

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7 32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2018

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: Shawn LaFrance 354-5435 slafrance@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?

2019 *(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).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	4 D 5	\$1,030,150.00	\$1,050,753.00
<i>Community-based Clinical Services</i>	6 5 --	\$159,806.00	\$163,002.00
<i>Health Care Support Services</i>	1 9 --	\$66,243.00	\$67,568.00
<i>Other. Various</i>	1 4 G	\$268,284.00	\$273,650.00

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	1 F --	\$51,143.00	\$52,166.00
<i>Intern/Residency Education</i>	1 F --	\$1,392,196.00	\$1,420,040.00
<i>Scholarships/Funding for Health Professions Ed</i>	-- -- --	\$0.00	\$0.00
<i>Other other health students</i>	F Other --	\$248,516.00	\$253,486.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service Pulmonary Rehab.</i>	-- E --	\$32,117.00	\$32,760.00
<i>Type of Service Behavioral Health Services</i>	2 5 9	\$633,526.00	\$646,197.00
<i>Type of Service Cardiac Rehab.</i>	-- E --	\$2,010.00	\$2,050.00
<i>Type of Service MAT</i>	1 G --	\$12,827.00	\$13,084.00
<i>Type of Service</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	4 5 E	\$70,866.00	\$72,283.00
<i>Other</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	1 5 --	\$35,578.00	\$36,290.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 6 B	\$531,265.00	\$541,890.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	B -- --	\$69,546.00	\$70,937.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	4 6 C	\$118,071.00	\$120,432.00
<i>Community Health Advocacy</i>	1 4 6	\$220,296.00	\$224,702.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	9 -- --	\$369,390.00	\$376,778.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$0.00	\$0.00
<i>Other Operations</i>	1 9 5	\$350,420.00	\$357,428.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 3 --	\$1,871,000.00	\$1,908,420.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 3 --	\$12,840,754.00	\$14,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 3 --	\$13,969,629.00	\$15,000,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$681,308,909.00
<i>Net Revenue from Patient Services</i>	\$215,254,698.00
<i>Total Operating Expenses</i>	\$218,768,000.00
<i>Net Medicare Revenue</i>	\$95,654,036.00
<i>Medicare Costs</i>	\$108,494,790.00
<i>Net Medicaid Revenue</i>	\$16,041,371.00
<i>Medicaid Costs</i>	\$30,011,000.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,871,000.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$5,662,250.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$7,533,250.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$1,551,063.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$9,084,313.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Dartmouth Hitchcock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Home Healthcare Hospice and Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Southwest Regional Planning Commission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Monadnock United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Monadnock Community Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Leadership Council for a Healthy Monadnock- community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Southwestern Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Greater Monadnock Public Health Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) NH Department of Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) Antioch University New England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11) NH Hospital Association -Foundation for Healthy Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Cheshire County government	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13) Cheshire Health Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) Cheshire County Conservation District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): In 2016, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The CHNA was updated in 2019. An updated implementation strategy developed too. The Leadership 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). Also, 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 Council for a Healthy Community (CHC) and the collaborative efforts of other local groups to assess the needs of our region. This report is the compilation of work that occurred over the last three years, beginning in September of 2014 when the Council 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 served 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 2019 CHNA provide the basis for the development of the Implementation Strategy. The 2019 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care, General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care, General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues, General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury, General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need

ATTACHMENT 1

Summary of Community Benefit Activities

Fiscal Year 2019

(7/1/2018-6/30/2019)

Introduction

As embodied in our mission statement, Cheshire Medical Center (CMC) is committed to improving the health of our community. This summary of Community Benefits activities for fiscal year 2019 highlights many of the community health improvement and community health services that we support to respond to the needs of our community. Fiscal Year 2019 represents the period of July 1, 2018 through June 30, 2019. 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 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 Strategy. 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. During FY19 a total of 764 community members participated in the 71 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 staff and occur at a variety of locations throughout the region. During FY18 25 walks were offered with a total of 669 participants. During FY19 5,290 meals were provided to program members

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 2019:

- Cheshire Medical Center website:
 - 803,703 pageviews during fiscal year (ave. 66,975 monthly)
 - 344,912 visits (entrances) during fiscal year (ave. 28,743 monthly)
- Health + Wellness eBulletin – average of 5,900 patients and community members monthly
- Health + Wellness Website
 - 24,860 pageviews during fiscal year (ave. 2,071 monthly)
 - 14,088 visits (entrances) during fiscal year (ave. 1,174 monthly)
- Facebook – 2,492 followers
- Twitter – 727 followers
- YouTube – 56 videos, 4,595 minutes watched

School Nurses and Providers (SNAP) [Needs addressed: 5, 6, 7, A, F]

Cheshire Medical Center/Dartmouth-Hitchcock 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 FY19: Child Protective Services, presented by Patricia Carbonaro, Supervisor of Child Protection, NH Department of Health and Human Service with 27 attendees and From Legislation to Implementation - Asthma Rescue Inhalers in Your School presented by Martha W. Judson MS, RN and Nancy A. Wells MS, RN, NCSN sponsored by the NH Asthma Collaborative and the NH School Nurses' Association with 28 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. As of June 30, 2019 there were:

- HM Facebook: 2,268 followers as of 6/30/19; 2,296 likes as of 6/30/19;

- HM Instagram: 833 followers
- HM Website: 84,946 unique visitors with a total of 212,672 page visits
- 42 Wellpowered Worksites engaged

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 yet thriving. Through the grant we have been able to train hundreds of NH residents on the Community of Solution skills and provide 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. There were 32 screenings provided in FY19.

Tobacco Cessation Assistance [Needs addressed: 5, 6]

The CMC 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, 2019, the program received 359 outpatient referrals and 10 in-patient referrals from providers. We also provided face to face interventions for self-referred patients, conducted 1 **group session** with 5 participants and sponsored a monthly support group for an average of 5

attendees per month. The number served declined from the last year due to a change in staff and several months to recruit a new person.

Health Care Support Services

Support to Families [Needs addressed: 1, 3, 9, G]

The CMC 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/Granite Advantage
3. Parent Caretaker Program
4. Medicare Savings Programs (QMB or SLMB)
5. Food Stamps
6. Old Age Assistance
7. Katie Beckett

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, 2019, the FRC provided assistance to 609 newborns, children, teens and adults.

Working in partnership with the Lions Clubs in Cheshire County and their generosity in providing application fees in the amount of \$875.00 for those deemed eligible, the FRC has been able to secure 7 hearing aids from the Starkey Foundation for patients valued at \$15,400 this year.

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

Cheshire Medical Center providers refer patients to Prescribe for Health to identify and address social determinants of health needs. And, to better serve patients' social determinants of health needs in fiscal year 2019, The Prescribe for Health program, which is staffed by two full time Population Health Workers, expanded its referral base from outpatient to include inpatient referrals as well. In fiscal year 2019, 456 patients were referred to Prescribe for Health, as compared to 168 patients in fiscal year 2018, an increase of 171%. This increase in patient referrals to the Prescribe for Health program in fiscal year 2019, is largely attributable to Activity is Good Medicine (AIGM), a program funded by a Harvard Pilgrim grant that provides discounted memberships to the Keene YMCA to help patients address physical activity goals for better health - In fiscal year 2019, 230 patients were referred to this program. The Harvard

Pilgrim grant has also enabled the Prescribe for Health program to assist the Keene Senior Center in addressing social isolation needs, and to help 14 patients address food insecurity issues through funding of community supported agriculture (CSA) shares with Tracie's Community Farm. The CSA Farm Share program provides weekly delivery of fresh food to patients for 16 weeks, the duration of the Summer Farm Share season. In addition to The Keene Senior Center and Keene YMCA, the Prescribe for Health program continues to develop and nurture focused, integrative relationships with the Lions Club and Traveling Adult Dental Services (TADS). The Prescribe for Health program continues to track the number of patients without an Advanced Care Directive and has developed an outreach and education effort to be rolled out at the start of fiscal year 2020. In collaboration with staff from the Honoring Care Decisions/Respecting Choices Program, promotional and educational information will be sent to Prescribe for Health patients who do not have an Advanced Care Directive, with follow-up support provided. The Prescribe for Health Team has presented their work at conferences and meetings throughout the fiscal year, including Team Up, Take Action, the Northern New England Rural Health Conference and the Community Health Worker Resource Specialist Festival.

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

The Advance Care Planning/Honoring Care Decisions program works to educate and assist patients and people in the community to engage in advance care planning and communicate their choices with Cheshire Medical Center and their designated health care decision maker. This work is a joint effort among CMC staff and volunteers. A regular scheduled, twice monthly, information table in the CMC main lobby is staffed by volunteers to raise awareness and answer questions about how to do an advance care plan or directive. During FY19, 495 people visited the lobby information table. A series of free, group meetings are offered throughout the year at CMC for anyone to learn and receive assistance with advance care planning. There were 51 people who participated in a group meeting. Eight special community events were held in April to celebrate National Healthcare Decisions Day. Some of these events were held at libraries, a church and a senior center. There were 53 people who participated in one of the April special events. These diverse efforts resulted in 25.8% (June 2019) of CMC registered primary care patients age 55 or older having an advance directive documented in their medical record. Our participation in the annual statewide audit of in-patient charts identified 43% (April 2019) of CMC acute care in-patients with an advance directive compared to a statewide average of 32%.

Other

Athletic Trainers [Needs addressed: 3, 4, 5, C]

The CMC 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 FY19, 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 743 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 8. Hygienists offer fluoride programs, and use of portable equipment to perform preventive services (cleanings, oral hygiene instruction, sealants, temporary fillings and fluoride treatments) to students in public schools throughout Cheshire County. In FY19 Cheshire Smiles provided services to 244 children for preventive care (down from the past because of loss in funding-Keene elementary schools received screenings and referrals, not cleanings) and placed 960 sealants.

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. During the FY19 the mandate to have insurance end, thus additional requests for assistance began to occur. Even though the mandate has been lifted, the majority of pharmaceutical companies still refuse to send medications without several appeals explaining the patients cannot afford. In FY19 the program supplied 256 prescriptions to 223 individuals valued at \$346,318.

Community Health Clinical Integration [Need addressed: 5, 9]

The Center for Population Health's (CPH) Clinical Integration effort is led by a clinician (MA RN Licensure) with a public health background, who brings expertise in population health, patient-centered medical home, care coordination and complex care management to the Center's clinical integration initiatives, which currently span a broad range of topics, such as:

- The Prescribe for Health program 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. Also, a Harvard-Pilgrim Quality Grant awarded the Center to enhance Prescribe for Health's ability to address behavioral health, food insecurity, advance care planning, and social isolation needs.

- The Medication Assistance Program that provides assistance to patients needing help to secure medications due to lack of insurance coverage or financial resources to pay for their medications, including elderly residents with Medicare experiencing a gap in their Medicare D coverage.
- The Tobacco Treatment Program that provides inpatient and outpatient tobacco cessation treatment while continuing to engage with the community through policy and systems change work.
- The Family Resource Counseling Program (FRC) that provides information & referral services to patients and community members for available resources (local, state & federal). The program employs a counselor certified by NH-DHHS to provide presumptive eligibility for healthcare and prescription services, who provides one-on-one application assistance to families in completing NH Medicaid Applications.
- The School Nurses and Providers (SNAP) Program that offers educational sessions coordinated by the Center.
- The Traveling Adult Dental Service (TADS) Program led by CMC/DHK 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 also hosts a volunteer dental program for adults,.
- Implementation of the 3-year HRSA-grant supported Controlled Substance Management Network, a coalition to address the overuse, misuse and abuse of prescription medications.

B. Health Professionals Education

Provision of Clinical Settings for Health Professionals Education [Needs addressed: 3, F]

CMC 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 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 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 244 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 and/or psychiatric providers to ensure coordinated care.
- Individual meetings with patients to address their behavioral health needs with re-evaluation occur on a daily basis, or as clinically warranted.
- 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 FY19 the Behavioral Health Consult Liaison Team provided consultation to 1,014 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 staff as having an opioid use disorder. The work during FY19 was focused on furthering the work done in FY18, such as providing staff trainings around stigma, finalizing the protocols developed earlier for drug testing and urine testing, and providing education to staff around the documentation changes because of that work. Workflow and process development of the implementation of MAT into primary care as well as Emergency Department and in-patient units have been the major focus during the FY19.

The Doorway at Cheshire Medical Center [Needs addressed: 2, 6, 7, 9, A]

With the aid of federal grant funding, the New Hampshire Department of Health and Human Services has introduced The Doorway-NH program, a hub and spoke model designed to transform the system serving individuals with a substance use disorder (SUD) and provide coordination between local treatment and support services. Nine locations strategically placed throughout the state ensure help will be less than an hour away for New Hampshire residents.

The Doorways (hubs) connect individuals seeking treatment to available services in their region (spokes), and provide case management throughout a client's treatment and recovery.

The Doorway at Cheshire Medical Center can connect individuals with the right care and provide support between services. The individuals and organizations providing treatment as the spokes in this model, are good, caring partners, but they are often overwhelmed by the high demand for treatment. The Doorway provides support to help keep you engaged in your recovery until the partners in the spokes are available to you. The Doorway will also work with local resources to help address things like housing, family supports, employment, and health insurance.

The Doorway at Cheshire Medical Center is staffed by a director/clinician, 2 licensed clinicians, a peer recovery support worker, and an administrative assistant. In addition to serving individuals and families, the Doorway has helped to improve the management of behavioral health and substance use disorders in the hospital as well as the community as a whole. The Doorway opened on January 2, 2019. In the first six months, there were 278 individuals served, and The Doorway provided 124 ASAM clinical evaluations.

Reverse Integration Program with Monadnock Family Services [Needs addressed: 2, 5, 9]

The Region 1 IDN B1 Project is a cooperative effort by Cheshire Medical Center (CMC) and Monadnock Family Services (MFS) in Keene, New Hampshire supported by grant funding provided and administered by the New Hampshire Region I Integrated Delivery Network. The goal of the project is the development and long term sustainability of a primary care resource at MFS in Keene in order to provide basic medical care to the clients of MFS which are considered a vulnerable population with health conditions prone to exacerbation by unnecessarily inadequate healthcare.

The goals of the program are:

- 1) Reduce the burden of physical and mental illness for those clients ages 12 and older with behavior health conditions through the creation of a multidisciplinary team of professionals and peer supports using best-practice coordinated care interventions.
- 2) Develop an effective and efficient model for co-locating a Health Home in a community mental health center to deliver integrated primary and behavioral health care services that will achieve the Quadruple Aim.

To date primary care at MFS has focused primarily on non-psychiatry medication management, lifestyle modification (diet/exercise recommendations related to chronic disease management), and care management, including working with MFS case managers/social workers/psychiatric RN's and providers to facilitate medical diagnostics, specialist referrals and follow-up, patient acquisition of supplies, and clarification of insurance coverage of services and supplies. The first patient was seen at the clinic on 4/18/19. Since that date, patient volume has slowly but variably increased with days of operation expanding from two days (Tuesday and Thursday) to three days (Tuesday through Thursday) per week. During the project reporting quarter ending 6/30/19, actual vs. schedule appointments numbers are 87 appointments scheduled; 63 patient appointments seen during April–June 2019.

D. Research

Community Health Research

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

Historically, CMC 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 was no activity during this fiscal year.

E. Financial Contributions

Financial and In-kind Contributions and Cash Donations [Needs Addressed: 4, 5, B, C, D]

CMC 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 and, in collaboration with Cheshire County, is financed with funds provided by the US Centers for Disease Control and Prevention, under an agreement with the State of NH Department of Health and Human Services/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 area of 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. Monadnock Voices for Prevention (MVP) is a regional network working together to reduce substance abuse in the region. MVP contains two of the Greater Monadnock Public Health Region's positions which are Substance Misuse Prevention Coordinator and Continuum of Care Facilitator. The Substance Misuse Prevention Coordinator (SMPC) works with regional partners to reduce risk factors and promote protective factors of substance use disorders. The SMPC works with various coalitions by providing technical assistance. The SMPC also facilitates several regional groups focused on the prevention of substance misuse. Through outreach, education and marketing the SMPC propagates substance misuse prevention throughout the region. The Continuum of Care Facilitator (CoC) works closely on projects supported by the SMP, but also works with all other partners along the continuum of care such as intervention, treatment and aftercare. The primary objectives are to increase the awareness of / access to services for those who seek help and help improve communication and collaboration among the region's mental health and substance abuse treatment providers.

As of June 30, 2019 there are 62 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. These activities include any time CPR Clinics, recruiting and planning Hepatitis A Clinics, and education the public on preparedness resources. Membership included doctors, nurses, EMT/paramedics, pharmacists, veterinarians, other public health professionals, and non-medical/public health members. As of June 30, 2019 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 FY19 AFHY supported efforts in nineteen 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. 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 employee, actively engaged in tobacco-free activities in our local community and coordinates with state agencies and organizations. In addition, the Program Manager was very active in local substance misuse activities with schools, community coalitions and municipal committees. The Coalition offered training slots through the University of Massachusetts Center for Tobacco Treatment and Research and Training for community members in order to increase tobacco treatment capacity in our region for behavioral health and substance use treatment. Major accomplishments of the Coalition during this period were initiatives to prevent the use of electronic nicotine delivery devices, also known as vapes through advocacy and implementation of Tobacco 21 legislation on a local and state level. On December 6th, 2018, the City of Keene passed the ordinance, joining Dover, NH and followed by other communities around the state. The process began in earnest in March of 2018, with activities at local schools for Kick Butts Day and bore fruit with the support the region's vocal students on 12/6/2018.

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 FY19 TADS clinics were redesigned and a Patient Assignment Pilot program was implemented to test the effectiveness and efficiency of the new design structure. Under the new TADS design, 15 patients were seen by local dentists for hygiene and restorative dental work.

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 staff members actively serve on federal, state and local commissions and committees that focus on community health improvement advocacy and policy. In FY19 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, Monadnock Farm and Community Coalition, Monadnock Alliance for Sustainable Transportation, Phoenix House Advisory Council, Granite State Healthcare Coalition, New Hampshire Citizen's Health Initiative, 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, Governor's Midwifery 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, Recovery Task Force of the Governor's Commission on Alcohol and Other Drugs, and New Hampshire Care Management Commission. At the national 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 2019, we received 1,528 applications for financial assistance and approved 348 applications which resulted in \$1,871,000 in charity care.

I. Government-Sponsored Health Care [Needs addressed: 1, 3, 9]

See Community Benefit Reporting Form Section 5

10/5/2019

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2018 through 6/30/2019

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Community Health Improvement Services (A)				
Community Health Education (A1)				
Annual Kiwanis Bike Safety Rodeo				
Executive Offices (950)	350	0	350	Unknown
Cheshire Walkers				
Community Health (995)	0	0	0	669
Child Passenger Safety Car Seat Checks				
Childcare Center (969)	1,707	0	1,707	25
Colon Cancer Awareness Month				
Gastroenterology (HBAS) (764)	466	0	466	Unknown
Community Health Salaries Community Health Education				
Community Health (995)	306,326	75	306,251	516
Community Lectures				
Unknown (0)	6,686	0	6,686	125
Diabetes Education and Community Awareness				
Endocrinology (HBAS) (763)	334	0	334	Unknown
EMS Paramedic Continuing Education				
ECC (678)	4,871	0	4,871	Unknown
Healthiest Community Initiative-Education				
Community Health (995)	457,023	104,013	353,010	8,670
Library Reference Services				
Unknown (0)	96,185	0	96,185	Unknown
Phlebotomy Student Internship				
Lab (700)	3,031	0	3,031	5
Senior Passport Program				
Marketing-Planning (956)	11,841	0	11,841	5,290
SNAP				
Community Health (995)	2,876	0	2,876	55
Volunteer Services				
Volunteer Services (970)	113,056	0	113,056	Unknown
Website & Social Media				
Unknown (0)	129,486	0	129,486	1,196,738
*** Community Health Education (A1)	1,134,238	104,088	1,030,150	1,212,093
Community Based Clinical Services (A2)				
Breast & Cervical Cancer Screenings				
Kingsbury Cancer Center (610)	4,668	0	4,668	32
Lactation Support - Community Based				
OB/GYN (HBAS) (770)	37,558	0	37,558	Unknown
Prescribe for Health				
Community Health (995)	137,580	20,000	117,580	700
*** Community Based Clinical Services (A2)	179,806	20,000	159,806	732
Health Care Support Services (A3)				
Community Health Salaries Health Care Support Services				
Community Health (995)	66,243	0	66,243	609
*** Health Care Support Services (A3)	66,243	0	66,243	609
Social and Environmental Improvement Activities (A4)				
Age-Friendly Planning				
Community Health (995)	55,960	40,000	15,960	Unknown

10/5/2019

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2018 through 6/30/2019

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
*** Social and Environmental Improvement Activities (A4)	55,960	40,000	15,960	0
Other (A5)				
Athletic Trainers for area high schools and college Unknown (0)	4,814	0	4,814	2,000
Cheshire Smiles Cheshire Smiles (780)	34,975	0	34,975	244
Dental Public Health Task Force Community Health (995)	315	0	315	15
Medication Assistance Program Pharmacy (730)	101,602	0	101,602	223
Tobacco Cessation Tobacco Coalition (781)	113,118	2,500	110,618	379
*** Other (A5)	254,824	2,500	252,324	2,861
**** Community Health Improvement Services (A)	1,691,071	166,588	1,524,483	1,216,295
Health Professions Education (B)				
Physicians/Medical Students (B1)				
Physician/Medical Student Education Unknown (0)	1,392,196	0	1,392,196	278
*** Physicians/Medical Students (B1)	1,392,196	0	1,392,196	278
Nurses/Nursing Students (B2)				
Nursing Students/Interns Education, Training & Development (961)	51,143	0	51,143	Unknown
*** Nurses/Nursing Students (B2)	51,143	0	51,143	0
Other Health Professional Education (B3)				
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	14,004	0	14,004	1
*** Other Health Professional Education (B3)	14,004	0	14,004	1
Other (B5)				
Project Search Volunteer Services (970)	204,194	0	204,194	36
Reverse Integration Program with MFS Family Practice (790)	109,214	78,896	30,318	66
*** Other (B5)	313,408	78,896	234,512	102
**** Health Professions Education (B)	1,770,751	78,896	1,691,855	381
Subsidized Health Services (C)				
Other (C10)				
Cardiac Rehab Cardiac Rehab (714)	2,010	0	2,010	Unknown
Medication Assisted Treatment Program Community Health (995)	14,522	1,695	12,827	14
Pulmonary Rehab Pulmonary Rehab (742)	32,117	0	32,117	244

10/5/2019

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2018 through 6/30/2019

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
*** Other (C10)	48,649	1,695	46,954	258
Behavioral Health Services (C8)				
Behavioral Health Services MHU (643)	1,176,885	634,986	541,899	1,014
The Doorway (HUB) Community Health (995)	335,374	243,747	91,627	278
*** Behavioral Health Services (C8)	1,512,259	878,733	633,526	1,292
**** Subsidized Health Services (C)	1,560,908	880,428	680,480	1,550
Research (D)				
Community Health Research (D2)				
Population Health Research Prevention Research Grant (992)	70,866	0	70,866	Unknown
*** Community Health Research (D2)	70,866	0	70,866	0
**** Research (D)	70,866	0	70,866	0
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Dental Health Works Community Health (995)	15,109	0	15,109	14
Donations-Cash Unknown (0)	20,469	0	20,469	7
*** Cash Donations (E1)	35,578	0	35,578	21
In-kind Donations (E3)				
Athletic Training Staff Time Orthopaedics (HBAS) (772)	331,030	0	331,030	743
Board of Directors/Committee Members Unknown (0)	151,492	0	151,492	Unknown
Donations In-kind Unknown (0)	48,743	0	48,743	Unknown
*** In-kind Donations (E3)	531,265	0	531,265	743
**** Financial and In-Kind Contributions (E)	566,843	0	566,843	764
Community Building Activities (F)				
Community Support (F3)				
Greater Monadnock Public Health Network Public Health Network (782)	286,696	217,150	69,546	17,012
*** Community Support (F3)	286,696	217,150	69,546	17,012
Coalition Building (F6)				
Advocates for Healthy Youth Community Health (995)	15,795	0	15,795	2,757
Cheshire Coalition for Tobacco Free Communities Tobacco Coalition (781)	37,706	0	37,706	Unknown
Controlled Substance Management Network Community Health (995)	194,027	138,859	55,168	Unknown

10/5/2019

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2018 through 6/30/2019

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Council for a Healthier Community Unknown (0)	37,730	28,328	9,402	365
*** Coalition Building (F6)	285,258	167,187	118,071	3,122
Community Health Improvement Advocacy (F7)				
Community Health Staff Advocacy Community Health (995)	220,296	0	220,296	Unknown
*** Community Health Improvement Advocacy (F7)	220,296	0	220,296	0
**** Community Building Activities (F)	792,250	384,337	407,913	20,134
Community Benefit Operations (G)				
Assigned Staff (G1)				
Community Health Salaries Assigned Staff Community Health (995)	220,296	0	220,296	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	149,094	0	149,094	Unknown
*** Assigned Staff (G1)	369,390	0	369,390	0
Other Resources (G3)				
Bald Is Beautiful Hematology/oncology (HBAS) (756)	2,704	40,814	(38,110)	Unknown
Cheshire Health Foundation Community Benefit Costs Cheshire Health Foundation (975)	388,530	0	388,530	Unknown
*** Other Resources (G3)	391,234	40,814	350,420	0
**** Community Benefit Operations (G)	760,624	40,814	719,810	0
Number of Programs	51	Total	7,213,313	1,551,063
			5,662,250	1,239,124

ATTACHMENT 3

Evaluation Report

Fiscal Year 2019

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 (HM) 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 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 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 2008-9, 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. In 2019, the Leadership Council for a Healthy Monadnock assumed strategic oversight and direction to the initiative including monitoring a dashboard of community identified measures below. This dashboard shows the target and current status for each of the indicators. 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.

SOCIO-ECONOMIC FACTORS

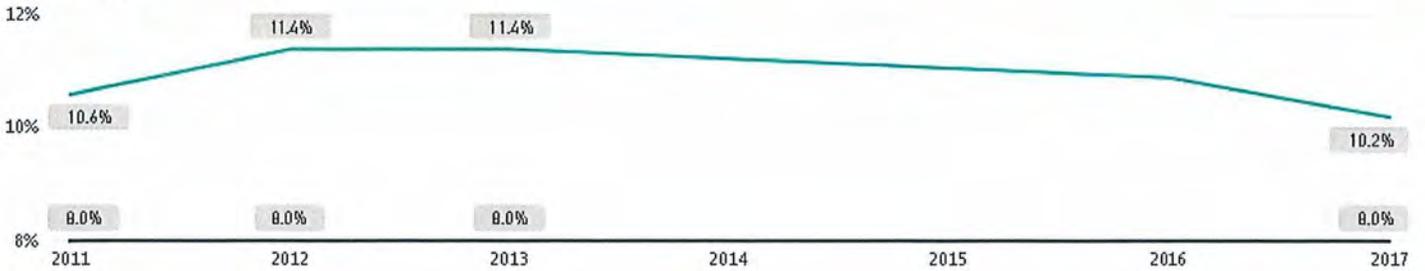
POVERTY RATE

SOURCE: US Census

No Change

Goal Not Met

● Value ● Target



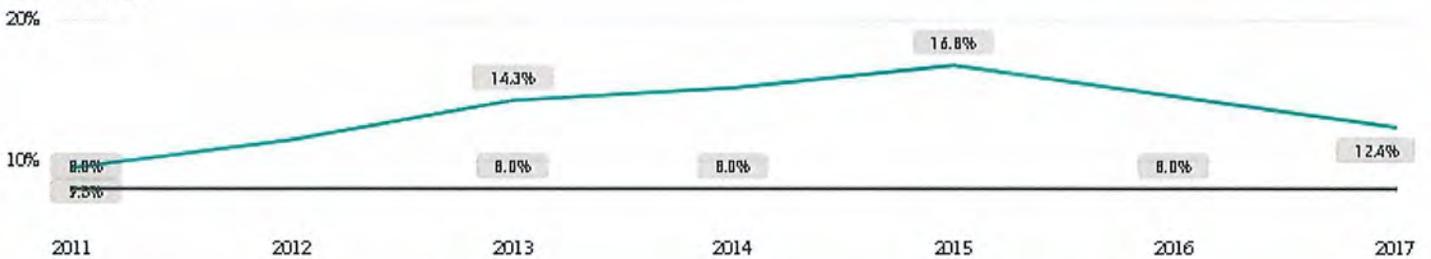
HOUSEHOLDS WITH CHILDREN IN POVERTY

SOURCE: US Census

Better

Goal Not Met

● Value ● Target



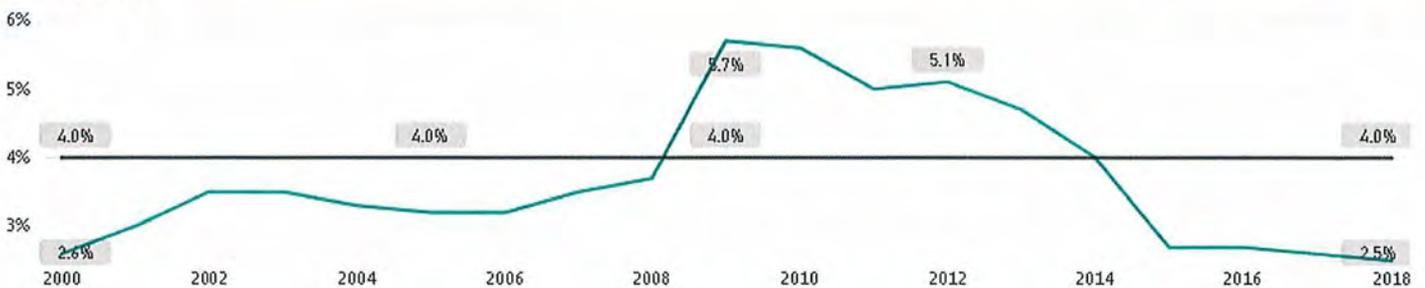
UNEMPLOYMENT RATE

SOURCE: BLS/FRED

No Change

Goal Met

● Value ● Target



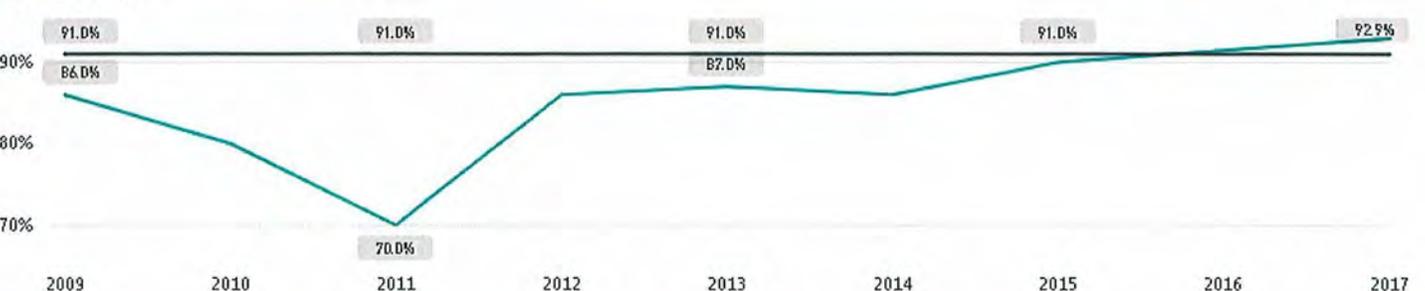
PERCENT OF 9TH GRADERS THAT GRADUATE IN 4YRS

SOURCE: US Census

Better

Goal Met

● Value ● Target



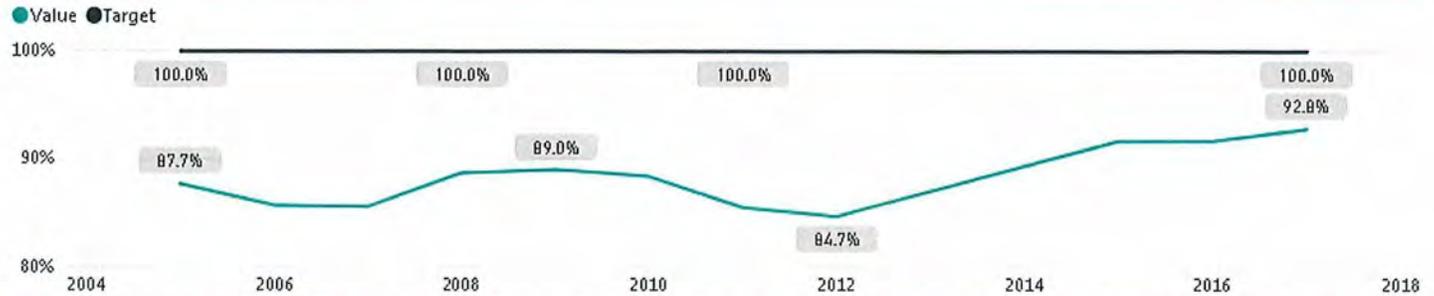
HEALTHCARE ACCESS

RESIDENTS WITH HEALTHCARE COVERAGE

SOURCE: BRFFS/SAHIE

 Better

 Goal Not Met



BEHAVIORAL HEALTH

FREQUENT MENTAL HEALTH DISTRESS

SOURCE: BRFFS

 No Change

 Goal Not Met

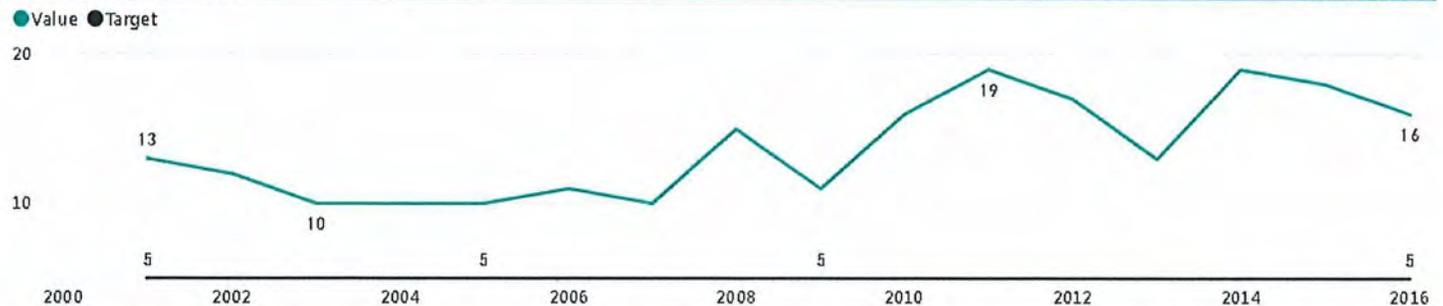


SUICIDE MORTALITY RATE per 100,000

SOURCE: CDC Mortality File

 No Change

 Goal Not Met



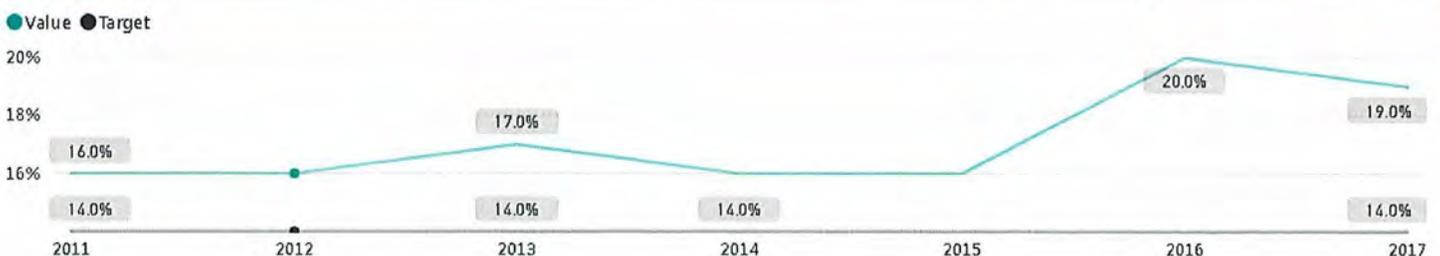
SUBSTANCE MISUSE & TOBACCO USE

ADULT BINGE DRINKING

SOURCE: NHWRQS + BRFFS

 No Change

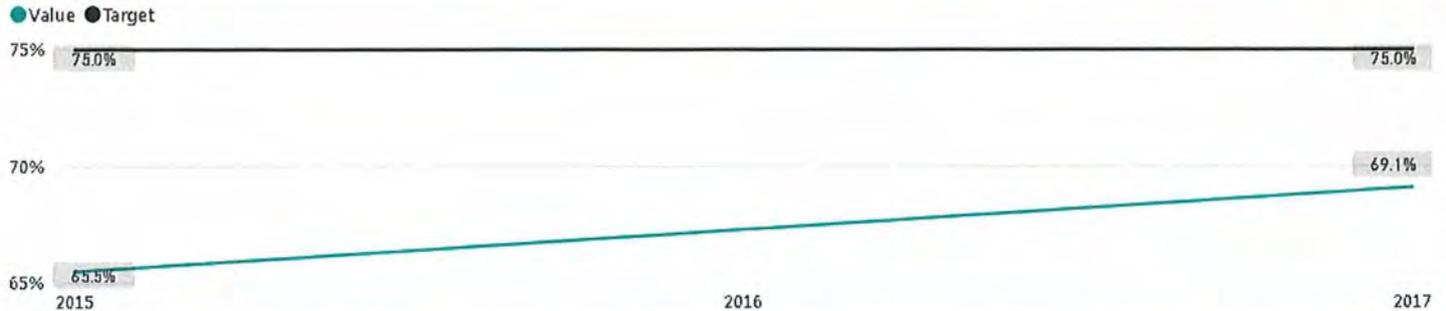
 Goal Not Met



SUBSTANCE MISUSE & TOBACCO USE

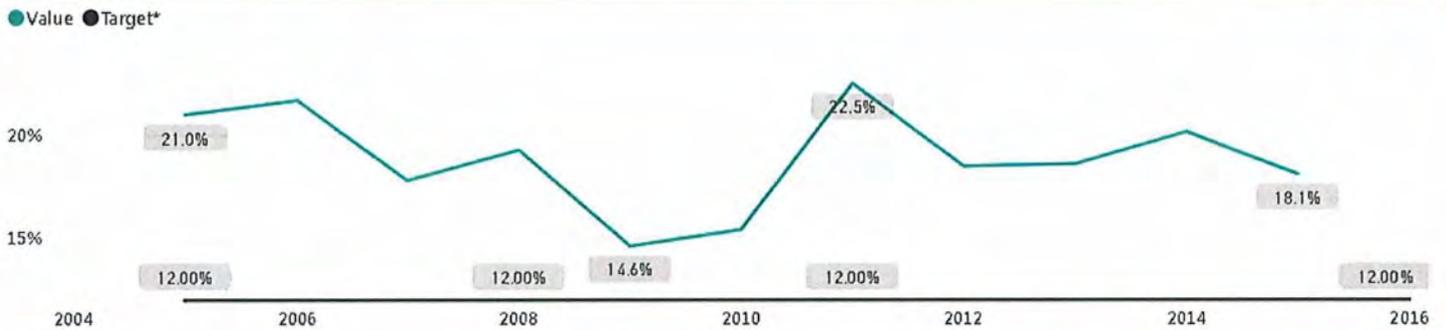
YOUTH WHO DON'T DRINK

SOURCE: YRBS



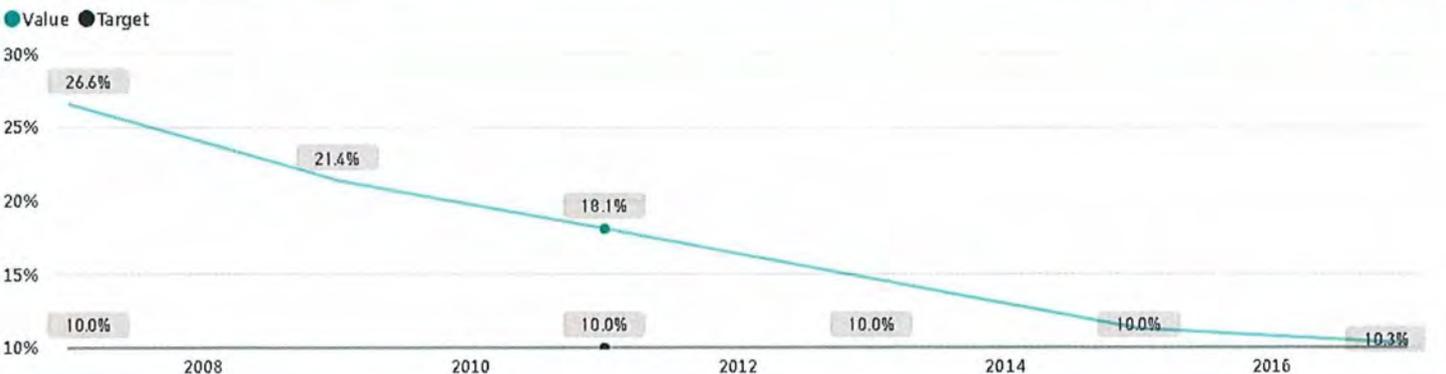
ADULTS WHO SMOKE

SOURCE: BRFSS



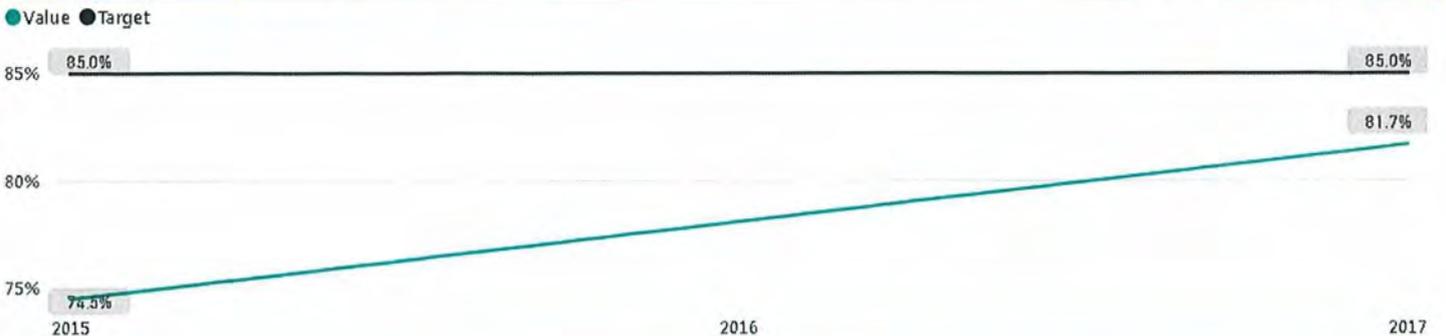
YOUTH WHO SMOKE

SOURCE: YRBS



YOUTH WHO DON'T VAPE

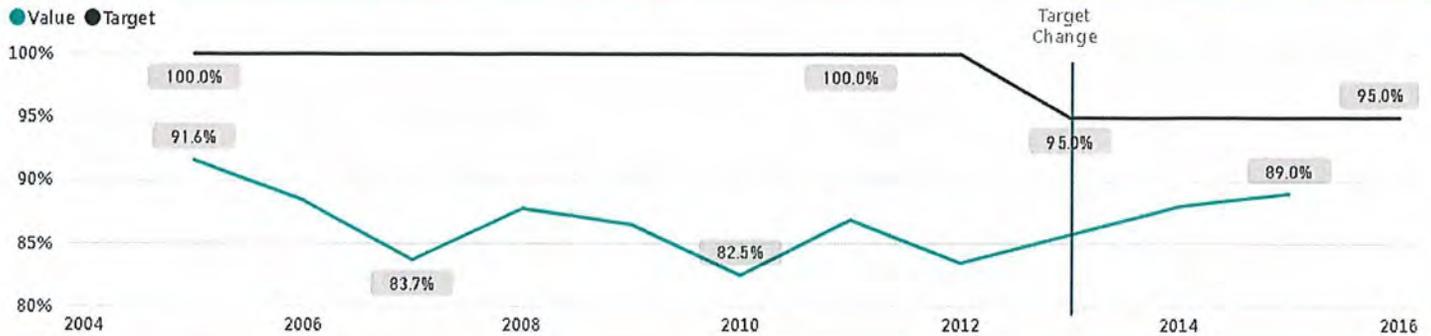
SOURCE: YRBS



HEALTHY LIVING & PHYSICAL ACTIVITY

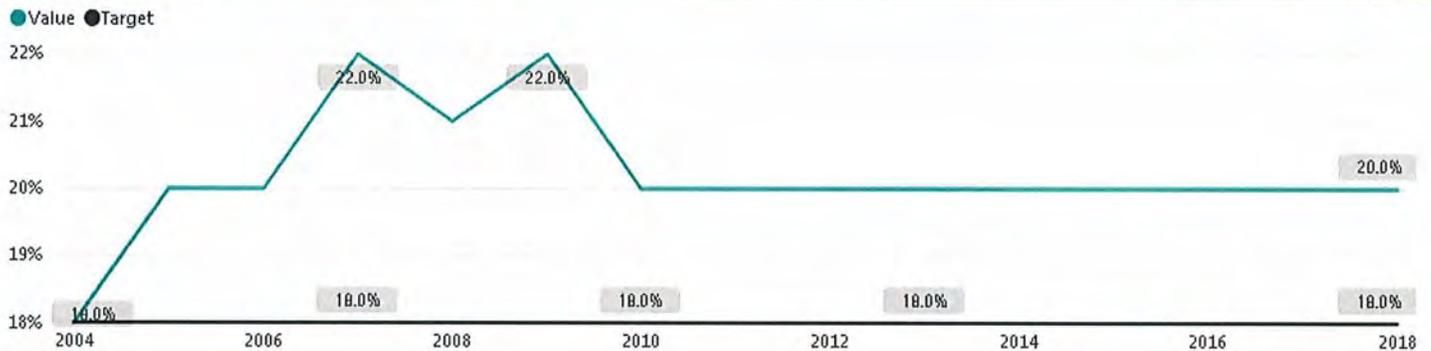
ADULTS WITH GOOD OR BETTER HEALTH

SOURCE: BRFSS



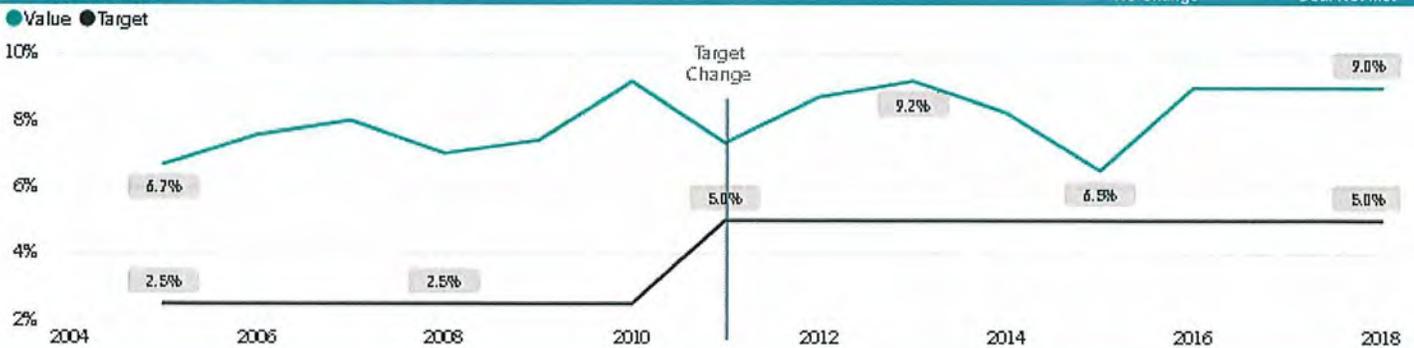
PHYSICAL INACTIVITY

SOURCE: BRFSS



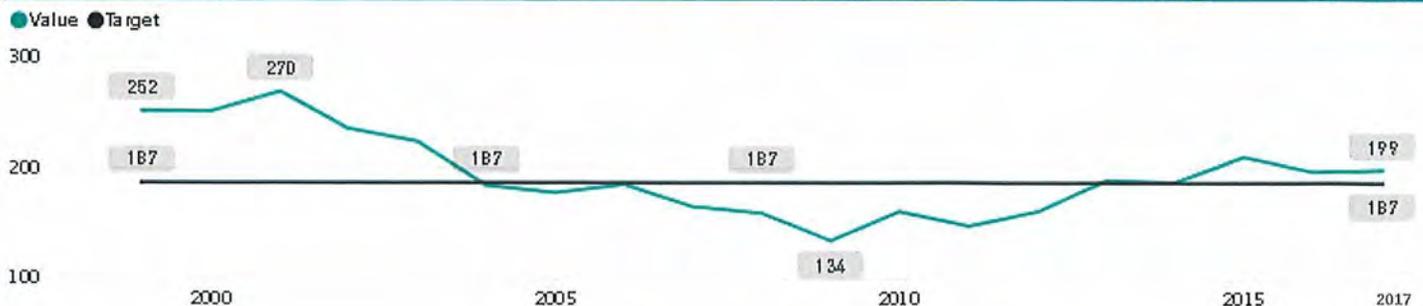
ADULTS WITH DIABETES

SOURCE: BRFSS

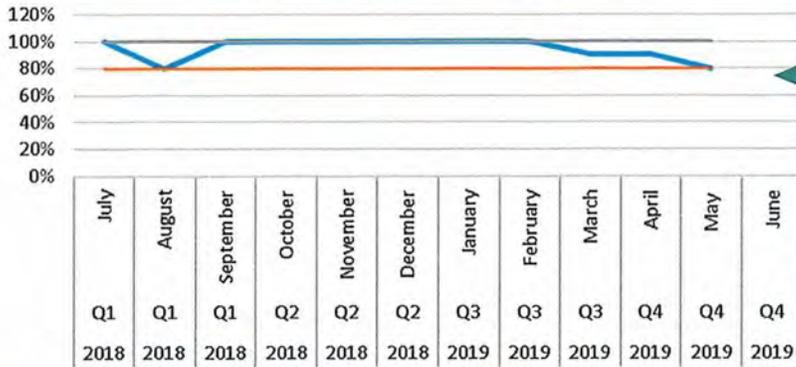


ALL CARDIOVASCULAR DISEASE MORTALITY per 100,000

SOURCE: CDC WONDER



Behavioral Health Partner Network



By June 30, 2019, maintain 80% engagement rate (partner representative presence at meetings) in BHPN meetings.

GOAL: Met

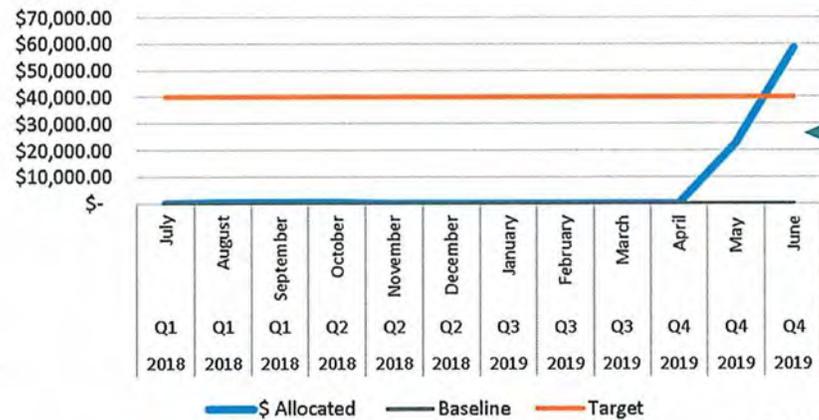
Community Health Education



By June 30, 2019, ensure that 80% of community education courses align with CHIP priority areas, Advanced Care Planning, and/or the presenter will be a CMC/DH provider.

GOAL: Met

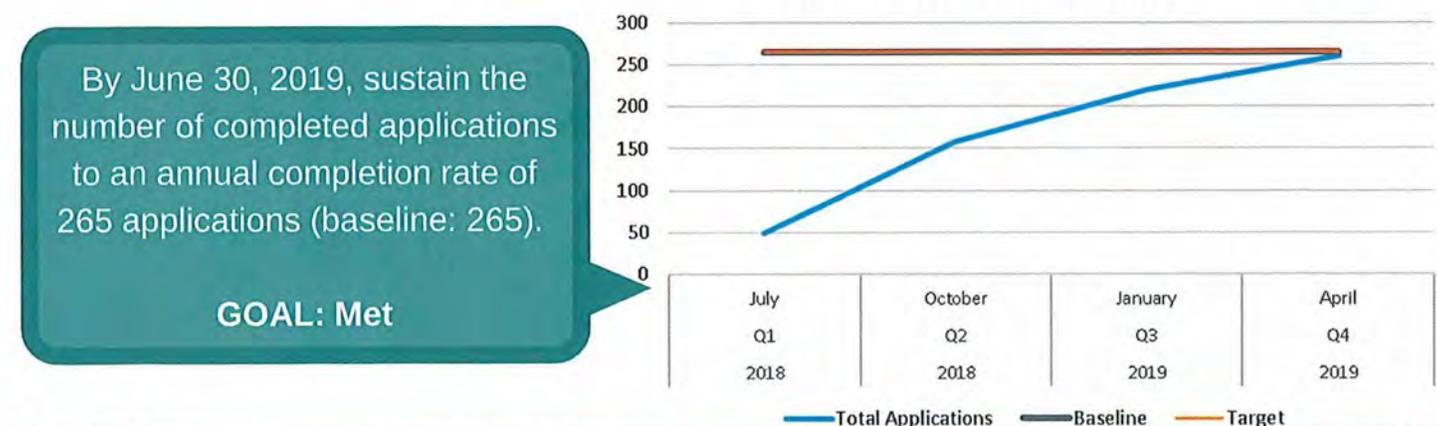
Community Partner Funds Allocated for CHIP



By June 30, 2019, increase monetary and in-kind (space, resources, people) allocation from \$0 to \$40,000 to support CHIP workgroup implementation.

GOAL: Exceeded

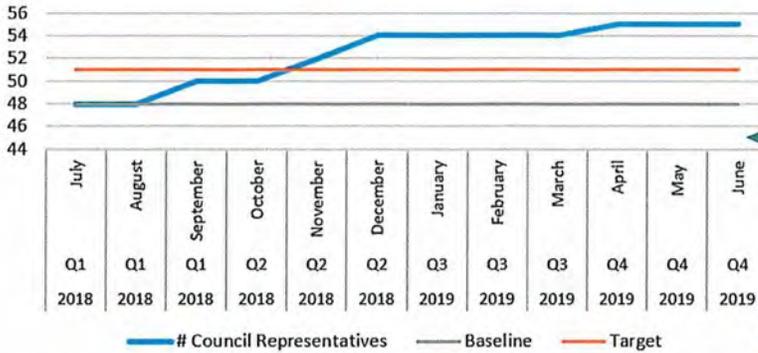
Family Resource Counselor Applications



By June 30, 2019, sustain the number of completed applications to an annual completion rate of 265 applications (baseline: 265).

GOAL: Met

Leadership Council for a Healthy Monadnock Membership



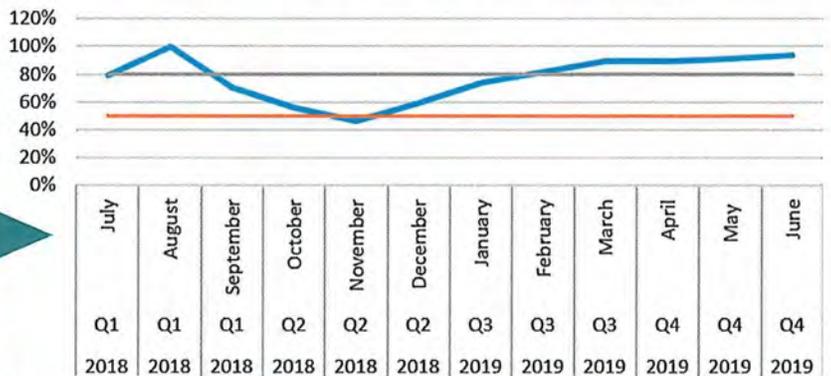
By June 30, 2019, the number of full council representatives will reach 51 (baseline:48 members).

GOAL: Exceeded

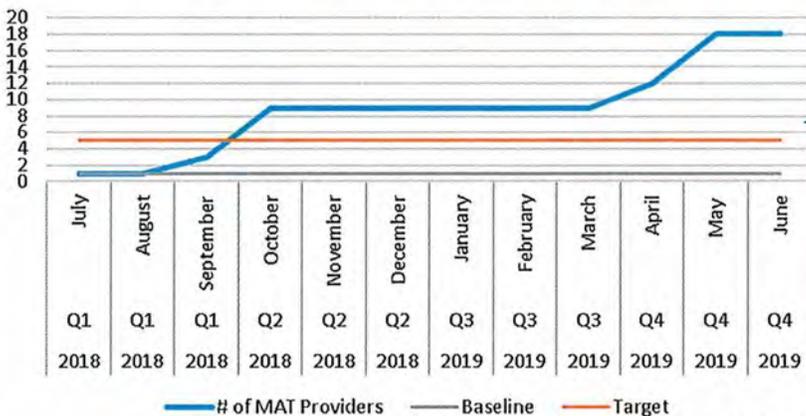
By June 30, 2019, see a 30% reduction in patients denied or delayed in Med Assist program (baseline 80%).

GOAL: Not Met

Med Assistance Patient Denials or Delays



Medication Assisted Treatment Providers



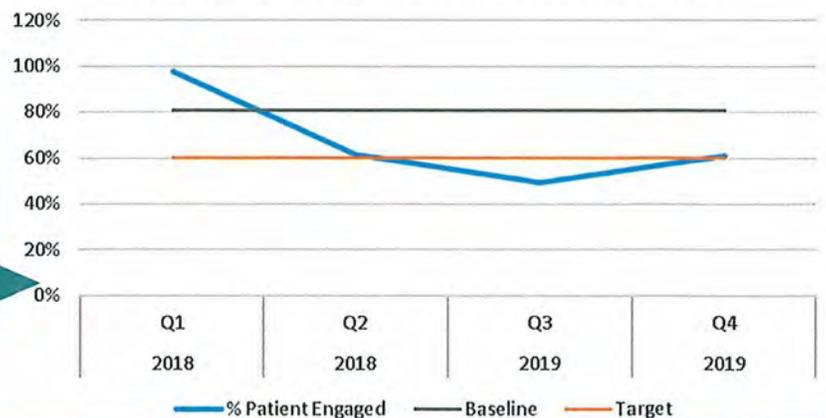
By June 30, 2019, increase the number of providers offering MAT from 1 to 5.

GOAL: Exceeded

By June 30, 2019, sustain the proportion of engaged patients at 60% (baseline: 81%).

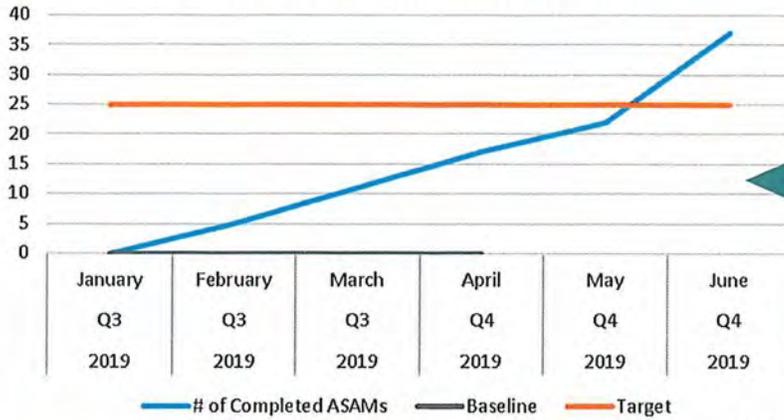
GOAL: Met

Prescribe for Health Patient Engagement Rate



JULY 2018 - JUNE 2019 PROGRAMMATIC METRICS

Patient Assessments at the Doorway



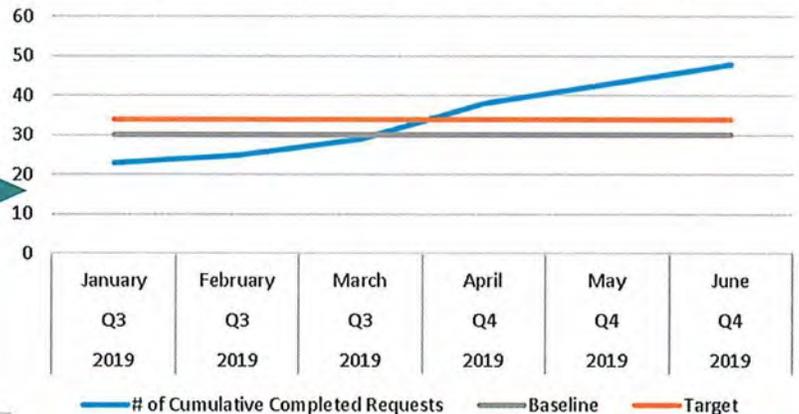
By June 30, 2019, complete 25 patient ASAMs (patient placement assessments; baseline: 0).

GOAL: Exceeded

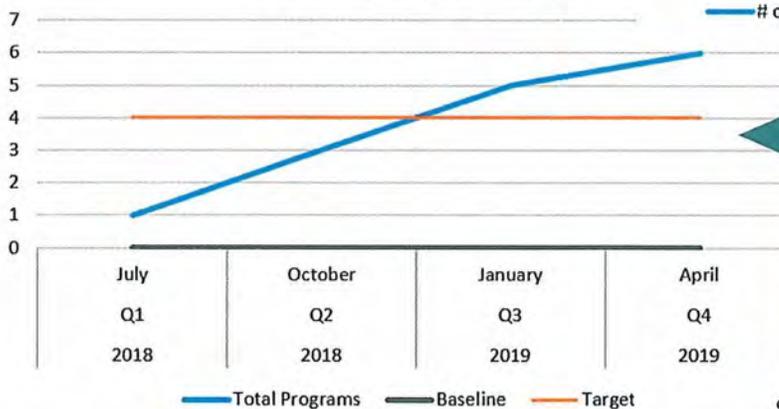
By June 30, 2019, complete 24 epidemiology-specific requests for (January through June 2019).

GOAL: Exceeded

Requests Completed by Population Health Epi



Resiliency Programming



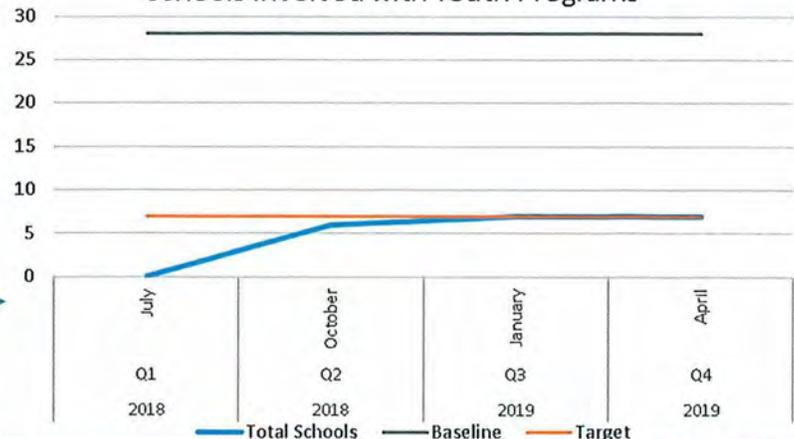
By June 30, 2019, have 4 staff resiliency and well-being project/program per year, to be implemented at least once per quarter.

GOAL: Exceeded

By June 30, 2019, develop 7 new school champion organizations (Baseline: 28, June 2018) (about 2 per quarter).

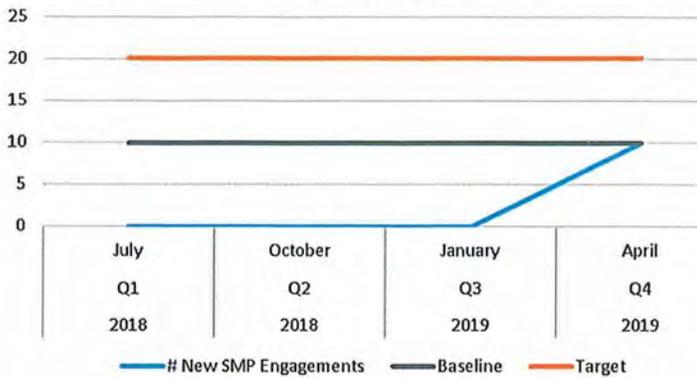
GOAL: Met

Schools Involved with Youth Programs



JULY 2018 - JUNE 2019 PROGRAMMATIC METRICS

SMP New Engagements



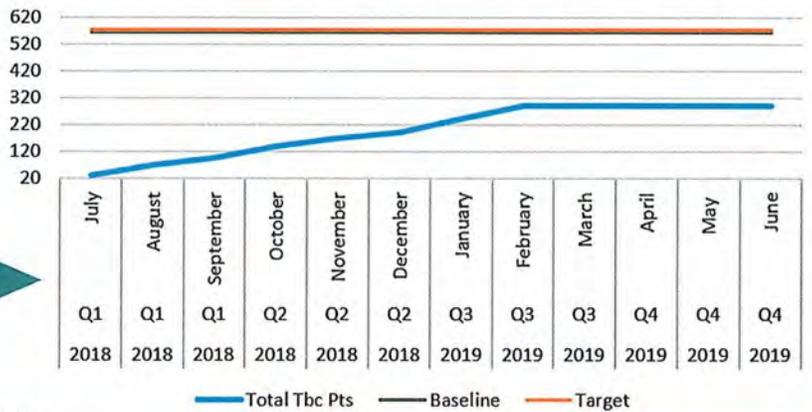
By June 30, 2019, increase new Substance Misuse Prevention engagements from 10 to 20 (5 per quarter).

GOAL: Met

By June 30, 2019, increase tobacco cessation program offerings from 47 to 48 patients per month (baseline: 566; goal: 575 patients).

GOAL: Not Met

Tobacco Cessation Program Offerings to Patients



Wellpowered Worksites Commitments



By June 30, 2019, increase new or renewed signed commitments of organizational champions from baseline of 60 commitments to 65 commitments.

GOAL: Not Met

By June 30, 2019, develop new 75 written agreements with external organizations to support population health priorities.

GOAL: Not Met

CPH Partner Agreements

