

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 07/01/2015

*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](http://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:** Gregg Tewksbury -3551693 gtewksbury@walpole.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-I*)? Yes

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

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

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

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

We serve the general population

**Section 3: COMMUNITY NEEDS ASSESSMENT**

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

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	\$1,165,342.00	\$1,223,609.00
<i>Community-based Clinical Services</i>	6 5 --	\$40,748.00	\$42,785.00
<i>Health Care Support Services</i>	1 9 --	\$57,495.00	\$60,369.00
<i>Other: Various</i>	1 4 G	\$537,956.00	\$564,853.00

<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 --	\$370,226.00	\$388,737.00
<i>Intern/Residency Education</i>	1 F --	\$24,876.00	\$26,120.00
<i>Scholarships/Funding for Health Professions Ed.</i>	1 F --	\$0.00	\$0.00
<i>Other: other health students</i>	F Other --	\$249,379.00	\$261,848.00

<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 --	\$69,291.00	\$72,755.00
<i>Type of Service: Behavioral Health Services</i>	2 5 9	\$1,609,429.00	\$700,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	4 5 E	\$280,804.00	\$294,844.00
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	1 5 --	\$61,183.00	\$64,242.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 6 B	\$346,787.00	\$364,126.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	B -- --	\$43,347.00	\$45,514.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	4 6 C	\$32,516.00	\$10,983.00
<i>Community Health Advocacy</i>	1 4 6	\$144,181.00	\$151,390.00

<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 -- --	\$444,244.00	\$444,244.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	1 9 5	\$398,650.00	\$418,582.00

<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 --	\$1,082,000.00	\$800,000.00

<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 --	\$21,393,544.00	\$22,463,221.00
<i>Medicaid Costs exceeding reimbursement</i>	1 3 --	\$6,708,924.00	\$7,044,370.00
<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>	\$456,006,353.00
<i>Net Revenue from Patient Services</i>	\$161,786,997.00
<i>Total Operating Expenses</i>	\$170,475,957.00
<i>Net Medicare Revenue</i>	\$62,204,920.00
<i>Medicare Costs</i>	\$83,598,464.00
<i>Net Medicaid Revenue</i>	\$17,448,897.00
<i>Medicaid Costs</i>	\$24,157,821.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,082,000.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$5,876,454.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$6,958,454.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$670,585.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$7,629,039.00

**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 Community	<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 2016**

## 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 2016 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 2016 represents the time period of July 1, 2015 through June 30, 2016. 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: stress management and resiliency, nutrition, physical education and exercise, high blood pressure prevention and monitoring, diabetes prevention and monitoring, advanced directive planning, and writing as tool to manage stress. A total of 395 community members participated in the 33 educational programs offered. 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 to ten 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 FY2016 4,638 meals were provided to program members and a total of 235 seniors attended the walking program. This represents about a 4% increase in the number of meals and 35% 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 2016 the website had a total of 330,084 visits and 915,372 page views for an average of 27,507 visits and 76,281 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, 2016, the Facebook page has 1,729 "likes" with an average weekly reach of 12,437. CMC/DHK has 598 followers on Twitter as of June 30, 2016. The CMC/DHK YouTube channel has 72\* videos and an estimated 6,500 minutes watched during the 2016 fiscal year.

### **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 educational sessions coordinated by our Center for Population Health Strategy and Practice. This spring Marni Silverstein, MD and Eric Goodman, ARNP presented a program on asthma and diabetes in children to 32 attendees. They provided an open forum of questions and answers to further promote more collaboration and cooperation between the pediatric department and the schools.

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

Healthy Monadnock is a community engagement initiative designed to foster and sustain a positive culture of health through the Monadnock region. The initiative engages individuals, organizations, and partners to increase healthy eating and active living, increase income and jobs, improve mental wellbeing, increase emergency preparedness, reduce substance misuse including tobacco, increase educational attainment and increase access and quality of healthcare. The Healthy Monadnock website links the Community Health Improvement Plan, invites the public to get involved, and promotes partner strategies and successes. During Fiscal Year 2016 the website had a total of 17,950 visits and 43,346 page views for an average of 1,496 visits and 3,612 page views per month. Three eNewsletters are supported. An individual weekly newsletter that promotes healthy events reaches over 2,471 people. A school newsletter reaches 126 school wellness leaders, and a third organization newsletter reaches 152 organizational wellness leaders. In addition to the website, the Facebook page serves as a tool to promote awareness of community health issues and activate and engage people. As of June 30, 2016, the Facebook page has 1,769 "likes" with an average weekly reach of 9,162. CMC/DHK has 746 followers on Twitter as of June 30, 2016. The CMC/DHK YouTube channel has 30 videos and an estimated 2,227 views during the 2016 fiscal year. Healthy Monadnock promotes community partners through press releases and has obtained an estimated 10, 852,004 media impressions through earned media.

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, 2016 there are 3,294 individual champions, 150 organizational champions, and 22 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. HEAL 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 worksites. Our worksite wellness initiative is committed to helping local worksites in their efforts to provide a healthy workplace environment. We have worked with over 70 organizations to date to create a culture of health in the workplace by helping employers adopt and promote evidence-based worksite wellness interventions.

#### *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 provided a breast exam, mammography and Pap test to forty low-income, inadequately insured women between the ages of 18-65. Clinics are offered throughout the year at our Keene location. 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, 2016 the program received 547 referrals from providers and provided face to face interventions for patients while also conducting sessions in worksites and the community.

## *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
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 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 through the TADS program, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services. As of June 30, 2016, the FRC provided assistance to 507 newborns, children and adults.

Working in partnership with the Lions Clubs in Cheshire County and their generosity in providing application fees in the amount of \$3250.00 for those deemed eligible, the FRC has been able to secure 26 hearing aids from the Starkey Foundation for patients valued at \$57,200 this 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 2015-2016, 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, providing services to a total of 940 students. 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]**

Though Cheshire Smiles is no longer a program in house, CMC/DHK continues to use our community benefit dollars to support this important work now provided at Dental Health Works, a local non-profit dental practice in the community. Two public health dental hygienists staff the Cheshire Smiles Program to provide in-school oral health screenings for children in preschool – grade 3, and middle school. The program has expanded to include additional schools/grades. Hygienists offer classroom education, fluoride programs, and use of portable equipment to perform preventive services (cleanings, oral hygiene instruction, sealants, and fluoride treatments) to students in public schools throughout Cheshire County. Since beginning in school year 1997-98, Cheshire Smiles has screened more than 26,000 children and provided preventive services to more than 5,800 children. For Fy16, they screened 1,396 students and provided preventive services to 242 students.

### **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, which now includes elderly residents with Medicare who experience a gap in their Medicare D coverage. In FY 2016 the program supplied 455 prescriptions to 112 individuals valued at \$170,786. This is a significant decrease from FY2015 (1,073 prescriptions to 252 individuals) 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]**

Since 2010, the Community-Clinical Integration effort has been led by a clinician (MD) in the CMC/DHK Center for Population Health Strategy and Practice who brings clinical expertise to local coalitions and ties community coalition work to clinical activities and goals. This initiative currently spans a broad range of topics, such as:

- Prescribe for Health Initiative that will include Community Health Workers and an on-line Resource Guide and will allow clinicians to address non-medical social and behavioral needs by “prescribing” to social supports and resources.
- Advance Care Planning (ACP) Initiative called Honoring Care Decisions that follows the nationally-recognized Respecting Choices model and trains community-based volunteers to have ACP conversations with individuals and couples in order for them to make their end-of-life desires known through advance directives.
- Participation in the SCALE Initiative of the Institute for Healthcare Improvement as one of only four mentor communities nationwide.
- Grant-supported dissemination of the co-authored “10 Steps for Improving Blood Pressure Control in New Hampshire” to several rural health clinics in northern NH in a project coordinated by the UNH Institute for Health Policy and Practice and the Community Health Institute/JSI.
- Planning for the Controlled Substance Management Network, a coalition to address the overuse, misuse and abuse of prescription medications.

- Clinical Let's Go! 5-2-1-0 Project: The Pediatrics department has been named an annual "Let's Go! Site of Distinction" since 2014 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 Initiative working 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. One notable achievement was the December 2015 designation of Cheshire Medical Center as a Baby-Friendly Hospital.
- Diabetes Prevention Program development in cooperation with Monadnock Family Services, the Keene Family YMCA and the Keene Senior Center. The program is now offered in community settings and has shown a high level of participant continuation, weight loss and achievement of program goals.
- Grant-supported collaboration with ReThink Health: Building Community Engagement and Developing Investment Models for Sustainable Health Improvement that resulted in the creation of a customized Health Dynamics Scenario Model for the Monadnock region.

## **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 201 individuals during this fiscal year, approximately a 10% increase 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 2016, Behavioral Health Services provide inpatient services to 286 patients; 227 adults and 59 adolescents.

## **D. Research**

*Community Health Research*

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

During this fiscal year, CMC/DHK remained an active partner with the Dartmouth Institute as it was named a permanent Center for Disease Control and Prevention-funded Prevention Research Center. 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 was published in the January/February issue of the Journal of Healthcare Management.
- Submission of a manuscript entitled “A Simple Blood Pressure Wallet Card as a Patient Engagement Tool” to the American Journal of Preventive Medicine.
- CMC/DHK representation on the HPRC’s Health Promotion Advisory Board which helps to guide the Center’s activities, especially those focused on high-risk populations with obesity and/or tobacco dependence.

## **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 serves 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, Bald is Beautiful, 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 governance structure for the public health advisory board and the on-going effort for public health emergency preparedness with all region partners including municipalities, long-term care and assisted living facilities, schools, and businesses. 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, 2016 there are 42 individuals and/or organizations addressing development of the public health advisory council and 109 member individuals/organizations addressing emergency preparedness which is a 34 member increase from just a year ago.

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, 2016 the GMMRC has a membership of over 126 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 Family YMCA, Keene Parks and Recreation Center, UNH Cooperative Extension, Keene Housing, the Children's Museum, and area schools to address the epidemic of childhood obesity. In FY 2016 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.

## **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 and currently serves as the public health advisory council for the Greater Monadnock region. The purpose of the CHC is to lead the Healthy Monadnock community driven process for providing strategic directions, setting priorities, facilitating implementation, aligning activities, and ensuring evaluation that will improve health outcomes in the Greater Monadnock region. Membership is diverse, open to representatives from all institutions and organizations. It includes unaffiliated individuals, to allow for independent voices and real grass roots engagement.

## **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 increase outreach and education due to significant decline in referrals. As of June 30, 2016 TADS served twenty-nine patients providing \$11,321 in free care, which is a 28% decline from last year.

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

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 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, CMC/DHK staff has taken a leadership role in the development of an Integrated Delivery Network to better integrate behavioral health and primary care within the

Monadnock region, Sullivan County, and the Upper Valley region. 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, Children's Behavioral Health System of Care Planning, and the Region 1 Integrated Delivery Network.

***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 federal, state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2016 our staff participated as members of the City of Keene Mayor's Task Force on addiction Solutions, 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 Hospital Association Board, New Hampshire Falls Risk Reduction Task Force, New Hampshire Breastfeeding Task Force, New Hampshire EMS Coordinators Group, New Hampshire Drug Diversion Task Force, Safe Kids NH, New Hampshire EMS Medical Control Board, New Hampshire Trauma Review Committee, New Hampshire American College of Physicians Governor's Council, New Hampshire Infection Control and Epidemiology Professionals, New Hampshire Health Care Coalition Workgroup, Tobacco Free New Hampshire Network, New Hampshire Public Health Association, Breath NH, New Hampshire State Committee on Aging, New England Healthcare Engineers Society, New England Society of Radiation Therapist, NHTI Radiation Therapy Advisory Board, and New Hampshire Care Management Commission. At the federal level, the staff is represented at the Institute of Medicine, roundtable for population health improvement and chair of the health care-public health collaborative and the Center for Disease Control, board of scientific advisors to the office of infectious diseases, chair of the think tank on social determinants of health, and advisory committee to the director and subcommittees of the office of state and local services.

**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 \$1,082,000.00 in charity care to 1,381 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 2016**

10/25/2016

## Cheshire Medical Center

## Selected Categories - Program Detail

For period from 7/1/2015 through 6/30/2016

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
<b>Community Health Improvement Services (A)</b>				
<b>Community Health Education (A1)</b>				
Advance Directives - Speaking Engagements Medical Records (768)	640	0	640	24
AHA Training Center Coordinator & Regional Faculty Education, Training & Development (961)	40,310	2,000	38,310	Unknown
Annual Kiwanis Bike Safety Rodeo Executive Offices (950)	352	0	352	Unknown
Cheshire Walkers Community Health (995)	0	0	0	246
Child Passenger Safety Car Seat Checks Childcare Center (969)	1,865	0	1,865	45
CMC/DHK Website Marketing-Planning (956)	113,999	0	113,999	Unknown
Colon Cancer Awareness Month Gastroenterology (HBAS) (764)	1,015	0	1,015	Unknown
Community Health Education Community Health (995)	8,577	0	8,577	Unknown
Community Health Salaries: Community Health Education Community Health (995)	109,698	0	109,698	Unknown
Community Lectures Unknown (0)	1,708	0	1,708	74
Diabetes Education and Community Awareness Endocrinology (HBAS) (763)	1,670	0	1,670	80
EMS Paramedic Continuing Education ECC (678)	10,292	0	10,292	Unknown
HEAL: Healthy Eating Active Living HEAL (753)	126,984	0	126,984	8,200
Health Matters Radio Show Unknown (0)	7,248	0	7,248	Unknown
Healthiest Community Initiative-Education Community Health (995)	1,087,267	455,275	631,992	91,682
Library Reference Services Unknown (0)	10,684	0	10,684	Unknown
Senior Passport Program Marketing-Planning (956)	12,644	0	12,644	4,638
SNAP Community Health (995)	2,507	0	2,507	32
Support Groups Unknown (0)	432	0	432	25
Volunteer Services Volunteer Services (970)	84,725	0	84,725	Unknown
<b>*** Community Health Education (A1)</b>	<b>1,622,617</b>	<b>457,275</b>	<b>1,165,342</b>	<b>105,046</b>
<b>Community Based Clinical Services (A2)</b>				
Breast & Cervical Cancer Screenings Kingsbury Cancer Center (610)	1,460	0	1,460	40
Lactation Support - Community Based OB/GYN (HBAS) (770)	38,937	0	38,937	Unknown

10/25/2016

## Cheshire Medical Center

## Selected Categories - Program Detail

For period from 7/1/2015 through 6/30/2016

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Screenings Unknown (0)	351	0	351	20
<b>*** Community Based Clinical Services (A2)</b>	<b>40,748</b>	<b>0</b>	<b>40,748</b>	<b>60</b>
<b>Health Care Support Services (A3)</b>				
Community Health Salaries: Health Care Support Services Community Health (995)	57,495	0	57,495	507
<b>*** Health Care Support Services (A3)</b>	<b>57,495</b>	<b>0</b>	<b>57,495</b>	<b>507</b>
<b>Other (A5)</b>				
Athletic Trainers for area high schools and college Unknown (0)	300,517	71,500	229,017	940
Cheshire Smiles Cheshire Smiles (780)	72,500	0	72,500	1,396
Dental Public Health Task Force Community Health (995)	715	0	715	102
Hearing aid fittings Audiology (HBAS) (795)	1,547	0	1,547	15
Medication Assistance Program Pharmacy (730)	137,823	0	137,823	112
Tobacco Cessation Tobacco Coalition (781)	96,354	0	96,354	547
<b>*** Other (A5)</b>	<b>609,456</b>	<b>71,500</b>	<b>537,956</b>	<b>3,112</b>
<b>**** Community Health Improvement Services (A)</b>	<b>2,330,316</b>	<b>528,775</b>	<b>1,801,541</b>	<b>108,725</b>
<b>Health Professions Education (B)</b>				
<b>Physicians/Medical Students (B1)</b>				
OB/GYN Medical Students OB/GYN (HBAS) (770)	2,137	0	2,137	9
Physician/Medical Student Education Unknown (0)	22,739	0	22,739	317
<b>*** Physicians/Medical Students (B1)</b>	<b>24,876</b>	<b>0</b>	<b>24,876</b>	<b>326</b>
<b>Nurses/Nursing Students (B2)</b>				
Nursing Continuing Ed - Contact hour Program Education, Training & Development (961)	30,604	0	30,604	478
Nursing Students/Interns Education, Training & Development (961)	339,622	0	339,622	53
<b>*** Nurses/Nursing Students (B2)</b>	<b>370,226</b>	<b>0</b>	<b>370,226</b>	<b>531</b>
<b>Other Health Professional Education (B3)</b>				
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	110,161	0	110,161	12
<b>*** Other Health Professional Education (B3)</b>	<b>110,161</b>	<b>0</b>	<b>110,161</b>	<b>12</b>
<b>Other (B5)</b>				
Project Search Volunteer Services (970)	139,218	0	139,218	Unknown
<b>*** Other (B5)</b>	<b>139,218</b>	<b>0</b>	<b>139,218</b>	<b>0</b>
<b>**** Health Professions Education (B)</b>	<b>644,481</b>	<b>0</b>	<b>644,481</b>	<b>869</b>
<b>Subsidized Health Services (C)</b>				
<b>Other (C10)</b>				

10/25/2016

## Cheshire Medical Center

## Selected Categories - Program Detail

For period from 7/1/2015 through 6/30/2016

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Pulmonary Rehab Pulmonary Rehab (742)	69,291	0	69,291	201
<b>*** Other (C10)</b>	<b>69,291</b>	<b>0</b>	<b>69,291</b>	<b>201</b>
<b>Behavioral Health Services (C8)</b>				
Behavioral Health Services MHU (643)	1,609,429	0	1,609,429	232
<b>*** Behavioral Health Services (C8)</b>	<b>1,609,429</b>	<b>0</b>	<b>1,609,429</b>	<b>232</b>
<b>**** Subsidized Health Services (C)</b>	<b>1,678,720</b>	<b>0</b>	<b>1,678,720</b>	<b>433</b>
<b>Research (D)</b>				
<b>Community Health Research (D2)</b>				
Community Health Research Community Health (995)	300,413	19,609	280,804	Unknown
<b>*** Community Health Research (D2)</b>	<b>300,413</b>	<b>19,609</b>	<b>280,804</b>	<b>0</b>
<b>**** Research (D)</b>	<b>300,413</b>	<b>19,609</b>	<b>280,804</b>	<b>0</b>
<b>Financial and In-Kind Contributions (E)</b>				
<b>Cash Donations (E1)</b>				
Dental Health Works Community Health (995)	16,066	0	16,066	25
Donations-Cash Unknown (0)	45,117	0	45,117	15
<b>*** Cash Donations (E1)</b>	<b>61,183</b>	<b>0</b>	<b>61,183</b>	<b>40</b>
<b>In-kind Donations (E3)</b>				
Athletic Training Staff Time Orthopaedics (HBAS) (772)	8,719	0	8,719	262
Board of Directors/Committee Members Unknown (0)	303,129	0	303,129	65
Donations: In-kind Unknown (0)	26,362	0	26,362	Unknown
United Way Campaign Unknown (0)	8,577	0	8,577	Unknown
<b>*** In-kind Donations (E3)</b>	<b>346,787</b>	<b>0</b>	<b>346,787</b>	<b>327</b>
<b>**** Financial and In-Kind Contributions (E)</b>	<b>407,970</b>	<b>0</b>	<b>407,970</b>	<b>367</b>
<b>Community Building Activities (F)</b>				
<b>Community Support (F3)</b>				
Greater Monadnock Public Health Network Public Health Network (782)	117,048	73,701	43,347	21,938
<b>*** Community Support (F3)</b>	<b>117,048</b>	<b>73,701</b>	<b>43,347</b>	<b>21,938</b>
<b>Coalition Building (F6)</b>				
Advocates for Healthy Youth Community Health (995)	48,575	48,500	75	4,928
Cheshire Coalition for Tobacco Free Communities Tobacco Coalition (781)	32,118	0	32,118	35
Council for a Healthier Community Unknown (0)	323	0	323	240
<b>*** Coalition Building (F6)</b>	<b>81,016</b>	<b>48,500</b>	<b>32,516</b>	<b>5,203</b>
<b>Community Health Improvement Advocacy (F7)</b>				

10/25/2016

Cheshire Medical Center

Selected Categories - Program Detail

For period from 7/1/2015 through 6/30/2016

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Community Health Staff: Advocacy Community Health (995)	144,181	0	144,181	Unknown
<b>*** Community Health Improvement Advocacy (F7)</b>	<b>144,181</b>	<b>0</b>	<b>144,181</b>	<b>0</b>
<b>**** Community Building Activities (F)</b>	<b>342,245</b>	<b>122,201</b>	<b>220,044</b>	<b>27,141</b>
<b>Community Benefit Operations (G)</b>				
<b>Assigned Staff (G1)</b>				
Community Health Salaries: Assigned Staff Community Health (995)	310,387	0	310,387	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	133,857	0	133,857	Unknown
<b>*** Assigned Staff (G1)</b>	<b>444,244</b>	<b>0</b>	<b>444,244</b>	<b>0</b>
<b>Other Resources (G3)</b>				
Cheshire Health Foundation Communit Benefit Costs Cheshire Health Foundation (975)	398,650	0	398,650	Unknown
<b>*** Other Resources (G3)</b>	<b>398,650</b>	<b>0</b>	<b>398,650</b>	<b>0</b>
<b>**** Community Benefit Operations (G)</b>	<b>842,894</b>	<b>0</b>	<b>842,894</b>	<b>0</b>
<b>Number of Programs</b>	<b>53</b>	<b>Total</b>	<b>6,547,039</b>	<b>670,585</b>
			<b>5,876,454</b>	<b>137,535</b>

# **ATTACHMENT 3**

**Evaluation Report**

**Fiscal Year 2016**

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 community health 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. See below for the dashboard of the CMC/DHK community health department specific measures.

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/>. Below is the HM2020 dashboard with the list of indicators, data sources, targets and current results.

## Community Health Department FY 2015-2016 Performance Dashboard

Objective	Measure	Fiscal Year 2014-2015 Goal	Q1 July - Sept 2015	Q2 Oct - Dec 2015	Q3 Jan - Mar 2016	Q4 April - June 2016	Total YTD
Community Health Education (Whitney)	# of participants attending Community Health-sponsored health education classes and events	2000 participants per year, 500 participants per qtr	170	150	34	259	613
Smoke-free Housing (Tammy) Winchester	Increase the number of market rate rental properties in Winchester protected by smoke-free polices	187 units by 09/30/16, program will begin Feb 2016. Q3: 10 units; Q4: 70 units	0	7	12		19
Smoke-free Housing (Tammy)	rental properties in PICH towns protected by smoke-free policies	increase from 894 to 1,752 units by 09/30/16.	1623	1753	1826		1826
EMR-initiated Tobacco Cessation Referrals (Kate)	# of patients referred through EMR	800 referrals per year, 200 referrals per qtr	110	142	150	166	568
New Workplace Wellness Engagement (Maryanne)	# of Organizational Champion businesses that complete the CDC Scorecard Assessment	12 per year, 3 per qtr	6	3	7	6	22
Turn a New Leaf Menu Labeling (Molly)	# of new and existing food venues who implement the revised TANL program; ?	4 per year, 1 each qtr	N/A	0	N/A	N/A	0
Preparedness Face Book Outreach (Tricia)	# of times the GMPHN Preparedness Face Book site is visited	2600 per year, 650 per quarter	828	965	455	567	2815
Assistance Obtaining Needed Medication (Hayley)	# of patients assisted	260 patients per year, 65 patients per qtr	66	91	82	66	305
	# of prescriptions obtained for patients	2000 prescriptions per year, 500 per qtr	92	170	134	93	489
Family Resource Counseling Assistance (Ruth)	# of children, teens, and adults assisted by FRC Program	300 per year, 75 per qtr	85	102	81	63	331
HM2020 School Champion Recruitment (KATH)	# of new school Champions	Baseline of 20; increase by 2	0	0	0	2	2
HM2020 School Champion Engagement (KATH)	# of new PSEs implemented by new and existing school champions	4 new PSEs that increases access to PA and HE opportunities for 858 school children	0	0	0	0	0
HM2020 Worksite Champion recruitment (KATH)	# of worksite champions with 20+ employees	25 new worksite Champions with 20+ employees from baseline of 35 in FY2015 to 60 by year end, 6 per qtr	1	5	7	3	16
HM2020 Worksite Champion Engagement (KATH)	# of new and existing worksites that implement at least one new PSE improve access to physical activity opportunities	19 new and existing worksite Champions will implement at least one new PSE that increases access to PA opportunities for 3,935 employees, 5 per qtr	2	1	4	3	10
	# of new and existing worksites that implement at least one new PSE to improve access to healthy eating and nutrition opportunities	26 new and existing worksite Champions will implement at least one new PSE that increases access to healthy eating opportunities for 4,500 employees; 6 per qtr	0	5	3	2	10
	# of new and existing worksites that implement at least one new PSE to improve access to tobacco and smoke-free environments	25 new and existing worksite Champions will implement at least one new PSE to improve access to tobacco and smoke-free environments for 3,200 employees; 6 per qtr	3	6	1	2	12
HM2020 Individual Champion recruitment (KATH)	# of individual champions	Increase by 1000, 250 per qtr (from baseline of 3142 to 4142)	3200/58	3256/56	3274/18	3293/23	3293/155
HM2020 Awareness (Sarah)	# of HM2020 media outlet mentions	24/year, 6 per qtr	7	20	7	13	47
	# of HM2020 FaceBook Followers	Increase to 2000 by year end, 300 per qtr	1593	1642	1656	1773	1773
	# of success stories shared	8 per year; 2 per qtr	2	2	0	5	9
	# of Healthymonadnock.org page views	20,000 views per year, 5000 views per qtr	8164	7,996	10392	16,794	26,552
Community-Focused Research (Rudy)	# of new collaborative research projects or publications	4 per year, 1 each quarter	1 project 1 publication	1 puplication	1	1 project	5
CH Budget Variance for Expenses (Eileen)	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)	under budget	under budget	under budget	under budget	under budget

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

## HM2020 Dashboard as of June 30, 2016:

HM2020 Indicator	Data Source	Target Area	Baseline	Healthiest Community Target	Cheshire County	N.H.	U.S.
Adults who smoke (2013)	BRFSS/ NH WISDOM	Health Behaviors	21.0% (2005)	12.0%	18.6%	16.2%	19.0%
Youth smoking (2011)	NH YRBS	Health Behaviors	20.8% (2009)	10.0%	18.1%	19.8%	18.1%
Adult binge drinking (2012)	BRFSS/NH WRQS	Health Behaviors	21.8% (2011)	14.0%	18.2%	17.3%	16.9%
Chlamydia Rate (per 100,000) (2013)	NH YRBS	Health Behaviors	135.9 (2005)	150	243.3	236.2	446.6
Any physical activity w/n 30 days (2012)	NCHHSTP (CDC)	Health Behaviors	82.3% (2005)	90.0%	82.5%	80.0%	76.9%
Met physical activity guideline (2011)	BRFSS & NH WRQS	Health Behaviors	25.6% (2011)	50.0%	25.6%	22.3%	21.0%
Adults who eat 5+ fruits and vegetables daily (2009) *Indicator may be discontinued*	BRFSS	Health Behaviors	29.1% (2005)	50.0%	27.0%	28.0%	23.0%
Very confident getting health info (2014)	Community Survey	Health Behaviors	86.0% (2010)	94.0%	85.5%	Not Available	Not Available
Health provider main source health info (2014)	Community Survey	Health Behaviors	81.0% (2010)	95.0%	82.3%	Not Available	Not Available
Residents with health care coverage (2012)	BRFSS	Health Care Access & Quality	87.7% (2005)	100.0%	84.7%	84.2%	79.6%
Have personal doctor or provider (2012)	NH WRQS	Health Care Access & Quality	83.4% (2011)	100.0%	78.3%	Not Available	Not Available
Adults visiting dentist (any reason) (2012)	BRFSS	Health Care Access & Quality	75.6% (2006)	80.0%	71.9%	73.1%	67.2%
Adults with good or better health (2012)	BRFSS	Health Status	91.6% (2005)	95.0%	83.5%	86.5%	82.9%
Frequent mental health distress (2012)	BRFSS/NH WRQS	Health Status	7.9% (2005)	6.0%	8.4%	11.6%	Not Available yet
All cardiovascular disease mortality (per 100,000) (2013)	CDC Mortality File	Health Status	220.0 (2005)	187.0	176.3	176.5	206
Suicide mortality (3 year average, per 100,000) (2013)	CDC Mortality File	Health Status	10.31 (2005)	4.8	13.1	12.8	12.6
Adults at healthy weight (2012)	BRFSS	Health Status	41.1% (2005)	50.0%	37.9%	36.5%	34.2%
Adults with diabetes (2012)	BRFSS/NH WISDOM	Health Status	6.7% (2005)	5.0%	8.7%	9.5%	Not Available yet
Community rating (good or better) (2014)	Community Survey	Social Capital	93.0% (2010)	100.0%	93.9%	Not Available	Not Available
Volunteerism (2014)	Community Survey	Social Capital	67.0% (2010)	75.0%	75.0%	Not Available	Not Available
Friends over to home (at least once a month) (2014)	Community Survey	Social Capital	66.0% (2010)	72.0%	71.6%	Not Available	Not Available
Poverty rate (all ages) (2013)	Census	Socio-economic and Environmental	10.6% (2011)	8.0%	11.4%	9.0%	15.8%
Children In Poverty (2013)	Census	Socio-economic and Environmental	14.3% (2011)	8.0%	13.7%	10.9%	22.6%
Unemployment rate (2013)	BLS	Socio-economic and Environmental	3.2% (2005)	4.0%	5.1%	5.3%	7.4%
Percent 9 <sup>th</sup> graders that graduate within 4 yrs (2015)	County Health Rankings	Socio-economic and Environmental	86.0% (2009)	91.0%	88.0%	86.0%	Not Available
Attended some college (2013)	Census	Socio-economic and Environmental	56.7% (2011)	72.0%	50.8%	46.1%	46.0%
Air quality (days good) (2014)	EPA	Socio-economic and Environmental	185 (2005)	300	276	Not Available	Not Available