

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 10/01/11

*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](http://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:** Jay Kahn 358-2116 jkahn@keene.edu

**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 2012.

**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	\$983,249.00	\$1,002,914.00
<i>Community-based Clinical Services</i>	4 E --	\$51,380.00	\$52,408.00
<i>Health Care Support Services</i>	1 2 B	\$46,986.00	\$47,926.00
<i>Other: Various</i>	5 1 8	\$675,728.00	\$689,243.00

<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 --	\$113,519.00	\$115,789.00
<i>Intern/Residency Education</i>	7 4 --	\$94,932.00	\$96,831.00
<i>Scholarships/Funding for Health Professions Ed.</i>	7 4 --	\$111,391.00	\$113,619.00
<i>Other: other health students</i>	7 4 --	\$100,698.00	\$102,712.00

<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: Pulmonary Rehab.</i>	4 E --	\$331,323.00	\$337,949.00
<i>Type of Service: KSC Athletic Training Prog.</i>	5 -- --	\$4,615.00	\$4,704.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	4 B --	\$169,622.00	\$173,014.00
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	8 -- --	\$15,300.00	\$15,606.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	3 4 --	\$128,435.00	\$131,004.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	G -- --	\$77,846.00	\$79,403.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	E 6 8	\$61,792.00	\$63,028.00
<i>Community Health Advocacy</i>	4 5 6	\$43,367.00	\$44,132.00

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	3 -- --	\$81,505.00	\$83,135.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	3 4 --	\$129,020.00	\$131,600.00

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 7 2	\$2,046,162.00	\$2,087,085.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	1 7 2	\$5,194,698.00	\$5,298,592.00
<i>Medicaid Costs exceeding reimbursement</i>	1 7 2	\$10,014,048.00	\$10,214,329.00
<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>	\$272,258,129.00
<i>Net Revenue from Patient Services</i>	\$115,850,935.00
<i>Total Operating Expenses</i>	\$113,538,392.00
<i>Net Medicare Revenue</i>	\$41,501,460.00
<i>Medicare Costs</i>	\$46,696,158.00
<i>Net Medicaid Revenue</i>	\$3,417,656.00
<i>Medicaid Costs</i>	\$13,431,704.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,046,162.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$3,220,608.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,266,770.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$337,223.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$5,603,993.00

**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 [www.healthiestcommunity.org](http://www.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). On November 10, 2011 community members attended Summit II and reviewed 31 core implementation strategies. The (Vision 2020) Healthiest community Advisory Board, comprised of twenty five community representatives, provides ongoing oversight of the implementation of the strategies and community planning process.

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

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
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**

**Fiscal Year 2012**

## **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 2012 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. Fiscal Year 2012 represents the time period of October 1, 2011 through June 30, 2012, which is ten months, rather than the typical twelve month period, as our organization transitioned to a different fiscal year. Moving forward our fiscal year will be July 1 – June 30. 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: 5, 6, 4, C, D]

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 2012 year programs offered a variety of chronic disease and wellness topics such as nutrition, diabetes, hip replacement & mobility, eyesight, physical activity, senior issues, substance abuse, financial literacy and bullying issues. All 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. Seven walks were offered in the spring and fall.

On-line Health Information [Needs addressed: 1, 2, 3, 4, 5, 6, B, C, D, E, F, G]

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. During Fiscal Year 2012 the website averaged 23,633 visits and 85,330 page view per month. Health Monthly, an electronic newsletter, offering timely medical news, useful health tips and wellness information is delivered to an average of 1,800 patients and community members on a monthly basis.

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

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 five 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: 1, 3, 4, 5, 6, A, 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. As of June 30, 2012 there are 1,354 individual champions, 39 organizational champions, and 3 school champions. CMC/DHK provides staffing, office space and overall leadership for this initiative.

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

CMC/DHK is a site 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. The Turn a New Leaf program is New Hampshire's first county-wide healthy dining initiative. It began in 2012 with four participating restaurants. Healthy menu items are marked with a logo containing a green elm leaf and red heart logo, supporting diners to make healthy dining choices.

### *Community Based Clinical Services*

Health Screenings [Needs addressed: 1, 4, 7, B]

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. Clinics are offered throughout the year at our Keene clinic and satellite offices in

Winchester and Jaffrey during normal business hours, evenings and Saturday appointments. The female staff includes nurse practitioners, nurse educators, and receptionists.

#### Tobacco Cessation Assistance [Needs addressed: E]

The CMC/DHK Tobacco Treatment Program offers cessation classes, support groups, 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 meets frequently with representatives from local schools and colleges and work closely with the Keene District Court to offer cessation treatment and education to area youth. Program staff is working closely with providers to integrate tobacco assessment information into the electronic medical record.

#### *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 dental care, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services.

Under the "100% Schools program, our Family Resource Counselor works closely with school nurses to identify families needing assistance, offers information about health insurance options, and enrolls eligible families in the SCHIP program. This effort builds on the long-standing partnerships between NH SAU #29, SAU #47, SAU #60, SAU #92, SAU #93, SAU #94 and Cheshire Medical Center's community health programs.

#### *Other*

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

The CMC/DHK Sports Medicine Center contracts with local high schools to supply athletic trainers that provide injury evaluation, treatment and rehabilitation to local athletes. In 2012, the program had four certified athletic trainers that provided medical coverage for all home athletic events and practices to Keene High School, Monadnock Regional High School, and the Keene Swamp Bats. The athletic trainers are fully supported by the physicians in the Sports Medicine Center. Our three sports medicine physicians are also the team doctors for Keene State College. Lastly, our physicians, physical therapists and athletic trainers in the Sports Medicine Center are all approved clinical instructors for Keene State Colleges Athletic Training Education Program. All providers offer a substantial amount of time and clinical instruction to afford this opportunity to the Keene State Sports Medicine Program.

#### Cheshire Smiles Program [Needs addressed: 8, B]

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, 92, 93, and 94. 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 2012 the program supplied 3,144 prescriptions to 521 individuals valued at 1.9 million dollars.

Community Health Clinical Integration [Need addressed: 3, 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 2012 this effort supported prescription take back events, integration of tobacco cessation assessments, HEAL, and Hyperion measures.

## **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.

## **C. Subsidized Health Services**

*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, 2, 5, 6, B, E]

During this fiscal year, CMC/DHK has been an active partner with the Dartmouth Institute to continue the work of the action learning collaborative that occurred in the previous year. The accomplishments include: development and implementation of an intergeneration InShape health improvement project, dissemination of the blood pressure cards to a variety of community partners and DHK clinic departments. PRC’s partnerships with CMC/DHK include: centered pregnancy program to pilot second hand smoke brochures and window decals, implementation and evaluation of the 5210 school pilot, CPR Any-Time training on Valentine’s Day, and design and creation of the “Turn a New Leaf” menu labeling program developed through the HEAL initiative.

## **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. CMC/DHK provides clinical oversight for area nursing homes and hospice programs.

## **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 14 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 2012 AFHY developed a comprehensive 5-2-1-0 toolkit which was piloted in 4 schools in the region. AFHY took the success of the clinical Families in Training curriculum and developed a community based Family BeFit program through collaboration with AFHY partners.

#### 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 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.

#### Council for a Healthier Community

The Council for a Healthier Community, formed in 1995, is a diverse representation of our community convened by the CMC/DHK. Charged to assess the health needs of our community, to form action plans to meet identified needs and to encourage community engagement for improved health, this group was instrumental in providing the initial support and direction for the healthiest community initiative. Most recently, the council has been focused on convening valued stakeholder groups in preparation for a state-wide redesign that will result in the creation of Regional Public Health Advisory Boards.

#### 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.

*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 2012 our staff participated as members of the New Hampshire Citizen's Health Initiative, the New Hampshire Comprehensive Cancer Collaborative, the New Hampshire Trauma Committee, (Yvonne – not sure about this one or if there are others that should be added) 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. In FY 2012 these same teams used the strategy maps to identify 31 core implementation strategies. CMC/DHK is taking a leadership role by dedicating staff, space, and financial resources to convene the Council workgroups, implement an evaluation process in partnership with Antioch University New England.

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

In FY 2012 we provided \$2,046,162 in charity care to 1,577 people.

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

See Community Benefit Reporting Form Section 5.

# **ATTACHMENT 2**

## **Summary of Quantifiable Benefits**

**Fiscal Year 2012**

## COMMUNITY BENEFIT CATEGORIES

Category / Title	Expenses	Offsets	Benefit
<b>Community Health Improvement Services (A)</b>			
<b>Community Health Education (A1)</b>			
AHA Training Center Coordinator & Regional Faculty	28,137	0	28,137
Annual Kiwanis Bike Safety Rodeo	1,676	0	1,676
Cheshire Walkers	0	0	0
Child Passenger Safety Car Seat Checks	1,960	0	1,960
Classes Sponsored by Outpatient Rehab	171,866	4,465	167,401
CMC/DHK Website	80,192	0	80,192
Colon Cancer Awareness Month	2,287	0	2,287
Communications: Community Health Education	100,182	0	100,182
Community Health Education	74,971	0	74,971
Community Health Salaries: Community Health Education	105,310	0	105,310
Community Lectures	5,592	0	5,592
EMS Paramedic Continuing Education	32,715	0	32,715
HEAL: Healthy Eating Active Living	61,749	33,423	28,326
Health Matters Radio Show	9,151	0	9,151
Healthiest Community Initiative-Education	273,430	0	273,430
Hearing aid fittings	475	0	475
Library Reference Services	6,573	0	6,573
Nursing Schools - Coordination	15,814	0	15,814
Pediatric Advanced Life Support	3,443	0	3,443
SNAP	2,488	0	2,488
Support Groups	22,386	0	22,386
Support to Local Schools	2,767	0	2,767
Volunteer Services	17,973	0	17,973
<b>*** Community Health Education</b>	<b>1,021,137</b>	<b>37,888</b>	<b>983,249</b>
<b>Community Based Clinical Services (A2)</b>			
Screenings	51,380	0	51,380
<b>*** Community Based Clinical Services</b>	<b>51,380</b>	<b>0</b>	<b>51,380</b>
<b>Health Care Support Services (A3)</b>			
Community Health Salaries: Health Care Support Services	46,986	0	46,986
<b>*** Health Care Support Services</b>	<b>46,986</b>	<b>0</b>	<b>46,986</b>
<b>Other (A4)</b>			
Athletic Trainers for area high schools and college	350,381	25,620	324,761
Cheshire Smiles	171,805	30,964	140,841
Dental Public Health Task Force	826	0	826
Medication Assistance Program	98,042	1,750	96,292
Norris Cotton Cancer Center-Kingsbury Pavilion Events	27,020	0	27,020
Pastoral Ministry Support	1,105	0	1,105
Tobacco Cessation	148,552	63,669	84,883
<b>*** Other</b>	<b>797,731</b>	<b>122,003</b>	<b>675,728</b>
<b>**** Community Health Improvement Services</b>	<b>1,917,234</b>	<b>159,891</b>	<b>1,757,343</b>

<b>Category / Title</b>	<b>Expenses</b>	<b>Offsets</b>	<b>Benefit</b>
<b>Health Professions Education (B)</b>			
<b>Physicians/Medical Students (B1)</b>			
Physician/Medical Student Education	114,519	1,000	113,519
<b>*** Physicians/Medical Students</b>	<b>114,519</b>	<b>1,000</b>	<b>113,519</b>
<b>Nurses/Nursing Students (B2)</b>			
Nursing Continuing Ed - Contact hour Program	19,843	0	19,843
Nursing Students/Interns	75,089	0	75,089
<b>*** Nurses/Nursing Students</b>	<b>94,932</b>	<b>0</b>	<b>94,932</b>
<b>Other Health Professional Education (B3)</b>			
College Lectures	2,254	0	2,254
Dietetic Internship Students	4,833	0	4,833
Laboratory Internship Students	33,709	0	33,709
Lectures to Healthcare Providers	3,606	0	3,606
Students in Other Healthcare Profession Training Programs	66,989	0	66,989
<b>*** Other Health Professional Education</b>	<b>111,391</b>	<b>0</b>	<b>111,391</b>
<b>Other (B5)</b>			
Project Search	100,698	0	100,698
<b>*** Other</b>	<b>100,698</b>		<b>100,698</b>
<b>**** Health Professions Education</b>	<b>421,540</b>	<b>1,000</b>	<b>420,540</b>
<b>Subsidized Health Services (C)</b>			
<b>Other (C10)</b>			
KSC Athletic Training Program	4,615	0	4,615
Pulmonary Rehab	331,323	0	331,323
<b>*** Other</b>	<b>335,938</b>	<b>0</b>	<b>335,938</b>
<b>**** Subsidized Health Services</b>	<b>335,938</b>	<b>0</b>	<b>335,938</b>
<b>Research (D)</b>			
<b>Community Health Research (D2)</b>			
Population Health Research	179,365	9,743	169,622
<b>*** Community Health Research</b>	<b>179,365</b>	<b>9,743</b>	<b>169,622</b>
<b>**** Research</b>	<b>179,365</b>	<b>9,743</b>	<b>169,622</b>
<b>Financial and In-Kind Contributions (E)</b>			
<b>Cash Donations (E1)</b>			
Dental Health Works	15,300	0	15,300
<b>*** Cash Donations</b>	<b>15,300</b>	<b>0</b>	<b>15,300</b>

Category / Title	Expenses	Offsets	Benefit	
<b>In-kind Donations (E3)</b>				
Board of Directors/Committee Members	80,444	0	80,444	
Conference Room for Community Groups	306	0	306	
Donations: In-kind	15,058	0	15,058	
Hospice Medical Director	17,185	0	17,185	
United Way Campaign	15,442	0	15,442	
<b>*** In-kind Donations</b>	<b>128,435</b>	<b>0</b>	<b>128,435</b>	
<b>**** Financial and In-Kind Contributions</b>	<b>143,735</b>	<b>0</b>	<b>143,735</b>	
<b>Community Building Activities (F)</b>				
<b>Community Support (F3)</b>				
Greater Monadnock Public Health Network	195,605	117,759	77,846	
<b>*** Community Support</b>	<b>195,605</b>	<b>117,759</b>	<b>77,846</b>	
<b>Coalition Building (F6)</b>				
Advocates for Healthy Youth	53,091	48,830	4,261	
Breastfeeding Coalition	1,097	0	1,097	
Cheshire Coalition for Tobacco Free Communities	50,848	0	50,848	
Council for a Healthier Community	5,586	0	5,586	
<b>*** Coalition Building</b>	<b>110,622</b>	<b>48,830</b>	<b>61,792</b>	
<b>Community Health Improvement Advocacy (F7)</b>				
Community Health Staff: Advocacy	43,267	0	43,267	
<b>*** Community Health Improvement Advocacy</b>	<b>43,267</b>	<b>0</b>	<b>43,267</b>	
<b>**** Community Building Activities</b>	<b>349,494</b>	<b>166,589</b>	<b>182,905</b>	
<b>Community Benefit Operations (G)</b>				
<b>Assigned Staff (G1)</b>				
Community Health Salaries: Assigned Staff	62,949	0	62,949	
Healthiest Community Initiative-Operations	18,556	0	18,556	
<b>*** Assigned Staff</b>	<b>81,505</b>	<b>0</b>	<b>81,505</b>	
<b>Other Resources (G3)</b>				
Bald Is Beautiful	27,093	0	27,093	
Cheshire Health Foundation Fundraising Costs	101,927	0	101,927	
<b>*** Other Resources</b>	<b>129,020</b>	<b>0</b>	<b>129,020</b>	
<b>**** Community Benefit Operations</b>	<b>210,525</b>	<b>0</b>	<b>210,525</b>	
<b>Number of Programs - 60</b>	<b>Grand Totals</b>	<b>3,557,831</b>	<b>337,223</b>	<b>3,220,608</b>