

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2013

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: Arthur Nichols 354-5400 anichols@cheshire-med.com

Board Chair: Sylvia McBeth -3528534 sm@csmcbeth.com

Community Benefits

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

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

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

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: We lead our community to become the nation's healthiest through our clinical and service excellence, collaboration, and compassion for every patient every time. Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? 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	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 2013. See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2014 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	\$473,205.00	\$482,669.00
<i>Community-based Clinical Services</i>	6 5 --	\$5,023.00	\$5,123.00
<i>Health Care Support Services</i>	1 9 --	\$52,940.00	\$53,999.00
<i>Other: Various</i>	1 4 G	\$509,285.00	\$519,471.00

<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 --	\$13,201.00	\$13,465.00
<i>Intern/Residency Education</i>	1 F --	\$121,001.00	\$123,421.00
<i>Scholarships/Funding for Health Professions Ed.</i>	1 F --	\$141,510.00	\$144,340.00
<i>Other: other health students</i>	F Other --	\$100,037.00	\$102,038.00

<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 --	\$67,698.00	\$69,052.00
<i>Type of Service: Behavioral Health Services</i>	2 5 9	\$1,107,278.00	\$1,129,424.00
<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 5 E	\$127,001.00	\$129,541.00
<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 --	\$31,900.00	\$32,538.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 6 B	\$174,449.00	\$177,938.00
<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 -- --	\$115,848.00	\$118,165.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	4 6 C	\$34,212.00	\$34,896.00
<i>Community Health Advocacy</i>	1 4 6	\$28,493.00	\$29,063.00

<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 -- --	\$134,646.00	\$137,339.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	1 9 5	\$152,925.00	\$155,984.00

<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 --	\$2,169,025.00	\$2,212,406.00

<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 --	\$1,103,313.00	\$11,256,019.00
<i>Medicaid Costs exceeding reimbursement</i>	1 3 --	\$7,247,729.00	\$7,392,684.00
<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>	\$378,220,765.00
<i>Net Revenue from Patient Services</i>	\$152,776,118.00
<i>Total Operating Expenses</i>	\$152,350,693.00
<i>Net Medicare Revenue</i>	\$55,478,463.00
<i>Medicare Costs</i>	\$66,513,776.00
<i>Net Medicaid Revenue</i>	\$7,373,951.00
<i>Medicaid Costs</i>	\$14,621,680.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,169,025.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$3,390,652.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,559,677.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$160,085.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$5,719,762.00

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 checked="" 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 checked="" 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 2013, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The Cheshire Medical Center/Dartmouth Hitchcock Keene (CMC/DHK) Community Advisory Committee served as the Leadership Team for this process. The membership of this committee consists of representation from all the towns served by CMC/DHK.

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. In an effort to insure a comprehensive assessment of the needs in the region occurred without duplicating the efforts of other

organizations, the CHNA Leadership Team incorporated the work of Healthy Monadnock 2020, Monadnock Futures, Monadnock United Way, and Monadnock Community Hospital into this process. With this collaborative approach, a diverse representation of the community was taken into account to determine the prioritized needs. Numerous non-profit organizations, public and private educational institutions, municipalities, the business community and private citizens were included in the process.

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.

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 2014

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 2014 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 2014 represents the time period of July 1, 2013 through June 30, 2014. 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: 1, 4, 5, C, D, E]

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 programs offered a variety of chronic disease and wellness topics such as nutrition & exercise, diabetes prevention & monitoring, the Health Insurance Marketplace, self-esteem & self-help, elder care services & needs, and retirement & investments. 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. Walks are typically led by a community member with occasional participation by CMC/DHK staff and occur at a variety of locations throughout the region. During FY2014 3,769 meals were provided to program members and a total of 155 seniors attended the walking program.

On-line Health Information [Needs addressed: 1, 3, 4, 5, 6, 9, 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 2014 the website had a total of 324,363 visits and 1,064,392 page views for an average of 27,030 visits and 88,700 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 1,600 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 756 "likes" with an average weekly reach of 6,000. CMC/DHK has 354 followers on Twitter as of June 30, 2014. The CMC/DHK YouTube channel has 3,430 videos and an estimated 5,080 minutes watched as of June 30, 2014.

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

Cheshire Medical Center/Dartmouth-Hitchcock Keene continued to offer the School Nurses and Providers program (SNAP) for local school nurses. This program offers semi-annual educational sessions coordinated by our Community Health Department. Dr. Sarah Taylor-Black presented the Current asthma protocols & tools, signs & symptoms in children not yet diagnosed at the fall 2013 session. Lauren Bressett and Kate McNally representing MADAC presented Trends, Impact and Strategies in Substance Abuse at the spring 2014 session. School nurses from all eleven area school administrative units, and other providers, are invited to 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, 7, A, C, 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, 2014 there are 2,468 individual champions, 86 organizational champions, and 19 school champions. Serving as the backbone organization, CMC/DHK provides staffing, office space and overall leadership for this initiative. There are 10 community partners involved in forwarding 11 of the 27 action strategies to improve health eating and active living. Partner identification and engagement is ongoing to implement the remaining action strategies to increase educational attainment, improve income and jobs, improve quality and access to health care and improve mental wellbeing.

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

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 (TANL) is New Hampshire's first county-wide healthy dining initiative. TANL is a (healthy eating) program that was designed to create healthy eating environments within Cheshire County by assisting participating venues who adopt, highlight, identify and promote healthier menu/food items by using a consistent, credible and easily recognized nutritional guidance for consumers. Additionally three other hospitals in the state have implemented the TANL program (DH-Lebanon, Littleton Hospital and DH-Nashua). The Worksite Wellness Program engages worksites to assess, plan and implement programs, policy, systems and environmental changes (PPSE) that support healthy eating, active living and other best practice interventions that can enhance health outcomes. As of June 30, 2014 there are eleven participating restaurants and twenty-two worksites.

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 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: 5, 6]

The CMC/DHK Tobacco Treatment Program provides inpatient and outpatient tobacco cessation treatment while continuing to engage with the community through policy and systems change work. We work closely with local businesses to offer tobacco cessation materials and support during the *Great American Smokeout* and assist worksites to establish tobacco-free campus policies. Our Program staff work 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. The Tobacco Treatment Program has increased referrals and improved the use of the electronic medical record for documenting and measuring tobacco use status. Referrals have increased from 6 per month to nearly 50 per month. Providers have engaged all tobacco using patients with reminders about tobacco treatment services at the satellites and at the main campus site. As of June 30, 2014 the program received 428 referrals, provided 545 face to face interventions, and held classes at satellite sites for 25 participants.

Health Care Support Services

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

The CMC/DHK Family Resource Counselor (FRC) provides Information & Referral services to patients and community members for available resources (local, state & federal). The counselor is certified by NH-DHHS to provide presumptive eligibility for healthcare and prescription services. We provide one-on-one application assistance to families in completing NH Medicaid Applications for the following:

1. NH Medicaid for Children & Pregnant Women
2. NH Health Protection Program (Bridge & HIPP)
3. Parent Caretaker Program
4. Food Stamps

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. In addition, this past year CMC/DHK became a Certified Application Counselor organization for the Health Insurance Marketplace and the FRC completed training as a Cultural Competency Trainer to address diversity & cultural competence in Healthcare. As of June 30, 2014, the FRC provided assistance to 384 individuals.

Other

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

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 2013-2014, 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. 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 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]

Two public health dental hygienists 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, 60, 92, 93, and 94, reaching children in 24 public schools. Hygienists

conduct fluoride rinse programs in schools, and work with area dentists to offer clinics for the placement of sealants on children's teeth. Cheshire Smiles' staff 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. As of June 30, 2014 Cheshire Smiles Program served 2,519 children.

Medications Assistance Program [Needs addressed: 1, G]

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 2014 the program supplied 2,318 prescriptions to 401 individuals valued at 1.6 million dollars.

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

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:

- Activity is Good Medicine which is a collaboration of the Keene Family YMCA and CMC/DHK to refer patients (whose insufficient physical activity impairs their health) for 3 months of individualized fitness coaching.
- Heart Safe/Heart Strong Initiative, a large coalition initially formed to optimize the "chain of survival" for cardiac emergency and to promote the Heart safe designation, but now including the prevention and control of high blood pressure and other heart health risks to reduce the need for cardiac rescue.
- Prescription Drug Take-back and Preventing Misuse Initiative Prescription, a coalition to address prevention and to increase proper medication disposal options.
- DeMar Kids and Super Senior Marathon Programs is a collaboration of several HM2020 organizational champions, principally Keene Elm City Rotary Club and AFHY, in activity-related programs for elementary children and adults over the age of 70.
- Falls Prevention Task Force, committed to creating multi-disciplinary community initiatives to reduce falls thereby improving health and quality of life with aging.
- Clinical Let's Go! 5-2-1-0 Project: The Pediatrics department was named "Let's Go! Site of Distinction" for their successful implementation and commitment to the Let's Go! Initiative. This distinction recognizes that CMC/DHK met 3 criteria: 1) all providers measuring BMI, percentiles and weight classifications in patients 2 years and older; 2) having posters in waiting rooms and exam rooms about Let's Go and 5-2-1-0 and 3) having respectful conversations about weight where providers use the 5-2-1-0 Healthy Habits Questionnaire.
- Kid Sight Project is a comprehensive eyesight screenings for children ages three to five years of age enrolled in pre-schools and day care centers.

B. Health Professionals Education

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

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

C. Subsidized Health Services

Pulmonary Rehabilitation [Needs addressed: 5, 6]

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

Behavioral Health Services [Needs addressed: 2, 5, 9]

Chronic stress, mental health distress, and more acute depression are linked with poor overall health and chronic disease. The Behavioral Health Services offer treatment programs for adults and adolescents. The Adult Treatment Program provides intensive, in-patient psychiatric care for adults 18 years and older who are experiencing emotional crises or who are suffering from psychiatric illness. The Adolescent Treatment Program is short-term, in-patient psychiatric program focused on stabilizing the young person in psychiatric crisis, fostering their personal growth related to communication and coping skills, and engaging families in the healing process. For FY 2014, Behavioral Health Services provide inpatient services to a total of 589 patients; representing 367 adults and 222 adolescents.

D. Research

Community Health Research

Population Health Research Center Partner [Needs addressed: 3, 4, 5, C]

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:

- Monadnock Promotion of Breastfeeding Coalition and Research Project Community, a group of over 60 breastfeeding advocates that is supporting a KSC-led research project of WIC mothers and developing a Community Action Plan to increase breastfeeding initiation and prolong breastfeeding duration.
- PM 2.5 Air Quality Improvement and Research Project reached out to and brought together interested and affected parties (including but not limited to scientists, community health and clinical professionals, regulatory agencies, city government, and concerned citizens) to analyze information related to air quality issues in the greater Keene area and to deliberate about effective actions.
- InShape Together represents the last year of a 5 year partnership with PRC at Dartmouth to improve cardiovascular health through Community-based Participatory Research and QI processes. This year focused on dissemination of lessons learned during InShape Together Study
- ASTHO/Million Hearts is a learning collaborative involving 10 states to test diverse strategies to measurably improve blood pressure for populations. In NH, CMC/DHK is serving as “technical expert” to see if the changes we made to care processes that led to our Million Hearts Champion Recognition could be adapted to Nashua and Manchester FQHC settings.

E. Financial Contributions

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

CMC/DHK makes cash and in-kind donations to community projects and organizations that are addressing identified community needs and best coordinated by other organizations, or that are doing work that complements our mission. For example, we work in partnership with other community health and human service organizations to meet the dental health needs of underserved populations such as 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: B]

Greater Monadnock Public Health Network (GMPHN)

GMPHN is a community health and safety collaborative which works to enhance and improve public health-related services. The GMPHN is one of 13 public health networks in the state of New Hampshire. The GMPHN is housed by CMC/DHK and, in collaboration with Cheshire County, is financed with funds provided by the Centers for Disease Control and Prevention, under an agreement with the State of New Hampshire, Department of Health and Human Services, 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, 2014 the GMMRC has a membership of over 110 individuals.

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/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 2014 AFHY supported efforts in several schools, after school programs, and non-profit organizations 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 Public Health 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 (TADS)*. 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. As of June 30, 2014 TADS served sixty-two patients providing \$18,745 in free care.

Behavioral Health Committee [Needs addressed: 2, 5, 9]

In 2013, the Community Health Needs Assessment process identified behavioral health services as a top priority. CMC/DHK recognizes that improving the behavioral health system so that it effectively stratifies disease severity, strategically allocates resources, and optimizes care delivery will improve operating efficiency, significantly reduce cost, improve quality care, and increase collaborative efforts with community partners. Internal and external stakeholders are working collaboratively on this project with the goal to develop a system that effectively stratifies our patient’s behavioral health needs, responsibly allocates resources, optimizes the delivery of behavioral care, and facilitates provider communication through the continuum of care.

Community Health Improvement Advocacy [Needs addressed: 1, 3, 4, 5, C]

Participation in Advocacy and Policy Development Efforts

CMC/DHK staff members actively serve on state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2014 our staff participated as members of the New Hampshire Citizen’s Health Initiative, New Hampshire Comprehensive Cancer Collaborative, 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, New Hampshire

Trauma Review Committee, New Hampshire Infection Control and Epidemiology Professionals, and New Hampshire Care Management Commission.

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 2014 we provided \$2,169,025 in charity care to 1,690 people.

I. Government-Sponsored Health Care [Needs addressed: 1, 3, 9]
See Community Benefit Reporting Form Section 5

ATTACHMENT 2

Summary of Quantifiable Benefits

Fiscal Year 2014

Cheshire Medical Center
 Selected Categories - Detail
 For period from 7/1/2013 through 6/30/2014

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Community Health Improvement Services (A)				
Community Health Education (A1)				
Cheshire Walkers				
Community Health (995)	0	0	0	155
Child Passenger Safety Car Seat Checks				
Childcare Center (989)	2,290	0	2,290	56
CMC/DHK Website				
Marketing-Planning (956)	78,639	0	78,639	Unknown
Colon Cancer Awareness Month				
Gastroenterology (HBAS) (764)	1,541	0	1,541	Unknown
Community Health Education				
Community Health (995)	12,080	0	12,080	13
Community Health Salaries: Community Health Education				
Community Health (995)	99,192	0	99,192	1,696
Community Lectures				
Unknown (0)	3,783	0	3,783	20
HEAL: Healthy Eating Active Living				
HEAL (753)	27,921	4,500	23,421	4,711
HEALTH FAIRS				
Health Information Services (752)	3,027	0	3,027	400
Health Matters Radio Show				
Unknown (0)	6,615	0	6,615	Unknown
Healthiest Community Initiative-Education				
Community Health (995)	130,428	0	130,428	974
Library Reference Services				
Unknown (0)	264	0	264	Unknown
Nursing Schools - Coordination				
Education, Training & Development (961)	45,719	0	45,719	Unknown
Pediatric Advanced Life Support				
Education, Training & Development	12,743	0	12,743	21
Phlebotomy Student Internship				
Lab (700)	19,374	0	19,374	5
Senior Passport Program				
Marketing-Planning (956)	10,344	0	10,344	3,456
SNAP				
Community Health (995)	3,468	0	3,468	52
Support Groups				
Unknown (0)	116	0	116	8
Volunteer Services				
Volunteer Services (970)	20,161	0	20,161	Unknown

Cheshire Medical Center
 Selected Categories - Detail
 For period from 7/1/2013 through 6/30/2014

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
*** Community Health Education	477,705	4,500	473,205	11,567
Community Based Clinical Services (A2)				
Breast & Cervical Cancer Screenings				
Kingsbury Cancer Center (610)	892	0	892	Unknown
Screenings				
Unknown (0)	4,131	0	4,131	30
*** Community Based Clinical Services	5,023	0	5,023	30
Health Care Support Services (A3)				
Community Health Salaries: Health Care Support Services				
Community Health (995)	52,940	0	52,940	384
*** Health Care Support Services	52,940	0	52,940	384
Other (A5)				
Athletic Trainers for area high schools and college				
Unknown (0)	280,466	60,000	220,466	Unknown
Cheshire Smiles				
Cheshire Smiles (780)	73,891	59	73,832	2,519
Dental Public Health Task Force				
Community Health (995)	571	0	571	63
Hearing aid fittings				
Audiology (HBAS) (795)	71	0	71	1
Medication Assistance Program				
Pharmacy (730)	91,434	0	91,434	401
Tobacco Cessation				
Tobacco Coalition (781)	122,911	0	122,911	570
*** Other	569,344	60,059	509,285	3,554
**** Community Health Improvement Services	1,105,012	64,559	1,040,453	15,535
Health Professions Education (B)				
Physicians/Medical Students (B1)				
Physician/Medical Student Education				
Unknown (0)	121,001	0	121,001	396
*** Physicians/Medical Students	121,001	0	121,001	396
Nurses/Nursing Students (B2)				
Nursing Students/Interns				
Education, Training & Development	13,201	0	13,201	70

Cheshire Medical Center
 Selected Categories - Detail
 For period from 7/1/2013 through 6/30/2014

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
*** Nurses/Nursing Students	13,201	0	13,201	70
Other Health Professional Education (B3)				
Dietetic Internship Students Nutrition Services (802)	6,806	0	6,806	3
Laboratory Internship Students Lab (700)	28,467	0	28,467	2
Students in Other Healthcare Profession Training Program Education, Training & Development	106,237	0	106,237	28
*** Other Health Professional Education	141,510	0	141,510	33
Other (B5)				
Project Search Volunteer Services (970)	100,037	0	100,037	Unknown
*** Other	100,037	0	100,037	0
**** Health Professions Education	375,749	0	375,749	499
Subsidized Health Services (C)				
Other (C10)				
Pulmonary Rehab Pulmonary Rehab (742)	67,698	0	67,698	191
*** Other	67,698	0	67,698	191
Behavioral Health Services (C8)				
Behavioral Health Services MHU (643)	1,107,278	0	1,107,278	Unknown
*** Behavioral Health Services	1,107,278	0	1,107,278	0
**** Subsidized Health Services	1,174,976	0	1,174,976	191
Research (D)				
Community Health Research (D2)				
Population Health Research Prevention Research Grant (992)	131,497	4,496	127,001	57
*** Community Health Research	131,497	4,496	127,001	57

Cheshire Medical Center
 Selected Categories - Detail
 For period from 7/1/2013 through 6/30/2014

Category / Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
**** Research	131,497	4,496	127,001	57
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Dental Health Works				
Marketing-Planning (956)	14,500	0	14,500	25
Donations-Cash				
Marketing-Planning (956)	17,400	0	17,400	Unknown
*** Cash Donations	31,900	0	31,900	25
In-kind Donations (E3)				
Board of Directors/Committee Members				
Unknown (0)	117,554	500	117,054	398
Donations: In-kind				
Unknown (0)	131	30	101	Unknown
Fundraising for Non-Profits				
Unknown (0)	2,430	0	2,430	40
United Way Campaign				
Unknown (0)	54,864	0	54,864	Unknown
*** In-kind Donations	174,979	530	174,449	438
**** Financial and In-Kind Contributions	206,879	530	206,349	463
Community Building Activities (F)				
Community Support (F3)				
Greater Monadnock Public Health Network				
Public Health Network (782)	115,848	0	115,848	19,485
*** Community Support	115,848	0	115,848	19,485
Coalition Building (F6)				
Advocates for Healthy Youth				
Cheshire Smiles (780)	35,445	48,500	(13,055)	4,237
Cheshire Coalition for Tobacco Free Communities				
Tobacco Coalition (781)	42,405	0	42,405	Unknown
Council for a Healthier Community				
Unknown (0)	4,862	0	4,862	202
*** Coalition Building	82,712	48,500	34,212	4,439
Community Health Improvement Advocacy (F7)				

Cheshire Medical Center
 Selected Categories - Detail
 For period from 7/1/2013 through 6/30/2014

<u>Category / Title / Department</u>	<u>Monetary Inputs</u>			<u>Outputs</u>
	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Community Health Staff: Advocacy Community Health (995)	28,493	0	28,493	Unknown
*** Community Health Improvement Adv	28,493	0	28,493	0
**** Community Building Activities	227,053	48,500	178,553	23,924
Community Benefit Operations (G)				
Assigned Staff (G1)				
Community Health Salaries: Assigned Staff Community Health (995)	101,587	0	101,587	Unknown
Healthiest Community Initiative-Operations Vision 2020 (990)	33,059	0	33,059	Unknown
*** Assigned Staff	134,646	0	134,646	0
Other Resources (G3)				
Bald Is Beautiful				
Hematology/oncology (HBAS) (756)	6,265	42,000	(35,735)	Unknown
Cheshire Health Foundation Fundraising Costs Cheshire Health Foundation (975)	188,660	0	188,660	Unknown
*** Other Resources	194,925	42,000	152,925	0
**** Community Benefit Operations	329,571	42,000	287,571	0
Number of Programs	52	Grand Total	3,550,737	160,085
			3,390,652	40,669

ATTACHMENT 3

Evaluation Report

Fiscal Year 2014

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 department specific program evaluation; and 3) the Healthy Monadnock 2020 (HM2020) community-wide strategy evaluation. The results of our community benefit activities can be seen in the CBISA report which is located in Attachment 2.

CMC/DHK department specific measures include the specific program/project area, the intended goal for the year and the results.

Objective	Measure	Fiscal Year 14 Goal	Results
Community Health Education Outreach	# of participants attending CH-sponsored health education classes/events - quarterly	2000	552
Dental Decay Prevention	# of teeth sealed by Cheshire Smiles hygienists	500	582
Access to dental care for adults	# clinics/patients seen	8/75	6/62
Tobacco Cessation Interventions	Total # of "clinical" interventions by CH smoking cessation counselor - quarterly	360	545
Clinician- Initiated Tobacco Cessation Referrals	Total number of referrals to CH smoking cessation counselor that were initiated by CMC/DHK providers and staff - quarterly	720	428
Workplace Wellness Assessments	# of organizational champion businesses that complete the CMC ScoreCard Assessment Tool - quarterly	12	22
Preparedness Facebook posts	# of Facebook alerts posted by Preparedness Coordinator on GMPHN site - quarterly	200	157
Preparedness Facebook Views	# of times Preparedness Facebook site (GMPHN) is visited - quarterly	5200	4625
Family Resource Counseling Assistance	# of children, teens and adults assisted by Family Resource Counselors - excluding CMC newborns - quarterly	304	384
Healthy Monadnock 2020 Champions Recruitment	# of HM2020 Champions Program registrants - monthly	1000	2468
Healthy Monadnock 2020 Website Viewings	# of HM2020 web page views to site - quarterly	20000	6100
Medication Assistance Program	# patients assisted with applications/# prescriptions received	400/2000	401/2318

Decrease childhood obesity/increase healthy food/activity choices	# schools participating	15	15
Establish Public Health Advisory Council	# of organization members	25	27
Senior Passport	# meals	4000	3769
Cheshire Walkers	# members walking	150	155
DeMar Marathon	# children	850	847

Healthy Monadnock 2020 (HM2020) – Healthiest Community Initiative

HM2020 is a community engagement initiative designed to foster and sustain a positive culture of health throughout the region. In FY 09, goals were developed, with action plans identified. Over the next couple of years, working with our community partners, core implementation strategies were identified. CMC/DHK has an ongoing contract with Antioch University New England (AUNE) to provide evaluation services for existing work with HM2020 action plans. Below is the current dashboard for the core measures. The dashboard shows the goal and current status for each of the indicators being measured. In addition, the HM2020 evaluation includes a community telephone survey, a community readiness survey, a partner engagement assessment and a Champion's Program survey. Reports of the findings from these assessments can be found at <http://www.healthymonadnock.org/>.

HM2020 Dashboard as of June 30, 2014:

HM2020 Indicator	Target Area	Baseline	Healthiest Community Target	Cheshire County	N.H.	U.S.	Trend (Statistically Significant *)
Adults who smoke (2012)	Health Behaviors	21.0% (2005)	12.0%	18.5%	17.2%	19.6%	SAME
Youth smoking (2011)	Health Behaviors	20.8% (2009)	10.0%	19.8%	19.8%	18.1%	SAME
Adult binge drinking (2012)	Health Behaviors	21.5% (2011)	14.0%	17.1%	17.3%	16.9%	SAME
Chlamydia Rate (per 100,000) (2012)	Health Behaviors	135.9 (2005)	150	275.6	233	456.7	N/A
Any physical activity w/n 30 days (2012)	Health Behaviors	82.3% (2005)	90.0%	82.5%	80.0%	76.9%	SAME
Met physical activity guideline (2011)	Health Behaviors	24.6% (2011)	50.0%	24.6%	22.3%	21.0%	SAME
Adults who eat 5+ fruits and vegetables daily (2009)	Health Behaviors	29.1% (2005)	50.0%	27.0%	28.0%	23.0%	SAME
Very confident getting health info (2012)	Health Behaviors	86.0% (2010)	94.0%	83.0%	N/A	N/A	SAME
Health provider main source health info (2012)	Health Behaviors	81.0% (2010)	95.0%	88.0%	N/A	N/A	BETTER
Residents with health care coverage (2012)	Health Care Access & Quality	87.7% (2005)	100.0%	87.5%	84.2%	79.6%	SAME
Have personal doctor or provider (2012)	Health Care Access & Quality	82.8% (2011)	100.0%	78.3%	N/A	N/A	SAME
Adults visiting dentist (any reason) (2012)	Health Care Access & Quality	73.4% (2006)	80.0%	71.9%	73.1%	67.2%	SAME
Adults with good or better health (2012)	Health Status	91.6% (2005)	95.0%	83.5%	86.5%	82.9%	WORSE
Frequent mental health distress (2012)	Health Status	7.9% (2005)	6.0%	8.4%	N/A	N/A	SAME
All cardiovascular disease mortality (per 100,000) (2010)	Health Status	178.1 (2005)	187.0	160.9	152.7	179.1	N/A
Suicide mortality (3 year average, per 100,000) (2009)	Health Status	11.2 (2005)	4.8	16.2	13.7	12.1	SAME
Adults at healthy weight (2012)	Health Status	41.1% (2005)	50.0%	37.9%	37.0%	35.0%	SAME
Adults with diabetes (2012)	Health Status	6.7% (2005)	5.0%	8.7%	N/A	N/A	SAME
Community rating (good or better) (2012)	Social Capital	93.0% (2010)	100.0%	93.0%	N/A	N/A	SAME
Volunteerism (2012)	Social Capital	67.0% (2010)	75.0%	67.0%	N/A	N/A	SAME
Friends over to home (at least once a month) (2012)	Social Capital	66.0% (2010)	72.0%	71.0%	N/A	N/A	SAME
Poverty rate (all ages) (2012)	Socio-economic and Environmental	10.6% (2011)	8.0%	11.4%	9.7%	15.9%	SAME
Children In Poverty (2012)	Socio-economic and Environmental	14.3% (2011)	8.0%	15.3%	13.6%	22.6%	SAME
Unemployment rate (2013)	Socio-economic and Environmental	3.2% (2005)	4.0%	5.1%	5.5%	8.1%	N/A
Percent 9 th graders that graduate within 4 yrs (2010-2011)	Socio-economic and Environmental	86.0% (2009)	91.0%	86.0%	86.0%	N/A	N/A
Attended some college (2012)	Socio-economic and Environmental	56.7% (2011)	72.0%	67.9%	49.2%	46.3%	SAME
Air quality (days good) (2013)	Socio-economic and Environmental	185 (2005)	300	290	N/A	N/A	N/A
Notes							
* A trend is considered statistically significant if the confidence intervals of baseline and current data do not overlap.							