

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 07/01/2014

*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.cheshire-med.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:** Don Caruso, MD 354-5400 dcaruso@cheshire-med.com

**Board Chair:** Sylvia McBeth 352-8534 sm@csmcbeth.com

**Community Benefits**

**Plan Contact:** Eileen Fernandes 354-5400 efernandes@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-J*)? 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?

2013 *(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	122
3	120
4	420
5	300
6	406
7	401
8	601
9	370

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	407
B	522
C	421
D	501
E	330
F	507
G	604

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*  
The priority needs are identified in the current community health needs assessment which was completed in 2013. See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2015 and Attachment 3 for the evaluation report.

**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>	4 D 5	\$864,534.00	\$881,825.00
<i>Community-based Clinical Services</i>	6 5 --	\$4,153.00	\$4,236.00
<i>Health Care Support Services</i>	1 9 --	\$53,993.00	\$55,073.00
<i>Other: Various</i>	1 4 G	\$487,936.00	\$497,695.00

<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>	1 F --	\$33,001.00	\$33,661.00
<i>Intern/Residency Education</i>	1 F --	\$5,476.00	\$5,586.00
<i>Scholarships/Funding for Health Professions Ed.</i>	1 F --	\$168,495.00	\$171,865.00
<i>Other: other health students</i>	F Other --	\$143,160.00	\$146,023.00

<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>	-- E --	\$66,518.00	\$67,848.00
<i>Type of Service: Behavioral Health Services</i>	2 5 9	\$1,239,446.00	\$1,264,235.00
<i>Type of Service:</i>	-- -- --		
<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>	4 5 E	\$163,234.00	\$166,499.00
<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>	1 5 --	\$64,296.00	\$65,582.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 6 B	\$366,251.00	\$373,576.00
<i>Resource Development Assistance</i>	-- -- --		

<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>	B -- --	\$66,186.00	\$67,510.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	4 6 C	\$15,519.00	\$15,829.00
<i>Community Health Advocacy</i>	1 4 6	\$56,878.00	\$58,016.00

<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>	9 -- --	\$201,396.00	\$205,424.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	1 9 5	\$253,021.00	\$258,081.00

<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 3 --	\$1,473,000.00	\$1,728,000.00

<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 3 --	\$10,318,412.00	\$10,524,780.00
<i>Medicaid Costs exceeding reimbursement</i>	1 3 --	\$12,769,012.00	\$13,024,392.00
<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>	\$396,683,839.00
<i>Net Revenue from Patient Services</i>	\$148,697,964.00
<i>Total Operating Expenses</i>	\$154,933,099.00
<i>Net Medicare Revenue</i>	\$61,719,557.00
<i>Medicare Costs</i>	\$72,037,969.00
<i>Net Medicaid Revenue</i>	\$7,609,041.00
<i>Medicaid Costs</i>	\$20,378,053.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,473,000.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,253,493.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,726,493.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$396,044.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$6,122,537.00

**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) Dartmouth Hitchcock Keene	<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) Southwest Regional Planning Commission	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Council for a Healthier Community - community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Healthy Monadnock 2020 Advisory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Greater Monadnock Public Health Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) NH Department of Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) Antioch University New England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) NH Hospital Association -Foundation for Healthy Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Community Advisory Committee	<input checked="" 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):

In 2013, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The Cheshire Medical Center/Dartmouth Hitchcock Keene (CMC/DHK) Community Advisory Committee served as the Leadership Team for this process. The membership of this committee consists of representation from all the towns served by CMC/DHK.

The 2013 CHNA report summarizes the work of the CHNA Leadership Team and the efforts of other local collaborative groups to assess the needs of our region. Several community partners recently completed community needs assessments. In an effort to insure a comprehensive assessment of the needs in the region occurred without duplicating the efforts of other



organizations, the CHNA Leadership Team incorporated the work of Healthy Monadnock 2020, Monadnock Futures, Monadnock United Way, and Monadnock Community Hospital into this process. With this collaborative approach, a diverse representation of the community was taken into account to determine the prioritized needs. Numerous non-profit organizations, public and private educational institutions, municipalities, the business community and private citizens were included in the process.

The results were used to strengthen and support the needs assessment process. Four community needs were prioritized above the other identified needs:

- Behavioral health services – increasing the effectiveness of local services
- Urgent care –timely and economical access to services instead of emergency room care
- Transportation – increase access to public/private transportation particularly in rural towns
- Improved coordination and communication between services – improving linkages between clinical services, faith-based organizations, and informal support network

In addition to these priorities, the implementation strategy also provides an overview of other CMC/DHK community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs. The community health needs identified in the 2013 CHNA provide the basis for the development of the Implementation Strategy.

The Cheshire Medical Center/Dartmouth Hitchcock Keene Community Advisory Committee reviewed and commented on the community benefit report. The 2013 CHNA, Implementation Strategy and Community Benefit 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 2015**

## 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 2015 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 2015 represents the time period of July 1, 2014 through June 30, 2015. 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: 1, 4, 5, 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 programs offered a variety of chronic disease and wellness topics such as nutrition & exercise, diabetes prevention & monitoring, high blood pressure prevention & monitoring, cultural diversity, the Health Insurance Marketplace, self-esteem & self-help, elder care services & needs, and retirement & investments. 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 are offered each spring and fall. Walks are typically led by a community member with occasional participation by CMC/DHK staff and occur at a variety of locations throughout the region. During FY2015 4,469 meals were provided to program members and a total of 175 seniors attended the walking program. This represents about a 20% increase in the number of meals and 15% increase in the number of participants in Cheshire Walkers from last year.

### **On-line Health Information [Needs addressed: 1, 3, 4, 5, 6, 9, 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 2015 the website had a total of 344,190 visits and 1,047,556 page views for an average of 28,683 visits and 87,296 page views per month. Health Monthly, an electronic newsletter, offering timely medical news, useful health tips and wellness information is delivered to an average of 1,600 patients and community members on a monthly basis. In addition to the website, the Facebook page serves as a tool to provide health and wellness information. As of June 30, 2015, the Facebook page has 1,077 "likes" with an average weekly reach of 9,800. CMC/DHK has 467 followers on Twitter as of June 30, 2015. The CMC/DHK YouTube channel has 4,000 videos and an estimated 6,400 minutes watched as of June 30, 2015.

### **School Nurses and Providers (SNAP) [Needs addressed: 5, 6, 7, A, F]**

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. In the fall Lt. Shane Maxfield from the Keene Police Department presented a training titled Active Shooter which provided education on how to respond if you have a person with a gun in your school. In the spring Dr. Rudy Fedrizzi did a presentation on Improving Health beyond the School Nurses.

### **Healthy Monadnock (HM) 2020 Healthiest Community Initiative [Needs addressed: 1, 3, 4, 5, 6, 7, A, C, E, F]**

HM2020 supports the implementation of population level environmental strategies that promote wellness and prevent the leading causes of death in the community. The "Champions Program" engages individuals, schools, and organizations to take steps to improve health at a personal and institutional level. As of June 30, 2015 there are 3,191 individual champions, 120 organizational champions, and 20 school champions. Individuals are either improving their personal health or working in support of the HM2020 goals and strategies. Organizations and schools are working to implement environmental and policy changes that supports the health of their employees/students. There are 10 community partners involved in forwarding 11 of the 27 HM2020 action strategies to improve health eating and active living in the places where we live, learn, work and play. Partner identification and engagement is on-going to implement the remaining action strategies to increase educational attainment, improve income and jobs, improve quality and access to health care and improve mental wellbeing.

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

CMC/DHK is a site for the New Hampshire HEAL Initiative. Through our local program, we hope that all residents can live, learn, work, play, and heal in a community where physical activity, healthy eating, and healthy living are the norm. MHEAL is focused on addressing



overweight and obesity, physical inactivity, and eating choices in the Greater Monadnock Public Health Region through programs, policies, systems, and environmental changes in two key settings: worksites and foodservice venues.

- **Worksites:** Our worksite wellness initiative is committed to helping local worksites in their efforts to provide a healthy workplace environment. MHEAL's team has worked with over 35 organizations to date to create a culture of health in the workplace by helping employers adopt and promote evidence-based worksite wellness interventions.
- **Foodservice venues:** In partnership with Keene State College, MHEAL helps foodservice venues promote healthier food options to diners through our program called *Turn a New Leaf (TANL)*. Foodservice venues include worksite cafeterias, restaurants, and markets. Through our efforts, 13 venues have adopted the TANL program to date, with a plan to recruit many more over the next two years.

### *Community Based Clinical Services*

#### **Health Screenings [Needs addressed: 1, 3, 5, 7, 9]**

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: 5, 6]**

The CMC/DHK Tobacco Treatment Program provides inpatient and outpatient tobacco cessation treatment while continuing to engage with the community through policy and systems change work. We work closely with local businesses to offer tobacco cessation materials and to assist worksites to establish tobacco-free campus policies. Our program staff works closely with providers to integrate tobacco assessment information into the electronic medical record. Providers engage tobacco using patients with reminders about tobacco treatment services. As of June 30, 2015 the program received 423 referrals from providers, provided 705 face to face interventions, and held classes at satellite sites and community sites for 35 participants.

### *Health Care Support Services*

#### **Support to Families [Needs addressed: 1, 3, 9, G]**

The CMC/DHK Family Resource Counselor (FRC) provides Information & Referral services to patients and community members for available resources (local, state & federal). The counselor is certified by NH-DHHS to provide presumptive eligibility for healthcare and prescription services. We provide one-on-one application assistance to families in completing NH Medicaid Applications for the following:

1. NH Medicaid for Children & Pregnant Women
2. NH Health Protection Program (Bridge & HIPPP)

### 3. Parent Caretaker Program

### 4. Food Stamps

In addition to NH Medicaid, the Family Resource Counselor is a Certified Application Counselor for the Health Insurance Marketplace. The Family Resource Counselor helps determine eligibility for a variety of entitlement programs including: the Starkey Foundation, NH Health Access, 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. As of June 30, 2014, the FRC provided assistance to 549 individuals, representing about a 40% increase from the previous year.

### *Other*

### **Athletic Trainers [Needs addressed: 3, 4, 5, C]**

The CMC/DHK Sports Medicine program has a long history of supporting local athletic activities via contracts with local high schools to supply athletic trainers that provide injury evaluation, treatment and rehabilitation to local athletes. In 2014-2015, 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 Fall Mountain Regional High School. The program also offers medical coverage to the Keene Swamp Bats, the local team of the New England College Baseball League. The athletic trainers are supported by our sports medicine physicians housed in our orthopedics department at Dartmouth Hitchcock Keene. Our two sports medicine physicians are also the team physicians for Keene State College and Franklin Pierce University. Lastly, our physicians, physical therapists and athletic trainers in the Sports Medicine department are all approved preceptors 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 College Sports Medicine Program.

### **Cheshire Smiles Program [Needs addressed: 1, 5]**

Prior to FY2015, Cheshire Smiles was a program of CMC/DHK. With a non-profit dental practice in the community, Dental Health Works, Cheshire Smiles moved to this organization, though CMC/DHK continues to use our community benefit dollars to support this important work. Two public health dental hygienists 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, 60, 92, 93, and 94, reaching children in 24 public schools. Hygienists conduct fluoride rinse programs in schools, and work with area dentists to offer clinics for the placement of sealants on children's teeth. Cheshire Smiles' staff 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. As of June 30, 2015 Cheshire Smiles Program served 2,406 children.

### **Medications Assistance Program [Needs addressed: 1, G]**

The Medication Assistance Program provides assistance to patients needing help to secure medications because they lack insurance coverage or financial resources to pay for their medications. In FY 2015 the program supplied 1,073 prescriptions to 252 individuals valued at \$565,250. This is a significant decrease from FY2014 (2,318 prescriptions to 401 individuals valued at 1.6 million dollars) in part due to Medicaid Expansion and the Health Insurance options as a result of the Affordable Care Act.

### **Community Health Clinical Integration [Need addressed: 5, 9]**

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:

- Activity is Good Medicine which is a collaboration of the Keene Family YMCA and CMC/DHK to refer patients (whose insufficient physical activity impairs their health) for 3 months of individualized fitness coaching.
- Heart Safe/Heart Strong Initiative, a large coalition initially formed to optimize the “chain of survival” for cardiac emergency and to promote the Heart safe designation, but now including the prevention and control of high blood pressure and other heart health risks to reduce the need for cardiac rescue.
- The Controlled Substance Management Network, a coalition to address the overuse, misuse and abuse of prescription medications.
- DeMar Kids and Super Senior Marathon Programs is a collaboration of several HM2020 organizational champions, principally Keene Elm City Rotary Club and AFHY, in activity-related programs for elementary children and adults over the age of 70.
- Clinical Let’s Go! 5-2-1-0 Project: The Pediatrics department was named “Let’s Go! Site of Distinction” in both 2014 and 2015 for their successful implementation and commitment to the Let’s Go! Initiative. This distinction recognizes that CMC/DHK met 3 criteria: 1) all providers measuring BMI, percentiles and weight classifications in patients 2 years and older; 2) having posters in waiting rooms and exam rooms about Let’s Go and 5-2-1-0 and 3) having respectful conversations about weight where providers use the 5-2-1-0 Healthy Habits Questionnaire.
- Promotion of Breastfeeding Initiation and Continuation through a coalition combining clinical and community representatives with actions including informing and supporting new mothers, working to make public nursing a social norm, and advancing breastfeeding policy in the workplace.
- Diabetes Prevention Program development in cooperation with Monadnock Family Services, the Keene Family YMCA and the Keene Senior Center. This program will be offered in community settings beginning in early 2016.
- ReThink Health: Building Community Engagement and Developing Investment Models for Sustainable Health Improvement

## **B. Health Professionals Education**

*Provision of Clinical Settings for Health Professionals Education* [Needs addressed: 3, F]

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, dietary services, 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.

## **C. Subsidized Health Services**

*Pulmonary Rehabilitation* [Needs addressed: 5, 6]

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. The Pulmonary Rehabilitation program provided services to 182 individuals during this fiscal year, approximately a 10% reduction from the previous year.

*Behavioral Health Services* [Needs addressed: 2, 5, 9]

Chronic stress, mental health distress, and more acute depression are linked with poor overall health and chronic disease. The Behavioral Health Services offer treatment programs for adults and adolescents. The Adult Treatment Program provides intensive, in-patient psychiatric care for adults 18 years and older who are experiencing emotional crises or who are suffering from psychiatric illness. The Adolescent Treatment Program is short-term, in-patient psychiatric program focused on stabilizing the young person in psychiatric crisis, fostering their personal growth related to communication and coping skills, and engaging families in the healing process. For FY 2015, Behavioral Health Services provide inpatient services to a total of 519 patients; representing 349 adults and 170 adolescents.

## **D. Research**

### *Community Health Research*

#### **Population Health Research Center Partner [Needs addressed: 3, 4, 5, C]**

During this fiscal year, CMC/DHK remained an active partner with the Dartmouth Institute as it transitioned from a developmental Prevention Research Center to the permanent Health Promotion Research Center at Dartmouth. The accomplishments include:

- Co-authorship of the article “Review of Tools to Assist Hospitals in Meeting Community Health Needs Assessment and Implementation Strategy requirements that is currently awaiting publication in the Journal of Healthcare Management.
- Assisting HPRCD staff in developing a peer-reviewed journal article describing the lessons learned from the InShape Together Study undertaken in our community in 2012-2013. This article was published in Health Promotion Practice in 2015.
- Continued dissemination of the “Known You Numbers” Blood Pressure Wallet Card that was originally developed in 2011 and is now in use across the region and even in other states to support the ASTHO/Million Hearts multi-state learning collaborative.
- CMC/DHK representation on the Center’s Health Promotion Advisory Board.

## **E. Financial Contributions**

### *Financial and In-kind Contributions and Cash Donations [Needs Addressed: 4, 5, B, C, D]*

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 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, Diabetes Walk, and DeMar Marathon. CMC/DHK provides clinical oversight for area nursing homes and hospice programs.

## **F. Community Building Activities**

### *Support Systems Enhancement [Needs addressed: B]*

#### **Greater Monadnock Public Health Network (GMPHN)**

GMPHN is a community health and safety collaborative which works to enhance and improve public health-related services. The GMPHN is one of 13 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; and Division of Public Health Services and a mix of state funding via the general funds. 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. Two major focuses of the work is the development of a public health advisory board and the on-going effort for public health emergency preparedness. 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. As of June 30, 2015 there are 41 individuals/organizations addressing development of the public health advisory council and 75 member individuals/organizations addressing emergency preparedness.

Included within the GMPHN, is the Greater Monadnock Medical Reserve Corps. Developed initially to build local capacity to address public health emergency response needs, the GMMRC also supports local initiatives to address pressing public health activities. Membership included doctors, nurses, EMT/paramedics, pharmacists, veterinarians, other public health professionals, and non-medical/public health members. As of June 30, 2015 the GMMRC has a membership of over 124 individuals.

***Coalition Building*** [Needs Addressed: 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G]

**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, UNH Cooperative Extension, Keene Housing, and area schools to address the epidemic of childhood obesity. In FY 2015 AFHY supported efforts in several schools, after school programs, and non-profit organizations to implement the 5-2-1-0 message via policy change and educational activities. AFHY implemented the community based Family BeFit program through collaboration with the Keene Family YMCA and Keene State College Dietetic Internship Program.

**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, healthcare providers, community members and representatives of schools and colleges, law enforcement, clergy and the general public. The group meets monthly working to engage schools and the greater community with tobacco prevention initiatives which include retailer education and enforcement of tobacco laws. The Program Manager, a CMC/DHK employee, actively engages in tobacco-free activities in our local community and coordinates with state agencies and organizations.

## Council for a Healthier Community

The Council for a Healthier Community (CHC), 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. As the public health advisory council for the Greater Monadnock region, the focus this year has been the development of the Greater Monadnock Region Community Health Improvement Plan.

## 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 (TADS)*. 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. During this fiscal year the Task Force identified the need to address oral health issues for elderly people living in the region. Partnering with Pilot Health the Task Force surveyed their clients and has developed a plan to ensure oral health access to over 50 elderly individuals next year. As of June 30, 2015 TADS served thirty-eight patients providing \$10,921 in free care.

## Behavioral Health and Substance Misuse Committees [Needs addressed: 2, 5, 9]

In 2013, the Community Health Needs Assessment process identified behavioral health services as a top priority. CMC/DHK recognizes that improving the behavioral health system so that it effectively stratifies disease severity, strategically allocates resources, and optimizes care delivery will improve operating efficiency, significantly reduce cost, improve quality care, and increase collaborative efforts with community partners. Internal and external stakeholders are working collaboratively on this project with the goal to develop a system that effectively stratifies our patient's behavioral health needs, responsibly allocates resources, optimizes the delivery of behavioral care, and facilitates provider communication through the continuum of care. During this year in addition to internal quality improvement activities, attention has been given to better integration of effort with community partners, specifically Monadnock Family Services, the local community mental health center.

Staff members of CMC/DHK are actively involved in community efforts to address behavioral health and substance misuse concerns in the region. Staff holds leadership roles in Monadnock Voices for Prevention, Monadnock Alcohol & Drug Abuse Coalition, Controlled Substance Management Network, and Children's Behavioral Health System of Care Planning.

*Community Health Improvement Advocacy* [Needs addressed: 1, 3, 4, 5, C]

#### 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 2015 our staff participated as members of the Greater Monadnock Be The Change, Behavioral Health Task Force, New Hampshire Citizen's Health Initiative, New Hampshire Comprehensive Cancer Collaborative, New Hampshire Public Health Services Improvement Council, New Hampshire Medical Society, New Hampshire Falls Risk Reduction Task Force, New Hampshire Breastfeeding Task Force, New Hampshire EMS Medical Control Board, New Hampshire Trauma Review Committee, New Hampshire Infection Control and Epidemiology Professionals, New Hampshire Health Care Coalition Workgroup, New Hampshire Information Sharing Workgroup, Tobacco Free New Hampshire Network, New Hampshire Public Health Association, Breath NH, and New Hampshire Care Management Commission.

#### **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 (CBISA) tool to assist with data collection and reporting.

#### **H. Charity Care** [Needs addressed: 1, 3, 9]

In FY 2015 we provided \$1,473,000.00 in charity care to 1,423 people.

#### **I. Government-Sponsored Health Care** [Needs addressed: 1, 3, 9]

See Community Benefit Reporting Form Section 5



# **ATTACHMENT 2**

## **Summary of Quantifiable Benefits**

**Fiscal Year 2015**

9/25/2015

Cheshire Medical Center

Selected Categories - Program Detail

For period from 7/1/2014 through 6/30/2015

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
<b>Community Health Improvement Services (A)</b>				
<b>Community Health Education (A1)</b>				
Cheshire Walkers Community Health (995)	0	0	0	175
Child Passenger Safety Car Seat Checks Childcare Center (969)	5,149	0	5,149	50
CMC/DHK Website Marketing-Planning (956)	69,898	0	69,898	Unknown
Colon Cancer Awareness Month Gastroenterology (HBAS) (764)	1,710	0	1,710	Unknown
Community Health Salaries: Community Health Education Community Health (995)	97,847	0	97,847	512
Community Lectures Unknown (0)	20,380	45	20,335	210
Diabetes Education and Community Awareness Endocrinology (HBAS) (763)	7,321	2,267	5,054	70
EMS Paramedic Continuing Education ECC (678)	10,277	0	10,277	Unknown
HEAL: Healthy Eating Active Living HEAL (753)	78,764	41,831	36,933	6,008
Health Matters Radio Show Unknown (0)	6,100	0	6,100	1
Healthiest Community Initiative-Education Community Health (995)	480,295	150	480,145	1,597
Library Reference Services Unknown (0)	237	0	237	Unknown
Phlebotomy Student Internship Lab (700)	26,513	0	26,513	2
Senior Passport Program Marketing-Planning (956)	12,479	0	12,479	4,469
SNAP Community Health (995)	2,790	0	2,790	41
Volunteer Services Volunteer Services (970)	89,067	0	89,067	Unknown
<b>*** Community Health Education (A1)</b>	<b>908,827</b>	<b>44,293</b>	<b>864,534</b>	<b>13,135</b>
<b>Community Based Clinical Services (A2)</b>				
Screenings Unknown (0)	4,153	0	4,153	16
<b>*** Community Based Clinical Services (A2)</b>	<b>4,153</b>	<b>0</b>	<b>4,153</b>	<b>16</b>
<b>Health Care Support Services (A3)</b>				
Community Health Salaries: Health Care Support Services Community Health (995)	53,993	0	53,993	549
<b>*** Health Care Support Services (A3)</b>	<b>53,993</b>	<b>0</b>	<b>53,993</b>	<b>549</b>
<b>Other (A5)</b>				
Athletic Trainers for area high schools and college Unknown (0)	279,126	65,000	214,126	20
Cheshire Smiles Cheshire Smiles (780)	72,200	0	72,200	2,406

9/25/2015  
Cheshire Medical Center  
Selected Categories - Program Detail  
For period from 7/1/2014 through 6/30/2015

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Dental Public Health Task Force Community Health (995)	569	0	569	109
Hearing aid fittings Audiology (HBAS) (795)	573	0	573	6
Medication Assistance Program Pharmacy (730)	113,627	0	113,627	252
Pastoral Ministry Support Pastoral Care (953)	97	0	97	20
Tobacco Cessation Tobacco Coalition (781)	86,744	0	86,744	487
<b>*** Other (A5)</b>	<b>552,936</b>	<b>65,000</b>	<b>487,936</b>	<b>3,300</b>
<b>**** Community Health Improvement Services (A)</b>	<b>1,519,909</b>	<b>109,293</b>	<b>1,410,616</b>	<b>17,000</b>
<b>Health Professions Education (B)</b>				
<b>Physicians/Medical Students (B1)</b>				
Physician/Medical Student Education Unknown (0)	5,476	0	5,476	238
<b>*** Physicians/Medical Students (B1)</b>	<b>5,476</b>	<b>0</b>	<b>5,476</b>	<b>238</b>
<b>Nurses/Nursing Students (B2)</b>				
Nursing Continuing Ed - Contact hour Program Education, Training & Development (961)	17,368	0	17,368	630
Nursing Students/Interns Education, Training & Development (961)	16,465	832	15,633	210
<b>*** Nurses/Nursing Students (B2)</b>	<b>33,833</b>	<b>832</b>	<b>33,001</b>	<b>840</b>
<b>Other Health Professional Education (B3)</b>				
Laboratory Internship Students Lab (700)	39,797	0	39,797	2
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	128,698	0	128,698	44
<b>*** Other Health Professional Education (B3)</b>	<b>168,495</b>	<b>0</b>	<b>168,495</b>	<b>46</b>
<b>Other (B5)</b>				
Project Search Volunteer Services (970)	143,160	0	143,160	Unknown
<b>*** Other (B5)</b>	<b>143,160</b>	<b>0</b>	<b>143,160</b>	<b>0</b>
<b>**** Health Professions Education (B)</b>	<b>350,964</b>	<b>832</b>	<b>350,132</b>	<b>1,124</b>
<b>Subsidized Health Services (C)</b>				
<b>Other (C10)</b>				
Pulmonary Rehab Pulmonary Rehab (742)	66,518	0	66,518	182
<b>*** Other (C10)</b>	<b>66,518</b>	<b>0</b>	<b>66,518</b>	<b>182</b>
<b>Behavioral Health Services (C8)</b>				
Behavioral Health Services MHU (643)	1,239,446	0	1,239,446	Unknown
<b>*** Behavioral Health Services (C8)</b>	<b>1,239,446</b>	<b>0</b>	<b>1,239,446</b>	<b>0</b>
<b>**** Subsidized Health Services (C)</b>	<b>1,305,964</b>	<b>0</b>	<b>1,305,964</b>	<b>182</b>
<b>Research (D)</b>				
<b>Community Health Research (D2)</b>				

9/25/2015

Cheshire Medical Center

Selected Categories - Program Detail

For period from 7/1/2014 through 6/30/2015

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Population Health Research Prevention Research Grant (992)	280,425	117,191	163,234	43
<b>*** Community Health Research (D2)</b>	<b>280,425</b>	<b>117,191</b>	<b>163,234</b>	<b>43</b>
<b>**** Research (D)</b>	<b>280,425</b>	<b>117,191</b>	<b>163,234</b>	<b>43</b>
<b>Financial and In-Kind Contributions (E)</b>				
<b>Cash Donations (E1)</b>				
Dental Health Works Marketing-Planning (956)	14,440	0	14,440	25
Donations-Cash Marketing-Planning (956)	49,856	0	49,856	2
<b>*** Cash Donations (E1)</b>	<b>64,296</b>	<b>0</b>	<b>64,296</b>	<b>27</b>
<b>In-kind Donations (E3)</b>				
Athletic Training Staff Time Orthopaedics (HBAS) (772)	16,876	0	16,876	25
Board of Directors/Committee Members Unknown (0)	347,727	40,472	307,255	115
Donations: In-kind Unknown (0)	36,987	0	36,987	217
United Way Campaign Unknown (0)	5,133	0	5,133	Unknown
<b>*** In-kind Donations (E3)</b>	<b>406,723</b>	<b>40,472</b>	<b>366,251</b>	<b>357</b>
<b>**** Financial and In-Kind Contributions (E)</b>	<b>471,019</b>	<b>40,472</b>	<b>430,547</b>	<b>384</b>
<b>Community Building Activities (F)</b>				
<b>Community Support (F3)</b>				
Greater Monadnock Public Health Network Public Health Network (782)	145,942	79,756	66,186	21,240
<b>*** Community Support (F3)</b>	<b>145,942</b>	<b>79,756</b>	<b>66,186</b>	<b>21,240</b>
<b>Coalition Building (F6)</b>				
Advocates for Healthy Youth Cheshire Smiles (780)	35,104	48,500	(13,396)	4,295
Cheshire Coalition for Tobacco Free Communities Tobacco Coalition (781)	28,915	0	28,915	17
Council for a Healthier Community Unknown (0)	0	0	0	169
<b>*** Coalition Building (F6)</b>	<b>64,019</b>	<b>48,500</b>	<b>15,519</b>	<b>4,481</b>
<b>Community Health Improvement Advocacy (F7)</b>				
Community Health Staff: Advocacy Community Health (995)	56,878	0	56,878	Unknown
<b>*** Community Health Improvement Advocacy (F7)</b>	<b>56,878</b>	<b>0</b>	<b>56,878</b>	<b>0</b>
<b>**** Community Building Activities (F)</b>	<b>266,839</b>	<b>128,256</b>	<b>138,583</b>	<b>25,721</b>
<b>Community Benefit Operations (G)</b>				
<b>Assigned Staff (G1)</b>				
Community Health Salaries: Assigned Staff Community Health (995)	116,716	0	116,716	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	84,680	0	84,680	Unknown

9/25/2015  
 Cheshire Medical Center  
 Selected Categories - Program Detail  
 For period from 7/1/2014 through 6/30/2015

<u>Category / Title / Department</u>	<u>Monetary Inputs</u>			<u>Outputs</u>
	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
*** Assigned Staff (G1)	201,396	0	201,396	0
<b>Other Resources (G3)</b>				
Cheshire Health Foundation Fundraising Costs				
Cheshire Health Foundation (975)	253,021	0	253,021	Unknown
*** Other Resources (G3)	253,021	0	253,021	0
**** Community Benefit Operations (G)	454,417	0	454,417	0
<b>Number of Programs</b> 48	<b>Total</b> 4,649,537	396,044	4,253,493	44,454

# **ATTACHMENT 3**

**Evaluation Report**

**Fiscal Year 2015**

There are three levels of evaluation for the Implementation Strategy: 1) community benefit tracking through the Community Benefit Inventory for Social Accountability (CBISA) software, 2) CMC department specific program evaluation; and 3) the Healthy Monadnock 2020 (HM2020) community-wide strategy evaluation. The results of our community benefit activities can be seen in the CBISA report which is located in Attachment 2.

CMC/DHK department specific measures include the specific program/project area, the intended goal for the year and the results.

### Community Health Department FY 2014-2015 Performance Dashboard

Objective	Measure	Fiscal Year 2014-2015 Goal	Q1 July - Sept 2014	Q2 Oct - Dec 2014	Q3 Jan - March 2015	Q4 April - June 2015	Total
<b>Community Health Education</b>	# of participants attending Community Health-sponsored health education classes and events	2000 participants per year, 500 participants per quarter	568	619	106	248	1541
<b>Dental Decay Prevention</b>	# of teeth sealed by Cheshire smile hygienists	500 teeth per year, 125 teeth per quarter	0	277	246	172	695
<b>Smoke-free Housing</b>	# of accounts (property owners) on smoke-free housing directory	15 units added per quarter	n/a	n/a	n/a	17	17
<b>EMR-initiated Tobacco Cessation Referrals</b>	# of patients referred through EMR	800 referrals per year, 200 referrals per quarter	108	135	130	114	487
<b>New Workplace Wellness Engagement</b>	# of Organizational Champion businesses that complete the CDC Scorecard Assessment	12 per year, 3 per quarter	5	3	2	6	16
<b>Turn a New Leaf Menu Labeling</b>	# of food venues adopting the TaNL Program	4 new per year, 1 each quarter	1	1	1	2	5
<b>Preparedness Face Book Outreach</b>	# of times the GMPHN Preparedness Face Book site is visited	2600 per year, 650 per quarter	251	221	636	212	1320
<b>Assistance Obtaining Needed Medication</b>	# of patients assisted	260 patients per year, 65 patients per quarter	462	457	333	288	1540
	# of prescriptions obtained for patients	2000 prescriptions per year, 500 per quarter	527	531	373	319	1750
<b>Family Resource Counseling Assistance</b>	# of children, teens, and adults assisted by Family Resource Counseling Program	300 per year, 75 per quarter	75	121	86	80	362

Objective	Measure	Fiscal Year 2014-2015 Goal	Q1 July - Sept 2014	Q2 Oct - Dec 2014	Q3 Jan - March 2015	Q4 April - June 2015	Total
Healthy Monadnock 2020 Champions Recruitment	# of school champions	Increase school champions to 25 by year end (baseline 19); 2 per quarter	19	20	20	20	20
	# of organizational champions	Increase organizational champions to 122 by year end (baseline 86); 9 per quarter	89	93	102	111	111
	# of individual champions	1000 per year, 250 per quarter	156	89	20	484	749
Healthy Monadnock 2020 Outreach	# of HM2020 likes (baseline 724); 319 per quarter	Increase to 2000 by year end (baseline 724); 319 per quarter	1094	1277	1489	1535	1535
	# of Healthymonadnock.org page views	20,000 views per year, 5000 views per quarter	4508	5165	1686	4437	15796
CH Budget Variance for Expenses	Budget variance after adjusting for expenses offset by grant income	No more than \$5,000 variance in quarterly CH Budget (<\$5,000 green, >\$5000 red)	pre-paid contract	on budget	on budget	on budget	on budget

Key:	0-75% of goal	
	75-99% of goal	
	100%+ goal	
	Data incomplete	

### Healthy Monadnock 2020 (HM2020) – Healthiest Community Initiative

HM2020 is a community engagement initiative designed to foster and sustain a positive culture of health throughout the region. In FY 09, goals were developed, with action plans identified. Over the next couple of years core implementation strategies were identified by more than 500 community partners and other stakeholders. The Council for a Healthy Community provides strategic oversight and direction to the initiative including monitoring the current dashboard of core measures below. This dashboard shows the target and current status for each of the indicators being measured. In addition, the HM2020 evaluation plan includes a community-wide telephone survey administered by the UNH Survey Center, and a Champion's Program survey. Reports of the findings from these and other assessments can be found at <http://www.healthymonadnock.org/>.



### HM2020 Dashboard as of June 30, 2014:

HM2020 Indicator	Target Area	Baseline	Healthiest Community Target	Cheshire County	N.H.	U.S.	Trend
Adults who smoke (2012)	<i>Health Behaviors</i>	21.0% (2005)	12.0%	18.5%	17.2%	19.6%	SAME
Youth smoking (2011)	<i>Health Behaviors</i>	20.8% (2009)	10.0%	18.1%	19.8%	18.1%	SAME
Adult binge drinking (2012)	<i>Health Behaviors</i>	21.5% (2011)	14.0%	18.2%	17.3%	16.9%	BETTER
Chlamydia Rate (per 100,000) (2012)	<i>Health Behaviors</i>	135.9 (2005)	150	275.6	233	456.7	WORSE
Any physical activity w/n 30 days (2012)	<i>Health Behaviors</i>	82.3% (2005)	90.0%	82.5%	80.0%	76.9%	SAME
Met physical activity guideline (2011) *indicator may be discontinued*	<i>Health Behaviors</i>	24.6% (2011)	50.0%	25.6%	22.3%	21.0%	SAME
Adults who eat 5+ fruits and vegetables daily (2009) *Indicator may be discontinued*	<i>Health Behaviors</i>	29.1% (2005)	50.0%	27.0%	28.0%	23.0%	SAME
Very confident getting health info (2014)	<i>Health Behaviors</i>	86.0% (2010)	94.0%	85.5%	Not Available	Not Available	SAME
Health provider main source health info (2014)	<i>Health Behaviors</i>	81.0% (2010)	95.0%	82.3%	Not Available	Not Available	SAME
Residents with health care coverage (2012)	<i>Health Care Access &amp; Quality</i>	87.7% (2005)	100.0%	84.7%	84.2%	79.6%	SAME
Have personal doctor or provider (2012)	<i>Health Care Access &amp; Quality</i>	82.8% (2011)	100.0%	78.3%	Not Available	Not Available	SAME
Adults visiting dentist (any reason) (2012)	<i>Health Care Access &amp; Quality</i>	73.4% (2006)	80.0%	71.9%	73.1%	67.2%	SAME
Adults with good or better health (2012)	<i>Health Status</i>	91.6% (2005)	95.0%	83.5%	86.5%	82.9%	WORSE
Frequent mental health distress (2012)	<i>Health Status</i>	7.9% (2005)	6.0%	8.4%	11.6%	Not Available yet	SAME

HM2020 Indicator	Target Area	Baseline	Healthiest Community Target	Cheshire County	N.H.	U.S.	Trend
All cardiovascular disease mortality (per 100,000) (2013)	<i>Health Status</i>	178.1 (2005)	<b>187.0</b>	176.3	176.5	206	<b>BETTER</b>
Suicide mortality (3 year average, per 100,000) (2013)	<i>Health Status</i>	11.2 (2005)	<b>4.8</b>	13.1	12.8	12.6	<b>SAME</b>
Adults at healthy weight (2012)	<i>Health Status</i>	41.1% (2005)	<b>50.0%</b>	37.9%	36.5%	34.2%	<b>SAME</b>
Adults with diabetes (2012)	<i>Health Status</i>	6.7% (2005)	<b>5.0%</b>	8.7%	9.5%	Not Available yet	<b>WORSE</b>
Community rating (good or better) (2014)	<i>Social Capital</i>	93.0% (2010)	<b>100.0%</b>	93.9%	Not Available	Not Available	<b>SAME</b>
Volunteerism (2014)	<i>Social Capital</i>	67.0% (2010)	<b>75.0%</b>	75.0%	Not Available	Not Available	<b>BETTER</b>
Friends over to home (at least once a month) (2014)	<i>Social Capital</i>	66.0% (2010)	<b>72.0%</b>	71.6%	Not Available	Not Available	<b>SAME</b>
Poverty rate (all ages) (2013)	<i>Socio-economic and Environmental</i>	10.6% (2011)	<b>8.0%</b>	11.4%	9.0%	15.8%	<b>SAME</b>
Children In Poverty (2013)	<i>Socio-economic and Environmental</i>	14.3% (2011)	<b>8.0%</b>	13.7%	10.9%	22.6%	<b>SAME</b>
Unemployment rate (2013)	<i>Socio-economic and Environmental</i>	3.2% (2005)	<b>4.0%</b>	5.1%	5.3%	7.4%	<b>WORSE</b>
Percent 9 <sup>th</sup> graders that graduate within 4 yrs (2014)	<i>Socio-economic and Environmental</i>	86.0% (2009)	<b>91.0%</b>	86.0%	86.0%	Not Available	<b>SAME</b>
Attended some college (2013)	<i>Socio-economic and Environmental</i>	56.7% (2011)	<b>72.0%</b>	50.8%	46.1%	46.0%	<b>WORSE</b>
Air quality (days good) (2013)	<i>Socio-economic and Environmental</i>	185 (2005)	<b>300</b>	290	Not Available	Not Available	<b>BETTER</b>