



**2016 Community Health Needs Assessment  
Implementation Strategy**

## **Introduction**

As required by RSA 7:32-c-1, “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:

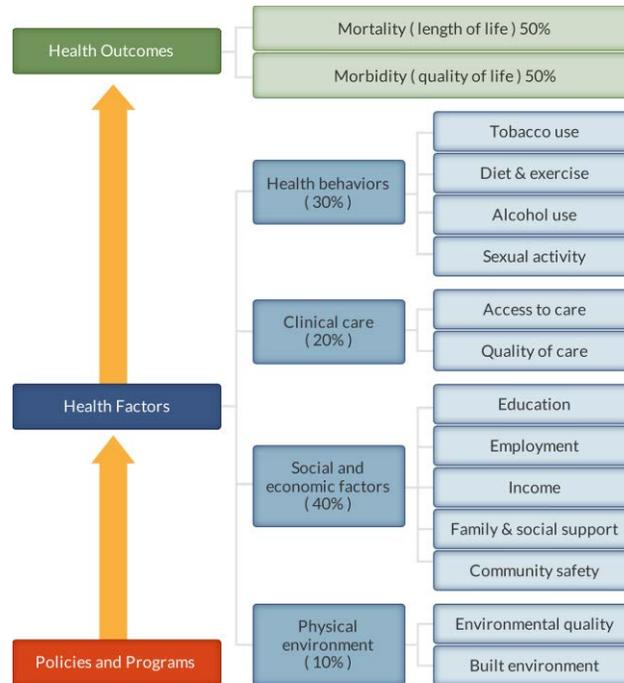
- The health needs of the region as documented in the community health needs assessment
- The hospital’s plan to take action to address each identified need
- The remaining needs that the hospital will not address, including the reasons for not addressing needs and statement of who in the community will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

Cheshire Medical Center (CMC) is a nonprofit 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 state’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.

## **Implementation Strategy Framing Model**

This implementation strategy identifies how CMC will address the priority needs identified in the 2016 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**



County Health Rankings model ©2012 UWPHI

The identified needs are organized by each of the health determinants in Figure 1: health behaviors, clinical care, social and economic factors, and physical environment. For each health determinants 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 Five Priority Community Needs from CHNA Leadership Team

The CHNA Leadership Team at Cheshire Medical Center/Dartmouth Hitchcock Keene reviewed health and social well-being information from existing sources, recent assessments and neighboring service area CHNAs. The team identified secondary data to review and then prioritized needs using a nominal group voting process. The results revealed five priority areas:

- Behavioral Health: covering the full range of mental and emotional well-being- from daily stress and satisfaction to the treatment of mental illness
- Substance & Alcohol Misuse: pose some of the greatest risks to individuals and community health and safety
- Tobacco use: the cause of most preventable premature deaths
- Obesity: increases the risk for many chronic diseases and impacts 25% of the region's adult population
- Emergency Preparedness: Natural, accidental, or even intentional public health threats are all around us. The more prepared we are as a community; the more resilient we will be to recover from a disaster or emergency.

Though not articulated as a stand-alone priority area, the need to address the social determinants of health will be a focus in the Implementation Strategy that is embedded within each of these priority areas. We know that education, jobs, income, family stability, access to clinical services, safety and transportation contribute to health and wellbeing and require special attention given our rural location and socioeconomic pressures. The community health needs identified in this CHNA provide the basis for the development of the CMC Implementation Strategy required by Federal IRS code Section 501(r). For further information or questions contact Eileen Fernandes, Director of Operations for the Center for Population Health Strategy and Practice at [efernandes@cheshire-med.com](mailto:efernandes@cheshire-med.com).

## Health Behaviors

- Increase substance abuse prevention and treatment; decrease alcohol consumption (adult and youth) and tobacco use
- Increase physical activity levels, increase availability of affordable physical fitness/wellness activities
- Increase health education in schools

### Identified Needs

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Build capacity in the community to address specific healthy behaviors by offering technical assistance and support	Continue backbone support to align partners/stakeholders with the goals and strategies of Healthy Monadnock	# of partners implementing Healthy Monadnock/CHIP strategies	Center for Population Health	Community Health Education (A1 & 3)
		Continue to increase opportunities for physical activity in worksites through environmental and policy changes	# of times the Center is mentioned in various media outlets		
		Continue to increase opportunities for healthy eating in worksites through environmental and policy changes	# of worksites reached for TA		
		Continue to increase opportunities for smoke-free worksites through environmental and policy changes			
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Build capacity in the community to address specific healthy behaviors through coalition involvement	Continue to increase access to tobacco free multi-unit rental housing in the region	# of multi-unit rental properties in region protected by smoke-free policies	Center for Population Health, Administrative Council, Members of Leadership Group	Community Building Activities: Coalition Building (F3&6)
		Continue to increase opportunities for physical activity and healthy eating in schools	# of schools reached for TA		
		Continue support for Monadnock Voices for Prevention to address substance misuse in the region	# businesses/organizations incorporating and/or adopting comprehensive substance misuse prevention education programs in the workplace		
		Continue partner alignment and capacity building support to area coalition work including Monadnock Alcohol and Drug Abuse; Dental Public Health Task Force; Monadnock Farm and Community Coalition; City of Keene Bicycle and Pedestrian pathway Advisory Committee; Medical Reserve Corps; Council for a Healthier Community, Comprehensive Cancer Collaborative; Communities and Schools Together, Community Coalition for the Promotion of Breastfeeding	# CMC/DHK staff active members of community coalitions		
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Partner with schools and universities to provide in-school and community-based programs	Continue support for Advocates for Healthy Youth (AFHY) childhood obesity coalition	# community partners attending AFHY meetings; # programs/kids reached via Mini grants	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
		Continue to support and build capacity to the Cheshire Coalition for Tobacco Free Communities	# members involved in the coalition	Center for Population Health	Community Health Improvement Services (A4)
		Provide athletic trainers to area high schools, colleges, and local New England College Baseball League team	# of worksites and organizations receiving TA	Center for Population Health	Community Health Education (A4)
			# of school partners/# hours of service provided	Sports Medicine	Subsidized Health Services (C10)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Partner with schools and universities to provide in-school and community-based programs	Partner with the Dartmouth Institute, Health Promotion Research Center projects	# research projects undertaken; amount external funding received; # grants submitted/# community partners involved	Center for Population 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	# students /total # of hours	Center for Population Health; Nutrition Services; Volunteer Services	Health Professions Education (B)Community Health Education (A1)
<b>Other Needs</b>		<b>Reason Not Included</b>		<b>Community Partner</b>	
none					

### Clinical Care

- Increase health care access – insurance, affordable care and affordable prescriptions; urgent care alternative to emergency room care
- Increase services and supports for chronic disease management
- Increase access to dental care services
- Increase access to behavioral health services and build capacity to integrate behavioral health services and primary care
- increase services and supports for end of life issues (palliative care) and advanced care planning

**Identified Needs**

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Behavioral Health, Substance Misuse	Increase access to behavioral health services	Subsidize cost for development and implementation of behavioral health consultation liaison services	# of patients receiving consultation/# of providers requesting consultative services	Behavioral Health	Subsidized Health Services (C10)
Other Mission Aligned	Provide health screenings to promote early diagnosis and treatment and increased awareness	Free breast and cervical cancer screenings to uninsured and low income population	# patients receiving free screenings	Oncology, Women's Health	Community Based Clinical Services (A2)
Tobacco	Subsidize free and reduced prevention and treatment services for low income population	Subsidize cost of tobacco cessation	# patients receiving tobacco cessation counseling; # patients receiving tobacco replacement therapy	Center for Population Health	Subsidized Health Services (C10)
		Subsidize cost for pulmonary rehabilitation services	# of patients receiving pulmonary rehabilitation services	Pulmonary Rehabilitation Department	Subsidized Health Services (C10)
Other Mission Aligned	Improve access to health care services through direct assistance within the organization or financial assistance and in-kind supports to community partners	Provide support to access prescription medications	#patients/#prescriptions/dollar value of prescriptions	Pharmacy, Center for Population Health	Community Health Improvement Other (A4)
		Provide support to access health insurance Contract for free dental care services and school-based dental program with nonprofit oral health provider Dental Health Works. Provider staffing support to Traveling Adult Dental Service program (TADS)	# of children, teens, and adults assisted by Family Resource Center Program	Center for Population Health	Community Health Improvement Other (A4)
			# patients seen at DHW for free care, # children seen via Cheshire Smiles, # patients seen at TADS clinics	Center for Population Health	Financial and In-Kind Contributions (E1 & 3)
Behavioral Health and Substance Misuse	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	# of staff participating in community coalitions; # grant applications with community partners	Family Medicine, Center for Population Health	Subsidized Health Services (C10)
Other Mission Aligned		Offer training to community providers in POLST (physician order life sustaining treatment), and create community campaign for advance directives Collaborate with HCS community nurse clinics and Keene YMCA for hypertension and Activity is Good Medicine programs	# trainings offered in community	Geriatric Medicine, Center for Population Health, Family Medicine, Nurse Clinic, Center for Population Health	Community Health Education (A1) Community Based Clinical Services (A2 & 3)
Other Mission Aligned	Expand clinic service hours to accommodate acute and urgent care needs	Maintain clinic hours at walk-in and acute care services in Pediatrics, Family Medicine and Nurse Clinic outpatient departments	# of patients seen in clinic	Family Medicine, Nurse Clinic, Pediatrics	Activity addresses need but not countable as community benefit
Behavioral Health	Enhance service for chronic condition with use of Community Health Workers	Develop Prescribe for Health Program	# of patients receiving social prescription	Center for Population Health; Family Medicine	Subsidized Health Services (C10)
Behavioral Health and Substance Misuse	Improve integration of primary care and behavioral health services	Develop Integrated Delivery Network for integration of primary care and behavioral health services for Medicaid beneficiaries	# of partners involved; # of state contract process measures met	Center for Population Health, Family Medicine	Subsidized Health Services (C10)
	<b>Other Needs</b> none	<b>Reason Not Included</b>		<b>Community Partner</b>	

## Social and Economic Factors

### Identified Needs

- Decrease barriers to educational attainment
- Increase the number of businesses that offer their employees livable wage jobs
- Increase services and resources to the growing elder population in the region
- Decrease child hunger during the summer when there are no school meals

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Behavioral Health	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	# of MD serving as medical directors for community agencies/facilities	Geriatric Medicine	Activity addresses need but not countable as community benefit
Behavioral Health and Substance Misuse	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	# hours of volunteer service Total \$ reported for annual UW campaign from CMC/DHK employees	Administration	Financial and In-Kind Contributions (E1 & 3)
		Provide facilitation and other technical assistance to members of the Monadnock Living Wage Work Group (MLWWG) Provide education and awareness to area employers of the benefits that come with paying living wages	# of meetings of the MLWWG  # of members of the MLWWG	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
		Support backbone activities of Healthy Monadnock effort to address social determinates of health	# of employers who receive TA about living wages		Financial and In-Kind Contributions (E1 & 3)
Behavioral Health and Substance Misuse	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	# of partnerships established	Administration	Financial and In-Kind Contributions (E1 & 3)
		Support effort to address social determinates of health with CMC staff involvement in local coalitions such as Impact Monadnock	# of staff participating  # of partnerships established	Center for Population Health; CMC/DHK Pediatric dept.  Center for Population Health	Financial and In-Kind Contributions (E1 & 3) Community Building Activities: Coalition Building (F3&6)
Behavioral Health and Substance Misuse	Actively participate in community conversations that are addressing issues of housing affordability and homelessness	Supply staff to participate on Heading for Home Coalition	# staff participating/total hours provided	Administration	Financial and In-Kind Contributions (E1 & 3)
	<b>Other Needs</b>	<b>Reason Not Included</b>		<b>Community Partner</b>	
	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**
- Improve emergency preparedness efforts in the region
  - Increase access to affordable transportation options

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Emergency Preparedness, Behavioral Health, and Substance Misuse	Build capacity within the region to improve community resiliency by offering technical assistance and support	Continue backbone support for Greater Monadnock Public Health Network	# of towns actively involved in public health planning, exercises and trainings	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
		Continue backbone support for Greater Monadnock Medical Reserve Corps.	# of medical & non-medical members joining GMMRC	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
	<b>Other Needs</b>	<b>Reason Not Included</b>		<b>Community Partner</b>	
	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

- Increase services and supports for the elderly population
- Enhance health and wellness promotion to the general population
- Increase vocational and educational training for diverse populations

**Identified Needs**

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Obesity	Provide affordable healthy meals, physical activity opportunities, and education to elder residents	Senior Passport – access evening meal, monthly group physical activity outings and a variety of health and wellness educational opportunities.	Total # seniors involved; total cost for evening meal; # educational programs offered/# attending	Center for Population Health	Community Health Education (A4)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	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	# hits to the website # of community education sessions offered; # of attendees	Communications Center for Population Health	Community Health Education (A4)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	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	# of school nurses and CMC staff attending	Center for Population Health	Community Health Education (A4)
Behavioral Health Substance Misuse Emergency Preparedness Tobacco and Obesity	Build capacity in the community to address specific health behaviors and social determinants of health issues through membership on boards of local non-profit	Continue CMC staff participation on local boards such as: Council for a Healthier Community, Dental Health Works, Cedarcrest, MEDC, Monadnock Food Co-op, etc.	# staff represented on local non-profit boards	Administration	Community Building Activities: Coalition Building (F3&6)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	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	# staff represented on state-wide councils and committees	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
Other Mission Aligned	Provision of clinical setting education for health professionals	Clinical education experiences for medical students, nursing students and a variety of other health professional students	# of students offered clinical education/training # program participants/total # of hours of volunteer service	Education department as lead with multiple departments	Community Health Education (A1)
Other Mission Aligned	Support opportunities for vocational training and volunteer service	Project Search Volunteer opportunities provided to retired residents	# program participants/total # of hours of volunteer service	Volunteer Services Volunteer Services	Community Health Education (A1)
	<b>Other Needs</b>	<b>Reason Not Included</b>		<b>Community Partner</b>	
	none				

<b>Recommended Investment</b>	<b>\$6,572,500</b>
<b>Leveraged Resources</b>	<b>\$649,000</b>
<b>Total Recommended Investment</b>	<b>\$5,923,500</b>

## 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 the common goal embodied in the Healthy Monadnock: 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). CMC continues to include a thorough evaluation component to the community benefit program. In addition to gathering updated information for the community-wide data dashboard, historically, CMC has contracted with AUNE faculty to analyze data from a community needs survey conducted every two years. Results from these assessments have been used to design and implement program improvements to advance progress on strategies and improvements to outcome measures. All of the CMC programs and activities tied to HM2020 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