

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2012

*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](http://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:** Arthur Nichols 354-5400 anichols@cheshire-med.com

**Board Chair:** Jay Kahn 358-2116 jkahn@keene.edu

**Community Benefits**

**Plan Contact:** Eileen Fernandes 354-5400 efernandes@cheshire-med.com

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES**, please complete a copy of this page for each individual organization included in this filing.

**Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: We lead our community to become the nation's healthiest through our clinical and service excellence, collaboration, and compassion for every patient every time.

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Acworth	03601
Alstead	03602
Chesterfield	03443
E. Swanzey	03446
Fitzwilliam	03447
Gilsum	03448
Harrisville/Chesham	03450
Keene	03431
Marlborough	03455
Marlow	03456
Nelson/Munsonville	03457
Richmond	03470
Roxbury	03431
Spofford	03462
Stoddard	03464
Sullivan	03445
Surry	03431
Swanzey	03431
Troy	03465
Walpole	03608
Westmoreland	03467
W. Chesterfield	03466
W. Swanzey	03469
Winchester	03470

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

We serve the general population

**Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2013 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	100
2	430
3	600
4	300
5	421
6	420
7	120
8	121
9	

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	601
B	602
C	330
D	370
E	406
F	407
G	522

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary.*  
See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2013 as they relate to the prior community health needs assessment.

**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>	5 6 4	\$570,367.00	\$581,774.00
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	1 2 B	\$55,150.00	\$56,253.00
<i>Other: Various</i>	5 1 8	\$629,516.00	\$642,106.00

<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>	7 4 --	\$73,761.00	\$75,236.00
<i>Intern/Residency Education</i>	7 4 --	\$64,039.00	\$65,320.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: other health students</i>	7 4 --	\$195,328.00	\$199,235.00

<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>	4 E --	\$66,414.00	\$67,742.00
<i>Type of Service: KSC Athletic Training Prog.</i>	5 -- --	\$438.00	\$447.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<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 B --	\$157,900.00	\$161,058.00
<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>	8 -- --	\$14,800.00	\$15,096.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	3 4 --	\$146,177.00	\$149,101.00
<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>	G -- --	\$204,469.00	\$208,558.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	E 6 8	\$35,845.00	\$36,562.00
<i>Community Health Advocacy</i>	4 5 6	\$27,794.00	\$28,350.00

<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>	3 -- --	\$117,175.00	\$119,519.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	3 4 --	\$194,298.00	\$198,184.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free &amp; Discounted Health Care Services</i>	1 7 2	\$2,570,680.00	\$2,622,094

<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 7 2	\$9,546,347	\$9,737,274.00
<i>Medicaid Costs exceeding reimbursement</i>	1 7 2	\$11,661,747.00	\$11,894,982.00
<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>	\$367,611,661.00
<i>Net Revenue from Patient Services</i>	\$151,400,602.00
<i>Total Operating Expenses</i>	\$149,779,239.00
<i>Net Medicare Revenue</i>	\$53,497,576.00
<i>Medicare Costs</i>	\$63,043,923.00
<i>Net Medicaid Revenue</i>	\$2,394,185.00
<i>Medicaid Costs</i>	\$14,055,932.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,570,680.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$2,553,471.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,124,151.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$112,760.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$5,236,911.00

**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 Keene	<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) Community Advisory Council - representatives of each town	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Council for a Healthier Community - community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) NH Department of Health and Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Greater Monadnock Public Health Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) NH Hospital Association -Foundation for Healthy Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Antioch University New England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) NH Center for Public Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 2008, the community needs assessment was coordinated with the assistance of the broad-based community health coalition, the Council for a Healthier Community. In promoting the healthiest community initiative, known locally as Healthy Monadnock 2020 (HM2020), the Council identified community needs toward a goal of becoming the healthiest community in the nation by the year 2020. HM2020 had three Community Summits bring together over 150 people each time. The first Summit gathered community input about the Healthy Monadnock community indicators by identifying contributing factors and possible strategies for each indicator. The second Summit focused on healthy eating and active living indicators, identified community-level strategies for each indicator, and recruited partners for implementation efforts. The third Summit focused on social determinants of health and again identified strategies and recruited partners for implementation. HM2020 also conducts a community survey every two years. The survey is a statistically



significant randomized telephone survey of Cheshire County residents that assesses health behaviors, health access, health literacy, and social capital.

Cheshire Medical Center provides staff for the Healthy Monadnock (HM) 2020 initiative and funds the community assessment process through an evaluation partnership contract with Antioch New England University. On November 10, 2011 community members attended Summit II and reviewed 31 core implementation strategies. The (HM 2020) Healthiest community Advisory Board, comprised of 30 community representatives, provides ongoing oversight of the implementation of the strategies and community planning process.

In 2013, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The 2013 CHNA report summarizes the work of the CHNA Leadership Team and the efforts of other local collaborative groups to assess the needs of our region. Several community partners recently completed community needs assessments, including Healthy Monadnock 2020. The results were used to strengthen and support the needs assessment process. Four community needs were prioritized above the other identified needs:

- Behavioral health services – increasing the effectiveness of local services
- Urgent care –timely and economical access to services instead of emergency room care
- Transportation – increase access to public/private transportation particularly in rural towns
- Improved coordination and communication between services – improving linkages between clinical services, faith-based organizations, and informal support network

In addition to these priorities, the implementation strategy also provides an overview of other CMC/DHK 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 2013 CHNA provide the basis for the development of the Implementation Strategy.

The Cheshire Medical Center/Dartmouth Hitchcock Keene Community Advisory Committee reviewed and commented on the community benefit report. The 2013 CHNA, Implementation Strategy and Community Benefit report is available to the public on the Cheshire Medical Center website: [www.cheshire-med.org](http://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 2013**

## **Introduction**

As embodied in our mission statement, Cheshire Medical Center/Dartmouth Hitchcock Keene (CMC/DHK) is committed to improving the health of our community. This summary of Community Benefits activities for fiscal year 2013 highlights many of the community health improvement and community health services that we support in an effort to respond to the needs of our community. Fiscal Year 2013 represents the time period of July 1, 2012 through June 30, 2013. While Cheshire Medical Center reports community benefit activities separately from the larger Dartmouth Hitchcock system, providers from DHK support local community benefits activities, and their efforts are reflected in this report.

This summary is organized by the Community Benefit categories outlined in Section 4 of the Community Benefits Reporting Form: *A. Community Health Services; B. Health Professionals Education; C. Subsidized Health Services; D. Research; E. Financial Contributions; F. Community Building Activities; G. Community Benefit Operations; H. Charity Care; and I. Government-Sponsored Health Care.* The community need that each activity addresses is noted with the description of the activity using the community needs codes listed in Section 3 of the Community Benefits Reporting Form. The unreimbursed cost for these activities is listed in the Monetary Inputs and Outputs Report in Attachment 2.

### **A. Community Health Services**

#### *Community Health Education*

Community Education Programs [Needs addressed: 5, 6, 4, C, D]

CMC/DHK offers a variety of health promotion and education programs for the community spanning a broad spectrum of health and wellness topics. Our clinical staff works closely with our community health staff to develop programs that cover emerging health concerns and are delivered at the right literacy level for our community. The 2013 year programs offered a variety of chronic disease and wellness topics such as nutrition, diabetes, end of life issues, alternative medicine options, air pollution, mobility issues, and gardening. All programs are offered free of charge.

Senior Passport is a program for area residents aged 60 years and above. It encompasses low cost complete evening and weekend meals; free health education programs oriented to seniors; exercise programs; and the Cheshire Walkers Program, a walking group that takes organized nature and historic walks. Seven walks are offered each spring and fall.

On-line Health Information [Needs addressed: 1, 2, 3, 4, 5, 6, B, C, D, E, F, G]

CMC/DHK is committed to helping people take a greater responsibility for their health. In addition to health information from our medical and nursing staff, our website links to reliable

and up-to-date sources of health information. We use our website to share the community benefits report and service quality information with the public. The website incorporates "Healthwise", a searchable health information database. During Fiscal Year 2013 the website had a total of 308,428 visits and 1,071,967 page views for an averaged of 25,702 visits and 89,331 page views per month. Health Monthly, an electronic newsletter, offering timely medical news, useful health tips and wellness information is delivered to an average of 1,700 patients and community members on a monthly basis. In addition to the website, the Facebook page serves as a tool to provide health and wellness information. As of June 30, 2013, the Facebook page has 517 "likes" with a total post reach of 14,102.

School Nurses and Providers (SNAP) [Needs addressed: 1, 2, 4, 5, 6, B]

Cheshire Medical Center/Dartmouth-Hitchcock Keene continued to offer the School Nurses and Providers program (SNAP) for local school nurses. This program offers semi-annual educational sessions coordinated by our Community Health Department. School nurses from eight area school administrative units, and other providers, attend a dinner and educational program. It is an opportunity for area school nurses to meet with their colleagues, interact with local physicians, physician assistants and nurse practitioners, and to learn new medical information appropriate to their areas of concern/interest.

Healthy Monadnock (HM) 2020 Healthiest Community Initiative [Needs addressed: 1, 3, 4, 5, 6, A, C, D, E, F]

HM 2020 promotes broad-based community health messaging and other environmental strategies for prevention and wellness. The "Champions Program" engages individuals and organizations to take steps to improve health at a personal and institutional level. As of June 30, 2013 there are 1,985 individual champions, 83 organizational champions, and 11 school champions. Serving as the backbone organization, CMC/DHK provides staffing, office space and overall leadership for this initiative.

Healthy Eating Active Living Program (HEAL) [Needs Addressed: 4, 5, 6]

CMC/DHK is a site for the New Hampshire HEAL Initiative. Our local program is focused on three sectors: food service industry, worksites, and before and after school programs. We are working with each sector to identify needs and implement best practice programs and community education to help promote good nutrition and enhance physical activity. The Turn a New Leaf program is New Hampshire's first county-wide healthy dining initiative. It began in 2012 with four participating restaurants. Healthy menu items are marked with a logo containing a green elm leaf and red heart logo, supporting diners to make healthy dining choices. As of June 30, 2013 there are ten participating restaurants.



### *Community Based Clinical Services*

#### Health Screenings [Needs addressed: 1, 4, 7, B]

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 provides a breast exam, mammography and Pap test for low-income, inadequately insured women between the ages of 18-65. Clinics are offered throughout the year at our Keene clinic and satellite offices in Winchester and Jaffrey during normal business hours, evenings and Saturday appointments. The female staff includes nurse practitioners, nurse educators, and receptionists.

#### Tobacco Cessation Assistance [Needs addressed: E]

The CMC/DHK Tobacco Treatment Program offers cessation classes and support groups in the hospital and community settings, web-based resources, and telephone support. We work closely with local businesses to offer tobacco cessation materials and support during the *Great American Smokeout* and assist worksites to establish tobacco-free campus policies. The Tobacco Program staff offers cessation treatment and education at area schools and colleges. Program staff works closely with providers to integrate tobacco assessment information into the electronic medical record. This close alignment has resulted in a significant increase in tobacco cessation referrals from providers.

### *Health Care Support Services*

#### Support to Families [Needs addressed: 1, 2, 3, 7, 8, B]

The CMC/DHK Family Resource Counseling Program provides information about federal, state, and local health care access programs to all members of our community and offers assistance as needed with the application process. The Family Resource Counselor helps determine eligibility for a variety of entitlement programs including: the Starkey Foundation, 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, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services.

The "100% Schools" program is a partnership between our local school system and CMC/DHK, to continue the work of NH Healthy Kids started in 2006. Under this initiative, the Family Resource Counselor from Cheshire Medical Center works closely with school nurses to identify families needing assistance, offers information about health insurance options, and enrolls eligible families in the SCHIP program. This effort builds on the long-standing partnerships between NH SAU #1, SAU #29, SAU #47, SAU #60, SAU #92, SAU #93, SAU #94 and Cheshire Medical Center's community health programs.

## *Other*

### Athletic Trainers [Needs addressed: 5, 6, 7, 4]

The CMC/DHK Sports Medicine program contracts with local high schools to supply athletic trainers that provide injury evaluation, treatment and rehabilitation to local athletes. In 2012-2013, 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. The program also offers medical coverage to the Keene Swamp Bats.

The athletic trainers are supported by our sports medicine physicians housed in our orthopedics department at Dartmouth Hitchcock Keene. Our three sports medicine physicians are also the team doctors 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 College's 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: 8, B]

Two public health dental hygienists and a part time assistant staff the Cheshire Smiles Program to provide in-school oral health screening for children in grades K-3. Hygienists offer one-on-one and classroom education, fluoride treatment, and use of portable equipment to perform dental cleanings of students in SAU #29, 92, 93, and 94. Hygienists conduct fluoride rinse programs in schools, and work with area dentists to offer clinics for the placement of sealants on children's teeth. They also screen and offer sealants at the Keene Middle School. This program gives us an opportunity to follow-up with children who were originally seen in the K-3 program.

### Medications Assistance Program [Needs addressed: 1]

The Medication Assistance Program provides free or reduced cost medications for acute illnesses and improves access to medications vital to continued good health for patients who require medication on an ongoing basis and who cannot afford it. In FY 2013 the program supplied 3,117 prescriptions to 467 individuals valued at 1.8 million dollars.

### Community Health Clinical Integration [Need addressed: 3, 4]

The Community Health Clinical Integration effort placed a clinician (MD) in the CMC/DHK community health office to bring clinical expertise to local coalitions and to tie community coalition work back to clinical areas. This initiative currently spans a broad range of topics including falls prevention, substance abuse, diabetes, medication disposal, breastfeeding, childhood obesity, physical activity, concussion care, and heart health. In 2013 this effort supported prescription take back events, integration of tobacco cessation assessments, HEAL, and Hyperion measures. In 2013 the Clinical Integration Committee was formed, membership includes physician and nurse leaders, Quality Improvement staff, Pharmacists, Health Information, and Senior Management.

## **B. Health Professionals Education**

### *Provision of Clinical Settings for Health Professionals Education* [Needs addressed: 7]

CMC/DHK offers clinical education experiences for medical students, nursing students and a variety of other health professional students from such disciplines as physical therapy, athletic training, and health and wellness. Students are sponsored by their academic institutions and complete course requirements for clinical practice and observation under the direction of qualified CMC/DHK clinicians. CMC/DHK worked closely with the local New Hampshire Technical College to develop and support a very successful clinical internship training program for nursing students. With the newly formed Keene State College BSN in Nursing Program, there is a closer alignment with CMC/DHK for clinical training.

## **C. Subsidized Health Services**

### *Pulmonary Rehabilitation* [Needs addressed: 4, E]

The treatment of chronic lung disease such as emphysema, chronic bronchitis, and pulmonary fibrosis is frequently complex and challenging for both patients and those who care for patients. CMC/DHK provides a comprehensive outpatient Pulmonary Rehabilitation program to serve the needs of patients in our community. Our goal is to improve the comfort, functionality, and understanding for our patients who struggle with these challenging diseases. The Pulmonary Rehabilitation Department provides all necessary therapeutic and diagnostic modalities for the management of respiratory disorders such as COPD, Asthma, Pulmonary Fibrosis, Chronic bronchitis, and other respiratory complications. The “Better Breathers” monthly support group is available for anyone with chronic lung disease.

## **D. Research**

### *Community Health Research*

#### Population Health Research Center Partner [Needs addressed: 4, 2, 5, 6, B, E]

During this fiscal year, CMC/DHK has been an active partner with the Dartmouth Institute to continue the work of the action learning collaborative that occurred in the previous year. The accomplishments include: development and implementation of an intergeneration InShape health improvement project and participation in a comprehensive Hypertension Improvement project. PRC's partnerships with CMC/DHK include: centered pregnancy program to pilot second hand smoke brochures and window decals, implementation and evaluation of the 5210 school pilot, CPR Any-Time training through a partnership with the faith-based community, and design and creation of the “Turn a New Leaf” menu labeling program developed through the HEAL initiative.

## **E. Financial Contributions**

### *Financial and In-kind Contributions and Cash Donations* [Needs Addressed: 2, 6, 8, 4]

CMC/DHK makes cash and in-kind donations to community projects and organizations that are addressing identified community needs and best coordinated by other organizations, or that are doing work that complements our mission. For example, we work in partnership with other community health and human service organizations to meet the dental health needs of underserved populations such as the chronically mentally ill, 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 serve 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. CMC/DHK provides clinical oversight for area nursing homes and hospice programs.

## **F. Community Building Activities**

### *Support Systems Enhancement* [Needs addressed: G]

#### 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 14 public health networks in the state of New Hampshire. The GMPHN is housed by CMC/DHK and, in collaboration with Cheshire County, is financed with funds provided by the Centers for Disease Control and Prevention, under an agreement with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services. 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. 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.

Included within the GMPHN, is the Greater Monadnock Medical Reserve Corps. Developed initially to build local capacity to address public health emergency response needs, the GMMRC also supports local initiatives to address pressing public health activities. Membership included doctors, nurses, EMT/paramedics, pharmacists, veterinarians, other public health professionals, and non-medical/public health members. As of June 30, 2013 the GMMRC has a membership of over 100 individuals.

### *Coalition Building* [Needs Addressed: 5, 6, 8, 4, E]

#### Advocates for Healthy Youth (AFHY)

AFHY is a community coalition focused on childhood obesity. Through AFHY, CMC/DHK works closely with community health providers, Keene State College, Antioch University New England, Keene Parks and Recreation Center, and area schools to address the epidemic of

childhood obesity. In FY 2013 AFHY supported efforts in several schools to implement the 5-2-1-0 message via policy change and educational activities. AFHY implemented the community based Family BeFit program through collaboration with the Keene Family YMCA and Keene State College Dietetic Internship Program.

#### Cheshire Coalition for Tobacco Free Communities

The Cheshire Coalition for Tobacco Free Communities addresses the use of tobacco products by people who live and work in the communities served by CMC/DHK. The Coalition is comprised of hospital staff, healthcare providers, community members and representatives of schools and colleges, law enforcement, clergy and the general public. The group meets monthly working to engage schools and the greater community with tobacco prevention initiatives which include retailer education and enforcement of tobacco laws. The Coordinator, a CMC/DHK employee, actively engages in anti-tobacco activities in our local community and coordinates with state agencies and organizations.

#### Council for a Healthier Community

The Council for a Healthier Community, formed in 1995, is a diverse representation of our community convened by the CMC/DHK. Charged to assess the health needs of our community, to form action plans to meet identified needs and to encourage community engagement for improved health, this group was instrumental in providing the initial support and direction for the healthiest community initiative. During this past year, the council focused on the development of systems and structure to serve as the regional advisory council for the Monadnock region.

#### 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*. Under this initiative, volunteer dentists hold a monthly free clinic which rotates to different dental offices each month. Patients are screened for dental care needs and financial eligibility. The Task Force also works in collaboration with the Monadnock Dental Society to deliver "Give Kids a Smile Day", a national initiative to provide free dental care in every dental practice in the county on this one day a year.

#### *Community Health Improvement Advocacy* [Needs addressed: 1, 5, 6, 7, 4]

#### Participation in Advocacy and Policy Development Efforts

CMC/DHK staff members actively serve on state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2013 our staff participated as members of the New Hampshire Citizen's Health Initiative, New Hampshire Comprehensive Cancer Collaborative, New Hampshire Public Health Regionalization Task Force, New Hampshire Public Health Services Improvement Council, New Hampshire Medical Society, New

Hampshire Falls Risk Reduction Task Force, New Hampshire Breastfeeding Task Force, New Hampshire EMS Medical Control Board, and New Hampshire Trauma Review Committee, New Hampshire Infection Control and Epidemiology Professionals.

**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. During this past year time was also dedicated to the community health needs assessment process, including documenting the findings and the implementation strategy. We use the Community Benefit Inventory and Reporting Software (CBISA) tool to assist with data collection and reporting.

**Healthy Monadnock 2020 (HM2020) – Healthiest Community Initiative - Needs Assessment**

For over 10 years, Cheshire Medical Center has convened the community health coalition, the Council for a Healthier Community to conduct community health assessments and set a community-wide agenda for community health improvement. In FY 09, the Council identified and confirmed goals of HM 2020 and convened workgroups to begin developing a community plan. In FY 2010, the community needs assessment was published and new workgroups formed to begin developing an action plan. In FY 2011 action planning teams created strategy maps and identify best practice interventions. In FY 2012 these same teams utilizing these strategy maps reviewed and identified 31 core implementation strategies. In FY 2013 HM2020 conducted a community survey. The survey is a statistically significant randomized telephone survey of Cheshire County residents that assesses health behaviors, health access, health literacy, and social capital. CMC/DHK is taking a leadership role by dedicating staff, space, and financial resources to convene the Council workgroups, implement an evaluation process in partnership with Antioch University New England.

**H. Charity Care** [Needs addressed: 1, 2, 7]

In FY 2013 we provided \$2,570,680 in charity care to 1,836 people.

**I. Government-Sponsored Health Care** [Needs addressed: 1, 2, 7]

See Community Benefit Reporting Form Section 5.

# **ATTACHMENT 2**

## **Summary of Quantifiable Benefits**

**Fiscal Year 2013**

Cheshire Medical Center  
 Selected Categories - Detail  
 For period from 7/1/2012 through 6/30/2013

<u>Category / Title / Department</u>	<u>Monetary Inputs</u>			<u>Outputs</u>
	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
<b>Community Health Improvement Services (A)</b>				
<b>Community Health Education (A1)</b>				
Annual Kiwanis Bike Safety Rodeo				
Executive Offices (950)	678	0	678	400
Cheshire Walkers				
Community Health (995)	0	0	0	150
Child Passenger Safety Car Seat Checks				
Childcare Center (969)	2,717	0	2,717	71
CMC/DHK Website				
Marketing-Planning (956)	65,602	0	65,602	Unknown
Colon Cancer Awareness Month				
Gastroenterology (HBAS) (764)	1,386	0	1,386	Unknown
Community Health Education				
Community Health (995)	47,706	0	47,706	812
Community Health Salaries: Community Health Education				
Community Health (995)	96,472	0	96,472	2,192
Community Lectures				
Unknown (0)	1,454	0	1,454	121
EMS Paramedic Continuing Education				
ECC (678)	20,590	0	20,590	26
HEAL: Healthy Eating Active Living				
HEAL (753)	31,508	0	31,508	3,833
Health Matters Radio Show				
Unknown (0)	9,592	0	9,592	Unknown
Healthiest Community Initiative-Education				
Community Health (995)	139,580	0	139,580	1,715
Library Reference Services				
Unknown (0)	6,293	0	6,293	Unknown
Nursing Schools - Coordination				
Education, Training & Development (961)	94,370	0	94,370	3
Pediatric Advanced Life Support				
Education, Training & Development (961)	2,884	0	2,884	15
Phlebotomy Student Internship				
Lab (700)	11,562	0	11,562	Unknown
Senior Passport Program				
Marketing-Planning (956)	17,204	0	17,204	3,866
SNAP				
Community Health (995)	1,748	0	1,748	15
Support Groups				
Unknown (0)	186	0	186	7
Support to Local Schools				
Unknown (0)	2,795	0	2,795	46
Volunteer Services				
Volunteer Services (970)	16,040	0	16,040	Unknown
<b>*** Community Health Education</b>	<b>570,367</b>	<b>0</b>	<b>570,367</b>	<b>13,272</b>
<b>Health Care Support Services (A3)</b>				
Community Health Salaries: Health Care Support Services				
Community Health (995)	55,150	0	55,150	504



Cheshire Medical Center  
 Selected Categories - Detail  
 For period from 7/1/2012 through 6/30/2013

<u>Category / Title / Department</u>	<u>Monetary Inputs</u>			<u>Outputs</u>
	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
<b>*** Health Care Support Services</b>	<b>55,150</b>	<b>0</b>	<b>55,150</b>	<b>504</b>
<b>Other (A5)</b>				
Athletic Trainers for area high schools and college Unknown (0)	300,160	64,355	235,805	40
Cheshire Smiles Cheshire Smiles (780)	143,790	714	143,076	2,245
Dental Public Health Task Force Community Health (995)	666	0	666	64
Hearing aid fittings Audiology (HBAS) (795)	1,181	0	1,181	13
Medication Assistance Program Pharmacy (730)	121,699	0	121,699	467
Norris Cotton Cancer Center-Kingsbury Pavilion Events Hematology/oncology (HBAS) (756)	1,028	0	1,028	29
Pastoral Ministry Support Pastoral Care (953)	419	0	419	40
Tobacco Cessation Tobacco Coalition (781)	125,642	0	125,642	541
<b>*** Other</b>	<b>694,685</b>	<b>65,069</b>	<b>629,516</b>	<b>3,439</b>
<b>**** Community Health Improvement Services</b>	<b>1,320,102</b>	<b>65,069</b>	<b>1,255,033</b>	<b>17,215</b>
<b>Health Professions Education (B)</b>				
<b>Physicians/Medical Students (B1)</b>				
Physician/Medical Student Education Unknown (0)	64,039	0	64,039	Unknown
<b>*** Physicians/Medical Students</b>	<b>64,039</b>	<b>0</b>	<b>64,039</b>	<b>0</b>
<b>Nurses/Nursing Students (B2)</b>				
Nursing Continuing Ed - Contact hour Program Education, Training & Development (961)	60,382	0	60,382	376
Nursing Students/Interns Education, Training & Development (961)	13,379	0	13,379	77
<b>*** Nurses/Nursing Students</b>	<b>73,761</b>	<b>0</b>	<b>73,761</b>	<b>453</b>
<b>Other Health Professional Education (B3)</b>				
Career Day/Job Shadowing Unknown (0)	154	0	154	45
Dietetic Internship Students Nutrition Services (802)	17,460	0	17,460	1
Laboratory Internship Students Lab (700)	31,579	0	31,579	2
Lectures to Healthcare Providers Unknown (0)	3,500	0	3,500	150
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	42,433	0	42,433	21
<b>*** Other Health Professional Education</b>	<b>95,126</b>	<b>0</b>	<b>95,126</b>	<b>219</b>
<b>Other (B5)</b>				

Cheshire Medical Center  
 Selected Categories - Detail  
 For period from 7/1/2012 through 6/30/2013

<u>Category / Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Project Search Volunteer Services (970)	100,202	0	100,202	2
*** Other	100,202	0	100,202	2
**** Health Professions Education	333,128	0	333,128	674
<b>Subsidized Health Services (C)</b>				
<b>Other (C10)</b>				
KSC Athletic Training Program Surgery (660)	438	0	438	25
Pulmonary Rehab Pulmonary Rehab (742)	66,414	0	66,414	191
*** Other	66,852	0	66,852	216
**** Subsidized Health Services	66,852	0	66,852	216
<b>Research (D)</b>				
<b>Community Health Research (D2)</b>				
Population Health Research Prevention Research Grant (992)	157,900	0	157,900	204
*** Community Health Research	157,900	0	157,900	204
**** Research	157,900	0	157,900	204
<b>Financial and In-Kind Contributions (E)</b>				
<b>Cash Donations (E1)</b>				
Dental Health Works Marketing-Planning (956)	14,800	0	14,800	25
*** Cash Donations	14,800	0	14,800	25
<b>In-kind Donations (E3)</b>				
Board of Directors/Committee Members Unknown (0)	119,637	0	119,637	197
Donations: In-kind Unknown (0)	7,251	0	7,251	Unknown
Fundraising for Non-Profits Unknown (0)	169	200	(31)	22
Infection Control Networking QI (766)	376	0	376	12
United Way Campaign Unknown (0)	18,944	0	18,944	Unknown
*** In-kind Donations	146,377	200	146,177	231
**** Financial and In-Kind Contributions	161,177	200	160,977	256
<b>Community Building Activities (F)</b>				
<b>Community Support (F3)</b>				

Cheshire Medical Center  
 Selected Categories - Detail  
 For period from 7/1/2012 through 6/30/2013

<u>Category / Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Greater Monadnock Public Health Network Public Health Network (782)	204,469	0	204,469	19,424
<b>*** Community Support</b>	<b>204,469</b>	<b>0</b>	<b>204,469</b>	<b>19,424</b>
<b>Coalition Building (F6)</b>				
Advocates for Healthy Youth Cheshire Smiles (780)	36,023	47,491	(11,468)	2,480
Cheshire Coalition for Tobacco Free Communities Tobacco Coalition (781)	40,891	0	40,891	Unknown
Council for a Healthier Community Unknown (0)	6,422	0	6,422	134
<b>*** Coalition Building</b>	<b>83,336</b>	<b>47,491</b>	<b>35,845</b>	<b>2,614</b>
<b>Community Health Improvement Advocacy (F7)</b>				
Community Health Staff: Advocacy Community Health (995)	27,794	0	27,794	Unknown
<b>*** Community Health Improvement Advocacy</b>	<b>27,794</b>	<b>0</b>	<b>27,794</b>	<b>0</b>
<b>**** Community Building Activities</b>	<b>315,599</b>	<b>47,491</b>	<b>268,108</b>	<b>22,038</b>
<b>Community Benefit Operations (G)</b>				
<b>Assigned Staff (G1)</b>				
Community Health Salaries: Assigned Staff Community Health (995)	83,178	0	83,178	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	33,997	0	33,997	Unknown
<b>*** Assigned Staff</b>	<b>117,175</b>	<b>0</b>	<b>117,175</b>	<b>0</b>
<b>Other Resources (G3)</b>				
Bald Is Beautiful Hematology/oncology (HBAS) (756)	5,565	0	5,565	Unknown
Cheshire Health Foundation Fundraising Costs Cheshire Health Foundation (975)	188,733	0	188,733	Unknown
<b>*** Other Resources</b>	<b>194,298</b>	<b>0</b>	<b>194,298</b>	<b>0</b>
<b>**** Community Benefit Operations</b>	<b>311,473</b>	<b>0</b>	<b>311,473</b>	<b>0</b>
<b>Number of Programs</b> 57 <b>Grand Totals</b>	<b>2,666,231</b>	<b>112,760</b>	<b>2,553,471</b>	<b>40,603</b>