

Community Health Needs Implementation Strategy Plan 2026-2028

Introduction

Every three years, the Center for Population Health at Cheshire Medical Center engages community leaders and members across the Monadnock Region in a Community Health Needs Assessment to identify the unique assets, challenges, and supports needed to improve the health and wellbeing of our population. In accordance with the regulatory requirements for nonprofit healthcare entities enacted as part of the Affordable Care Act, Cheshire Medical Center conducted its [latest Community Health Needs Assessment](#) in 2025 in partnership with the Dartmouth Health system.

The Center for Population Health staff engaged community partners with different perspectives and expertise to gather insights on the multitude of factors that impact the health and wellbeing of our community through surveys, interviews, focus groups, and population health statistics. All of this data comes together in our latest report to paint a picture of our progress toward improving community health over the past several years. It also serves to highlight how the health landscape has changed in our region over time, and helps us and other community leaders recognize what areas we should collectively prioritize over the next three years to have the highest impact on improving health outcomes in our region.

Our Community Health Needs Assessment and accompanying Implementation Strategy, or three-year improvement plan, aligns with Dartmouth Health's strategic plan goal to measurably improve health equity in our rural region. This also aligns with Cheshire Medical Center's mission—[to deliver compassionate and exceptional care to all we serve](#)—and vision—[to be the region's trusted home for care, optimizing the health and wellbeing of our communities and setting the standard for healthcare excellence](#).

The Implementation Strategy serves as a roadmap for how Cheshire Medical Center will take action in our community over the next three years to build, support, or expand existing services, infrastructure, and partnerships to promote community health.

Based on the data, we are committing over the next three years to:

- Address the needs of our aging population
- Improve systems to support behavioral health
- Enhance access to healthcare services in our rural region
- Support community infrastructure that seeks to address the social drivers of health

Address the needs of our aging population

Why this aim?

Aging is a fact of life. Everyone must navigate the different considerations and challenges that come with aging, whether that be managing complex chronic health conditions that have developed over a lifetime, making plans for being able to age in place to maintain social connections, or providing care to loved ones who may need additional supports in their day-to-day activities. We recognize that a significant portion of our population is aging; New Hampshire and Vermont top the list of the oldest states in the nation, and it is estimated that nearly one out of three community members will be aged 65 or older by 2030. Addressing the needs of an aging population is an essential aim that we hope to meet by maintaining access to healthcare services for patients, helping them and their caregivers navigate complex conditions and maintain overall good health, and investing in age-friendly infrastructure throughout our broader community.

Community Health Issue identified in the latest Community Health Needs Assessment

- Availability of primary care and medical subspecialty services
- Services for older adults, including opportunities for social interaction and supports for aging in place
- Social drivers of health and wellbeing
- Health and human service workforce shortages and challenges in navigating the healthcare system
- Improved services and supports for pursuing healthy and active lifestyles

Regional Data Anchor Points

- 1 out of 5 residents of the Monadnock Region is age 65 or older (21%), representing a significant portion of our service population. (DHHS)
- Of those residents age 65 and over, almost 1 in 3 of them (29%) report having serious activity limitations resulting from one or more disability, and 1 in 3 report having experienced a fall in the past year. (CHNA)
- 1 out of 4 of older adults age 65+ live alone, many of whom need additional caregiver supports from the community. (DHHS)
- Caregivers: Almost 1 in 4 adults in the Monadnock Region report that they currently provide care or assistance to a friend or family member who is aging, has a health problem or a disability. They are providing support such as doing physical tasks at home, going grocery shopping, assisting with paperwork, helping with medical decisions, and providing transportation. These caregivers report that providing this assistance is often stressful in their day-to-day lives. (MCHS)

Improve systems to support behavioral health

Why this aim?

Behavioral health is directly tied to mental and physical wellbeing. We know that healthy behaviors can help protect against poor health outcomes across the lifespan, like chronic physical diseases, mental health disorder development, and cognitive decline on the individual level, as well as protect against poor social outcomes such as interpersonal violence, homelessness, addiction, disconnection and loneliness. We are committed to continuing to invest resources into improving the various systems that are already in place both within our healthcare system and in our community to support behavioral health. While we have built many systems over the past several years to support behavioral health for our patients and community members (for example, [integrating behavioral healthcare](#) expertise across our care teams, establishing the community [Doorway](#) facility, and supporting the activities of the [Healthy Monadnock Alliance's](#) behavioral health community workgroup), we must continue our progress. In New Hampshire, roughly one in four adults and nearly one in three youth report struggling with a behavioral health issue, and the prevalence of these issues is only growing. We must continue to educate and empower individuals to reduce community stigma around support seeking, invest in systems to provide resources to those in the community who need it, and make it easier to access those resources from multiple avenues.

Community Health Issue identified in the latest [Community Health Needs Assessment](#)

- Availability of mental health services
- Availability of primary care and medical sub-specialty services
- Cost of healthcare services, including medications and the affordability of health insurance
- Services for older adults, including opportunities for social interaction and supports for aging in place
- Health and human workforce shortages and challenges in navigating the healthcare system

Regional Data Anchor Points

- Mental healthcare was the most frequently mentioned service type that community members had difficulty accessing (34% of respondents). (CHNA)
- More than half of community residents (55%) and community leaders surveyed (59%) think that the ability to access mental health services has worsened in the past few years. (CHNA)
- 1 out of 6 people in the Monadnock Region (15%) report that poor mental health keeps them from doing their usual activities on 5 or more days in the past month. (MCHS)
- 1 in 3 people do not know where they would go in the community to get help if they or a loved one were struggling with a substance use problem or a connected mental health issue. (MCHS)
- 1 out of 4 community members view treatment seeking as unfavorable. (MCHS)
- While growing numbers of community members are destigmatizing seeking treatment for mental health, many still support potentially stigmatizing statements such as “only people with serious mental health issues need treatment” or “people often use poor mental health as an excuse to get out of tough situations”. (MCHS)

Enhance access to healthcare in our rural region

Why this aim?

The ability to access healthcare involves a spectrum of access points, not just being able to get to a physical location (which is already tricky in our rural Monadnock region), but being able to reach someone in a timely manner to make an appointment, being able to be understood and communicate effectively with a provider, being able to access follow-up or wrap-around care, and being able to pay for those services. Timely access to care can mean the difference between recovery and tragedy for patients, especially for those living in rural environments. The ability to access stabilizing care is of course important during emergency situations like heart attacks or strokes, but also for preventing escalation of chronic health issues, managing maternal and infant safety concerns, and mitigating mental health crises. To enhance access to healthcare services across the spectrum, Cheshire Medical Center will continue to operate our [Family Medicine Residency Program](#) and other clinical training infrastructures so that we can both create and attract more healthcare providers to our region. We will also continue to develop innovative models of community care such as Mobile Integrated Health programs and coordinated Care Management programs to provide follow up services outside of the hospital or clinic environment. We must also continue to advocate for policies such as Medicaid and Medicare reimbursement budget maintenance and provide discount and charity care financial programs to qualifying patients so that no one is ever turned away from receiving necessary medical care because they are afraid they might not be able to afford it.

Community Health Issue identified in the latest [Community Health Needs Assessment](#)

- Availability of mental health services
- Availability of primary care and medical sub-specialty services
- Cost of healthcare services, including medications and the affordability of health insurance
- Health and human service workforce shortages and challenges in navigating the healthcare system

Regional Data Anchor Points

- Primary healthcare was the second most frequently mentioned service that community members reported difficulty accessing (26% of respondents), followed by specialty medical care services (24%). (CHNA)
- 1 out of 6 people in the Monadnock Region (15%) report that they have not been able to get needed medical care in the past 12 months. (MCHS)
- Of those who could not get care, patients cited the fact that they couldn't get an appointment within a reasonable time (43%), they didn't have a primary healthcare provider (17-31%), or they couldn't afford cost of insurance co-pays or out-of-pocket costs associated with care (16-22%) as the primary barriers. (MCHS)

Support community infrastructure that seeks to address the social drivers of health

Why this aim?

We know that health doesn't just happen at the hospital. [Public health research](#) indicates that only about 20% of the factors that contribute to a person's overall health are related to the care they receive directly in hospitals or clinics. The other 80% of a person's overall health is determined by a number of other "social drivers," which include socioeconomic factors like their income and education, their physical or built environments, and the health behaviors they engage in, like exercise and diet habits. These conditions where people are born, live, learn, work, play, worship, and age are known as the social determinants or drivers of health, and they affect a wide range of health outcomes including overall life expectancy and quality of life. While Cheshire Medical Center is proud to provide high-quality healthcare services to our community members when they visit our clinicians, we also recognize that we have an important part to play in building up and supporting other community infrastructures that address the other social drivers of health. From the clinical perspective, we will continue to screen patients in our primary care settings for social drivers of health needs and work to connect them to other existing community resources, such as housing resources, food connections, or family support services that can help meet their needs. Our [Center for Population Health](#) will also continue to work with community partners through the [Healthy Monadnock Alliance](#) and expand its [own programming](#) to connect people with effective resources, services, and programs addressing their social drivers of health.

Community Health Issue identified in the latest [Community Health Needs Assessment](#)

- Cost of healthcare services, including medications, and affordability of health insurance
- Services for older adults, including opportunities for social interaction and supports for aging in place
- Social drivers of health and well-being such as affordable access to housing, healthy foods, and affordable childcare
- Improved services and supports for pursuing health and active lifestyles

Regional Data Anchor Points

- In the past calendar year, Cheshire Medical Center staff have screened over 8,000 primary care patients for social drivers of health needs. 1 out of every 3 patients screened (31%) said they have a need, and 375 patients have specifically requested help from us. Most commonly, people need support with financial assistance (16%), social isolation concerns (16%), food insecurity (9%), and shelter (8%). (SDoH)
- Other common social services community members reported having difficulty with were housing, child care, and paying bills. (CHNA)
- When asked what type of service or program people would like to use more if they were available in the community, community members most often reported wanting access to recreation or fitness programs, nutrition and cooking programs, enhanced walking or biking paths, and programs that address body weight. (CHNA)

Key Implementation Strategies: What We Plan to Accomplish by 2028

Key Implementation Strategy	Aim(s) Addressed				Measuring Success
	Enhance access to healthcare services in our rural region	Address the needs of our aging population	Improve system to support behavioral health	Support community infrastructure that seeks to address the social drivers of health	
#1. Improve local healthcare workforce capacity	X	X	X		<ul style="list-style-type: none"> • More healthcare providers have been trained in our community; Number of new Family Medicine Residency students trained each year • Number of new nursing student interns trained each year
#2. Launch Cheshire's first Mobile Integrated Health Program (MIH)	X	X	X	X	<ul style="list-style-type: none"> • MIH program application submitted to the state of NH in 2026 • Number of patients referred to the program • Reduction in 30-day hospital readmissions and unnecessary emergency department visit rates
#3. Continue to lead the regional public health network for the Monadnock Region, the Healthy Monadnock Alliance	X	X	X	X	<ul style="list-style-type: none"> • Healthy Monadnock Alliance's Objectives and Key Results evaluation framework
#4. Expand community education offerings through the Center for Population Health		X	X	X	<ul style="list-style-type: none"> • Number of educational offerings provided • Number of attendees • Feedback forms to assess effectiveness of new offerings

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#5. Support the maintenance of the regional safety net food system including shelf stable food		X		X	<ul style="list-style-type: none"> Number of patients connected to food resources who have indicated a need through screening or provider interaction Dollars invested in local food programs like the Monadnock Mobile Food Pantry
#6. Design programs to support the social-emotional wellness of our community members		X	X	X	<ul style="list-style-type: none"> Reduce feelings of social isolation in our community as a way to improve health outcomes as measured by program participation and community survey data
#7. Build “age friendly” systems of care in both healthcare and community settings	X	X	X	X	<ul style="list-style-type: none"> Age friendly health system elements incorporated into policy and practice Age friendly public health system elements incorporated into policy and practice Cheshire departments that have received accreditation in geriatric care
#8. Sustain Cheshire’s Care Management teams	X	X	X	X	<ul style="list-style-type: none"> 80% or more of primary care patients are screened for social drivers of health needs on an annual basis Number of patients connected to community resources through nurse care management services

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#9. Promote advanced care planning with patients		X			<ul style="list-style-type: none"> Number of patients with an advance care plan in their medical record
#10. Maintain behavioral health supports and connections within our systems	X		X	X	<ul style="list-style-type: none"> Integration of behavioral health expertise across different health care service lines Number of services provided by The Doorway program Healthy Monadnock Alliance's Objectives and Key Results evaluation framework for community workgroups focusing on behavioral health/protective and risk factors in the community

Call out: Cheshire Medical Center is committed to working in partnership with our patients, our people, and our communities to continually assess and address emerging health needs across our shared Monadnock region. While we have listed these ten key implementation strategies in our plan to address our community's health needs over the period of 2026-2028, we fully recognize that our region's health landscape will continue to change as health-related policies, systems, and environments evolve over time. Additional strategies and activities that we may undertake to address emergent needs or requests of our community members may be added over time and will be reflected in annual [Cheshire Community Benefits](#) documentations and reports.

Data Notes: Community Anchor Points Data Sources

MCHS: Monadnock Community Health Survey 2024

CHNA: Cheshire Medical Center Community Health Needs Assessment Community Data 2025

DHHS: New Hampshire Department of Health and Human Services Population Data

SDoH: Cheshire Social Drivers of Health Primary Care Patient Screener