COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

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

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).

A. Community Health Services	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Community Health Education	4 D 5	$1,188,939.00	$1,212,718.00
Community-based Clinical Services	6 5 --	$36,022.00	$36,742.00
Health Care Support Services	1 9 --	$53,829.00	$54,906.00
Other: Various	1 4 G	$501,977.00	$512,017.00

B. Health Professions Education	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Provision of Clinical Settings for Undergraduate Training	1 F --	$95,659.00	$97,572.00
Intern/Residency Education	1 F --	$984,704.00	$1,004,398.00
Scholarships/Funding for Health Professions Ed.	-- -- --	$0.00	$0.00
Other: other health students	F Other --	$246,851.00	$251,788.00

C. Subsidized Health Services	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Type of Service: Pulmonary Rehab.	-- E --	$83,530.00	$85,201.00
Type of Service: Behavioral Health Services	2 5 9	$1,141,030.00	$1,163,851.00
Type of Service: Cardiac Rehab.	-- E --	$2,002.00	$2,042.00
Type of Service:	-- -- --		
Type of Service:	-- -- --		

D. Research	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Clinical Research	-- -- --		
Community Health Research	4 5 E	$203,987.00	$208,067.00
Other:	-- -- --		

E. Financial Contributions	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Cash Donations	1 5 --	$49,926.00	$50,925.00
Grants	-- -- --		
In-Kind Assistance	2 6 B	$382,684.00	$390,338.00
Resource Development Assistance	-- -- --		

F. Community Building Activities	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Physical Infrastructure Improvement	-- -- --		
Economic Development	-- -- --		
Support Systems Enhancement	B -- --	$111,204.00	$113,428.00
Environmental Improvements	-- -- --		
Leadership Development; Training for Community Members	-- -- --		
Coalition Building	4 6 C	$75,052.00	$76,553.00
Community Health Advocacy	1 4 6	$139,719.00	$142,513.00

G. Community Benefit Operations	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Dedicated Staff Costs	9 -- --	$482,076.00	$491,718.00
Community Needs/Asset Assessment	-- -- --	$289,278.00	$295,064.00
Other Operations	1 9 5		

H. Charity Care	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Free & Discounted Health Care Services	1 3 --	$1,433,000.00	$1,461,660.00

I. Government-Sponsored Health Care	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Medicare Costs exceeding reimbursement	1 3 --	$22,303,222.00	$22,749,286.00
Medicaid Costs exceeding reimbursement	1 3 --	$3,381,261.00	$3,448,886.00
Other Publicly-funded health care costs exceeding reimbursement	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	***Dollar Amount***
Gross Receipts from Operations	$577,837,959.00
Net Revenue from Patient Services	$200,140,401.00
Total Operating Expenses	$207,490,304.00
Net Medicare Revenue	$65,188,433.00
Medicare Costs	$87,491,655.00
Net Medicaid Revenue	$23,212,548.00
Medicaid Costs	$26,593,809.00
Unreimbursed Charity Care Expenses	$1,433,000.00
Unreimbursed Expenses of Other Community Benefits	$6,068,469.00
Total Unreimbursed Community Benefit Expenses	$7,501,469.00
Leveraged Revenue for Community Benefit Activities	$797,090.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	$8,298,559.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

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.	***Identification of Need***	***Prioritization of Need***	***Development of the Plan***	***Commented on Proposed Plan***
1) Dartmouth Hitchcock Keene	☒	☒	☒	☐
2) Home Healthcare Hospice and Community Services	☒	☒	☒	☐
3) Southwest Regional Planning Commission	☒	☒	☒	☐
4) Monadnock United Way	☒	☒	☒	☐
5) Monadnock Community Hospital	☒	☒	☒	☐
6) Council for a Healthier Community - community leaders	☒	☒	☒	☒
7) Healthy Monadnock 2020 Advisory Board	☒	☒	☒	☒
8) Greater Monadnock Public Health Network	☒	☐	☐	☒
9) NH Department of Health and Human Services	☒	☒	☒	☐
10) Antioch University New England	☒	☐	☐	☒
11) NH Hospital Association -Foundation for Healthy Communities	☒	☐	☐	☒
12) Cheshire County government	☒	☒	☒	☐
13) Cheshire Health Foundation	☒	☒	☒	☒
14) Cheshire County Conservation District	☐	☐	☐	☒
15)	☐	☐	☐	☐
16)	☐	☐	☐	☐
17)	☐	☐	☐	☐
18)	☐	☐	☐	☐
19)	☐	☐	☐	☐
20)	☐	☐	☐	☐
21)	☐	☐	☐	☐
22)	☐	☐	☐	☐
23)	☐	☐	☐	☐
24)	☐	☐	☐	☐
25)	☐	☐	☐	☐

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): In 2016, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The Council for a Healthier Community (CHC) serves as the CHNA Leadership Team (see Attachment A: CHC Membership List). The CHC is the Public Health Advisory Council for the Greater Monadnock region. The primary purpose of the CHC is to provide a community framework that supports open communication and sets priorities for community collaboration and funding that encourages the health and wellness of the Greater Monadnock region. As such, their responsibilities include:
Identifying and encouraging action planning to ensure community public health needs are met without unnecessary duplication
• Supporting the needs assessments and data collection activities for the region
• Advising and making recommendations, as appropriate, on funding opportunities.

• Making recommendations within the Greater Monadnock region and to the state regarding priorities for service delivery based on needs assessments and data collection.
The members of the CHNA Leadership Team represent the 33 towns in the Monadnock region. In addition, they represent, and are able to speak to the issues of our most vulnerable populations including the medically underserved and persons with low income.

The 2016 CHNA report summarizes the work of the Council for a Healthier Community (CHC) and the collaborative efforts of other local groups to assess the needs of our region. This report is the compilation of work that occurred over the last three years, beginning in September of 2014 when the CHC reviewed the State Health Improvement Plan and identified regional assets and needs. The first Greater Monadnock Community Health Improvement Plan was finalized in September 2015, which serves as the foundation of this Community Health Needs Assessment. In addition, to ensure a comprehensive assessment and avoid duplication of efforts, the results of other community partner's needs assessments were used to strengthen and support our process. The CHNA Leadership Team reviewed health and social well-being information from existing sources, recent assessments and neighboring service area CHNAs. They 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 most preventable cause of death
• 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 is a focus in the Implementation Strategy that is embedded within each of these priority areas. We know that education, jobs, income, family stability, safety and transportation will contribute to health and wellbeing and require special attention given our rural location and socioeconomic pressures.

In addition to these priorities, the implementation strategy also provides an overview of other CMC/DH 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 2016 CHNA provide the basis for the development of the Implementation Strategy. The 2016 CHNA, Implementation Strategy and Community Benefit report is available to the public on the Cheshire Medical Center website: www.cheshire-med.org.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	**YES**	**NO**	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	☒	☐	☐
Written charity care policy available to the public	☒	☐	☐
Any individual can apply for charity care	☒	☐	☐
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	☒	☐	☐
Notices of policy in lobbies	☒	☐	☐
Notice of policy in waiting rooms	☒	☐	☐
Notice of policy in other public areas	☒	☐	☐
Notice given to recipients who are served in their home	☐	☐	☒

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 2017

Introduction

As embodied in our mission statement, Cheshire Medical Center/Dartmouth Hitchcock (CMC/DH) is committed to improving the health of our community. This summary of Community Benefits activities for fiscal year 2017 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 2017 represents the time period of July 1, 2016 through June 30, 2017. 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/DH 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 the staff of the Center for Population Health 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, memory loss, tobacco cessation and writing as tool to manage stress. A total of 1,008 community members participated in the 81 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 participation by CMC/DHK staff and occur at a variety of locations throughout the region. During FY2017 5,409 meals were provided to program members and a total of 413 seniors attended the walking program. This represents about an 8% increase in the number of meals and 76% 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]

Cheshire Medical Center is committed to supporting healthy and resilient living for all members of the community. In addition to health information from our medical and nursing staff, our website links to reliable and up-to-date sources of health information and provides details regarding health and wellness programs offered at no charge. Cheshire's community benefits report and service quality information are shared on the website for public viewing. The website incorporates "Healthwise", a searchable health information database. During Fiscal Year 2017 the website had a total of 326,908 visits and 867,616 page views for an average of 27,242 visits and 72,301 page views per month. Health + Wellness, an electronic newsletter, delivering timely medical news, useful health tips, and wellness information is distributed to an average of 1,600 patients and community members monthly. In addition to the website, Cheshire's Facebook page serves as a tool to distribute health and wellness information. As of June 30, 2017, our Facebook page has 1,948 "likes". Cheshire Medical Center has 666 followers on Twitter as of June 30, 2017. The Cheshire Medical Center YouTube channel has 79 videos and an estimated 65,495 minutes watched during the 2017 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. Two sessions were offered during FY17: Children & Behavioral Medications with 29 attendees and Monadnock Region System of Care with 31 attendees.

Healthy Monadnock 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.

Healthy Monadnock initiative 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, 2017 there are 3,582 individual champions, 182 organizational champions, and 25 school champions. Individuals are either improving their personal health or working in support of the Healthy Monadnock goals and strategies. Organizations and schools are working to implement evidence based environmental and policy changes that supports the health of their employees/students. There are 10 community partners involved in forwarding , 11 of the 21 HM action strategies to improve healthy 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.

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 twenty-eight 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. During FY2017 twenty-eight screenings were provided.

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, 2017 the program received 579 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. Medicare Savings Programs (QMB or SLMB)
5. 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, 2017, the FRC provided assistance to 504 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 $1875.00 for those deemed eligible, the FRC has been able to secure 15 hearing aids from the Starkey Foundation for patients valued at $33,000 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 FY2017, 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 838 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 27,000 children and provided preventive services to more than 6,000 children. For FY2017, they screened 1,323 students and provided preventive services to 361 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. Due to Medicaid Expansion and the Health Insurance options as a result of the Affordable Care Act the need for assistance to secure medications continues to decrease. In FY2017 the program supplied 318 prescriptions to 81 individuals valued at $368,384, compared to 1,073 prescriptions to 252 individuals in FY2016.

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/DH Center for Population Health 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:

- The Prescribe for Health Initiative that employs two full-time Population Health Workers and an on-line Resource Guide and allows clinical staff to address non-medical social and behavioral needs by "prescribing" to social supports and resources. During FY17 there were 78 participants.
- Advance Care Planning (ACP) Initiative called Honoring Care Decisions that follows the nationally-recognized Respecting Choices model and trains community-based volunteers and integrates with ACP efforts in primary care to have ACP conversations with individuals and couples in order for them to make their end-of-life desires know through advance directives.
- 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. This includes a recent messaging campaign that included community-placement of life-size photo "standees" of local women nursing their infants.
- Diabetes Prevention Program development in cooperation with Monadnock Family Services, the Keene Family YMCA and the Keene Senior Center. The program is offered in community settings and has shown a high level of participant continuation, weight loss and achievement of program goals. During FY17 there were thirty-three participants. This Program will continue in FY2018.
- Participation in the SCALE 1.0 and 2.0 Initiatives of the Institute for Healthcare Improvement, especially in the new SCALE Health and Care Initiative to involve 500 US hospital systems in addressing equity and population health.
- State-supported dissemination of the co-authored "10 Steps for Improving Blood Pressure Control in New Hampshire" to rural health clinics in northern NH and Vermont in a project coordinated by the UNH Institute for Health Policy and Practice and the Community Health Institute/JSI.
- Planning for the implementation of the HRSA-grant supported Controlled Substance Management Network, a coalition to address the overuse, misuse and abuse of prescription medications.

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.

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

The Behavioral Health Consult Liaison Team (BHT) is a consultative, interdisciplinary team of Behavioral Health Clinicians that will mobilize to see patients in the inpatient units and the Emergency Department to ensure their behavioral health needs are met during their inpatient stays. The team is comprised of psychiatric providers, behavioral health nurses, and behavioral health social workers. This team was developed in response to the closing of the inpatient mental health unit and the identification of behavioral health needs not being adequately addressed within the current service arrays within the inpatient medical setting and emergency department. The services offered include:

- Assessment and identification of the needs of individual patients, including access to various resources as needed.
- Consultation with primary care providers to ensure coordinated care.
- Individual meetings with patients to address their behavioral health needs with re-evaluation occurring every day for 3 days.
- Patients on inpatient units with containment plans are seen by a team member on a daily basis, if consult has been requested.

Psychiatric consults are generally available Monday-Friday and behavioral health nurse/social worker services are available on a daily basis. The BHT began in August 2016 and during FY17 provided consultation to 707 patients.

D. Research

Community Health Research

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

During this fiscal year, CMC/DH remained an active partner with the Dartmouth Institute in the Centers for Disease Control and Prevention-funded Health Promotion Research Center at Dartmouth (HPRC at Dartmouth). Accomplishments include:

- Participation as a research study site for the HPRC in a study of a novel tobacco cessation smartphone app for low income tobacco users.
- CMC/DH 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.

CMC/DH Research Committee
Since 2010, this group composed of administrative, clinical and population health leaders has continued to guide, coordinate and support research activities on our campus in alignment with our organizational mission and vision. The effort builds capacity within our organization and community to undertake community co-created research projects while increasing the amount of externally funding support for research activities. Accomplishments include:

- A study of workplace wellness behavior change involving CMC/DH employees
- Facilitation of campus involvement in a multi-state study of evidence-based practice competencies in nurse managers
- Facilitating local participation and recruitment in listening sessions for a D-H study of postpartum birth control and a tobacco cessation app study
- Participation in a urological prosthesis infection study by a local clinician

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. There are three major focuses of the work:

1. Development of a governance structure for the public health advisory board
2. 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.
3. Through Monadnock Voices for Prevention, substance misuse prevention and development of a continuum of care to address prevention, intervention, treatment, and recovery services are provided.

As of June 30, 2017 there are 51 individuals and/or organizations addressing development of the public health advisory council, 109 member individuals/organizations addressing emergency preparedness and over 1,200 individuals reached through the efforts of Monadnock Voices for Prevention.

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, 2017 the GMMRC has a membership of over 116 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/DH 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 2017 AFHY supported efforts in seventeen schools, after school programs, and non-profit organizations to implement environmental changes and programs that support healthy eating and physical activity.

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. Major accomplishments of the Coalition during this period were initiatives to increase access to services through "Butt Stops" staged at 13 sites around the community prior to the Great American Smoke-out and a "Bag the Butts" campaign to clean up cigarette litter at parks in the region. The "Bag the Butts" campaign complemented our efforts to assist nine communities with their implementation of tobacco free parks and recreation policies.

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. With a noticeable reduction in referrals to TADS in the previous year, the Task Force decided to put a hold on TADS clinics to assess our regions need for services given the stability and availability of free or reduced oral health care offered via Dental Health Works.

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 2017 our staff participated as members of the City of Keene Mayor's Task Force on Addiction Solutions, Monadnock Community Hospital's Be The Change Behavioral Health Task Force, ConVal Substance Abuse Task Force, Phoenix House Advisory Council, New Hampshire Citizen's Health Initiative, New Hampshire Comprehensive Cancer Collaborative, New Hampshire Diabetes Prevention Advisory Group, 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, Breathe 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 2017 we provided $1,433,000.00 in charity care to 1,287 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 2017

9/30/2017
Cheshire Medical Center
Selected Categories - Program Detail
For period from 7/1/2016 through 6/30/2017

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Community Health Improvement Services (A)				
Community Health Education (A1)				
Annual Kiwanis Bike Safety Rodeo Executive Offices (950)	372	0	372	Unknown
Cheshire Walkers Community Health (995)	0	0	0	413
Child Passenger Safety Car Seat Checks Childcare Center (969)	6,376	0	6,376	25
CMC/DHK Website Marketing-Planning (956)	93,403	0	93,403	1,197,134
Colon Cancer Awareness Month Gastroenterology (HBAS) (764)	2,183	0	2,183	Unknown
Community Health Education Community Health (995)	4,033	0	4,033	Unknown
Community Health Salaries: Community Health Education Community Health (995)	147,581	0	147,581	1,008
Community Lectures Unknown (0)	3,909	0	3,909	83
Diabetes Education and Community Awareness Endocrinology (HBAS) (763)	11,273	0	11,273	184
EMS Paramedic Continuing Education ECC (678)	212	0	212	Unknown
Health Matters Radio Show Unknown (0)	4,524	0	4,524	Unknown
Healthiest Community Initiative-Education Community Health (995)	1,103,527	353,924	749,603	192,923
Library Reference Services Unknown (0)	7,821	0	7,821	Unknown
Pediatric Advanced Life Support Education, Training & Development (961)	740	0	740	12
Phlebotomy Student Internship Lab (700)	25,028	0	25,028	6
Senior Passport Program Marketing-Planning (956)	10,369	0	10,369	5,409
SNAP Community Health (995)	2,797	0	2,797	60
Support Groups Unknown (0)	68,654	0	68,654	240
Volunteer Services Volunteer Services (970)	50,061	0	50,061	160
*** **Community Health Education (A1)**	**1,542,863**	**353,924**	**1,188,939**	**1,397,657**
Community Based Clinical Services (A2)				
Breast & Cervical Cancer Screenings Kingsbury Cancer Center (610)	1,669	0	1,669	28
Lactation Support - Community Based OB/GYN (HBAS) (770)	35,092	0	35,092	Unknown
Prescribe for Health Community Health (995)	95,586	101,563	(5,977)	78

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Screenings				
Unknown (0)	5,238	0	5,238	34
***** Community Based Clinical Services (A2)**	**137,585**	**101,563**	**36,022**	**140**
Health Care Support Services (A3)				
Community Health Salaries: Health Care Support Services				
Community Health (995)	53,829	0	53,829	504
***** Health Care Support Services (A3)**	**53,829**	**0**	**53,829**	**504**
Other (A5)				
Athletic Trainers for area high schools and college				
Unknown (0)	288,188	71,500	216,688	838
Cheshire Smiles				
Cheshire Smiles (780)	71,000	0	71,000	1,323
Dental Public Health Task Force				
Community Health (995)	160	0	160	12
Hearing aid fittings				
Audiology (HBAS) (795)	863	0	863	4
Medication Assistance Program				
Pharmacy (730)	134,920	0	134,920	81
Norris Cotton Cancer Center-Kingsbury Pavilion Events				
Hemotology/oncology (HBAS) (756)	16,934	32,000	(15,066)	240
Tobacco Cessation				
Tobacco Coalition (781)	94,098	686	93,412	335
***** Other (A5)**	**606,163**	**104,186**	**501,977**	**2,833**
****** Community Health Improvement Services (A)**	**2,340,440**	**559,673**	**1,780,767**	**1,401,134**
Health Professions Education (B)				
Physicians/Medical Students (B1)				
Physician/Medical Student Education				
Unknown (0)	984,704	0	984,704	158
***** Physicians/Medical Students (B1)**	**984,704**	**0**	**984,704**	**158**
Nurses/Nursing Students (B2)				
Nursing Continuing Ed - Contact hour Program				
Education, Training & Development (961)	17,949	0	17,949	224
Nursing Students/Interns				
Education, Training & Development (961)	77,710	0	77,710	Unknown
***** Nurses/Nursing Students (B2)**	**95,659**	**0**	**95,659**	**224**
Other Health Professional Education (B3)				
Dietetic Internship Students				
Nutrition Services (802)	4,696	0	4,696	1
Students in Other Healthcare Profession Training Programs				
Education, Training & Development (961)	34,246	0	34,246	75
***** Other Health Professional Education (B3)**	**38,942**	**0**	**38,942**	**76**
Other (B5)				
Project Search				
Volunteer Services (970)	207,909	0	207,909	17
***** Other (B5)**	**207,909**	**0**	**207,909**	**17**
****** Health Professions Education (B)**	**1,327,214**	**0**	**1,327,214**	**475**

9/30/2017
Cheshire Medical Center
Selected Categories - Program Detail
For period from 7/1/2016 through 6/30/2017

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Subsidized Health Services (C)				
Other (C10)				
Cardiac Rehab				
Cardiac Rehab (714)	2,002	0	2,002	28
Pulmonary Rehab				
Pulmonary Rehab (742)	83,530	0	83,530	226
***** Other (C10)**	**85,532**	**0**	**85,532**	**254**
Behavioral Health Services (C8)				
Behavioral Health Services				
MHU (643)	1,141,030	0	1,141,030	707
***** Behavioral Health Services (C8)**	**1,141,030**	**0**	**1,141,030**	**707**
****** Subsidized Health Services (C)**	**1,226,562**	**0**	**1,226,562**	**961**
Research (D)				
Community Health Research (D2)				
Community Health Research				
Community Health (995)	210,220	6,233	203,987	27
***** Community Health Research (D2)**	**210,220**	**6,233**	**203,987**	**27**
****** Research (D)**	**210,220**	**6,233**	**203,987**	**27**
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Dental Health Works				
Community Health (995)	15,478	0	15,478	65
Donations-Cash				
Unknown (0)	34,448	0	34,448	12
***** Cash Donations (E1)**	**49,926**	**0**	**49,926**	**77**
In-kind Donations (E3)				
Athletic Training Staff Time				
Orthopaedics (HBAS) (772)	9,618	0	9,618	Unknown
Board of Directors/Committee Members				
Unknown (0)	272,998	0	272,998	65
Donations: In-kind				
Unknown (0)	87,164	0	87,164	175
United Way Campaign				
Unknown (0)	12,904	0	12,904	Unknown
***** In-kind Donations (E3)**	**382,684**	**0**	**382,684**	**240**
****** Financial and In-Kind Contributions (E)**	**432,610**	**0**	**432,610**	**317**
Community Building Activities (F)				
Community Support (F3)				
Greater Monadnock Public Health Network				
Public Health Network (782)	285,522	174,318	111,204	2,965
***** Community Support (F3)**	**285,522**	**174,318**	**111,204**	**2,965**
Coalition Building (F6)				
Advocates for Healthy Youth				
Community Health (995)	63,416	28,500	34,916	2,948
Cheshire Coalition for Tobacco Free Communities				
Tobacco Coalition (781)	31,365	2,318	29,047	42

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Council for a Healthier Community				
Unknown (0)	37,137	26,048	11,089	252
***** Coalition Building (F6)**	**131,918**	**56,866**	**75,052**	**3,242**
Community Health Improvement Advocacy (F7)				
Community Health Staff: Advocacy				
Community Health (995)	139,719	0	139,719	Unknown
***** Community Health Improvement Advocacy (F7)**	**139,719**	**0**	**139,719**	**0**
****** Community Building Activities (F)**	**557,159**	**231,184**	**325,975**	**6,207**
Community Benefit Operations (G)				
Assigned Staff (G1)				
Community Health Salaries: Assigned Staff				
Community Health (995)	293,920	0	293,920	Unknown
Healthiest Community Initiative-Operations				
Vision 2020 (990)	188,156	0	188,156	Unknown
***** Assigned Staff (G1)**	**482,076**	**0**	**482,076**	**0**
Other Resources (G3)				
Cheshire Health Foundation Communit Benefit Costs				
Cheshire Health Foundation (975)	289,278	0	289,278	Unknown
***** Other Resources (G3)**	**289,278**	**0**	**289,278**	**0**
****** Community Benefit Operations (G)**	**771,354**	**0**	**771,354**	**0**
Number of Programs 55 Total	**6,865,559**	**797,090**	**6,068,469**	**1,409,121**

ATTACHMENT 3

Evaluation Report

Fiscal Year 2017

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.

Healthy Monadnock 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 indictors being measured. In addition, the Healthy Monadnock 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.

Center for Population Health
FY2017 Performance Dashboard

Objective	Measure	Fiscal Year 2016-2017 Goal	Q1 July - Sept 16	Q2 Oct - Dec 16	Q3 Jan - Mar 17	Q4 April - June 17	Total YTD
Community Health Education	# of participants attending Community Health-sponsored health education classes and events	Increase quarterly participation in community health sponsored health education programs 100% (from 150 participants per quarter to 300) through the implementation of best practices in program planning and marketing in order to increase both the capacity of existing community programs and participant connection with local resources.	170	329	141	415	1005
Employee Wellness	Annual Organizational Champion Worksite Wellness Employee Interest survey	Increase from 60% to 80% the number of staff that agree or strongly agree that when food is available at organization meetings, celebrations, and other events, healthy food options are available.					0
	# of participants per program offering.	Increase the # of staff and community members participating in Resilient Living Programs from 100 per quarter to 150 per quarter	49	137	85	177	448
Tobacco-free Recreational Areas	# of tobacco-free recreational environments	Increase the number of tobacco-free environments where children play including playgrounds, parks, sports fields, beaches or outdoor events on city property in PICH communities.	0	0	6	28	34
Tobacco Cessation	# of patients receiving tobacco cessation counseling (in -patient)	discharged from CMC who receive follow up care for tobacco treatment from 0 to 50 in order to reduce re-admissions and improve tobacco cessation treatment outcomes. (Discharge summary includes phone # for tobacco treatment program and quit line. First quarter reach:1240 discharges)	45	40	37	61	183
Preparedness & Resiliency	# of towns actively involved in public health planning, exercises and trainings	Increase resilience in the Monadnock Region through volunteerism and social connectedness, 5 new members per quarter	0	0	0	4	4
	# of medical & non-medical members joining GMMRC		0	0	0	0	0
Medication Assistance	# of patients assisted	At least 150 new applications for medication assistance will be processed in order that patients with chronic health conditions remain on essential medications to maintain their health.	23	19	26	87	155
Family Resource Counseling Assistance	Increase number of applications processed by 10% (baseline 197 per year)	Increase number of patient applications for services by 20 applications by increasing community outreach through school presentations and internal networking in order to reduce the number of uninsured children and adults in the Monadnock region .	38	93	63	36	230
	Increase # of children, teens, and adults assisted by FRC Program (Baseline 75 per qtr - 300 per year)		59	131	86	53	329
HM2020 School Champion Engagement	# of schools that complete the School Assessment	10 new and existing schools, 2.5 per quarter	2	10	6	3	21
	# of schools that complete the WELSAT tool to improve their wellness policy	2 new and existing schools, .5 per quarter	0	0	0	0	n/a
	# of schools that implement PSE changes to improve access to physical activity opportunities (baseline 19, 2884)	6 new and existing schools for 1,200 students 1.5 schools, 300 students per quarter	0	1	0	1	2
	# of schools that implement PSE to improve access to healthy eating and nutrition opportunities (baseline 23, 3882)	6 new and existing schools for 1,200 students 1.5 schools, 300 students per quarter	0	1	1	0	2
	# of schools that implement PSE changes to improve mental well-being (baseline 0, 0)	4 new schools for 600 students 1 school, 150 students per quarter	0	0	1	1	2

Center for Population Health
FY2017 Performance Dashboard

Objective	Measure	Fiscal Year 2016-2017 Goal	Q1 July - Sept 16	Q2 Oct - Dec 16	Q3 Jan - Mar 17	Q4 April - June 17	Total YTD
HM2020 Worksite Champion Engagement	# of worksite champions with 20+ employees	28 new worksite Champions with 20+ employees from baseline of 55 in FY2016 to 83 by year end, 7 per qtr.	1	4	5	2	12
	# of new and existing worksites that implement policies, systems, and environmental changes to improve access to physical activity opportunities, (project baseline 20, 4,000)	24 new and existing worksite Champions will implement at least one new PSE that increases access to PA opportunities for 6.000 employees, 6 per quarter	1	14/2118	11/1215	16/2370	42/5703
	# of new and existing worksites that implement at least one new PSE to improve access to healthy eating and nutrition opportunities. (Projected baseline 15, 3,600)	26 new and existing worksite Champions will implement at least one new PSE that increases access to healthy eating opportunities for 6,400 employees; 6-7 per qtr.	1	16/512	13/1332	15/3911	45/5755
	# of new and existing worksites that implement at least one new PSE to improve access to tobacco and smoke-free environments. (Projected baseline 18, 3,800)	25 new and existing worksite Champions will implement at least one new PSE to improve access to tobacco and smoke-free environments for 6,200 employees; 6-7 per qtr.	4	15/714	8/1386	20/2461	47/5797
Communications	# of times the Center is mentioned in various media outlets	Increase media mentions for Center for Population Health Strategy and Practice from 0 to 12. (1 per month)	1	16	11	33	61
Prescribe for Health	# of patients receiving social prescription	At least 312 patients (2 per week per PHW) will have an EMR entry documenting a direct referral to a service or resource in getting a clinically-identified behavioral or social need met through participation in the "Prescribing for Health" program, in order to improve overall health by reducing behavioral and social barriers.			38	40	78
Budget Variance across all Center Cost Centers for Expenses	Budget variance after adjusting for expenses offset by grant income	No more than $5,000 variance per cost center per quarter Budget (<$5,000 green, > $5000 red)	0	0	0	0	0
Hospital Emergency Preparedness	Running spreadsheet of standards, review and mock review results	CMC/DHK Emergency Management Program will maintain ongoing compliance with the Joint Commission standards by holding 1 mock reviews each quarter	1	1	1	0	2
	Two completed exercises including after action reports and improvement plans	To ensure Joint Commision compliance, CMC/DHK Emergency Management will successfully plan and run 2 full scale exercises, resulting in at least one change to Emergecny Operaiotns plan or procedures.	2	0	0	0	2
	Number of updates created and disseminated, number of trainings offered, number of presentations to individual departments	CMC/DHK Emergency Management will work successfully with all satellite locations as well as the main campus to maintain a high level of emergency preparedness knowledge by sending out quarterly updates via e-mail, offering 1 training per quarter, and rounding with 4 departments/month.	5	5	5	0	5
Substance misuse prevention	Number of trainings and presentations held	The SMP Coordinator will present trainings, educational sessions and provide tecnical assistance tailored to the needs of organizations, communities and educational institutions. Target is 4 presentations a quarter	0	4	5	1	9
Substance misuse-continuum of care	Number of trainings, presentations, and events held	Continuum of Care Facilitator will provide trainings, educational sessions, speakers, strategies, and assistance tailored to the needs of specific organizations, administrators, and providers. Target is 3 trainings per quarter.	5	12	13	9	39

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

Healthy Monadnock FY 2017 Dashboard

HM2020 Indicator	Data Source	Target Area	Baseline	Baseline C.I. 95%	Healthiest Community Target	Cheshire County	Cheshire County C.I. 95%	N.H.	U.S.	Cheshire vs U.S.	Trend
Adults who smoke (2015)	BRFSS/ NH WISDOM	*Health Behaviors*	21.0% (2005)	16.7%-25.2%	12.0%	18.1%	Not Available	16.3%	15.1%	Healthy Monadnock 2020	SAME
Youth smoking (2015)	NH YRBS	*Health Behaviors*	20.8% (2009)	17.6%-23.9%	10.0%	11.3%	9.0%-14.3%	9.3%	Not Available yet	Comparison not Available	BETTER
Adult binge drinking (2012)	BRFSS/NH WRQS	*Health Behaviors*	21.8% (2011)	15.1%-28.5%	14.0%	18.2%	12.4%-24.1%	17.3%	16.9%		BETTER
Chlamydia Rate (per 100,000) (2015)	NCHHSTP (CDC)	*Health Behaviors*	135.9 (2005)	Exact Figure	150	231.2	Exact Figure	233.3	478.8	Healthy Monadnock 2020	BETTER
Any physical activity w/n 30 days (2012)	BRFSS & Community Survey	*Health Behaviors*	82.3% (2005)	78.3%-86.3%	90.0%	82.5%	78.1%-86.9%	80.0%	76.9%	Healthy Monadnock 2020	SAME
Met physical activity guideline (2011) **Indicator may be discontinued**	BRFSS & NH WRQS	*Health Behaviors*	25.6% (2011)	19.0%-32.1%	50.0%	25.6%	19.0%-32.1%	22.3%	21.0%	Healthy Monadnock 2020	SAME
Adults who eat 5+ fruits and vegetables daily (2009) **Indicator may be discontinued**	BRFSS	*Health Behaviors*	29.1% (2005)	27.7%-30.5%	50.0%	27.0%	26.0%-29.3%	28.0%	23.0%	Healthy Monadnock 2020	SAME
Very confident getting health info (2014)	Community Survey	*Health Behaviors*	86.0% (2010)	82.6%-89.4%	94.0%	85.5%	80.6%-90.4%	Not Available	Not Available	Comparison not Available	SAME
Health provider main source health info (2014)	Community Survey	*Health Behaviors*	81.0% (2010)	77.2%-84.8%	95.0%	82.3%	77.4%-87.2%	Not Available	Not Available	Comparison not Available	SAME
Residents with health care coverage (2015)	BRFSS/SAHIE	*Health Care Access & Quality*	87.7% (2005)	84.2%-91.3%	100.0%	91.7%	Not Available	92.2%	89.1%	Healthy Monadnock 2020	SAME
Have personal doctor or provider (2012)	NH WRQS	*Health Care Access & Quality*	83.4% (2011)	78.2%-88.5%	100.0%	78.3%	71.8%-84.8%	Not Available	Not Available	Comparison not Available	SAME
Adults visiting dentist (any reason) (2012)	BRFSS	*Health Care Access & Quality*	75.6% (2006)	70.4%-80.8%	80.0%	71.9%	65.8%-78.0%	73.1%	67.2%	Healthy Monadnock 2020	SAME
Adults with good or better health (2015)	BRFSS	*Health Status*	91.6% (2005)	89.2%-94.0%	95.0%	89.0%	Not Available	88.8%	83.3%	Healthy Monadnock 2020	BETTER
Frequent mental health distress (2014)	BRFSS/NH WRQS	*Health Status*	7.9% (2005)	5.5%-10.2%	6.0%	8.4%	4.9%-12%	11.6%	Not Available yet	Comparison not Available	SAME
All cardiovascular disease mortality (per 100,000) (2013)	CDC Mortality File	*Health Status*	220.0 (2005)	209.25-230.75	187.0	176.3	167.6-185	176.5	206	Healthy Monadnock 2020	BETTER
Suicide mortality (3 year average, per 100,000) (2014)	CDC Mortality File	*Health Status*	10.31 (2005)	4.45-20.32	4.8	19.18	Not Available	16.93	12.9		WORSE
Adults at healthy weight (2012)	BRFSS	*Health Status*	41.1% (2005)	35.8%-46.4%	50.0%	37.9%	31.2%-44.6%	36.5%	34.2%	Healthy Monadnock 2020	SAME
Adults with diabetes (2015)	BRFSS/NH WISDOM	*Health Status*	6.7% (2005)	4.4%-9.0%	5.0%	6.5%	7.36%-8.87%	8.1%	Not Available yet	Comparison not Available	SAME
Community rating (good or better) (2014)	Community Survey	*Social Capital*	93.0% (2010)	90.5%-95.5%	100.0%	93.9%	89%-98.8%	Not Available	Not Available	Comparison not Available	SAME
Volunteerism (2014)	Community Survey	*Social Capital*	67.0% (2010)	62.4%-71.6%	75.0%	75.0%	70.1%-79.9%	Not Available	Not Available	Comparison not Available	BETTER
Friends over to home (at least once a month) (2014)	Community Survey	*Social Capital*	66.0% (2010)	61.4%-70.6%	72.0%	71.6%	66.7%-76.5%	Not Available	Not Available	Comparison not Available	SAME
Poverty rate (all ages) (2015)	Census	*Socio-economic and Environmental*	10.6% (2011)	8.5%-12.7% (90% CI)	8.0%	9.9%	7.9%-11.9% (90% CI)	8.4%	14.7%	Healthy Monadnock 2020	SAME
Children In Poverty (2015)	Census	*Socio-economic and Environmental*	14.3% (2011)	10.6%-18.0% (90% CI)	8.0%	14.0%	11%-17% (90% CI)	11.0%	20.7%	Healthy Monadnock 2020	SAME
Unemployment rate (2016)	BLS	*Socio-economic and Environmental*	3.2% (2005)	Exact Figure	4.0%	2.7%	Exact Figure	2.8%	4.9%	Healthy Monadnock 2020	BETTER
Percent 9th graders that graduate within 4 yrs (2014-2015)	County Health Rankings	*Socio-economic and Environmental*	86.0% (2009)	Not Available	91.0%	90.0%	Not Available	88.0%	83%	Comparison not Available	SAME
Attended some college (2013)	Census	*Socio-economic and Environmental*	56.7% (2011)	44.9%-68.5%	72.0%	50.8%	Not Available	46.1%	46.0%	Healthy Monadnock 2020	WORSE
Air quality (days good) (2016)	EPA	*Socio-economic and Environmental*	185 (2005)	Exact Figure	300	317	Exact Figure	Not Available	Not Available	Comparison not Available	WORSE

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