

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/2010

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Cheshire Medical Center

Street Address 580 Court Street

City Keene

County 03 - Cheshire

State NH **Zip Code** 3431

Federal ID # 20354549

State Registration # 6269

Website Address: www.cheshiremed.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Arthur Nichols 354-5400 anichols@cheshire-med.com

Board Chair: James Putnam 352-2448 jputnam@mcmxi.com

Community Benefits

Plan Contact: Yvonne Goldsberry 354-5400 ygoldsberry@cheshire-med.com

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement:

We lead our community to become the nation's healthiest through our clinical and service excellence, collaboration, and compassion for every patient every time.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Acworth	03601
Alstead	03602
Chesterfield	03443
E.Swanzey	03446
Fitzwilliam	03447
Gilsum	03448
Harrisville / Chesham	03450
Keene	03431
Marlborough	03455
Marlow	03456
Nelson / Munsonville	03457
Richmond	03470
Roxbury	03431
Spofford	03462
Stoddard	03464
Sullivan	03445
Surry	03431
Swanzey	03431
Troy	03465
Walpole	03608
Westmoreland	03467
W. Chesterfield	03466
W. Swanzey	03469
Winchester	03470

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

We serve the general population.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2010 *(Please attach a copy of the needs assessment if completed in the past year)*

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

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	100
2	430
3	600
4	300
5	421
6	420
7	120
8	121
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	601
B	602
C	330
D	370
E	406
F	407
G	522

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*
See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2010.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	5 6 4	\$1,021,134.00	\$1,022,000.00
<i>Community-based Clinical Services</i>	4 7 3	\$20,120.00	\$20,100.00
<i>Health Care Support Services</i>	1 7 8	\$76,772.00	\$77,000.00
<i>Other: Various</i>	5 6 4	\$946,312.00	\$947,000.00

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	7 4 --	\$108,927.00	\$109,000.00
<i>Intern/Residency Education</i>	7 4 --	\$14,466.00	\$14,500.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: Other health students</i>	5 6 4	\$144,194.00	\$145,000.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Cardiac Rehabilitation program</i>	4 -- --	\$509,721.00	\$510,000.00
<i>Type of Service: Pulmonary Rehabilitation Program</i>	4 E --	\$74,884.00	\$75,000.00
<i>Type of Service: Other</i>	5 -- --	\$12,354.00	\$12,360.00
<i>Type of Service:</i>	-- -- --		

<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	B 2 4	\$152,743.00	\$153,000.00
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	8 4 2	\$115,737.00	\$116,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 -- --	\$345,661.00	\$346,000.00
<i>Resource Development Assistance</i>	6 8 4	\$124,759.00	\$125,000.00

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	G -- --	\$132,326.00	\$133,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	E 6 8	\$68,341.00	\$68,350.00
<i>Community Health Advocacy</i>	4 6 5	\$94,428.00	\$95,000.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	-- -- --	\$93,234.00	\$93,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 2 7	\$2,734,383.00	\$2,800,000.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 2 7	\$8,376,081.00	\$8,400,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 7	\$9,104,974.00	\$9,200,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$326,201,238.00
<i>Net Revenue from Patient Services</i>	\$148,742,029.00
<i>Total Operating Expenses</i>	\$146,885,656.00
<i>Net Medicare Revenue</i>	\$52,141,811.00
<i>Medicare Costs</i>	\$60,517,892.00
<i>Net Medicaid Revenue</i>	\$7,239,010.00
<i>Medicaid Costs</i>	\$16,343,984.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,734,383.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,056,113.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$6,790,496.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$423,592.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$7,214,088.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Cedarcrest Center for Children with Disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Home Healthcare Hospice and Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Monadnock Family Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Monadnock United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Monadnock Community Hospital - Healthy Teeth to Toes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Community Advisory Council - representatives of each town	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Council for a Healthier Community- community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The community needs assessment was coordinated with the assistance of the broad-based community health coalition, the Council for a Healthier Community. In promoting the healthiest community initiative, known locally as Vision 2020, the Council identified community needs toward a goal of becoming the healthiest community in the nation by the year 2020. The Council formed five workgroups around strategic themes including: health status, healthcare access; health literacy, wellness, and social capital. The workgroups met from January 2008 - October 2009 to identify key goals, key measures, and local community assets. This work is summarized in the community needs assessment found at the web site healthiestcommunity.org. The Vision 2020 initiative hosted a planning Summit I in May of 2010 to identify contributing factors for each indicator in the community assessment. The 215 attendees also identified possible programs and policies to address each need. Summit I information was used during the fall of 2010

through the winter of 2011 when action planning teams met to develop strategy maps for five themes: health eating, active living, education and awareness, health access, and social determinants of health. Cheshire Medical Center provides staff for the Vision 2020 initiative and funds the community assessment process through an evaluation partnership contract with Antioch New England University (see Attachment 1).

The Community Advisory Committee, serving in an advisory capacity for both Home Healthcare, Hospice and Community Services, and Cheshire Medical Center/Dartmouth Hitchcock Keene, reviewed and commented on the community benefit report and plan. The report and plan is available to the public on the Cheshire Medical Center website: cheshire-med.org

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need

ATTACHMENT 1

Summary of Community Benefit Activities

Introduction

As embodied in our mission statement, Cheshire Medical Center/Dartmouth Hitchcock Keene (CMC/DHK) is committed to improving the health of our community. This summary of Community Benefits activities for fiscal year 2011 highlights many of the community health improvement and community health services that we support in an effort to respond to the needs of our community. While Cheshire Medical Center reports community benefit activities separately from the larger Dartmouth Hitchcock system, providers from DHK support local community benefits activities, and their efforts are reflected in this report.

This summary is organized by the Community Benefit categories outlined in Section 4 of the Community Benefits Reporting Form: *A. Community Health Services; B. Health Professionals Education; C. Subsidized Health Services; D. Research; E. Financial Contributions; F. Community Building Activities; G. Community Benefit Operations; H. Charity Care; and I. Government-Sponsored Health Care.* The community need that each activity addresses is noted with the description of the activity using the community needs codes listed in Section 3 of the Community Benefits Reporting Form. The unreimbursed cost for these activities is listed in the Monetary Inputs and Outputs Report in Attachment 2.

A. Community Health Services

Community Health Education

Community Education Programs [Needs addressed: 4, 5, 6, 9, B, C, D, E]

CMC/DHK offers a variety of health promotion and education programs for the community spanning a broad spectrum of health and wellness topics. Our clinical staff works closely with our community health staff to develop programs that cover emerging health concerns and are delivered at the right literacy level for our community. The 2011 year programs offered a variety of chronic disease and wellness topics such as childbirth, nutrition, diabetes, physical activity, senior issues, stress, substance abuse, and weight loss. Most programs are offered free of charge.

Senior Passport is a program for area residents aged 60 years and above. It encompasses low cost complete evening and weekend meals; free health education programs oriented to seniors; exercise programs; and the Cheshire Walkers Program, a walking group that takes organized nature and historic walks.

On-line Health Information [Needs addressed: 4, 5, 6, 9, B, C, D, E, F]

CMC/DHK is committed to helping people take a greater responsibility for their health. In addition to health information from our medical and nursing staff, our website links to reliable and up-to-date sources of health information. We use our website to share the community benefits report and service quality information with the public. The website incorporates

"Healthwise", a searchable health information database. The website averages 37,205 visits per month.

School Nurses and Providers (SNAP) [Needs addressed: 1, 2, 4, 5, 6]

Cheshire Medical Center/Dartmouth-Hitchcock Keene continued to offer the School Nurses and Providers program (SNAP) for local school nurses. This program offers semi-annual educational sessions coordinated by our Community Health Department. School nurses from four area school administrative units, and other providers, attend a dinner and educational program. It is an opportunity for area school nurses to meet with their colleagues, interact with local physicians, physician assistants and nurse practitioners, and to learn new medical information appropriate to their areas of concern/interest.

Vision 2020 Healthiest Community Initiative [Needs addressed: 4, 5, 6, 9, C, D, E, F]

Vision 2020 promotes broad-based community health messaging and other environmental strategies for prevention and wellness. The "champions program" engages individuals and organizations to take steps to improve health at a personal and institutional level. CMC/DHK provides staffing, office space and overall leadership for this initiative.

Healthy Eating Active Living Program (HEAL) [Needs Addressed: 4, 5, 6, 9, C, D, E]

CMC/DHK is serving as one of five pilot sites for the New Hampshire HEAL Initiative. Our local program is focused on three sectors: food service industry, worksites, and before and after school programs. We are working with each sector to identify needs and implement best practice programs and community education to help promote good nutrition and enhance physical activity.

Community Based Clinical Services

Health Screenings [Needs addressed: 4, 7, B, E]

The Kingsbury Pavilion, of the Norris Cotton Cancer Center at CMC/DHK, offers the "Let No Woman Be Overlooked" Breast and Cervical Cancer Program. The program provides a breast exam, mammography and Pap test for low-income, inadequately insured women between the ages of 18-65. We offer 18-20 clinics per year, including evening and Saturday appointments in the Keene office, with satellite clinic offices in Winchester and Jaffrey. The female staff includes nurse practitioners, nurse educators, and receptionists.

CMC/DHK provides funding for a prostate screening clinic each fall during Prostate Cancer Awareness Week for men, 50-74 years old without symptoms, or men in their forties who have a known family history of prostate cancer or who are African American. Screening includes a health questionnaire and a simple digital rectal exam from a urologist.

Tobacco Cessation Assistance [Needs addressed: E]

The CMC/DHK Tobacco Treatment Program offers cessation classes, support groups, a women's cessation program, and web-based and telephone support. We worked closely with local businesses to offer tobacco cessation materials and support during the *Great American Smokeout*. The Tobacco Program staff meet frequently with representatives from local schools and colleges and work closely with the Keene District Court to offer the "Smokeless Saturdays" program to area youth.

Health Care Support Services

Support to Families [Needs addressed: 1, 2, 3, 7, 8, B]

The CMC/DHK Family Resource Counseling Program provides information about federal, state, and local health care access programs to all members of our community and offers assistance as needed with the application process. The Family Resource Counselor helps determine eligibility for free or reduced cost services including prenatal care and delivery, health care for children ages birth through 19 years, preventive and restorative care dental care, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services.

The "100% Schools" program is a partnership between our local school system, CMC/DHK and New Hampshire Healthy Kids. Under this initiative, the Family Resource Counselor from Cheshire Medical Center works closely with school nurses to identify families needing assistance, offer information about health insurance options, and enroll eligible families in the Healthy Kids program. This effort builds on the long-standing partnerships between NH SAU #29, SAU #38 and Cheshire Medical Center's community health programs. The CMC/DHK Family Resource Counselor offers outreach to school nurses to assist in identifying families in need, accepts referrals from school nurses and, acting as an application assistor for NH Healthy Kids, processes Healthy Kids applications.

Other

Athletic Trainers [Needs addressed: 5, 6, 7, 4]

The CMC/DHK Sports Medicine Center partners with local high schools to provide athletic trainers to support the health and wellness needs of local athletes. In 2011, the program had eight athletic trainers that provided medical coverage for all home athletic events to Keene High School, Monadnock Regional High School, Fall Mountain Regional High School, Bellows Falls Union High School, Vermont Academy, Keene State College and the Keene Swamp Bats. The trainers are fully supported by the physicians in the Sports Medicine Center, and physical therapists through the Farnum Rehabilitation Unit. Physicians in the Sports Medicine Center also provided educational opportunities for athletic training students in partnership with Keene State College.

Cheshire Smiles Program [Needs addressed: 8]

Two public health dental hygienists and a part time assistant staff the Cheshire Smiles Program to provide in-school oral health screening for children in grades K-3. Hygienists offer one-on-one and classroom education, fluoride treatment, and use of portable equipment to perform

dental cleanings of students in SAU #29 and SAU #38. Hygienists conduct fluoride rinse programs in schools, and work with area dentists to offer clinics for the placement of sealants on children's teeth. They also screen and offer sealants at the Keene Middle School. This program gives us an opportunity to follow-up with children who were originally seen in the K- 3 program.

Medications Assistance Program [Needs addressed: 1]

The Medication Assistance Program provides free or reduced cost medications for acute illnesses and improves access to medications vital to continued good health for patients who require medication on an ongoing basis and who cannot afford it. In FY 2011 the program supplied medications valued at 2.4 million dollars.

Community Health Clinical Integration [Need addressed: 4]

The Community Health Clinical Integration effort placed a clinician (MD) in the CMC/DHK community health office to bring clinical expertise to local coalitions and to tie community coalition work back to clinical areas. This initiative currently spans a broad range of topics including falls prevention, substance abuse, diabetes, medication disposal and heart health. In 2011 this effort supported the community and clinical staff from the CMC/DHK Emergency Department to meet the goal of becoming a Heart Safe Community

B. Health Professionals Education

Provision of Clinical Settings for Health Professionals Education [Needs addressed: 7]

CMC/DHK offers clinical education experiences for medical students, nursing students and a variety of other health professional students from such disciplines as physical therapy, athletic training, and health and wellness. Students are sponsored by their academic institutions and complete course requirements for clinical practice and observation under the direction of qualified CMC/DHK clinicians. CMC/DHK worked closely with the local New Hampshire Technical College to develop and support a very successful clinical internship training program for nursing students. In 2011 CMC/DHK worked closely with Keene State College to develop a BSN undergraduate degree program.

C. Subsidized Health Services

Cardiac Rehabilitation [Needs addressed: 5, 4]

The Cardiac Rehabilitation Program at CMC/DHK offers Phase II programs. Our focus, in the structured monitored exercise Phase II program, is to restore patient confidence in resuming activities and exercise, and aggressive risk factor and lifestyle modification. We partner with Antioch University New England to offer on-site clinical psychology support to assist with stress management and goal setting and to provide interventions for patients dealing with depression secondary to their cardiovascular disease. Phase II is a highly structured six to eight week program. We had approximately 1300 patient sessions.

Pulmonary Rehabilitation [Needs addressed: 4, E]

The treatment of chronic lung disease such as emphysema, chronic bronchitis, and pulmonary fibrosis is frequently complex and challenging for both patients and those who care for patients. CMC/DHK provides a comprehensive outpatient Pulmonary Rehabilitation program to serve the needs of patients in our community. Our goal is to improve the comfort, functionality, and understanding for our patients who struggle with these challenging diseases. The Pulmonary Rehabilitation Department provides all necessary therapeutic and diagnostic modalities for the management of respiratory disorders such as COPD, Asthma, Pulmonary Fibrosis, Chronic bronchitis, and other respiratory complications. The “Better Breathers” monthly support group is available for anyone with chronic lung disease.

D. Research

Community Health Research

Population Health Research Center Partner [Needs addressed: 4]

CMC/DHK was selected as a research partner site by the new Dartmouth Institute Population Health Research Center. CMC/DHK staff, along with other community partners, participated in an action learning collaborative project focused on hypertension and heart health. During FY the group worked on a hypertension project that developed and pilot tested a blood pressure screening wallet card.

E. Financial Contributions

Financial and In-kind Contributions and Cash Donations [Needs Addressed: 2, 6, 8, 4]

CMC/DHK makes cash and in-kind donations to community projects and organizations that are addressing identified community needs and best coordinated by other organizations, or that are doing work that complements our mission. For example, we work in partnership with other community health and human service organizations to meet the dental health needs of underserved populations such as the chronically mentally ill, pregnant women who cannot afford dental care, children identified through the school based *Cheshire Smiles* Program, and others, by sponsoring patient visits at *Dental Health Works*, a public/private program serving underserved residents of Cheshire County. Many of our senior staff serve on local non-profit boards to share their clinical or management expertise, or help to coordinate local fundraising efforts for chronic diseases such as planning and participating in the American Cancer Society’s “Relay for Life” program.

F. Community Building Activities

Support Systems Enhancement [Needs addressed: G]

Greater Monadnock Public Health Network (GMPHN)

GMPHN is a community health and safety collaborative which works to enhance and improve public health-related services. Formerly known as the Cheshire Public Health Network, the GMPHN is one of 15 public health networks in the state of New Hampshire. The GMPHN is housed by CMC/DHK and, in collaboration with Cheshire County, is financed with funds provided by the Centers for Disease Control and Prevention, under an agreement with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services. The GMPHN serves all of Cheshire County and the 10 western-most towns in Hillsborough County. The GMPHN strives to increase collaboration and planning across municipal boundaries and the health and safety sectors. It is made up of members of each of the coalition communities as well as representatives of regional organizations involved in providing for the public's health and safety.

Coalition Building [Needs Addressed: 5, 6, 8, 4, E]

Advocates for Healthy Youth (AFHY)

AFHY is a community coalition focused on childhood obesity. Through AFHY, CMC/DHK works closely with community health providers, Keene State College, Antioch University New England, Keene Parks and Recreation Center, and area schools to address the epidemic of childhood obesity. In FY 2011 AFHY worked with local schools and afterschool programs to enhance physical activity and nutrition programs and policies. The coalition worked with SAU 29 to collect data collection to assess body mass index scores. CMC/DHK also sponsored the *Families in Training* childhood obesity treatment program that was designed by AFHY members.

Cheshire Coalition for Tobacco Free Communities

The Cheshire Coalition for Tobacco Free Communities addresses the use of tobacco products by people who live and work in the communities served by CMC/DHK. The Coalition is chaired by a DHK physician and is comprised of hospital staff, health providers, community members and representatives of schools and colleges, law enforcement, clergy and the general public. The group meets monthly and works closely with young people on the coalition and in local schools to provide programs for cessation, vendor compliance and education. The Coordinator, a CMC/DHK employee, actively engages in anti-tobacco activities in our local community and coordinates with state agencies and organizations.

Dental Public Health Task Force

CMC/DHK assumes a leadership role in bringing together dentists, hygienists, hospital staff, and community volunteers to serve as the Dental Public Health Task Force. The Task Force assesses dental needs and, when necessary, discusses and advocates for oral health policy change. The Task Force hosts a volunteer dental program for adults, the *Traveling Adult Dental Service*. Under this initiative, volunteer dentists hold a monthly free clinic which rotates to different dental offices each month. Patients are screened for dental care needs and financial eligibility by a dental hygienist.

Community Health Improvement Advocacy [Needs addressed: 1, 5, 6, 7, 4]

Participation in Advocacy and Policy Development Efforts

CMC/DHK staff members actively serve on state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2011 our staff participated as members of the New Hampshire Citizen's Health Initiative, the New Hampshire Comprehensive Cancer Collaborative, the New Hampshire Trauma Committee, the New Hampshire Public Health Regionalization Task Force, and the New Hampshire Public Health Services Improvement Council.

G. Community Benefit Operations [Needs addressed: N/A]

We dedicate approximately 1 FTE of staff time to monitor and collect data on our Community Benefits activities, as well as prepare fiscal information as required to complete the Community Benefits Reporting Form. We use the Community Benefit Inventory and Reporting Software tool to assist with data collection and reporting.

Vision 2020 – Healthiest Community Initiative - Needs Assessment

For over 10 years, Cheshire Medical Center has convened the community health coalition, the Council for a Healthier Community, to conduct community health assessments and set a community-wide agenda for community health improvement. In FY 09, the Council identified and confirmed goals of Vision 2020 and convened workgroups to begin developing a community plan. In FY 2010, the community needs assessment was published and new workgroups formed to begin developing an action plan. In FY 2011 action planning teams created strategy maps and identify best practice interventions. CMC/DHK is taking a leadership role by dedicating staff, space, and financial resources to convene the Council workgroups and implement an evaluation process in partnership with Antioch University New England.

H. Charity Care [Needs addressed: 1, 2, 7]

In FY 2011 we provided \$2,734,383.00 in charity care to 1945 people.

I. Government-Sponsored Health Care [Needs addressed: 1, 2, 7]

See Community Benefit Reporting Form Section 5.

ATTACHMENT 2

Summary of Quantifiable Benefits

Category / Title / Department
Community Health Improvement Services (A)
Community Health Education (A1)

	Expenses	Offsets	Benefit
AHA Training Center Coordinator & Regional Faculty	30,328	0	30,328
Annual Kiwanis Bike Safety Rodeo	6,008	0	6,008
Baby Friendly Hospital Task Force	13,942	0	13,942
Cheshire Walkers	28	0	28
Child Passenger Safety Car Seat Checks	3,162	0	3,162
Classes Sponsored by Outpatient Rehab	279,149	13,892	265,257
CMC/DHK Website	134,956	0	134,956
Colon Cancer Awareness Month	1,552	0	1,552
Community Ed Salaries: Community Health Education	51,974	0	51,974
Community Health Education	120,400	0	120,400
Community Lectures	3,155	0	3,155
EMS Paramedic Continuing Education	12,132	0	12,132
HEAL: Healthy Eating Active Living	45,051	28,831	16,220
Health Matters Radio Show	4,481	0	4,481
Healthiest Community Initiative-Education	281,965	9,000	272,965
Hearing aide fittings	856	0	856
Library Reference Services	5,273	0	5,273
Pediatric Advanced Life Support	5,118	0	5,118
Pumpkin Festival	25,702	0	25,702
SNAP	2,960	0	2,960
Support Groups	29,976	0	29,976
Volunteer Services	14,689	0	14,689
*** Community Health Education	1,072,857	51,723	1,021,134

Community Based Clinical Services (A2)

Screenings	20,120	0	20,120
*** Community Based Clinical Services	20,120	0	20,120

Health Care Support Services (A3)

Community Health Salaries: Health Care Support Services	128,471	51,699	76,772
*** Health Care Support Services	128,471	51,699	76,772

Other (A4)

Athletic Trainers for area high schools and college	621,003	52,291	568,712
Cheshire Smiles	156,670	36,190	120,480
Dental Public Health Task Force	0	0	0
HeartSafe Initiative	1,619	0	1,619
Medication Assistance Program	116,942	2,000	114,942
Norris Cotton Cancer Center-Kingsbury Pavilion Events	29,745	0	29,745
Pastoral Ministry Support	1,351	0	1,351
Tobacco Cessation	161,543	52,080	109,463
*** Other	1,088,873	142,561	946,312

**** Community Health Improvement Services	2,310,321	245,983	2,064,338
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Health Professions Education (B)

Physicians/Medical Students (B1)

Physician/Medical Student Education	14,466	0	14,466
*** Physicians/Medical Students	14,466	0	14,466

Nurses/Nursing Students (B2)

Nursing Continuing Ed - Contact hour Program	103,552	100	103,452
Nursing Students/Interns	5,475	0	5,475
*** Nurses/Nursing Students	109,027	100	108,927

Other Health Professional Education (B3)

Career Day/Job Shadowing	1,563	0	1,563
Dietetic Internship Students	15,108	0	15,108
Laboratory Internship Students	45,965	0	45,965
Lectures to Healthcare Providers	7,021	0	7,021
Students in Other Healthcare Profession Training Programs	1,264	0	1,264
*** Other Health Professional Education	70,921	0	70,921

Other (B5)

Project Search	73,273	0	73,273
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***** Other**

73,273	0	73,273
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****** Health Professions Education**

267,687	100	267,587
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Subsidized Health Services (C)**Other (C10)**

Cardiac Rehab	519,636	9,915	509,721
KSC Athletic Training Program	12,354	0	12,354
Pulmonary Rehab	74,884	0	74,884

***** Other**

606,874	9,915	596,959
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****** Subsidized Health Services**

606,874	9,915	596,959
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Research (D)**Community Health Research (D2)**

Population Health Research	162,186	9,443	152,743
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***** Community Health Research**

162,186	9,443	152,743
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****** Research**

162,186	9,443	152,743
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Financial and In-Kind Contributions (E)**Cash Donations (E1)**

Dental Health Works	15,100	0	15,100
Donations-Cash	100,637	0	100,637

***** Cash Donations**

115,737	0	115,737
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In-kind Donations (E3)

Board of Directors/Committee Members	137,653	0	137,653
Conference Room for Community Groups	2,954	0	2,954
Donations: In-kind	41,678	0	41,678
Hospice Medical Director	134,491	0	134,491
Infection Control Networking	246	0	246
Technical Assistance to Healthcare and other Organizations	951	0	951
United Way Campaign	27,688	0	27,688

***** In-kind Donations**

345,661	0	345,661
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Resource Development (E4)

Cheshire Health Foundation Fundraising Costs	124,759	0	124,759
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****** Financial and In-Kind Contributions**

586,157	0	586,157
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Community Building Activities (F)**Community Support (F3)**

Greater Monadnock Public Health Network	235,821	103,495	132,326
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***** Community Support**

235,821	103,495	132,326
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Coalition Building (F6)			
Advocates for Healthy Youth	90,276	48,288	41,988
Breastfeeding Coalition	270	0	270
Cheshire Coalition for Tobacco Free Communities	28,601	6,368	22,233
Council for a Healthier Community	3,850	0	3,850
*** Coalition Building	122,997	54,656	68,341
Community Health Improvement Advocacy (F7)			
Community Health Staff	94,428	0	94,428
*** Community Health Improvement Advocacy	94,428	0	94,428
**** Community Building Activities	453,246	158,151	295,095
Community Benefit Operations (G)			
Assigned Staff (G1)			
Community Health Salaries: Assigned Staff	48,423	0	48,423
Healthiest Community Initiative-Operations	44,811	0	44,811
*** Assigned Staff	93,234	0	93,234
**** Community Benefit Operations	93,234	0	93,234
Number of Programs-63	4,479,705	423,592	4,056,113