COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-I

FOR FISCAL YEAR BEGINNING 07/01/2017

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:	H. Roger Hansen, MD	903-0524	Hhansen@ne.rr.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?
2016 *(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 2016. 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	$953,291.00	$972,357.00
Community-based Clinical Services	6 5 --	$79,433.00	$81,022.00
Health Care Support Services	1 9 --	$56,762.00	$57,897.00
Other: Various	1 4 G	$563,799.00	$575,075.00

B. Health Professions Education	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Provision of Clinical Settings for Undergraduate Training	1 F --	$81,640.00	$83,273.00
Intern/Residency Education	1 F --	$146,046.00	$,0.14;($,8.96)
Scholarships/Funding for Health Professions Ed.	-- -- --	$0.00	$0.00
Other: other health students	F Other --	$234,883.00	$2,395,810.00

C. Subsidized Health Services	***Community Need Addressed***	***Unreimbursed Costs (preceding year)***	***Unreimbursed Costs (projected)***
Type of Service: Pulmonary Rehab.	-- E --	$67,001.00	$68,341.00
Type of Service: Behavioral Health Services	2 5 9	$1,284,518.00	$1,310,208.00
Type of Service: Cardiac Rehab.	-- E --	$2,097.00	$2,139.00
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	$212,143.00	$216,386.00
Other:	-- -- --		

E. Financial Contributions	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Cash Donations	1 5 --	$16,778.00	$17,114.00
Grants	-- -- --		
In-Kind Assistance	2 6 B	$239,407.00	$244,195.00
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 -- --	$81,480.00	$83,110.00
Environmental Improvements	-- -- --		
Leadership Development; Training for Community Members	-- -- --		
Coalition Building	4 6 C	$423,386.00	$431,854.00
Community Health Advocacy	1 4 6	$176,610.00	$180,142.00

G. Community Benefit Operations	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Dedicated Staff Costs	9 -- --	$470,754.00	$480,169.00
Community Needs/Asset Assessment	-- -- --	$0.00	$0.00
Other Operations	1 9 5	$346,945.00	$353,884.00

H. Charity Care	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Free & Discounted Health Care Services	1 3 --	$1,139,000.00	$1,161,780.00

I. Government-Sponsored Health Care	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Medicare Costs exceeding reimbursement	1 3 --	$20,748,961.00	$21,163,940.00
Medicaid Costs exceeding reimbursement	1 3 --	$14,473,614.00	$14,763,086.00
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	$607,371,399.00
Net Revenue from Patient Services	$205,768,807.00
Total Operating Expenses	$217,905,915.00
Net Medicare Revenue	$86,905,069.00
Medicare Costs	$107,654,030.00
Net Medicaid Revenue	$15,623,324.00
Medicaid Costs	$30,096,938.00
Unreimbursed Charity Care Expenses	$1,139,000.00
Unreimbursed Expenses of Other Community Benefits	$5,436,973.00
Total Unreimbursed Community Benefit Expenses	$6,575,973.00
Leveraged Revenue for Community Benefit Activities	$927,206.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	$7,503,179.00

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	☒	☒	☒	☐
2) Home Healthcare Hospice and Community Services	☒	☒	☒	☐
3) Southwest Regional Planning Commission	☒	☒	☒	☐
4) Monadnock United Way	☒	☒	☒	☐
5) Monadnock Community Hospital	☒	☒	☒	☐
6) Leadership Council for a Healthy Monadnock- community leaders	☒	☒	☒	☒
7) Healthy Monadnock 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 Leaderhip Council for a Health Monadnock (LCHM) (formerly known as the Council for a Healthy Community) serves as the CHNA Leadership Team (see Attachment A: CHC Membership List). The LCHM is the Public Health Advisory Council for the Greater Monadnock region. The primary purpose of the LCHM 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 Leaderhip Council for a Health Monadnock (LCHM) 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 LCHM 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 2018

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 2018 highlights many of the community health improvement and community health services that we support to respond to the needs of our community. Fiscal Year 2018 represents the period of July 1, 2017 through June 30, 2018. While Cheshire Medical Center reports community benefit activities separately from the larger Dartmouth Hitchcock system, providers from Dartmouth Hitchcock 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 that align with our Greater Monadnock Community Health Improvement Plan and the CMC Community Health Needs Assessment Implementation Plan. 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, domestic violence prevention, nutrition, physical education and exercise, high blood pressure prevention and monitoring, diabetes prevention and monitoring, advanced directive planning, memory loss, tobacco cessation and emergency preparedness. A total of 723 community members participated in the 84 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. An average of 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 FY2018 22 walks were offered with a total of 486 participants. During FY2018 4,762 meals were provided to program members. Though there

was not an overall increase in the total number of walkers in FY2018 from FY2017, there was an increase in the number of walkers that participated in more than one walk this 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. . During Fiscal Year 2018 the website had a total of 308,013 visits and 785,964-page views for an average of 25,668 visits and 65,497-page views per month. Health + Wellness eBulletin, an electronic newsletter, delivering timely medical news, useful health tips, and wellness information is distributed to an average of 6,300 patients and community members monthly. The Health + Wellness Website has an average of 1,100 users monthly. In addition to the website, Cheshire's Facebook page serves as a tool to distribute health and wellness information. As of June 30, 2018, our Facebook page has 2,108 "likes". Cheshire Medical Center has 707 followers on Twitter as of June 30, 2018. The Cheshire Medical Center YouTube channel has 56 videos and an estimated 5,695 minutes watched during the 2018 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 FY18: Green Dot Overview with Carolyn Crane and Julie Woodbury-Johnson from the Monadnock Center for Violence Prevention with 18 attendees and Open Forum Discussion with Patricia Campbell, DO with 25 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 Community Champions 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 and social media, connects the Community Health Improvement Plan to the HM initiative, invites the public to get involved, provides resource tools, and promotes Community 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. Community Champions made up of, individuals, schools, employers, non-profit agencies, and civic and faith-based organizations take steps to improve health at a personal and institutional level. As of June 30, 2018, there are 3,588 individual champions, 49 worksite wellness

champions, 122 outreach champions, and 32 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/members/students.

There are 10 community partners involved in forwarding the majority of the 37 HM action strategies to increase healthy eating and active living, improve mental wellbeing, increase emergency preparedness, reduce substance misuse including tobacco, and increase access and quality of healthcare. Partner identification and engagement is on-going to implement the remaining action strategies to increase educational attainment and improve income and jobs.

SCALE (Spreading Community Accelerators through Learning and Evaluation) [Needs addressed: 1, 3, 4, 5, 6, 7, A, C, E, F]

The Center for Population Health (CPH) was awarded a grant from the Institute for Healthcare Improvement to be one of 18 communities in Spreading Community Accelerators through Learning and Evaluation (SCALE) 2.0. As part of SCALE 2.0 the CPH in alignment with the Healthy Monadnock initiative is working with 6 other communities, both inside and outside of the Greater Monadnock Region to spread the Community of Solution Skills as well as improvement science tools to help accelerate and evaluate population health improvement work in new ways. This project is directly connected to the 100 Million Healthier Lives initiative which is a global version of our local Healthy Monadnock initiative. The goal of this work is to improve well-being for all while keeping a focus on equity and continuing to have tough conversations and find those who are not thriving. Through the grant we have been able to train hundreds of NH residents on the Community of Solution skills and provided opportunities to learn and practice improvement science.

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 FY2018 thirty-two screenings were provided.

The Dermatology Clinic provides free skin screening to low income and inadequately insured residents of the region. During FY2018 twelve individuals were screened.

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, 2018, the program received 566 outpatient referrals and 10 in-patient referrals from providers. We also provided face to face interventions for self-referred patients, conducted two group sessions with 5 participants and sponsored a monthly support group for an average of 5 attendees per month.

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, 2018, the FRC provided assistance to 519 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 $500.00 for those deemed eligible, the FRC has been able to secure 4 hearing aids from the Starkey Foundation for patients valued at $8,800 this year.

Prescribe for Health [Needs addressed: 1, 4, 5, 8, C, D, E, G]

Cheshire Medical Center outpatient providers refer patients to Prescribe for Health to identify and address issues about the social determinants of health via two full-time Population Health Workers. In fiscal year 2018, 168 patients were referred. In addition to providing patients with support and referrals to appropriate community resources, Prescribe for Health has developed focused and integrative relationships with the Lions Club, TADS, the Keene YMCA, the Keene Senior Center, Mothers in Recovery and the Family Medicine department to facilitate more specific and facilitated care. In addition, The Prescribe for Health Program facilitated two Deliberative Dialogues on the public health issue of social isolation at the Keene Senior Center

in April of 2018 and presented on the topic to community partner Community Volunteer Transportation Company.

Advance Care Planning (ACP) [Needs addressed: 5, D]

Cheshire Medical Center's Advance Care Planning (ACP) effort has provided outreach to the community to raise awareness about the importance of an advance directive and engage people in ACP conversations this past year. This effort augments what is offered to our hospital in-patients. Staff collaborate with 10 volunteers who have received training through the Honoring Care Decisions/Respecting Choices program. We offered 13 group education sessions attended by 98 participants and 15 outreach sessions that engaged 298 people with information about ACP.

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 FY2018, 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 1,010 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]

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. For FY2018, they screened 431 students and provided preventive services to 350 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 FY2018 the program supplied 376 prescriptions to 296 individuals valued at $412,094.

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. This year Cheshire Medical joined the national Root Cause Coalition as a partner to give additional attention to the social determinants of health. Also, a Harvard-Pilgrim Quality Grant was recently awarded to enhance Prescribe for Health Program in meeting behavioral health, food insecurity, advance care planning, and social isolation needs.
- 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.
- Dissemination of the co-authored "10 Steps for Improving Blood Pressure Control in New Hampshire" to rural health clinics in northern NH and through Citizens health Initiative-sponsored webinars
- Implementation of the 3-year HRSA-grant supported Controlled Substance Management Network, a coalition to address the overuse, misuse and abuse of prescription medications.
- 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.
- 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.

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 237 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. During FY18 the Behavioral Health Consult Liaison Team provided consultation to 885 patients.

Substance Use Disorder-Medication Assisted Treatment [Needs addressed: 2, 5, 9, A]

The Substance Use Disorder-Medication Assisted Treatment Project (SUD MAT) is a partnership between Cheshire Medical Center and the Foundation for Healthy Communities to help provide Medication Assisted Treatment to those patients that have been identified by CMC/DH staff as having an opioid use disorder. The work during FY2018 focused on a number of infrastructure modification needs necessary to be able to increase capacity that were addressed in part through the MAT task force, but also through an internal committee known as the

Cheshire Opioid Prescribing Committee (CoRxC). Some of the modifications included changes to the electronic medical record, which were necessary to ensure accurate and proper documentation. Other infrastructure needs included providing staff trainings to support the delivery of MAT. The CoRxC worked to address not only those previously mentioned, but also urine drug testing, compliance issues with CFR 42, and to develop protocols around the Prescription Drug Monitoring Program regulations.

D. Research

Community Health Research

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

Historically, CMC/DH was 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). There has been no activity during this fiscal year.

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:

- Reviews of studies involving nurse competency with insulin pumps, provider behaviors that impact patient experience, protocols to reduce likelihood of inpatient "failure to rescue," and post-surgical readmission reduction.
- Convening of a local grants network that includes Keene State College and Antioch University to explore collaborative projects and funding opportunities.
- Completion and report from University of Michigan researchers on a multi-state study of evidence-based practice competencies in nurse managers
- Facilitating a UNH student's survey of Emergency Department nurse perception of substance use disorder and chronic pain
- Ongoing 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, 2018 there are 48 individuals and/or organizations addressing development of the public health advisory council, 122 member individuals/organizations addressing emergency preparedness and over 600 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, 2018 the GMMRC has 54 members.

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 2018 AFHY supported efforts in twelve 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/DH. The Coalition is comprised of hospital staff, healthcare providers, community members and representatives of schools and colleges, law enforcement, and the general public. The group meets bi-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/DH employee, actively engages in tobacco-free activities in our local community and coordinates with state agencies and organizations. The Coalition offered 10 training slots through the University of Massachusetts Center for Tobacco Treatment and Research and Training for area providers in order to increase tobacco treatment capacity in our region for behavioral health and substance use treatment providers. 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 an initiative which is gaining attention in the region to increase the age of tobacco use from 18 to 21, called Tobacco 21.

Leadership Council for a Healthy Monadnock

The Leadership Council for a Healthy Monadnock (LCHM), formerly called 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 LCHM 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). During FY18 TADS clinics were not offered as focus was made to revalue the need and redesign the implementation structure.

Controlled Substance Management Network

The Behavioral Health Partner Network (BHPN) Partners are creating a county-wide sustainable Integrated Health Care Program to implement evidence-based policies, protocols and measures, to standardize prescribing, management, and monitoring of controlled substances, and to develop practices and procedures, supported by care coordinated software to advance patient-centered care to better assess patient needs and risk, and to improve accountability. Cheshire Medical Center is partnering with Monadnock Family Services, Phoenix House, Keene Serenity Center and Monadnock Voices for Prevention. The goals of the project are:

1. Create a sustainable, integrated Health Care Program among Network Partners that also engages community based Regional Collaborators.
2. Develop and implement evidence-based policies, protocols and measures to standardize prescribing, management and monitoring of controlled substances.
3. Develop practices and procedures, including the implementation of care coordination software, to advance patient-centered care to better assess patient needs and risk; to improve referral to needed behavioral health and addiction treatment resources and to improve accountability.

The measurable impacts of this integrated system are expected to be a reduction in prescribing of controlled substances, an increased capacity to address controlled substances addiction and co-occurring behavioral health conditions, reduced youth and young adult misuse and abuse of controlled substances, and a decrease in unintended death related to controlled substances.

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 2018 our staff participated as members of the Monadnock Community Hospital's Be The Change Behavioral Health Task Force, ConVal School District's 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 for Healthcare Improvement.

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 2018, we provided $1,139,000 in charity care to 1,077 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 2018

Category / Title / Departm	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Community Health Improvement Services (A)				
Community Health Education (A1)				
Annual Kiwanis Bike Safety Rodeo Executive Offices (950)	361	0	361	Unknown
Cheshire Walkers Community Health (995)	0	0	0	486
Child Passenger Safety Car Seat Checks Childcare Center (969)	1,110	0	1,110	30
Colon Cancer Awareness Month Gastroenterology (HBAS) (764)	1,121	0	1,121	Unknown
Community Health Education Community Health (995)	856	0	856	42
Community Health Salaries: Community Health Education Community Health (995)	243,057	0	243,057	421
Community Lectures Unknown (0)	7,966	0	7,966	106
Diabetes Education and Community Awareness Endocrinology (HBAS) (763)	2,889	0	2,889	30
EMS Paramedic Continuing Education ECC (678)	10,340	0	10,340	Unknown
Health Matters Radio Show Unknown (0)	1,270	0	1,270	Unknown
Healthiest Community Initiative-Education Community Health (995)	652,240	332,714	319,526	109,911
Library Reference Services Unknown (0)	88,105	0	88,105	Unknown
Phlebotomy Student Internship Lab (700)	7,371	0	7,371	3
Senior Passport Program Marketing-Planning (956)	10,072	0	10,072	4,762
SNAP Community Health (995)	3,054	0	3,054	43
Volunteer Services Volunteer Services (970)	109,499	0	109,499	Unknown
Website & Social Media Unknown (0)	146,694	0	146,694	1,104,248
***** Community Health Education (A1)**	**1,286,005**	**332,714**	**953,291**	**1,220,082**
Community Based Clinical Services (A2)				
Lactation Support - Community Based OB/GYN (HBAS) (770)	50,432	0	50,432	807
Prescribe for Health Community Health (995)	128,238	121,463	6,775	168
Screenings Unknown (0)	22,226	0	22,226	212
***** Community Based Clinical Services (A2)**	**200,896**	**121,463**	**79,433**	**1,187**
Health Care Support Services (A3)				
Community Health Salaries: Health Care Support Services Community Health (995)	56,762	0	56,762	519

Category / Title / Departme	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
***** Health Care Support Services (A3)**	**56,762**	**0**	**56,762**	**519**
Other (A5)				
Athletic Trainers for area high schools and college Unknown (0)	345,334	71,500	273,834	1,010
Cheshire Smiles Cheshire Smiles (780)	70,500	0	70,500	431
Dental Public Health Task Force Community Health (995)	190	0	190	16
Medication Assistance Program Pharmacy (730)	213,043	90,000	123,043	296
Tobacco Cessation Tobacco Coalition (781)	101,366	5,134	96,232	641
***** Other (A5)**	**730,433**	**166,634**	**563,799**	**2,394**
****** Community Health Improvement Services (A)**	**2,274,096**	**620,811**	**1,653,285**	**1,224,182**
Health Professions Education (B)				
Physicians/Medical Students (B1)				
Physician/Medical Student Education Unknown (0)	146,046	0	146,046	906
***** Physicians/Medical Students (B1)**	**146,046**	**0**	**146,046**	**906**
Nurses/Nursing Students (B2)				
Nursing Students/Interns Education, Training & Development (961)	81,640	0	81,640	191
***** Nurses/Nursing Students (B2)**	**81,640**	**0**	**81,640**	**191**
Other Health Professional Education (B3)				
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	17,773	0	17,773	46
***** Other Health Professional Education (B3)**	**17,773**	**0**	**17,773**	**46**
Other (B5)				
Project Search Volunteer Services (970)	217,110	0	217,110	Unknown
***** Other (B5)**	**217,110**	**0**	**217,110**	**0**
****** Health Professions Education (B)**	**462,569**	**0**	**462,569**	**1,143**
Subsidized Health Services (C)				
Other (C10)				
Cardiac Rehab Cardiac Rehab (714)	2,097	0	2,097	Unknown
Pulmonary Rehab Pulmonary Rehab (742)	67,001	0	67,001	237
***** Other (C10)**	**69,098**	**0**	**69,098**	**237**
Behavioral Health Services (C8)				
Behavioral Health Services MHU (643)	1,284,518	0	1,284,518	885

Category / Title / Departm	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
***** Behavioral Health Services (C8)**	**1,284,518**	**0**	**1,284,518**	**885**
****** Subsidized Health Services (C)**	**1,353,616**	**0**	**1,353,616**	**1,122**
Research (D)				
Community Health Research (D2)				
Population Health Research				
Prevention Research Grant (992)	213,712	1,569	212,143	477
***** Community Health Research (D2)**	**213,712**	**1,569**	**212,143**	**477**
****** Research (D)**	**213,712**	**1,569**	**212,143**	**477**
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Dental Health Works				
Community Health (995)	16,778	0	16,778	94
***** Cash Donations (E1)**	**16,778**	**0**	**16,778**	**94**
In-kind Donations (E3)				
Athletic Training Staff Time				
Orthopaedics (HBAS) (772)	3,497	0	3,497	Unknown
Board of Directors/Committee Members				
Unknown (0)	151,449	0	151,449	Unknown
Donations: In-kind				
Unknown (0)	85,661	1,200	84,461	2
***** In-kind Donations (E3)**	**240,607**	**1,200**	**239,407**	**2**
****** Financial and In-Kind Contributions (E)**	**257,385**	**1,200**	**256,185**	**96**
Community Building Activities (F)				
Community Support (F3)				
Greater Monadnock Public Health Network				
Public Health Network (782)	317,695	236,215	81,480	3,044
***** Community Support (F3)**	**317,695**	**236,215**	**81,480**	**3,044**
Coalition Building (F6)				
Advocates for Healthy Youth				
Community Health (995)	50,752	0	50,752	2,419
Cheshire Coalition for Tobacco Free Communities				
Tobacco Coalition (781)	30,993	2,318	28,675	42
Controlled Substance Management Network				
Community Health (995)	337,835	4,964	332,871	Unknown
Council for a Healthier Community				
Unknown (0)	39,670	28,582	11,088	249
***** Coalition Building (F6)**	**459,250**	**35,864**	**423,386**	**2,710**
Community Health Improvement Advocacy (F7)				
Community Health Staff: Advocacy				
Community Health (995)	176,610	0	176,610	Unknown
***** Community Health Improvement Advocacy (F7)**	**176,610**	**0**	**176,610**	**0**

10/22/2018
Cheshire Medical Center
Selected Categories - Program Detail
For period from 7/1/2017 through 6/30/2018

Category / Title / Departm	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
****** Community Building Activities (F)**	**953,555**	**272,079**	**681,476**	**5,754**
Community Benefit Operations (G)				
Assigned Staff (G1)				
Community Health Salaries: Assigned Staff Community Health (995)	312,064	0	312,064	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	158,690	0	158,690	Unknown
***** Assigned Staff (G1)**	**470,754**	**0**	**470,754**	**0**
Other Resources (G3)				
Bald Is Beautiful Hemotology/oncology (HBAS) (756)	3,168	31,547	(28,379)	Unknown
Cheshire Health Foundation Communit Benefit Costs Cheshire Health Foundation (975)	375,324	0	375,324	Unknown
***** Other Resources (G3)**	**378,492**	**31,547**	**346,945**	**0**
****** Community Benefit Operations (G)**	**849,246**	**31,547**	**817,699**	**0**
Number of Programs 48 **Total**	**6,364,179**	**927,206**	**5,436,973**	**1,232,774**

ATTACHMENT 3

Evaluation Report

Fiscal Year 2018

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/DH 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/DH Center for Population Health 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 Leadership Council for a Healthy Monadnock 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 Healthy Monadnock dashboard with the list of indicators, data sources, targets and current results.

Center for Population Health FY18 Dashboard

Objective	Measure	Q1 July - Sept 17	Q2 Oct - Dec 17	Q3 Jan - Mar 18	Q4 April - June 18	Total YTD
CMC/DH Organizational Dashboard Measures Assigned to Center for Population Health	Increase the number of written agreements with partner organizations that advance the goals of the Center for Population Health from a baseline of 152 to 190 by the end of FY18	163	176	220	241	241
	Increase the % of patients 65 years of age or older with an advance directive on file in the EMR from 32.9% to 36.7% by the end of FY 18	34.5%	39.70%	39.50%	39.60%	39.6%
Advance population health improvement goals and strategies of the membership of the Greater Monadnock Public Health Network and leverage the resources needed to support them in the community	Increase the number of actively engaged organizational champions from 49 (6,421 employees) to 73 (9,621 employees) by June 30, 2018. Definition of "actively engaged": Org has completed a worksite wellness assessment and signed Commitment/pledge to create and implement new action plan to include at least one PSE.	3 orgs 254 emp	2 orgs 88 emp	2 orgs 79 emp	0 orgs 0 emp	7 orgs 421 emp
Advance population health improvement goals and strategies of CMC-DH and the Center for Population Health and leverage the resources needed to support them for our patients, employees and the community	In FY 18, track the total number of clients who are identified as socially isolated and uncover or develop at least 1 new strategy or resource to meet this need each quarter	24, no new resource	28, 1 strategies	33, 3 strategies	41, 4 strategies	41, 8 new resources or strategies
	75% of clients referred to PHWs through the P4H Program will be actively engaged (complete questionnaire and have at least one phone or face-to-face session with PHW).	23 engaged/36 referred = 63.9%	21 engaged/31 referred = 60%	55 engaged/66 referred= 83%	31 engaged/52 referrals= 60%	130 engaged/185 referred = 70%
	In FY18, increase number of patient applications for services by 12 (from 230 to 242 or 5% of baseline) by increasing community outreach through increased interaction with community partners and internal networking in order to reduce the number of uninsured in the Monadnock region.	44 applications completed	115 Completed Applications	46 applications completed	60 Completed Applications	265 Completed Applications
	In FY 18, increase number of individuals served by FRC by 17 (from 330 to 347 or 5 %) 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 .	72 Insured	135 Insured	66 Insured	99 Insured	372 Insured
	In FY 18, increase the value in dollars of medication secured for patients referred to the MAP by 5% from a quarterly baseline average of $137,141 to $143,998 ($575,992/year), as one measure of out-of-pocket costs saved for patients that could potentially be repurposed to other needs.	$94,472	$88,679	120,382	95,781	$303,533
	FY 18, At least 150 orders for medication assistance will be processed per quarter by MAP, a 25% increase from a quarterly baseline of 119, in order that patients with chronic health conditions remain on essential medications to maintain their health.	94	77	111	92	282
	In FY 18, formally engage at least 12 organizational partners in the Monadnock Region to refer clients to quit line or CMC/DH tobacco treatment program, in order to improve tobacco cessation treatment outcomes.	2	7	0	1	10
	In FY 18, PHWs will complete or capture at least 5 new advance directives per quarter in the EMR for P4H clients	0	0	1	6	7
	In FY 18, increase the number of distributed informational materials to at least 6 new locations each quarter, to help increase awareness and access to services.	7	6	no data	no data	7
	In FY 18, Increase the number of individuals whose attitude/behavior around substance use disorders stigma has improved (stigmatizing views have been reduced) through education and trainings.	469 attendees	673 attendees	no data	no data	1,142 attendees
	In FY 18, the CoC will provide narcan to 50 individuals per quarter.	156	57	no data	no data	213
	In FY 18 the SMP will provide TA related to substance misuse prevention to 2 regional partners per quarter.	no data	2	8	no data	10
	In FY 18, there will be one new program for employees each quarter indented to address weight management, physical activity, and substance misuse and diabetes prevention.	2	1	0	1	4
	In FY18, 90% of senior leaders and 50% of mid-level directors and managers will complete the Resilience and Wellbeing Training.	90%	90%	90%	90%	Complete
	Increase the number of actively engaged school champions from 18 (4,123 students) to 26 (5,954 students) by June 30, 2018. Definition of "actively engaged": School has completed School Champions Assessment and has pledged to implement at least one PSE.	no data	18	18	28	28
Support efforts to advance PPSE population health improvement efforts beyond the region, at the state and national level.	Increase the # of workgroups addressing CHIP priority areas from 0 to 6	4	0	0	6	6
	In FY 18, at least 75% of all Community Health Education initiated workshops will directly align with a CHIP measure or goal or support the Advance Care Directive dashboard measure	93%	80%	83%	76%	87%
	Engage 25% of the GMPHN region (33 towns) in at least 3 ways that are actively involved in public health planning, MOU's, exercises and trainings: at least 2 per quarter	4 Events covering 9 towns	4 Events Covering 33 towns	2 Events	45 Events covering 30 towns	55 Events covering at least 30
	Increase volunteer recruitment to the GMMRC by 2/quarter for a total of at least 8 for the year.	0	0	0	5	5

Color Key	
Greater than or equal to 100% attainment (green)	
Greater than 50% attainmnet to 99% (yellow)	
50% or less attainment (red)	
No data	

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.	Trend (from previous data point)
Adults who smoke (2016)	BRFSS/ NH WISDOM	*Health Behaviors*	21.0% (2005)	16.7%-25.2%	**12.0%**	17.0%	16-18%	16.3%	15.1%	*Measure change*
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	BETTER
Adult Excessive Drinking (2016)	BRFSS/NH WRQS	*Health Behaviors*	21.8% (2011)	15.1%-28.5%	**14.0%**	20.0%	19-21%	16.7%	16.9%	*Measure change*
Chlamydia Rate (per 100,000) (2016)	NCHHSTP (CDC)	*Health Behaviors*	135.9 (2005)	Exact Figure	**150**	242.4	Not Available	233.3	478.8	WORSE
Any physical activity w/n 30 days (2015)	BRFSS & NH WRQS	*Health Behaviors*	82.3% (2005)	78.3%-86.3%	**90.0%**	77.0%	70.1%-83.9%	77.1%	76.9%	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%	SAME
Adults who eat 5+ fruits and vegetables daily (2017)	BRFSS & Community Survey	*Health Behaviors*	29.1% (2005)	27.7%-30.5%	**50.0%**	34.0%	30.0%-38.0%	28.0%	23.0%	SAME
Very confident getting health info (2017)	Community Survey	*Health Behaviors*	86.0% (2010)	82.6%-89.4%	**94.0%**	79.0%	75.0%-84.0%	Not Available	Not Available	WORSE
Health provider main source health info (2017)	Community Survey	*Health Behaviors*	81.0% (2010)	77.2%-84.8%	**95.0%**	70.0%	66.0%-74.0%	Not Available	Not Available	WORSE
Residents with health care coverage (2016)	BRFSS/SAHIE	*Health Care Access & Quality*	87.7% (2005)	84.2%-91.3%	**100.0%**	91.7%	Not Available	92.8%	90.0%	SAME
Have personal doctor or provider (2015)	NH WRQS	*Health Care Access & Quality*	83.4% (2011)	78.2%-88.5%	**100.0%**	86.9%	Not Available	88.5%	78.5%	BETTER
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%	SAME
Adults with good or better health (2015)	BRFSS	*Health Status*	91.6% (2005)	89.2%-94.0%	**95.0%**	87.6%	83.5%-91.8%	88.8%	83.3%	BETTER
Frequent mental health distress (2016)	BRFSS/NH WRQS	*Health Status*	7.9% (2005)	5.5%-10.2%	**6.0%**	12.0%	11%-12%	14.0%	11.2%	WORSE
All cardiovascular disease mortality (per 100,000) (2016)	CDC Mortality File	*Health Status*	220.0 (2005)	209.25-230.75	**187.0**	197.4	169.5-225.3	193.1	219.4	SAME
Suicide mortality (per 100,000; 2011-2015)	NH WISDOM	*Health Status*	10.31 (2005)	4.45-20.32	**4.8**	15.96	8.25%-27.88%	16.6	13.5	SAME
Adults at healthy weight (2016-2017)	Comm Survey/ BRFSS	*Health Status*	41.1% (2005)	35.8%-46.4%	**50.0%**	37.0%	Not Available	34.5%	27.2%	BETTER
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	SAME
Community rating (good or better) (2017)	Community Survey	*Social Capital*	93.0% (2010)	90.5%-95.5%	**100.0%**	92.7%	88.7%-96.7%	Not Available	Not Available	SAME
Volunteerism (2017)	Community Survey	*Social Capital*	67.0% (2010)	62.4%-71.6%	**75.0%**	68.8%	64.8%-72.8%	Not Available	Not Available	WORSE
Friends over to home (at least once a month) (2017)	Community Survey	*Social Capital*	66.0% (2010)	61.4%-70.6%	**72.0%**	67.3%	63.3%-71.3%	Not Available	Not Available	WORSE
Poverty rate (all ages) (2016)	Census	*Socio-economic and Environmental*	10.6% (2011)	8.5%-12.7% (90% CI)	**8.0%**	10.9%	Not Available	8.2%	12.7%	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%	SAME
Unemployment rate (2017)	BLS	*Socio-economic and Environmental*	3.2% (2005)	Exact Figure	**4.0%**	2.6%	Exact Figure	2.7%	4.4%	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%	BETTER
Attended some college (2016)	Census	*Socio-economic and Environmental*	56.7% (2011)	44.9%-68.5%	**72.0%**	61.1%	Not Available	46.1%	46.0%	BETTER
Air quality (days good) (2017)	EPA	*Socio-economic and Environmental*	185 (2005)	Exact Figure	**300**	323	Exact Figure	Not Available	Not Available	BETTER

Updated on 9/13/18