Cheshire Medical Center
Dartmouth-Hitchcock

2019 Community Health Needs Assessment
Implementation Strategy

Introduction

As required by RSA 7:32-c-*I*, "Every health care charitable trust shall, either alone or in conjunction with other health care charitable trusts in its community, conduct a community needs assessment to assist in determining the activities to be included in its community benefits plan" and adopt an implementation strategy based on the needs identified in the assessment. As defined by Section 501(r) of the Federal IRS code, this implementation strategy must reflect:

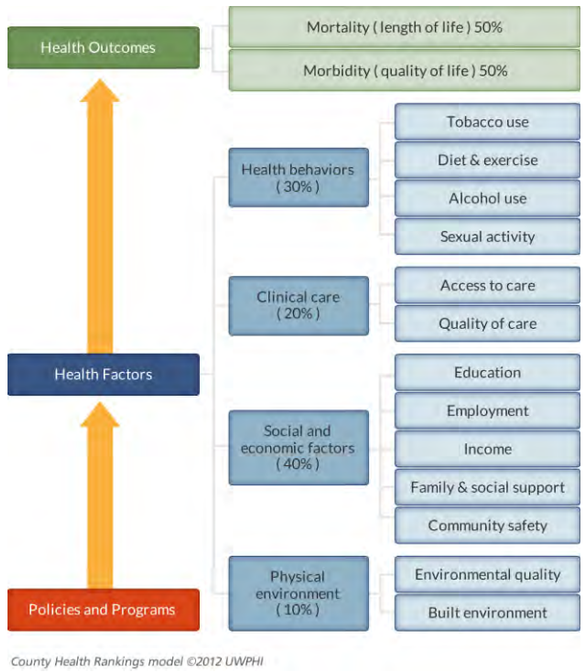
- The health needs of the region as documented in the community health needs assessment
- The hospital's plan to take action to address each identified need
- The remaining needs that the hospital will not address, including the reasons for not addressing needs and statement of who in the community will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

Cheshire Medical Center (CMC) is a nonprofit community hospital located in Keene, NH, a part of the "Monadnock Region", which includes the twenty-three towns in Cheshire County. Dartmouth-Hitchcock Keene (DHK), located on the same campus is a multi-specialty medical practice aligned with Dartmouth-Hitchcock Medical Center, the state's leading teaching institution and tertiary care center. CMC and DHK share a common charitable community mission and recognize the importance of working closely together to address unmet community health needs, improve community health status, enhance the quality of services and build community value. Our close relationship allows for collaboration on many action areas included in this implementation strategy.

Implementation Strategy Framing Model

This implementation strategy identifies how CMC will address the priority needs identified in the 2019 Community Health Needs Assessment (CHNA). The CHNA and implementation planning process used a broad definition of health framed from a social determinant of health model that considers health status indicators in addition to larger issues that impact the social well-being of the community (see Figure 1).

Figure 1: Social Determinants of Health Model



The identified needs are organized by each of the health determinants in Figure 1: health behaviors, clinical care, social and economic factors, and physical environment. For each health determinants category we summarize the strategy to address identified needs, the program or activity to be implemented, and the specific community benefit category assigned to the program/activity. This implementation strategy also provides an overview of other CMC community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs. In addition to the specific needs being addressed by CMC, this document notes the remaining community needs that are beyond the scope and mission of CMC to address, and identifies other organizations in the community that are implementing programs/activities to address these needs.

Top Five Priority Community Needs from CHNA Leadership Team

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

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

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

Health Behaviors

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

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Build capacity in the community to address specific healthy behaviors by offering technical assistance and support	Continue backbone support to align partners/stakeholders with the goals and strategies of Healthy Monadnock	# of partners implementing Healthy Monadnock/CHIP strategies # of times the Center is mentioned in various media outlets	Center for Population Health	Community Health Education (A1 & 3)
		Continue to increase opportunities for physical activity in worksites through environmental and policy changes	# of worksites reached for TA		
		Continue to increase opportunities for healthy eating in worksites through environmental and policy changes			
		Continue to increase opportunities for smoke-free worksites through environmental and policy changes			
		Continue to increase opportunities for physical activity and healthy eating in schools	# of schools reached for TA including pre-school and after school programs		
		Continue support for Monadnock Voices for Prevention to address substance misuse in the region	# businesses/organizations incorporating and/or adopting comprehensive substance misuse prevention education programs in the workplace		
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Build capacity in the community to address specific healthy behaviors through coalition involvement	Continue partner alignment and capacity building support to area coalition work including Dental Public Health Task Force; Monadnock Farm and Community Coalition; City of Keene Bicycle and Pedestrian pathway Advisory Committee; Medical Reserve Corps; Leadership Council for a Healthy Monadnock, and School Nurses and Providers Together	# CMC/DHK staff active members of community coalitions	Center for Population Health, Administrative Council, Members of Leadership Group	Community Building Activities: Coalition Building (F3&6)
		Continue support for Advocates for Healthy Youth (AFHY) childhood obesity coalition	# community partners attending AFHY meetings; # programs/kids reached via Mini grants	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
		Continue to support and build capacity to the Cheshire Coalition for Tobacco Free Communities	# members involved in the coalition # of worksites and organizations receiving TA	Center for Population Health	Community Health Improvement Services (A4)
		Provide athletic trainers to area high schools, colleges, and local New England College Baseball League team	# of school partners/# hours of service provided	Sports Medicine	Community Health Education (A4) Subsidized Health Services (C10)

Other Needs	Reason Not Included	Community Partner
none		

Clinical Care

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

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Other Mission Aligned	Provide health screenings to promote early diagnosis and treatment and increased awareness	Free breast and cervical cancer screenings to uninsured and low income population	# patients receiving free screenings	Oncology, Women's Health	Community Based Clinical Services (A2)
Tobacco	Subsidize free and reduced prevention and treatment services for low income population	Subsidize cost of tobacco cessation	# patients receiving tobacco cessation counseling; # patients receiving tobacco replacement therapy	Center for Population Health	Subsidized Health Services (C10)
		Subsidize cost for pulmonary rehabilitation services	# of patients receiving pulmonary rehabilitation services	Pulmonary Rehabilitation Department	Subsidized Health Services (C10)
Other Mission Aligned	Improve access to health care services through direct assistance within the organization or financial assistance and in-kind supports to community partners	Provide support to access prescription medications	#patients/#prescriptions/dollar value of prescriptions	Pharmacy, Center for Population Health	Community Health Improvement Other (A4)
		Provide support to access health insurance	# of children, teens, and adults assisted by Family Resource Center Program	Center for Population Health	Community Health Improvement Other (A4)
		Support free dental care services and school-based dental program with nonprofit oral health provider Dental Health Works. Provider staffing support to Traveling Adult Dental Service program (TADS)	# patients seen at DHW for free care, # children seen via Cheshire Smiles # patients seen at TADS clinics	Center for Population Health	Financial and In-Kind Contributions (E1 & 3)
Behavioral Health and Substance Misuse, Other Mission Aligned	Enhance service integration with community providers to improve coordination and care transitions	Promote integrated system of clinical care for behavioral health by serving on community coalition	# of staff participating in community coalitions; # grant applications with community partners	Family Medicine, Center for Population Health	Subsidized Health Services (C10)
		Offer training to community providers in POLST (provider orders life sustaining treatment), and provide community education campaign for advance care directives	# trainings offered in community	Geriatric Medicine, Center for Population Health	Community Health Education (A1)
		Collaborate with HCS community nurse clinics and Keene YMCA for hypertension, Activity is Good Medicine programs, and Diabetes Prevention Program	# participants in AGM and FBF	Family Medicine, Nurse Clinic, Center for Population Health	Community Based Clinical Services (A2 & 3)

Clinical Care Continued

Other Mission Aligned	Expand clinic service hours to accommodate acute and urgent care needs	Maintain clinic hours at walk-in and acute care services in Pediatrics, Family Medicine and Nurse Clinic outpatient departments	# of patients seen in clinic	Family Medicine, Nurse Clinic, Pediatrics	Activity addresses need but not countable as community benefit
Other Mission Aligned	Enhance service for chronic condition with use of Population Health Workers	Maintain Prescribe for Health Program Services	# of patients receiving support with barriers related to social determinents of health	Center for Population Health; Family Medicine	Subsidized Health Services (C10)
Behavioral Health and Substance Misuse	Improve integration of primary care and behavioral health services	Develop Integrated Delivery Network for integration of primary care and behavioral health services for Medicaid beneficiaries at all Cheshire primary care locations and at Monadnock Family Services	# of partners involved; # of state contract process measures met	Center for Population Health, Family Medicine	Subsidized Health Services (C10)
		Provide medication assisted treatment for Cheshire County Drug Court	# patients served # clinical hours provided	Center for Population Health, Family Medicine	Subsidized Health Services (C10)
Behavioral Health and Substance Misuse	Expand access to treatment	The Doorway at Cheshire Medical Center	# people served # ASAM evaluations completed	Center for Population Health	Community Health Improvement Services (A4)

Other Needs	**Reason Not Included**	**Community Partner**
none		

Social and Economic Factors

Identified Needs	• Decrease barriers to educational attainment • Improve workforce recruitment and retention resources for the region • Increase services and resources to the growing elder population in the region • Decrease child hunger during the summer when there are no school meals

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Other Mission Aligned	Enhance services integration to support growing elderly population	Serve as Medical Director for local non-profit home care corporation (HCS) and long-term care facilities	# of MD serving as medical directors for community agencies/facilities	Family Medicine	Activity addresses need but not countable as community benefit
Other Mission Aligned	Actively participate in community conversations that are defining and support opportunities to expand number of jobs at a livable wage	Support backbone activities of Healthy Monadnock effort to address social determinates of health	# of employer organizations engaged	CPH	Financial and In-Kind Contributions (E1 & 3)
Other Mission Aligned	Actively participate in community conversations that are addressing issues of educational attainment, workforce needs, and the issues of housing affordability and homelessness	Support effort to address social determinates of health with CMC staff involvement in local coalitions such as Impact Monadnock	# of partnerships established	CPH	Financial and In-Kind Contributions (E1 & 3)
		Staff to participate in supportive housing develpoment strategies to prevent homelessness	# of staff participating	CPH	Financial and In-Kind Contributions (E1 & 3)
			# of partnerships established	CPH, The Doorway	Community Building Activities: Coalition Building (F3&6)

Other Needs	Reason Not Included	Community Partner
Define and support opportunities to expand number of jobs at a livable wage	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Monadnock United Way; Southwest Regional Planning Commission; Monadnock Economic Development Corporation, Greater Keene Chamber of Commerce, and CedarCrest
Address housing affordability and homelessness issues	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Keene Housing Authority, Southwest Community Services, Heading for Home Coalition

Physical Environment Factors

Identified Needs	• Improve emergency preparedness efforts in the region • Increase access to affordable transportation options

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Emergency Preparedness, Behavioral Health, and Substance Misuse	Build capacity within the region to improve community resiliency by offering technical assistance and support	Continue backbone support for Greater Monadnock Public Health Network Continue backbone support for Greater Monadnock Medical Reserve Corps.	# of towns actively involved in public health planning, exercises and trainings # of medical & non-medical members joining GMMRC	Center for Population Health Center for Population Health	Community Building Activities: Coalition Building (F3&6) Community Building Activities: Coalition Building (F3&6)

Other Needs	Reason Not Included	Community Partner
Expand and enhance personal and public transportation options	Beyond mission of CMC to lead this strategy and organizations in community providing the services	Monadnock Regional Transportation Management Association (MRTMA) Home Healthcare Hospice and Community Services; American Red Cross; Southwest Regional Planning Commission

Other Mission Aligned Community Needs

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

Priority Area	Strategies	Program/Activity	Performance Measure	Responsible Department	Community Benefit Category
Obesity	Provide affordable healthy meals, physical activity opportunities, and education to elder residents	Senior Passport – access evening meal, monthly group physical activity outings and a variety of health and wellness educational opportunities.	Total # seniors involved; total cost for evening meal; # educational programs offered/# attending	Center for Population Health	Community Health Education (A4)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Expand health and wellness promotion education	Website/Social media – mechanism to inform and educate the community Provide community education on a variety of health and wellness promotion topics	# hits to the website # of community education sessions offered; # of attendees	Communications Center for Population Health	Community Health Education (A4)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Improve communication and coordination between clinical staff at CMC and school nurses	School Nurses and Providers (SNAP)- network and educational seminars provided twice a year	# of school nurses and CMC staff attending	Center for Population Health	Community Health Education (A4)
Behavioral Health Substance Misuse Emergency Preparedness Tobacco and Obesity	Build capacity in the community to address specific health behaviors and social determinants of health issues through membership on boards of local non-profit organizations	Continue CMC staff participation on local boards such as: Dental Health Works, Cedarcrest, MEDC, Monadnock Food Co-op, etc.	# staff represented on local non-profit boards	Administration	Community Building Activities: Coalition Building (F3&6)
Behavioral Health, Substance Misuse, Emergency Preparedness, Tobacco, and Obesity	Ensure local representation is made on state-wide public health improvement activities	CMC staff participation in NH Public Health Improvement Council and other state-wide public health improvement planning, assessment, and implementation	# staff represented on state-wide councils and committees	Center for Population Health	Community Building Activities: Coalition Building (F3&6)
Other Mission Aligned	Support opportunities for vocational training and volunteer service	Project Search Volunteer opportunities provided to retired residents	# program participants/total # of hours of volunteer service # program participants/total # of hours of volunteer service	Volunteer Services Volunteer Services	Community Health Education (A1)

Other Needs	Reason Not Included	Community Partner
none		

Evaluation Plan

There are three levels of evaluation for this Implementation Strategy: 1) the Leadership Council for a Healthy Monadnock community-wide strategy evaluation; 2) CMC department specific program evaluation; and 3) community benefit tracking through the Community Benefit Inventory for Social Accountability (CBISA) software.

- Leadership Council for a Healthy Monadnock Strategies:

  For several years the Greater Monadnock community has been aligning programs toward the common goal embodied in the Community Health Improvement Plan which sets the strategic director of the Health Monadnock initiative. CMC serves as the "backbone organization" by providing the necessary supports to ensure the successful implementation of this ongoing "collective impact" approach. CMC's community needs implementation strategy includes programs/activities that are well aligned with the overall Community Health Improvement Plan strategies. CMC continues to include a thorough evaluation component to the community benefit program. In addition to gathering updated information for the community-wide data dashboard the Center for Population Health at Cheshire Medical Center also supports the Evaluation Committee of the Leadership Council. Results from these assessments have been used to design and implement program improvements to advance progress on strategies and improvements to outcome measures. All of the CMC programs and activities tied to the Community Health Improvement Plan are included in these evaluation efforts.

- CMC Department-level Program Evaluation:

  This implementation strategy serves as a framework and guide for the Departments and CMC leaders that are implementing programs. Each program leader is responsible for developing work plans, timelines, and evaluation metrics specific to the program or activity. As an organization, CMC employs the DMAIC (Define, Measure, Analyze, Improve, and Control) Quality Improvement model. CMC department leaders are trained in this model and use the associated tools to make program level process improvements.

- Annual Community Benefit Activities Inventory:

  CMC uses the CBISA software to inventory all community benefit activities on the campus. This annual inventory monitors the use of resources and attributes each program and activity to a specific category of activity and to the community need that it addresses. In addition, CBISA provides benchmarking for CMC community benefit activity against peer hospitals across the nation.