**

Assets limited as to use primarily consist of assets held by trustees under indenture agreements and designated assets set aside by the Hospital's Board, over which the Board retains control and which it may, at its discretion, subsequently use for other purposes.

### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying financial statements.

### **Property and Equipment**

Property and equipment acquisitions are recorded at cost, or if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

Gifts of long-lived assets such as land, buildings, or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues, gains, other support, and nonoperating gains (losses) over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### **Interest Rate Swap**

The Hospital uses an interest rate swap contract to mitigate the cash flow exposure of interest rate movements on variable-rate debt. The Hospital has adopted FASB ASC 815, *Derivatives and Hedging*, to account for its interest rate swap contract. The interest rate swap contract has not been designated as a cash flow hedge and thus changes in fair value are included within nonoperating gains (losses).

### **Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Changes in these estimates resulted in an increase in net patient service revenue of approximately \$351,000 and \$848,000 in September 30, 2019 and 2018, respectively.

### **Charity Care**

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

### **Fixed Prospective Revenue**

The Hospital is a participant in OneCare Vermont, LLC, a statewide Accountable Care Organization (ACO). Beginning January 1, 2018, the Hospital entered into a risk-bearing arrangement by participating in the Medicare Next Generation Model. Under both the Medicare Next Generation Model program and the Vermont Medicaid program, the Hospital receives monthly fixed prospective payments for services provided to attributed members. The ACO is responsible for both the cost and quality of care for each attributed member. This is true whether that person uses little or no care or whether they require services consistently throughout the year.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

The Hospital recognizes its share of annual contract settlements as an increase or decrease in fixed prospective revenue.

### **Employee Fringe Benefits**

The Hospital has an "earned time" plan which provides benefits to employees for paid leave hours. Under this plan, each employee earns paid leave for each period worked. These hours of paid leave may be used for vacations, holidays, or illnesses. Hours earned, but not used, are vested with the employee. The Hospital accrues a liability for such paid leave as it is earned. The earned time plan does not cover any contracted employees.

### **Excess of Revenues, Gains, Other Support, and Nonoperating Gains (Losses) Over Expenses**

The statements of operations include excess of revenues, gains, other support, and nonoperating gains (losses) over expenses. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income.

### **Newly Adopted Accounting Pronouncement**

In 2019, the Hospital adopted FASB Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*, which makes targeted changes to the not-for-profit financial reporting model. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses. The adoption of the ASU had no impact on previously reported total net assets and has been applied retrospectively to all periods presented.

### **Subsequent Events**

For purposes of the preparation of these financial statements in conformity with GAAP, management has considered transactions or events occurring through January 14, 2020, the date the financial statements were available to be issued.

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

In December 2019, the Hospital issued new tax-exempt borrowings of approximately \$12.5 million. The proceeds are to be used to finance a portion of the Hospital's certificate of need (CON) project. See Note 13 for additional information.

### 2. Community Benefit

The Hospital's charity care program is designed to assist those patients who are either uninsured, underinsured or have limited financial resources that impact their ability to fully pay for their hospital care. Before completing an application for charity care, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veteran's Benefits or other governmental or public assistance programs.

The Hospital's qualifications for charity care are as follows:

- Charity care is limited to medically necessary services. Patients receiving certain elective services, such as those considered cosmetic, investigational or experimental, are expected to make payment arrangements in advance, as these types of services are not covered by the charity care program.
- The patient's family income must be at or below 300% of the current Federal Poverty Income Guidelines for their applicable family size.

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies and equivalent service statistics. The following information measures the level of the charity care provided during the years ended September 30:

	<u>2019</u>	<u>2018</u>
Charges foregone, based on established rates	\$ <u>2,423,000</u>	\$ <u>1,091,000</u>
Estimated costs and expenses incurred to provide charity care <sup>1</sup>	\$ <u>1,160,000</u>	\$ <u>575,000</u>
Equivalent percentage of charity care services to all services	<u>1.33</u> %	<u>0.69</u> %

<sup>1</sup> The cost estimate is based on an overall cost to charge ratio applied to charges written-off as charity care.

In addition, the Hospital incurs a payment shortfall in the treatment of Medicaid patients. This government program reimburses for medical services at less than the costs incurred to provide those services. In September 30, 2019 and 2018, the Hospital incurred a shortfall of approximately \$10,138,000 and \$9,395,000, respectively, related to treating Medicaid patients.

The Hospital also provided other community benefits upon which no monetary value has been placed.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

**3. Patient and Other Accounts Receivable and Net Patient Service Revenue**

**Patient and Other Accounts Receivable**

Patient and other accounts receivable is stated net of contractual allowances and allowance for doubtful accounts and is comprised of the following as of September 30:

	<u>2019</u>	<u>2018</u>
Patient accounts receivable	\$ 31,533,587	\$ 28,854,188
Other accounts receivable	751,413	807,944
Contractual allowances	(14,120,871)	(14,931,451)
Allowance for doubtful accounts	<u>(5,882,225)</u>	<u>(7,177,617)</u>
 Patient accounts receivable, net	 <u>\$ 12,281,904</u>	 <u>\$ 7,553,064</u>

**Net Patient Service Revenue**

Patient service revenue and contractual and other allowances consisted of the following for the years ended September 30:

	<u>2019</u>	<u>2018</u>
Inpatient services	\$ 39,377,750	\$ 35,907,728
Outpatient services	<u>142,474,280</u>	<u>122,904,900</u>
	<u>181,852,030</u>	<u>158,812,628</u>
Less (plus):		
Medicare and Medicaid allowances	83,455,541	65,335,026
State disproportionate share	(585,323)	(539,206)
Other contractual allowances	20,063,010	17,446,503
Charity care allowances	<u>2,423,383</u>	<u>1,091,095</u>
	<u>105,356,611</u>	<u>83,333,418</u>
 Patient service revenue (net of contractual allowances and discounts)	 76,495,419	 75,479,210
 Less provision for bad debts	 <u>3,585,192</u>	 <u>5,383,192</u>
 Net patient service revenue	 <u>\$ 72,910,227</u>	 <u>\$ 70,096,018</u>

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

The Hospital has agreements with the Centers for Medicare & Medicaid Services (Medicare) and the State of Vermont Department of Health and Human Services (Medicaid) that provide for payments at amounts different from its established rates. Revenue from the Medicare and Medicaid programs accounted for approximately 47% and 53% of the Hospital's net patient service revenue for the years ended September 30, 2019 and 2018, respectively.

The Hospital recognizes patient service revenue associated with services rendered to patients who have third-party payor coverage on the basis of contractual rates for such services. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy). Based on historical trends, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services rendered. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are rendered. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during the year ended September 30, 2019 totaled \$76,495,419, of which \$72,231,043 was revenue from third-party payors and \$4,264,376 was revenue from self-pay patients, and during the year ended September 30, 2018 totaled \$75,479,210, of which \$71,111,907 was revenue from third-party payors and \$4,367,303 was revenue from self-pay patients.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. During 2016, the Hospital identified and submitted a self-disclosure that certain claims were made in error to Medicare and other government payors between 2012 and 2014. The impact of these billing errors resulted in an overpayment to the Hospital estimated to be in the amount of \$1,700,000 and was reflected within the estimated third-party payor settlements amount in the financial statements at September 30, 2017. During 2018, the Hospital reached a settlement agreement and paid \$1,655,000. The Hospital has assessed the risk and financial impact of any other errors it believes may exist, and has reflected their estimated impact in its estimated third-party payor settlements in the financial statements. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenues in the year that such amounts become known.

A summary of the payment arrangements with major third-party payors follows:

### Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2016.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively-determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors and are not subject to retroactive adjustment.

Other Arrangements

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively-determined rates per discharge, discounts from established charges and prospectively-determined daily rates.

**4. Availability and Liquidity of Financial Assets**

The Hospital has working capital (deficit) of \$4,893,513 and \$(1,001,655) at September 30, September 30, 2019 and 2018, respectively, and average days (based on normal expenditures) cash and cash equivalents on hand of 8 and 18 at September 30, September 30, 2019 and 2018, respectively.

The Hospital's goal is to maintain financial assets to meet 30 days of operating expenses (\$6,813,169 and \$6,501,412 at September 30, 2019 and 2018, respectively) and to provide for a reasonable amount of liquidity to meet unexpected needs of the Hospital. The annual operating budget is determined with the goal of generating sufficient net patient service revenue and cash flows to allow the Hospital to be sustainable to support its mission and vision while also adhering to the annual budget parameters mandated by State of Vermont's Green Mountain Care Board.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of September 30:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 1,786,356	\$ 3,827,859
Patient accounts receivable, net	<u>12,281,904</u>	<u>7,553,064</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 14,068,260</u>	<u>\$ 11,380,923</u>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

The Hospital has assets limited as to use of \$32,903,923 and \$37,760,848 at September 30, 2019 and 2018, respectively, that are designated assets set aside by the Board for future capital improvements and other purposes. These assets limited as to use are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary.

**5. Supplies Inventory**

The major classes of supplies inventory consisted of the following as of September 30:

	<u>2019</u>	<u>2018</u>
Central storeroom	\$ 211,108	\$ 234,342
Operating room	1,452,134	1,427,803
Pharmacy	476,847	412,173
340B program retail pharmacy	90,301	454,198
Other	<u>211,079</u>	<u>191,700</u>
	<u>\$ 2,441,469</u>	<u>\$ 2,720,216</u>

**6. Investments**

Investments consisted of the following as of September 30:

	<u>2019</u>	<u>2018</u>
Assets limited as to use internally designated		
Cash and cash equivalents	\$ 15,152,377	\$ 22,070,468
Marketable equity securities	8,693,734	8,089,565
Mutual funds	7,552,139	7,600,815
U.S. Treasury securities	<u>1,505,673</u>	<u>-</u>
	<u>\$ 32,903,923</u>	<u>\$ 37,760,848</u>
Assets limited as to use under bond agreement for capital acquisition		
Cash and cash equivalents	<u>\$ 2,036,923</u>	<u>\$ 2,021,948</u>
Other investments with donor restrictions		
Cash and cash equivalents	<u>\$ 55,376</u>	<u>\$ 58,366</u>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Investment income (loss) and gains (losses) on assets limited as to use are comprised of the following:

	<u>2019</u>	<u>2018</u>
Income (loss)		
Interest and dividend income		
Assets limited as to use internally designated	\$ 691,950	\$ 507,095
Other investments with donor restrictions	<u>(2,990)</u>	<u>804</u>
	<b>688,960</b>	507,899
Net realized gain on investments		
Assets limited as to use internally designated	<u>505,085</u>	<u>1,332,464</u>
Total investment income	<u>\$ 1,194,045</u>	<u>\$ 1,840,363</u>
Change in net unrealized (losses) gains on investments		
Assets limited as to use internally designated	\$ (240,274)	\$ 566,941
Other investments with donor restrictions	<u>-</u>	<u>(1,588)</u>
Total	<u>\$ (240,274)</u>	<u>\$ 565,353</u>

Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level of the donors' original gift(s) or what the Uniform Prudent Management of Institutional Funds Act may require the Hospital to retain as a fund of perpetual duration (underwater). The Hospital's policy prohibits appropriating amounts from underwater endowment funds. There were no deficiencies of this nature that are reported in net assets with donor restrictions as of September 30, 2019 and 2018.

**7. Property and Equipment**

As of September 30, 2019 and 2018, the cost and accumulated depreciation of depreciable assets by major classes of assets were as follows:

	<u>2019</u>	<u>2018</u>
Land	\$ 45,499	\$ 45,499
Land improvements	2,335,937	2,335,937
Building and improvements	41,734,469	40,899,424
Major moveable equipment	26,764,139	24,861,075
Construction-in-progress	<u>3,417,809</u>	<u>2,531,135</u>
	<b>74,297,853</b>	70,673,070
Less accumulated depreciation	<u>49,552,295</u>	<u>45,893,772</u>
	<u>\$ 24,745,558</u>	<u>\$ 24,779,298</u>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Depreciation expense for the years ended September 30, 2019 and 2018 was \$3,689,390 and \$4,092,958, respectively.

**8. Long-Term Debt**

On June 1, 2016, the Hospital entered into a loan agreement with Vermont Educational and Health Buildings Finance Agency issuing \$10,500,000 in direct placement bonds (Brattleboro Memorial Hospital Project Series 2016 A). The bonds are held by Peoples United Bank. The proceeds were used to advance refund the previously issued Series 2008 A bonds, terminate the associated swap agreement, and finance the Hospital's capital expenditures. Interest on the bonds is based on monthly rates as determined by the loan and trust agreement. The Hospital may prepay certain of the bonds according to the terms of the loan and trust agreement. The bonds are collateralized by the assets of the Hospital.

There are various restrictive covenants, which include compliance with certain financial ratios and a detail of events constituting defaults. The Hospital is in compliance with these requirements at September 30, 2019.

Long-term debt consisted of the following as of September 30:

	<u>2019</u>	<u>2018</u>
Series 2016 A bonds with variable rate interest (2.07417% at September 30, 2019), payable in monthly installments, including interest, of approximately \$92,205 through February 2027.	\$ 7,492,882	\$ 8,435,730
Unsecured note payable, due in quarterly installments of \$83,162 through September 2020, including interest calculated at 3.5%.	<u>331,156</u>	<u>662,312</u>
Total long-term debt before unamortized bond issuance costs	<b>7,824,038</b>	9,098,042
Less: unamortized bond issuance costs	<u>116,247</u>	<u>132,098</u>
Total long-term debt	<b>7,707,791</b>	8,965,944
Less current portion	<u>1,290,012</u>	<u>1,274,387</u>
Total long-term debt, excluding current portion	<b><u>\$ 6,417,779</u></b>	<b><u>\$ 7,691,557</u></b>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Maturities for long-term debt in subsequent fiscal years ending September 30 are as follows:

2020 (included in current liabilities)	\$ 1,290,012
2021	975,403
2022	991,900
2023	1,008,677
2024	1,025,592
Thereafter	<u>2,532,454</u>
	<u>\$ 7,824,038</u>

**Interest Rate Swap**

In connection with the issuance of the Series 2016 A Bonds, the Hospital entered into an interest rate swap agreement for ten years for \$10,500,000, or 100% of the original bond issue, to hedge the interest rate risk associated with the Series 2016 A Bonds. The notional amount of the swap will amortize such that it is equal to 100% of the outstanding bond balance. The interest rate swap agreement requires the Hospital to pay a bank, the swap counterparty, a fixed rate of 1.0375% in exchange for the counterparty's payment to the Hospital of a variable rate based on 68% of the one-month USD-LIBOR-BBA rate.

The Hospital is required to include the fair value of the swap in the balance sheet, and annual changes, if any, in the fair value of the swap in the statements of operations. For example, during the term of the swap, the annually calculated value of the swap will be reported as an asset if interest rate expectations increase above those expected on the date the swap was entered into (as an unrealized gain in the statements of operations), which will generally be indicative that the net fixed rate the Hospital is paying is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (as an unrealized loss in the statements of operations) if interest rate expectations decrease below those expected on the date the swap was entered into, which will generally be indicative that the net fixed rate the Hospital is paying on the swap is above market expectations of rates during the remaining term of the swap. These annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero at the end of the swap's term. The Hospital retains the sole right to terminate the swap agreement should the need arise. The Hospital recorded the swap at its liability position of \$19,590 and its asset position of \$308,419 at September 30, 2019 and 2018, respectively.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

**9. Net Assets With Donor Restrictions**

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2019</u>	<u>2018</u>
Funds with donor restrictions temporary in nature		
Auxiliary programs	\$ 55,376	\$ 58,366
Charity care	74,850	72,762
Other programs	530,122	529,521
Capital acquisition	<u>3,101</u>	<u>3,020</u>
Total funds maintained with donor restrictions temporary in nature	<u>663,449</u>	<u>663,669</u>
Funds maintained in perpetuity, the income from which is expendable for:		
Medical library	1,202	1,202
Capital	20,000	20,000
Unrestricted purposes	<u>257,840</u>	<u>257,840</u>
Total funds maintained with donor restrictions held in perpetuity	<u>279,042</u>	<u>279,042</u>
Total net assets with donor restrictions	<u>\$ 942,491</u>	<u>\$ 942,711</u>

**10. Functional Expenses**

The statements of operations report certain expense categories that are attributable to both healthcare services and administrative support. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Fringe benefits are allocated based on wages, postage and freight are allocated on the basis of supply costs, and depreciation, interest, utilities and general repairs are allocated based on square footage. Expenses related to healthcare services and administrative support were as follows for the years ended September 30:

<u>2019</u>	<u>Healthcare Services</u>	<u>Administrative Support</u>	<u>Total</u>
Salaries, wages, and benefits	\$ 42,648,354	\$ 5,536,994	\$ 48,185,348
Supplies and other	15,022,861	3,400,335	18,423,196
Contract services	8,734,981	2,669,297	11,404,278
Depreciation and amortization	2,530,193	1,671,514	4,201,707
Health care improvement tax	4,742,584	-	4,742,584
Interest expense	<u>89,681</u>	<u>48,469</u>	<u>138,150</u>
	<u>\$ 73,768,654</u>	<u>\$ 13,326,609</u>	<u>\$ 87,095,263</u>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

<u>2018</u>	<u>Healthcare Services</u>	<u>Administrative Support</u>	<u>Total</u>
Salaries, wages, and benefits	\$ 41,017,510	\$ 5,504,994	\$ 46,522,504
Supplies and other	13,781,612	3,497,545	17,279,157
Contract services	8,292,846	2,302,519	10,595,365
Depreciation and amortization	2,907,640	1,697,635	4,605,275
Health care improvement tax	4,541,687	-	4,541,687
Interest expense	<u>102,991</u>	<u>58,803</u>	<u>161,794</u>
	<u>\$ 70,644,286</u>	<u>\$ 13,061,496</u>	<u>\$ 83,705,782</u>

**11. Concentrations of Credit Risk**

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2019 and 2018 was as follows:

	<u>2019</u>	<u>2018</u>
Medicare	<b>32 %</b>	32 %
Other third-party payors	<b>20</b>	20
Patient	<b>19</b>	23
Blue Cross	<b>10</b>	10
Medicaid	<u><b>19</b></u>	<u>15</u>
	<u><b>100 %</b></u>	<u>100 %</u>

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes it is not exposed to any significant risk on cash and cash equivalents.

**12. Health Care Improvement Tax**

Effective July 1, 1991, a health care improvement tax was imposed on hospitals, nursing homes, and home health agencies as part of a program to upgrade services in Vermont. The State of Vermont pays the Hospital with funds received from the health care improvement trust fund and federal matching funds. Hospitals in Vermont are assessed a certain percentage of net patient service revenue which is determined annually by the General Assembly. The following tax was paid and disproportionate share funds received for the years ended September 30:

	<u>2019</u>	<u>2018</u>
Disproportionate share received	<b>\$ 585,323</b>	\$ 539,206
Medicaid assessment expensed	<u><b>(4,742,584)</b></u>	<u>(4,541,687)</u>
	<u><b>\$ (4,157,261)</b></u>	<u>\$ (4,002,481)</u>

# BRATTLEBORO MEMORIAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### 13. Commitments and Contingencies

Self-Funded Insurance Plans - The Hospital is self-insured with respect to healthcare coverage. This coverage is used to provide medical health benefits to its eligible employees and their eligible dependents. An accrual for management's estimate of healthcare claims incurred, but not reported, is included in other accrued expenses in the balance sheets.

Professional Liability Insurance - The Hospital is insured against malpractice loss contingencies under a claims-made insurance policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrence during its term, but reported subsequently, will be uninsured. The Hospital has also created a tail coverage reserve in the event that insurance providers are changed. This reserve was \$1,015,977 as of September 30, 2019 and 2018. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. FASB ASC 954-450, *Health Care Entities - Contingencies*, provides clarification to companies in the healthcare industry on the accounting for professional liability and similar insurance. ASC 954-450 states that insurance liabilities should not be presented net of insurance recoveries and that an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The Hospital has evaluated its exposure to losses arising from identifiable potential claims and has properly accounted for them in the balance sheets for the years ended September 30, 2019 and 2018.

Litigation - In the normal course of business, the Hospital may be involved in litigation and annual third-party audits. Management, as part of its ongoing risk management, consults with its legal counsel to assess the impact of these matters on the Hospital.

Emergency Department Physician Staffing - The Hospital has an agreement with Dartmouth-Hitchcock Clinic to provide twenty-four hour per day physician staffing for its emergency department. Contract rates are reviewed annually and adjusted, if required, by the mutual consent of both parties. The agreement can be terminated at any time by mutual consent of both parties or by either party with 60-day prior written notification. The agreement renews on an annual basis.

CON Approval - In December 2016, the Hospital filed a CON application with the State of Vermont to build a new four story medical office building, renovate the existing operating room suite and perioperative area, and replace the Hospital's three boilers. The total anticipated cost of the project is approximately \$23 million. In October 2017, the State of Vermont approved the CON application. The Hospital expects to fund the project using internally designated investments and new tax-exempt borrowings.

The Hospital has paid or accrued costs of approximately \$3.2 million for the CON project as of September 30, 2019. The majority of these expenditures are for architect and engineering services. The Hospital has paid approximately \$1.5 million related to the boiler replacement portion of the CON project as of September 30, 2019. Estimated costs to complete the boiler replacements are approximately \$1.6 million and were completed in late fall of 2019.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Deferred System Development Costs - During 2016, the Hospital entered into an agreement with Cerner Corporation (Cerner) to implement a hospital-wide electronic health record (EHR) system. The Cerner agreement has an initial term of seven years with successive 12-month terms. The costs incurred by the Hospital related to the implementation of the EHR system through June 1, 2017, the date the EHR system was placed in service, have been deferred and are being amortized over the remaining term of the Cerner agreement. Net deferred system development costs as of September 30, 2019 and 2018 were \$1,750,417 and \$2,262,734, respectively. Associated amortization expense was \$512,317 in 2019 and 2018. The following is a schedule of future amortization of deferred system development costs as of September 30, 2019:

2020	\$ 512,317
2021	512,317
2022	512,317
2023	<u>213,466</u>
	<u>\$ 1,750,417</u>

The following schedule reflects the Hospital's minimum payments to Cerner under the agreement for future subscription, transaction, and maintenance services as of September 30, 2019:

2020	\$ 772,336
2021	772,336
2022	756,096
2023	<u>121,331</u>
	<u>\$ 2,422,099</u>

**14. Related Party Transactions**

The Hospital contracts with SVHSC for management services. The Hospital recorded \$1,023,000 and \$1,115,040 in management service expenses in September 30, 2019 and 2018, respectively. As of September 30, 2019 and 2018, the Hospital had a payable due to SVHSC of \$53,809 and a receivable from SVHSC of \$96,401, respectively, for amounts owed to, and due from, SVHSC.

In accordance with FASB ASC 958, the Hospital has recognized an interest in the net assets of SVHSC for assets donated to SVHSC with the Hospital designated as the beneficiary.

**15. Retirement Plans**

The Hospital has a defined contribution plan for active employees to which the Hospital contributes 5% of the annual salary of the participating employee. Plan expense for the years ended September 30, 2019 and 2018 was \$1,414,657 and \$1,277,337, respectively.

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

The Hospital also has a defined contribution plan for active employees to which the Hospital contributes a matching contribution. In order to receive the match, employees must meet certain eligibility requirements. The Hospital matches 100% of elective deferrals to a limit based on years of service. Participants must be employed on the last day of the calendar year in order to receive the match. Plan expense for the years ended September 30, 2019 and 2018 was \$243,678 and \$242,958, respectively.

**16. Fair Value Measurement and Disclosure**

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2:** Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3:** Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets and liabilities measured at fair value on a recurring basis are summarized below.

	<u>Fair Value Measurements at September 30, 2019</u>		
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets:			
Investments			
Cash and short-term investments	\$ 17,244,676	\$ 17,244,676	\$ -
U.S. Treasury securities	1,505,673	1,505,673	-
Marketable equity securities	8,693,734	8,693,734	-
Mutual funds	<u>7,552,139</u>	<u>7,552,139</u>	-
Total assets	<u>\$ 34,996,222</u>	<u>\$ 34,996,222</u>	<u>\$ -</u>
Liabilities:			
Interest rate swap	<u>\$ 19,590</u>	<u>\$ -</u>	<u>\$ 19,590</u>

**BRATTLEBORO MEMORIAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

	<u>Fair Value Measurements at September 30, 2018</u>		
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets:			
Investments			
Cash and short-term investments	\$ 24,150,782	\$ 24,150,782	\$ -
Marketable equity securities	8,089,565	8,089,565	-
Mutual funds	7,600,815	7,600,815	-
Interest rate swap	<u>308,419</u>	<u>-</u>	<u>308,419</u>
Total assets	<u>\$ 40,149,581</u>	<u>\$ 39,841,162</u>	<u>\$ 308,419</u>

The fair value of Level 2 assets is primarily based on quoted market prices of the underlying or similar securities, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.