2013 Community Health Needs Assessment Implementation Strategy

Introduction

As required by RSA 7:32-c-*l*, "Every health care charitable trust shall, either alone or in conjunction with other health care charitable trusts in its community, conduct a community needs assessment to assist in determining the activities to be included in its community benefits plan" and adopt an implementation strategy based on the needs identified in the assessment. As defined by Section 501(r) of the Federal IRS code, this implementation strategy must reflect:

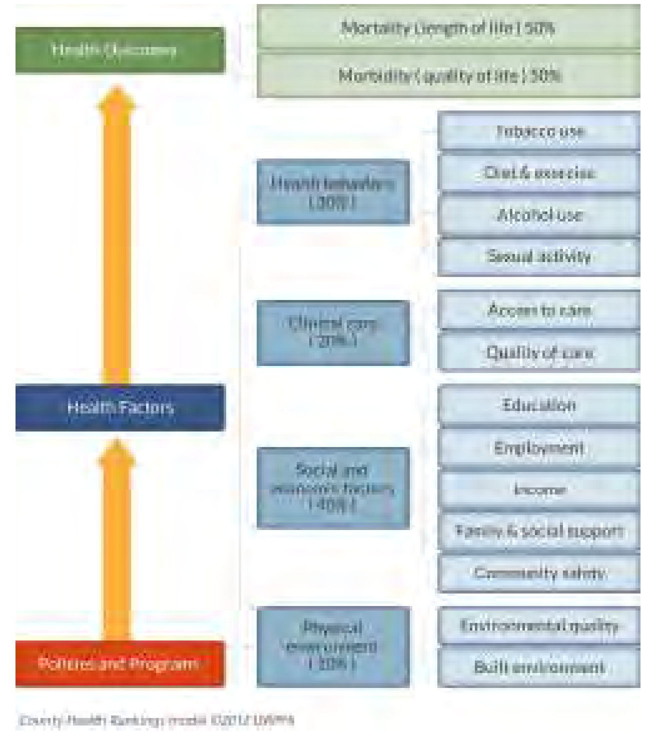
- The health needs of the region as documented in the community health needs assessment
- The hospital's plan to take action to address each identified need
- The remaining needs that the hospital will not address, including the reasons for not addressing needs and statement of who in the community will address these needs

Cheshire Medical Center (CMC) is a not for profit community hospital located in Keene, NH, a part of the "Monadnock Region", which includes the twenty-three towns in Cheshire County. Dartmouth-Hitchcock Keene (DHK), located on the same campus is a multi-specialty medical practice aligned with Dartmouth-Hitchcock Medical Center, the region's leading teaching institution and tertiary care center. CMC and DHK share a common charitable community mission and recognize the importance of working closely together to address unmet community health needs, improve community health status, enhance the quality of services and build community value. Our close relationship allows for collaboration on many action areas included in this implementation strategy. For further information or questions contact Eileen Fernandes, Population Health Manager at efernandes@cheshire-med.com.

Implementation Strategy Framing Model

This implementation strategy identifies how CMC will address the priority needs identified in the 2013 Community Health Needs Assessment (CHNA). The CHNA and implementation planning process used a broad definition of health framed from a social determinant of health model that considers health status indicators in addition to larger issues that impact the social well-being of the community (see Figure 1).

Figure 1: Social Determinants of Health Model



The identified needs are organized by each of the health factors in Figure 1: health behaviors, clinical care, social and economic factors, and physical environment. For each health factor we summarize the strategy to address identified needs, the program or activity to be implemented, and the specific community benefit category assigned to the program/activity. This implementation strategy also provides an overview of other CMC community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs. In addition to the specific needs being addressed by CMC, this document notes the remaining community needs that are beyond the scope and mission of CMC to address, and identifies other organizations in the community that are implementing programs/activities to address these needs.

Top Four Priority Community Needs from CHNA Leadership Team

Identified Needs	- Behavioral health services - Urgent care - Transportation - Improved coordination and communication between services		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
Enhance services integration with community providers to improve coordination and care transitions	Promote integrated system of clinical care for behavioral health by serving on community coalition	Family Medicine & Community Health	Community Health Improvement Other (A3&4)
Expand clinic service hours to accommodate acute and urgent care needs	Extend clinic hours to add walk-in and acute care services in Pediatrics Family Medicine, and Nurse Clinic outpatient departments	Family Medicine, Nurse Clinic, Pediatrics	Activity addresses need but not countable as community benefit
Improve information and data coordination for uninsured and low income populations	Implement shared eligibility data platform for three financial assistance program to ensure coordinated efforts	Community Health, Finance, Pharmacy	Community Health Salaries: education (A1&3)
Other Needs	**Reason Not Included**	**Community Partner**	
Access to behavioral health outpatient services	Beyond mission of CMC; other organizations in community providing the services	Monadnock Family Services, Phoenix House, MAPS Counseling Services	
Expand both personal and public transportation options	Beyond mission of CMC; other organizations in community providing the services	Monadnock Regional Transportation Management Association (MRTMA); Home Healthcare Hospice and Community Services; American Red Cross; Southwest Regional Planning Commission	

Health Behaviors

Identified Needs	• Substance abuse prevention and treatment; Alcohol consumption (adult and youth);Tobacco use • Physical activity levels ; Affordable physical fitness/wellness activities • Weight management • Increase health education in schools		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
Build capacity in the community to address specific healthy behaviors by offering technical assistance and support	Continue backbone support for Healthy Monadnock 2020	Community Health	Community Health Education (A1 & 3)
	Continue to promote Healthy Eating Active Living (HEAL) worksite wellness and restaurant menu labeling initiatives	Community Health	Community Health Education (A1 & 3)
Build capacity in the community to address specific healthy behaviors through coalition involvement	Continue CMC staff participation in coalition work including Monadnock Alcohol and Drug Abuse, Monadnock Voices for Prevention; Dental Public Health Task Force; Monadnock Farm and Community Coalition; Community Connections for After School Networking(CCAN); Medical Reserve Corps; Council for a Healthier Community, Comprehensive Cancer Collaborative; Communities and Schools Together	Community Health, Admistrative Council, Members of Leadership Group	Community Building Activities: Coalition Building (F3&6)
	Continue support for Advocates for Healthy Youth (AFHY) childhood obesity coalition	Community Health	Community Building Activities: Coalition Building (F3&6)
	Continue to support Cheshire Coalition for Tobacco Free Communities in-school tobacco prevention programs	Community Health	Community Health Improvement Services (A4)
Partner with schools and universities to provide in-school and community-based programs	Provide athletic trainers to area high schools, colleges, and local New England College Baseball League team	Sports Medicine	Community Health Education (A4) Subsidized Health Services (C10)

	Partner with the Dartmouth Institute, Population Health Research projects	Community Health	Research (D2)
	Provide internship and volunteer opportunities for students enrolled in higher educational programs such as Keene State College, NH Technical College, and University of New Hampshire	Community Health; Nutrition Services Volunteer Services	Health Professions Education (B) Community Health Education (A1)
Other Needs	**Reason Not Included**	**Community Partner**	
none			

Clinical Care

Identified Needs	• Health care access – insurance, affordable care and affordable prescriptions; urgent care alternative to emergency room care • Chronic disease management • Dental care services • Behavioral health services • Improved coordination between care providers, Improved communication between community service providers • End of life issues (palliative care)		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
Provide health screenings to promote early testing and increased awareness	Free breast and cervical cancer screenings to uninsured and low income population	Oncology, Women's Health	Community Based Clinical Services (A2)
Improve information and data coordination for uninsured and low income populations	Implement shared eligibility data platform for three financial assistance program to ensure coordinated efforts	Community Health, Finance, Pharmacy	Community Health Salaries: education (A1&3)
Subsidize free and reduced prevention and treatment services for low income population	Subsidize cost of tobacco cessation and pulmonary rehabilitation services	Community Health, Pulmonary Rehab	Subsidized Health Services (C10)

	Provide support to access prescription medications	Pharmacy	Community Health Improvement Other (A4)
Provide financial assistance and in-kind supports to community partners to address healthcare access	Contract for free dental care services and school-based dental program with non-profit oral health provider Dental Health Works. Provider staffing support to Traveling Adult Dental Service program (TADS)	Community Health	Financial and In-Kind Contributions (E1 & 3)
Enhance service integration with community providers to improve coordination and care transitions	Promote integrated system of clinical care for behavioral health by serving on community coalition	Family Medicine & Community Health	Subsidized Health Services (C10)
	Offer training to community providers in POLST (physician order life sustaining treatment), and create community campaign for advanced directives	Geriatric Medicine, Community Health	Community Health Education (A1)
	Collaborate with HCS community nurse clinics and Keene YMCA for hypertension, Activity is Good Medicine programs, and Family Be Fit	Family Medicine, Nurse Clinic, Community Health	Community Based Clinical Services (A2 & 3)
Expand clinic service hours to accommodate acute and urgent care needs	Extend clinic hours to add walk-in and acute care services in Pediatrics, Family Medicine and Nurse Clinic outpatient departments	Family Medicine, Nurse Clinic, Pediatrics	Activity addresses need but not countable as community benefit
Other Needs	**Reason Not Included**	**Community Partner**	
Access to behavioral health outpatient services	Beyond mission of CMC and organizations in community providing the services	Monadnock Family Services, Phoenix House, MAPS Counseling Services	

Social and Economic Factors

Identified Needs	• Educational attainment • Livable wage jobs • Managing growing elder population • Child hunger during the summer when no school meals		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
Enhance services integration to support growing elderly population	Serve as Medical Director for local non-profit home care corporation (HCS) and long-term care facilities	Geriatric Medicine	Activity addresses need but not countable as community benefit
Actively participate in community conversations that are defining and support opportunities to expand number of jobs at a livable wage	Supply staff to participate as member of local United Way employment opportunities work group	Administration	Financial and In-Kind Contributions (E1 & 3)
	Support backbone activities of Healthy Monadnock effort to address social determinates of health	Community Health	Financial and In-Kind Contributions (E1 & 3)
Actively participate in community conversations that are addressing issues of educational attainment	Supply staff to participate as member of local United Way educational attainment work group	Administration	Financial and In-Kind Contributions (E1 & 3)
	Support backbone activities of Healthy Monadnock effort to address social determinates of health	Community Health	Financial and In-Kind Contributions (E1 & 3)
	Supply staff to participate on CCAN Coalition to implement Ready by 21 Campaign in the community	Community Health	Financial and In-Kind Contributions (E1 & 3)
Actively participate in community conversations that are addressing issues of housing affordability and homelessness	Supply staff to participate on Heading for Home Coalition	Administration	Financial and In-Kind Contributions (E1 & 3)

Other Needs	Reason Not Included	Community Partner
Define and support opportunities to expand number of jobs at a livable wage	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Monadnock United Way; Southwest Regional Planning Commission; Monadnock Economic Development Corporation
Address housing affordability and homelessness issues	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Keene Housing Authority, Southwest Community Services, Heading for Home Coalition

Physical Environmental Factors

Identified Needs	• Transportation		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
none			

Other Needs	Reason Not Included	Community Partner
Expand and enhance personal and public transportation options	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Monadnock Regional Transportation Management Association (MRTMA) Home Healthcare Hospice and Community Services; American Red Cross; Southwest Regional Planning Commission

Other Mission Aligned Community Needs

Identified Needs	• Services and supports for elderly population • Health and Wellness promotion to general population • Vocation and Educational training for diverse populations		
Strategies	**Program/Activity**	**Responsible Department**	**Community Benefit Category**
Provide affordable healthy meal and physical activity and education to elder residents	Senior Passport – access evening meal, monthly group physical activity outings and a variety of health and wellness educational opportunities.	Community Health	Community Health Education (A4)
Expand health and wellness promotion education	Website/Social media – mechanism to inform and educate the community Provide community education on a variety of health and wellness promotion topics	Communications	Community Health Education (A4)
Improve communication and coordination between clinical staff at CMC and school nurses	School Nurses and Providers (SNAP)-network and educational seminars provided twice a year	Community Health	Community Health Education (A4)
Build capacity in the community to address specific health behaviors and social determinants of health issues through membership on boards of local non-profit organizations	Continue CMC staff participation on local boards such as: Dental Health Works, Cedarcrest, MEDC, Monadnock Food Co-op, etc.	Administration	Community Building Activities: Coalition Building (F3&6)
Ensure local representation is made on state-wide public health improvement activities	CMC staff participation in NH Public Health Improvement Council and other state-wide public health improvement planning, assessment , and implementation	Community Health	Community Building Activities: Coalition Building (F3&6)
Support opportunities for vocational training and volunteer service.	Project Search Volunteer opportunities provided to retired residents	Volunteer Services Community Health	Community Health Education (A1)

Other Needs	Reason Not Included	Community Partner
none		

Evaluation Plan

There are three levels of evaluation for this Implementation Strategy: 1) the Healthy Monadnock 2020 (HM2020) community-wide strategy evaluation; 2) CMC department specific program evaluation; and 3) community benefit tracking through the Community Benefit Inventory for Social Accountability (CBISA) software.

- HM2020 Strategies:

  For several years the Cheshire County community has been aligning programs toward a common goal embodied in the HM2020: to be the healthiest in the nation by the year 2020. CMC serves as the "backbone organization" by providing the necessary supports to ensure the successful implementation of this ongoing "collective impact" approach. CMC's community needs implementation strategy includes programs/activities that are well aligned with the overall HM2020 strategies (see Attachment A &B). Antioch University New England (AUNE) serves as the external evaluator for HM2020. In addition to gathering updated information for the community-wide data dashboard (see Attachment A), AUNE faculty analyze data from a community needs survey conducted every two years. Results from these assessments are used to design and implement program improvements to advance progress on strategies and improvements to outcome measures. All of the CMC aligned programs and activities are included in these evaluation efforts.

- CMC Department-level Program Evaluation:

  This implementation strategy serves as a framework and guide for the Departments and CMC leaders that are implementing programs. Each program leader is responsible for developing work plans, timelines, and evaluation metrics specific to the program or activity. As an organization, CMC employs the DMAIC (Define, Measure, Analyze, Improve, and Control) Quality Improvement model. CMC department leaders are trained in this model and use the associated tools to make program level process improvements.

- Annual Community Benefit Activities Inventory:

  CMC uses the CBISA software to inventory all community benefit activities on the campus. This annual inventory monitors the use of resources and attributes each program and activity to a specific category of activity and to the community need that it addresses. In addition, CBISA provides benchmarking for CMC community benefit activity against peer hospitals across the nation.

Attachment A: HM2020 Strategy List

Healthy Eating/Active Living Strategies (finalized: 7-20-11)

1. Build a robust local food system
2. Develop and implement a comprehensive 5-2-1-0 program and messaging for schools (all levels) and out of school settings
3. Improve access to healthier foods and beverages in school environments (cafeteria, school lunch program, competitive foods, fundraising efforts, parties and events, teachers' lounges, vending machines, concession stands.
4. Establish voluntary nutrition and physical activity policies in child care settings or mandate and enforce policies as part of state licensing/accreditation
5. Adopt and implement policies/guidelines for labeling food (nutrition facts/local/calorie information, etc) on restaurant menus; in cafeterias, convenience/grocery stores, etc.
6. Establish worksite wellness teams and plans (programs, projects and policies) that support healthy eating and active living.
7. Ensure physical education and recess in all schools meets NASPE guidelines.
8. Adopt Complete Streets policies in all Cheshire County towns.
9. Implement Safe Routes to Schools programs in all schools (all levels).
10. Improve year-round access to both public and private recreational facilities (joint or multi use agreements).
11. Establish policies and enhance infrastructure (sidewalks, signage, trails, and traffic calming measures) to support walking for all.

Education Strategies (finalized 7-20-11):

1. Increase awareness (community campaign) of link between education and health.
2. Promote and implement early education models that work to make children ready for kindergarten/elementary school.
3. Implement programs and policies that support students during transitions.
4. Advocate for policy to support affordability of higher education and job training programs
5. Implement best practices for making college affordable

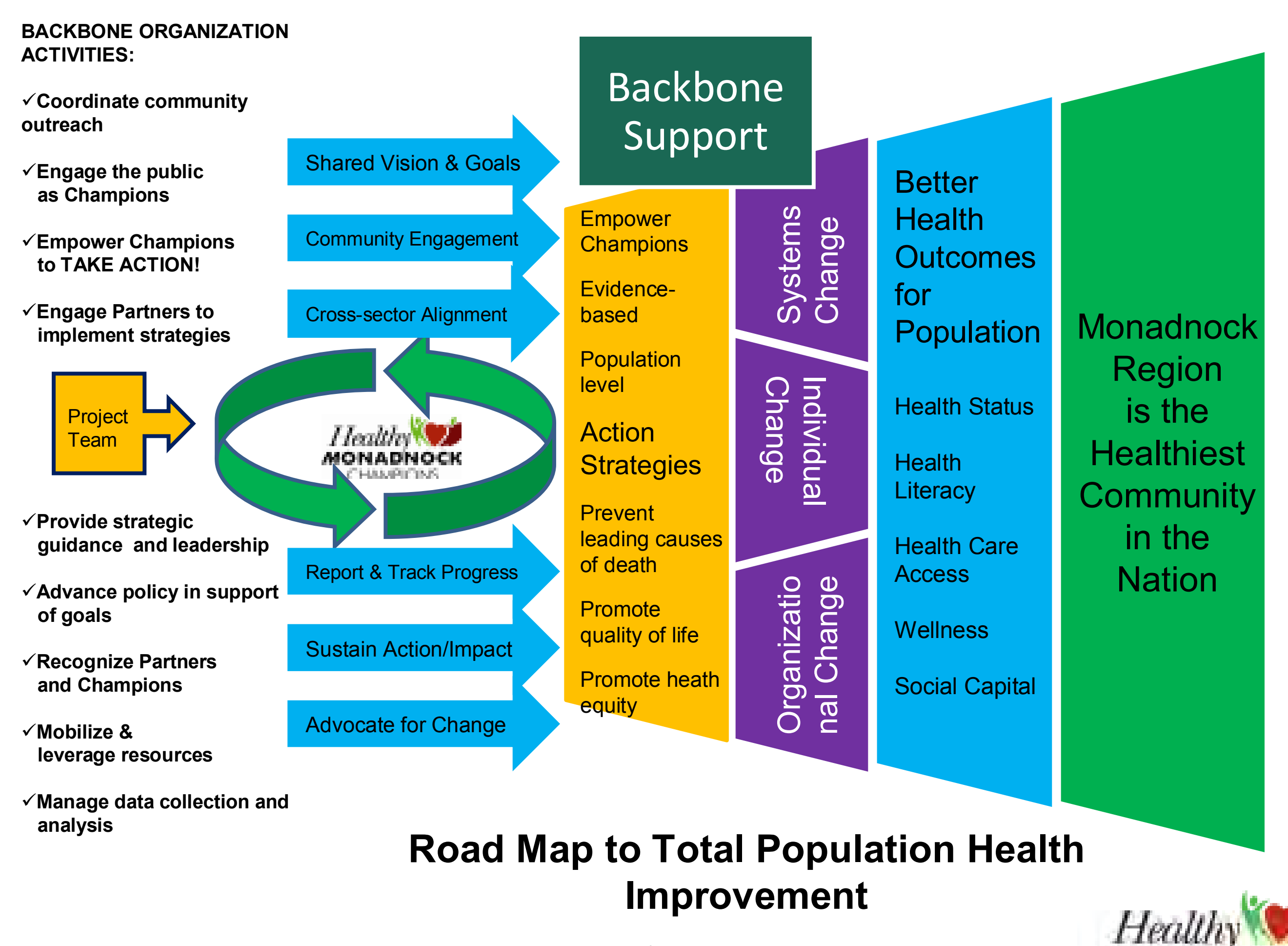
Income/Jobs Strategies (finalized 7-20-11):

1. Eliminate health care poverty (debt and lack of access).
2. Streamline access to social services – create one point of entry.
3. Better coordinate and increase awareness around existing partners on unemployment services and identify entry points for people.
4. Eliminate fuel poverty.
5. Advocate for Living wages (campaigns, ordinances)

Mental Well-being Strategies (still DRAFT):

1. Create a community campaign to promote mental well-being and social connectedness.
2. Workplaces include programs and services that support mental well-being.
3. Insure early identification and referral to appropriate services for children and youth with emotional health issues.
4. Communication and collaboration between organizations exists to support strategies that address mental well-being.
5. Incorporate life skills development (i.e., ability to self regulate behavior) into all primary child and youth experiences

Attachment B: HM2020 Logic Model



Attachment C: HM2020 Health Indicator Dashboard

HM2020 Indicator	Target Area	Healthiest Community Target	Cheshire County	N.H.	U.S.	Cheshire vs U.S.
Adults with good or better health (2011)	Health Status	95%	84.6%	86.3%	83.1%	Healthy MONADNOCK 2020
Frequent mental health distress (2011)	Health Status	6%	14.6%	12.3%	N/A	
All cardiovascular disease mortality (per 100,000) (2010)	Health Status	187	258	227.3	254.1	
Suicide mortality (per 100,000, 3-yr average) (2008-2010)	Health Status	4.8	14.7	13.7	12.1	
Adults at healthy weight (2011)	Health Status	50%	39%	37%	35%	Healthy MONADNOCK 2020
Adults with diabetes (2010)	Health Status	5.00%	9%	8%	9%	
Adults who smoke (2011)	Health Status	12%	17.3%	19.4%	21.2%	Healthy MONADNOCK 2020
Youth smoking (2011)	Health Status	10%	18.1	18.7	18.1	
Adult binge drinking (2011)	Health Status	14%	19%	19%	18%	
Chlamydia Rate (per 100,000) (2011)	Health Status	150	174	228.6	457.6	Healthy MONADNOCK 2020
Poverty rate (all ages) (2011)	Wellness	8%	11%	9%	16%	Healthy MONADNOCK
Children In Poverty (2011)	Wellness	8%	14%	12%	21%	Healthy MONADNOCK 2020
Unemployment rate (2011)	Wellness	4%	5.3%	5.4%	8.9%	Healthy MONADNOCK 2020
Percent 9th graders that graduate within 4 yrs (2009-2010)	Wellness	91%	86%	86%	N/A	N/A

HM2020 Indicator	Target Area	Healthiest Community Target	Cheshire County	N.H.	U.S.	Cheshire vs U.S.
Attended some college (2011)	Wellness	72%	57%	48%	46%	Healthy MONADNOCK 2020
Air quality (days good) (2011)	Wellness	300	295	N/A	N/A	N/A
Any physical activity w/n 30 days (2011)	Wellness	90%	80%	76%	74%	Healthy MONADNOCK 2020
Met physical activity guideline (2011)	Wellness	50%	18%	22%	21%	
Adults who eat 5+ fruits and vegetables daily (2009)	Wellness	50%	27%	28%	23%	Healthy MONADNOCK 2020
Residents with health insurance (2011)	Health Care Access	100%	79%	87%	82%	
Have personal doctor or provider (2012)	Health Care Access	100%	78%	N/A	N/A	N/A
Adults visiting dentist (any reason) (2010)	Health Care Access	80%	73%	77%	70%	Healthy MONADNOCK 2020
Very confident getting health info (2012)	Health Literacy	94%	83%	N/A	N/A	N/A
Health provider main source health info (2012)	Health Literacy	95%	88%	N/A	N/A	N/A
Community rating (good or better) (2012)	Social Capital	100%	93%	N/A	N/A	N/A
Volunteerism (2012)	Social Capital	75%	67%	N/A	N/A	N/A
Friends over to home (at least once a month) (2012)	Social Capital	72%	71%	N/A	N/A	N/A