

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2019

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** 03431

Federal ID # 20354549

State Registration # 6269

Website Address: www.cheshire-med.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Don Caruso, MD 603-354-5400 dcaruso@cheshire-med.com

Board Chair: Nathalie Houder 860-810-6294 nbhouder@gmail.com

Community Benefits

Plan Contact: Shawn LaFrance 603-354-5435 slafrance@cheshire-med.com

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

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

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: To lead our community to optimal health and wellness through our clinical service and service excellence, collaboration, and compassion for every patient, every time.

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

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

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

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

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

We serve the general population

Section 3: COMMUNITY NEEDS ASSESSMENT

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

2019 *(Please attach a copy of the needs assessment if completed in the past year)*

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

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

	NEED (Please enter code # from attached list of community needs)
1	100
2	122
3	120
4	420
5	300
6	406
7	401
8	601
9	370

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	407
B	522
C	421
D	501
E	330
F	507
G	604

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

The priority needs are identified in the current community health needs assessment which was completed in 2019. See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2020 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	\$366,673.00	\$500,000.00
<i>Community-based Clinical Services</i>	1 5 6	\$2,853.00	\$10,000.00
<i>Health Care Support Services</i>	1 9 G	\$203,629.00	\$210,000.00
<i>Other: Social & Environmental Impr. Other</i>	1 D G	\$324,968.00	\$300,000.00

<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 3 F	\$14,685.00	\$50,000.00
<i>Intern/Residency Education</i>	1 3 F	\$711,361.00	\$1,000,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: Reverse Integration with MFS</i>	2 5 9	\$0.00	\$100,000.00

<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: MAT</i>	2 9 A	\$0.00	\$0.00
<i>Type of Service: Behavioral Health Services</i>	2 5 9	\$0.00	\$0.00
<i>Type of Service: The Doorway</i>	2 9 A	\$214,562.00	\$220,000.00
<i>Type of Service: Other</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>	1 3 B	\$5,594.00	\$6,000.00
<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 --	\$14,388.00	\$25,000.00
<i>Grants</i>	4 8 F	\$85,628.00	\$80,000.00
<i>In-Kind Assistance</i>	2 6 B	\$414,511.00	\$400,000.00
<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>	1 8 7	\$83,758.00	\$90,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	4 6 C	\$1,689,231.00	\$1,850,000.00
<i>Community Health Advocacy</i>	-- -- --		

<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>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --	\$57,177.00	\$0.00
<i>Other Operations</i>	-- -- --		

<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 --	\$2,017,000.00	\$2,100,000.00

<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 --	\$9,870,934.00	\$14,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 3 --	\$13,625,873.00	\$15,000,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$664,085,339.00
<i>Net Revenue from Patient Services</i>	\$219,419,148.00
<i>Total Operating Expenses</i>	\$230,189,863.00
<i>Net Medicare Revenue</i>	\$92,474,976.00
<i>Medicare Costs</i>	\$102,345,910.00
<i>Net Medicaid Revenue</i>	\$16,638,749.00
<i>Medicaid Costs</i>	\$30,264,622.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,017,000.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,169,887.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$6,186,887.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$975,744.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$6,186,887.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

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

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): In 2019, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years. The Leadership Council for a Healthy Monadnock (LCHM) (formerly known as the Council for a Healthier Community) serves as the CHNA Leadership Team (see Attachment A: LCHM Membership List). Also, the LCHM is the Public Health Advisory Council for the Greater Monadnock region. The primary purpose of the LCHM is to provide a community framework that supports open communication and sets priorities for community collaboration and funding that encourages the health and wellness of the Greater Monadnock region. As such, their responsibilities include:

- Identifying and encouraging action planning to ensure community public health needs are met without unnecessary duplication

- Supporting the needs assessments and data collection activities for the region
- Advising and making recommendations, as appropriate, on funding opportunities
- Making recommendations within the Greater Monadnock region and to the state regarding priorities for service delivery based on needs assessments and data collection

The members of the CHNA Leadership Team represent the 33 towns in the Monadnock region. In addition, they represent, and are able to speak to the issues of our most vulnerable populations including the medically underserved and persons with low income.

The 2019 CHNA report summarizes the work of the Leadership Council for a Healthy Monadnock (LCHM) and the collaborative efforts of other local groups to assess the needs of our region. This report is the compilation of work that occurred over the last three years, beginning in September of 2018 when the LCHM reviewed the region's 2015 Community Health Improvement Plan and identified regional assets and needs. The second Greater Monadnock Community Health Improvement Plan was finalized in December 2019, which served as the foundation of this Community Health Needs Assessment, as it was created in concert with the CHNA. In addition, to ensure a comprehensive assessment and avoid duplication of efforts, the results of other community partner's needs assessments were used to strengthen and support our process.

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

- Behavioral Health: Covering the full range of mental and emotional well-being- from daily stress and satisfaction to the treatment of mental illness
- Protective Factors and Risk Factors: Addressing the upstream factors for substance use, misuse, and dependence
- Healthcare Access: Reducing the barriers to insurance and healthcare visits for underserved residents
- Food Access and Active Living: Creating opportunities for low-income individuals to have access to quality food and easy, safe areas for activity
- Emergency Preparedness: Preparing the community to be more resilient to be able to recover from a disaster or emergency

Though not articulated as a stand-alone priority area, the need to address the social determinants of health, as well as equity, is a focus in the Implementation Strategy that is embedded within each of these priority areas. We know that race, age, veteran status, gender, education, jobs, income, family stability, safety and transportation will contribute to health and wellbeing and require special attention given our rural location and socioeconomic pressures.

In addition to these priorities, the Implementation Strategy also provides an overview of other Cheshire Medical Center community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs. The community health needs identified in the 2019 CHNA provide the basis for the development of the Implementation Strategy. The 2019 CHNA, CHNA Implementation Strategy and the Community Benefit report are 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 2020

(7/1/2019 - 6/30/2020)

INTRODUCTION

As embodied in our mission statement, Cheshire Medical Center is committed to improving the health of our community. This summary of Community Benefits activities for fiscal year 2020 highlights many of the community health improvements and community health services that we support to respond to the needs of our community. Fiscal Year 2020 represents the period of July 1, 2019 through June 30, 2020. While Cheshire Medical Center reports community benefit activities separately from the larger Dartmouth-Hitchcock Health (D-HH) system, providers from D-HH 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 New Hampshire 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

ADVANCE CARE PLANNING (ACP) [NEEDS ADDRESSED: 5, D]

The Advance Care Planning/Honoring Care Decisions program works to educate and assist patients and people in the community to engage in advance care planning and communicate their choices with Cheshire Medical Center and their designated health care decision maker. This work is a joint effort among Cheshire Medical Center staff and volunteers. A regular scheduled, twice monthly, information table in the main lobby is staffed by volunteers to raise awareness and answer questions about how to do an advance care plan or directive. During FY20, 330 people visited the lobby information table. A series of free, group meetings are offered throughout the year at Cheshire Medical Center for anyone to learn and receive assistance with advance care planning. There were 34 people who participated in group meetings. These activities were curtailed in March 2020 due to the COVID-19 pandemic and restricted access to inside spaces by visitors and volunteers.

COLON CANCER AWARENESS MONTH [NEEDS ADDRESSED: 3]

Each year, a staffed community information table is set up in the lobby of the hospital to educate public visitors and patients on colon cancer risk factors, symptoms, and actions that can be taken. Traditionally held in March, the campaign was negatively impacted by COVID-19. In FY20, a staffed table was not possible due to staff redeployment and table visitation was greatly reduced due to restricted public access to the hospital.

COMMUNITY EDUCATION PROGRAMS [NEEDS ADDRESSED: 1, 4, 5, C, D, E]

Cheshire Medical Center offers a variety of health promotion and education programs for the community spanning a broad spectrum of health and wellness topics that align with our Greater Monadnock Community Health Improvement Plan and the Cheshire Medical's Community Health Needs Assessment Implementation Strategy. Our clinical staff works closely with the staff of the Center for Population Health to develop programs that cover emerging health concerns and are delivered at the right literacy level for our community. The programs offered a variety of chronic disease and wellness topics such as: stress management and resiliency, nutrition, physical education and exercise, mental health, Alzheimer's, diversity and cultural competence, diabetes prevention and monitoring, memory loss, tobacco cessation and emergency preparedness. During FY20, a total of 160 community members participated in the 37 educational programs offered. All programs are offered free of charge.

Senior Passport is a program for area residents aged 60 years and above. It encompasses low cost complete evening and weekend meals; free health education programs oriented to seniors; exercise programs; and the Cheshire Walkers Program, a walking group that takes organized nature and historic walks. An average of ten walks are offered each spring and fall. Walks are typically led by a community member with participation by Cheshire Medical staff and occur at a variety of locations throughout the region. During FY20, 24 walks were offered with over 800 participants. During FY20, 3,982 meals were provided to program members worth \$6,025 in forgone revenue.

Part of the "Buckle 'Em Right" Child Passenger Safety Program, Cheshire Medical Center staff provides free safety checks and education to community members. In FY20, 34 families were served.

COMMUNITY LECTURES [NEEDS ADDRESSED: 1, B]

A variety of health-skills lectures and trainings provided to the community annually. In FY20, the community was provided 4 hours of ACLS (Advance Cardiovascular Life Support) Courses, 4 hours of EMS Sim Labs, 3 hours of EMS Skills Labs, 2 hours of EMS Strokes Trainings, 2 hours of EMS Morbidity and Mortality Trainings, 1 hour of EMT Lectures, 4 hours of CPR Trainings, and 2 hours of Cardiac Arrest Care Lectures.

COVID-19: COMMUNITY RESPONSE [NEEDS ADDRESSED: 1, 3, B]

The Infection Prevention Team at Cheshire Medical Center responded to the pandemic with necessary medical education on infection prevention and disease etiology in various settings. Fifty staff hours were dedicated to: talk with schools, camps, and organizations, provide 1 training in Infection Prevention to interns, and give 3 major talks were to the community.

ON-LINE HEALTH INFORMATION [NEEDS ADDRESSED: 1, 3, 4, 5, 6, 9, B, C, D, E, F, G]

Cheshire Medical Center works to improve the health and well-being of people throughout the Monadnock region. In addition to health information from our medical and nursing staff, our website links to reliable and up-to-date sources of health information and provides details regarding health and wellness programs offered at no charge. Cheshire's community benefits report and service quality information are shared on the website for public viewing. During Fiscal Year 2020:

- Cheshire Medical Center website:
 - 851,957 page views during fiscal year (avg. 70,996 monthly)
 - 401,336 sessions (entrances) during fiscal year (avg. 33,444 monthly)
- Health + Wellness eBulletin: average of 5,900 patients and community members monthly (only done for 6 months of FY20 because of staff turnover and web build)
- Health + Wellness Website:
 - 24,350 page views during fiscal year (avg. 2,029 monthly)
 - 14,516 sessions (entrances) during fiscal year (avg. 1,209 monthly)
- Facebook: 3,010 followers
- Twitter: 749 followers (was not used because of staff turnover and web build)

SCHOOL NURSES AND PROVIDERS (SNAP) [NEEDS ADDRESSED: 5, 6, 7, A, F]

Cheshire Medical Center continued to offer the School Nurses and Providers program (SNAP) for all school nurses in Cheshire County. This program offers educational sessions coordinated by our Center for Population Health. Only one session was offered in October during FY20; with our spring program being cancelled due COVID-19. Cannabis and Cannabis Products, was presented by Alan J. Budney, Ph.D., Geisel School of Medicine at Dartmouth with 28 nurse attendees present.

HEALTHY MONADNOCK ALLIANCE: EDUCATION, OUTREACH, & TA [NEEDS ADDRESSED: 1, 3, 4, 5, 6, 7, A, C, E, F]

The Healthy Monadnock Alliance unites individuals, businesses, nonprofits, schools, coalitions, faith groups, and municipalities, in common cause to improve our community by achieving better health and

wellness for all. Guided by an engaged council of community leaders, and the Community Health Improvement Plan our alliance focuses on five key priority areas:

1. Behavioral Health
2. Emergency Preparedness
3. Food Access & Active Living
4. Healthcare Access
5. Protective Factors & Risk Factors

The Healthy Monadnock Alliance website and social media invites our community to get involved, provides resource tools, and promotes community partner strategies and successes. The Healthy Monadnock Alliance supports the implementation of population level environmental strategies that promote wellness to prevent the leading causes of death in our community.

- HM Facebook: 2,293 followers; 2,314 page likes
- HM Instagram: 959 followers
- HM Website: 62,095 unique visitors with a total of 165,168 page visits this year
- 45 Wellpowered Worksites engaged

COMMUNITY BASED CLINICAL SERVICES

HEALTH SCREENINGS [NEEDS ADDRESSED: 1, 3, 5, 7, 9]

The Kingsbury Pavilion, of the Norris Cotton Cancer Center at Cheshire Medical Center, offers the "Let No Woman Be Overlooked" Breast and Cervical Cancer Program. The program provided a breast exam, mammography and Pap test to seventeen low-income, inadequately insured women between the ages of 18-65. Clinics are offered throughout the year at our Keene location. The female staff includes nurse practitioners, nurse educators, and receptionists. There were 17 screenings provided in FY20.

TOBACCO CESSATION ASSISTANCE [NEEDS ADDRESSED: 5, 6]

The Cheshire Medical Center Tobacco Cessation Program provides inpatient and outpatient tobacco cessation treatment through referrals from primary care providers at Cheshire Medical Center and for individuals throughout Cheshire County, who are interested in stopping tobacco use (cigarettes, chewing tobacco, cigars, and e-cigarettes). We also provide technical assistance to local businesses that are interested in offering tobacco cessation programs and/or wish to establish tobacco-free worksite policies. Our program staff works closely with providers to integrate evidence-based, tobacco cessation brief intervention (the "5As" -- Ask, Advice, Assess, Assist, Arrange) with primary care providers and through our electronic medical record to ensure seamless patient referral and follow-up for tobacco cessation services. As of June 30, 2020, the program received 142 outpatient referrals, 23 inpatient and specialty care referrals, and a total of 235 patient touches. We also provided tobacco cessation services for patients who self-referred from the surrounding community. Once patients are referred to the program, they speak

with a trained tobacco cessation counselor who will then connect patients with tailored services, including one-on-one coaching. The counselor also helps smokers determine if FDA-approved medications, including nicotine replacement therapy (NRT), are right for them. When used as directed, NRTs like patches, gum, and lozenges, and other medications like bupropion and varenicline (Chantix), can double a patient's chances of quitting smoking. If patients qualify, the Tobacco Cessation Program, in collaboration with the Cheshire Medical Center Retail Pharmacy, has been able to provide no-cost NRTs to patients. In addition, Tobacco Cessation Program staff work closely with Cheshire Medical Center's Medication Assistance Program to help lower, or even eliminate, the costs of FDA-approved medications like Chantix. Overall, the number of patients served by the Tobacco Cessation Program has declined from last year due to a change in staff and COVID-19 pandemic.

HEALTH CARE SUPPORT SERVICES

SUPPORT TO FAMILIES [NEEDS ADDRESSED: 1, 3, 9, G]

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

1. NH Medicaid for Children & Pregnant Women
2. NH Health Protection Program/Granite Advantage
3. Parent Caretaker Program
4. Medicare Savings Programs (QMB or SLMB)
5. Food Stamps
6. Old Age Assistance
7. Katie Beckett Waiver

In addition to NH Medicaid, the Family Resource Counselor is a Certified Application Counselor for the Health Insurance Marketplace. The Family Resource Counselor helps determine eligibility for a variety of entitlement programs including NH Health Access, free or reduced cost services including prenatal care and delivery, health care for children ages birth through 19 years, preventive and restorative dental care through the TADS program, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services. As of June 30, 2020, the FRC provided assistance to 592 newborns, children, teens and adults.

Working in partnership with the Lions Clubs in Cheshire County and their generosity in providing application fees in the amount of \$500.00 for those deemed eligible, the FRC has been able to secure 4 hearing aids from the Starkey Foundation for patients valued at \$8,800 this year. An additional 2 patients were approved for this program; however, due to the limitation of COVID-19 on the Starkey Foundation, they are still pending and will be updated during FY2021.

PRESCRIBE FOR HEALTH [NEEDS ADDRESSED: 1, 4, 5, 8, C, D, E, G]

Cheshire Medical Center inpatient and outpatient providers refer patients to Prescribe for Health to identify and address social determinants of health needs. In fiscal year 2020, 392 patients were referred to Prescribe for Health, as compared to 456 patients in fiscal year 2019, a decrease of 14%. This decrease in patient referrals is largely attributable to COVID-19 visit reductions at Cheshire Medical Center. Some patients in the Prescribe for Health program are able to be connected to Activity is Good Medicine (AIGM), a program funded by a Harvard Pilgrim grant, provides discounted memberships to the Keene YMCA to help patients address physical activity goals for better health. In fiscal year 2020, 203 patients were referred to this program. The Harvard Pilgrim grant has also enabled the Prescribe for Health program to assist the Keene Senior Center in addressing social isolation needs, and to help patients address food insecurity issues through funding of community supported agriculture (CSA) shares with Tracie's Community Farm. The CSA Farm Share program provides weekly delivery of fresh food to patients for 16 weeks, the duration of the Summer Farm Share season. In addition to The Keene Senior Center and Keene YMCA, the Prescribe for Health program continues to develop and nurture focused, integrative relationships with the Lions Club and Traveling Adult Dental Services (TADS). The Prescribe for Health program continues to track the number of patients without an Advanced Care Directive and has developed an outreach and education effort to be rolled out in fiscal year 2020. In collaboration with staff from the Honoring Care Decisions/Respecting Choices Program, promotional and educational information will be sent to Prescribe for Health patients who do not have an Advanced Care Directive, with follow-up support provided.

SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES

AGE-FRIENDLY PLANNING [NEEDS ADDRESSED: 8, D]

Age-Friendly Planning is a partnership with Southwest Region Planning Commission aimed at better understanding the needs of all ages in the community. Specific needs explored include housing, transportation, employment, social engagement, and civic participation. In FY20, Cheshire Medical Center provided SWRPC a \$40,000 per year subcontract to conduct planning and create a robust report for the community.

OTHER

CHESHIRE SMILES PROGRAM [NEEDS ADDRESSED: 1, 5]

Cheshire Medical Center continues to use our community benefit dollars to support this important work now overseen by Dental Health Works, a local non-profit dental practice in the community. Two public health dental hygienists staff the Cheshire Smiles Program to provide in-school oral health screenings for children in preschool – grade 8. Hygienists offer fluoride programs, and use of portable equipment to

perform preventive services (cleanings, oral hygiene instruction, sealants, temporary fillings and fluoride treatments) to students in public schools throughout Cheshire County. In FY20, Cheshire Smiles provided services to 116 children for preventive care and placed 534 sealants. When schools closed in mid-March for the remainder of the 2019-20 school year, we were unable to provide preventive services at 7 of our schools.

COMMUNITY HEALTH SOFTWARE [NEEDS ADDRESSED: NA]

The Center for Population Health at Cheshire Medical Center has observed an increased need in investing in software to improve data collection and reporting to the community. Software used are SurveyMonkey for all community data collection needs and Tableau for data visualization and publishing.

DENTAL PUBLIC HEALTH TASK FORCE [NEEDS ADDRESSED: 1]

Cheshire Medical Center assumes a leadership role in bringing together dentists, hygienists, hospital staff, and community volunteers to serve as the Dental Public Health Task Force. The Task Force assesses dental needs and, when necessary, discusses and advocates for oral health policy change. The Task Force hosts a volunteer dental program for adults, the Traveling Adult Dental Service (TADS). During FY19, TADS clinics were redesigned and a Patient Assignment Pilot program was implemented to test the effectiveness and efficiency of the new design structure. Under the new TADS design during FY20, five patients were referred to local dentists for hygiene and restorative dental work; however, due to COVID-19 a total of 3 patients have been placed on a waiting list while the program has been temporarily suspended.

HEARING AID FITTINGS [NEEDS ADDRESSED: 1, 3, D]

Cheshire Medical Center works in partnership with the Lions Club in Cheshire County, who generously covers the \$500 application fees for those deemed eligible, to provide the service of fitting hearing aids. In FY20, the Family Resource Counselor at Cheshire Medical Center secured 4 hearing aids for patients from the Starkey Foundation valued at \$8,800. Two more patients are currently pending approval due to COVID-19 creating limitations for the Starkey Foundation.

MEDICATION ASSISTANCE PROGRAM [NEEDS ADDRESSED: 1, G]

The Medication Assistance Program provides assistance to patients needing help to secure medications because they lack insurance coverage or financial resources to pay for their medications, which now includes elderly residents with Medicare who experience a gap in their Medicare D coverage. Due to

Medicaid Expansion and the Health Insurance options as a result of the Affordable Care Act the need for assistance to secure medications continues to decrease. During FY19, the mandate to have insurance ended, thus additional requests for assistance began to occur. Even though the mandate has ended, the majority of pharmaceutical companies still refuse to send medications without several appeals explaining the patients cannot afford. In FY20 the program supplied 77 prescriptions to 147 individuals valued at \$31,933.

B. HEALTH PROFESSIONALS EDUCATION

PROVISION OF CLINICAL SETTINGS FOR HEALTH PROFESSIONALS EDUCATION [NEEDS ADDRESSED: 1, 3, F]

Cheshire Medical Center 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 Cheshire Medical Center clinicians. In FY20, 53 non-nursing students, 94 nursing students, and 2 medical students were served.

OTHER

REVERSE INTEGRATION PROGRAM WITH MONADNOCK FAMILY SERVICES [NEEDS ADDRESSED: 2, 5, 9]

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

The goals of the program are:

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

To date, primary care at MFS has focused primarily on non-psychiatry medication management, lifestyle modification (diet/exercise recommendations related to chronic disease management), and care management, including working with MFS case managers/social workers/psychiatric RN's and providers to facilitate medical diagnostics, specialist referrals and follow-up, patient acquisition of supplies, and clarification of insurance coverage of services and supplies. The first patient was seen at the clinic on 4/18/19. In FY20, there were 125 unique patients that were seen for 796 office visits, 116 telehealth visits, and 90 home visits.

C. SUBSIDIZED HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES [NEEDS ADDRESSED: 2, 5, 9]

The Behavioral Health Consult Liaison Team (BHT) is a consultative, interdisciplinary team of Behavioral Health Clinicians that will mobilize to see patients in the inpatient units and the Emergency Department to ensure their behavioral health needs are met during their inpatient stays. The team is comprised of psychiatric providers, behavioral health nurses, and behavioral health social workers. This team was developed in response to the closing of the inpatient mental health unit and the identification of behavioral health needs not being adequately addressed within the current service arrays within the inpatient medical setting and emergency department. The services offered include:

- Assessment and identification of the needs of individual patients, including access to various resources as needed.
- Consultation with primary care and/or psychiatric providers to ensure coordinated care.
- Individual meetings with patients to address their behavioral health needs with re-evaluation occur on a daily basis, or as clinically warranted.
- Patients on inpatient units with containment plans are seen by a team member on a daily basis, if consult has been requested.

Psychiatric consults are generally available Monday-Friday and behavioral health nurse/social worker services are available on a daily basis. During FY20, the Behavioral Health Consult Liaison Team provided consultation to 3,204 patients, which is a 216% increase from the previous fiscal year.

SUBSTANCE USE DISORDER-MEDICATION ASSISTED TREATMENT [NEEDS ADDRESSED: 2, 5, 9, A]

The Substance Use Disorder-Medication Assisted Treatment Project (SUD MAT) is a partnership between Cheshire Medical Center and the Foundation for Healthy Communities to help provide Medication Assisted Treatment to those patients that have been identified by Cheshire Medical Center staff as having an opioid use disorder. The work during FY20 was focused on furthering the work done in previous years, such as providing staff trainings around stigma, finalizing the protocols developed earlier for drug testing and urine testing, and providing education to staff around the documentation changes

because of that work. In FY20, 760 patients were served, which was the first year the program had capacity to provide this service.

THE DOORWAY AT CHESHIRE MEDICAL CENTER [NEEDS ADDRESSED: 2, 6, 7, 9, A]

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

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

As of June 2020, The Doorway was assisting people with Substance Use Disorders with a Director/Clinician, 2 Master's Level Clinicians, a LADC Clinician and a peer recovery specialist. In addition to serving individuals and families, the Doorway has helped to improve the management of behavioral health and substance use disorders in the hospital as well as the community as a whole. In 2020 The Doorway at Cheshire Medical Center entered into an agreement with Hundred Nights Shelter to provide respite beds for those clients that were waiting for treatment. This agreement allowed Hundred Nights to remain open throughout the year albeit on a reduced basis in the spring, summer and fall; the agreement also afforded clients a warm bed to sleep in while awaiting treatment for their substance use disorder. The Doorway utilized \$611,289 of SAMHSA and State funding to address substance use disorders in the Monadnock Region and served 1,305 people in its first full fiscal year.

D. RESEARCH

COMMUNITY HEALTH RESEARCH

COVID-19 RESEARCH AND REPORTING [NEEDS ADDRESSED: 1, 3, B, D]

As the COVID-19 pandemic hit the southwestern region of New Hampshire, a new need emerged to compile and report on locally-relevant data for community decision-making. Clinical line lists of presumptive positive and confirmed positive cases are created and reported out to the community on a

weekly basis. Special needs assessments and projections were made to accurately identify high-risk groups in the region.

E. FINANCIAL CONTRIBUTIONS

FINANCIAL AND IN-KIND CONTRIBUTIONS AND CASH DONATIONS [NEEDS ADDRESSED: 4, 5, B, C, D]

Cheshire Medical Center 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 partner with community organizations to meet the dental health needs of underserved populations such as pregnant women who cannot afford dental care, children identified through the school-based *Cheshire Smiles* Program, and others, by sponsoring patient visits at *Dental Health Works*. *Dental Health Works* is, a public/private program serving underserved residents of Cheshire County. Many of our senior staff serves on local non-profit boards to share their clinical or management expertise or help to coordinate local fundraising efforts for chronic diseases such as planning and participating in the American Cancer Society's "Relay for Life" program. In FY20, our Cheshire Medical Center staff donated about 1,800 hours of time that equated to \$336,648. Bald is Beautiful, Diabetes Walk, and DeMar Marathon, were sadly cancelled in 2020 due to COVID-19. Cheshire Medical Center provides clinical oversight for area nursing homes and hospice programs. Cheshire Medical Center also provides backbone support to the Leadership Council for a Healthy Monadnock's workgroups in the form of grants to get collaborative community programs up-and-running.

ATHLETIC TRAINERS [NEEDS ADDRESSED: 3, 4, 5, C]

The Cheshire Medical Center Sports Medicine program has a long history of supporting local athletic activities via contracts with local high schools to supply athletic trainers that provide injury evaluation, treatment and rehabilitation to local athletes. In FY20, the program had four certified athletic trainers that provided medical coverage for all home athletic events and practices to Keene High School, Monadnock Regional High School, and Fall Mountain Regional High School, providing services to a total of 878 injuries. Due to COVID-19 medical coverage to the Keene Swamp Bats, the local team of the New England College Baseball League was cancelled. The athletic trainers are supported by our sports medicine physicians housed in our orthopedics department. 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.

F. Community Building Activities

SUPPORT SYSTEMS ENHANCEMENT

GREATER MONADNOCK PUBLIC HEALTH NETWORK [NEEDS ADDRESSED: B]

The Greater Monadnock Public Health Network (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 Cheshire Medical Center and, in collaboration with Cheshire County, is financed with funds provided by the US Centers for Disease Control and Prevention, under an agreement with the State of NH Department of Health and Human Services/Division of Public Health Services and a mix of State funding via the general funds. The GMPHN serves all of Cheshire County and the 10 western-most towns in Hillsborough County. The GMPHN strives to increase collaboration and planning across municipal boundaries and the health and safety sectors. There are three major areas of work:

1. Development of a governance structure for the public health advisory board
2. Public health emergency preparedness with all region partners including municipalities, long-term care and assisted living facilities, schools, and businesses. It is made up of members of each of the coalition communities as well as representatives of regional organizations involved in providing for the public's health and safety.
3. Substance Misuse Prevention is a regional network working together to reduce substance abuse in the region. There are two positions that support this work: Substance Misuse Prevention Coordinator and Continuum of Care Facilitator. The Substance Misuse Prevention Coordinator (SMPC) works with regional partners to reduce risk factors and promote protective factors of substance use disorders. The SMPC works with various coalitions by providing technical assistance. The SMPC also facilitates several regional groups focused on the prevention of substance misuse. Through outreach, education and marketing the SMPC propagates substance misuse prevention throughout the region. The Continuum of Care Facilitator (CoC) works closely on projects supported by the SMPC, and also works with all other partners along the continuum of care such as intervention, treatment and aftercare. The primary objectives are to increase the awareness of / access to services for those who seek help and help improve communication and collaboration among the region's mental health and substance abuse treatment providers.

As of June 30, 2020, there are 80 individuals and/or organizations engaged in activities related to the public health advisory council, 122 member individuals/organizations addressing emergency preparedness and over 300 individuals supporting regional substance misuse prevention and recovery efforts.

Included within the GMPHN is the Greater Monadnock Medical Reserve Corps (GMMRC). Developed initially to build local capacity to address public health emergency response needs, the GMMRC also supports local initiatives to address pressing public health activities. These activities include Any Time CPR Trainings, recruiting and planning Hepatitis A Clinics, and education the public on preparedness

resources. Membership included doctors, nurses, EMT/paramedics, pharmacists, veterinarians, other public health professionals, and non-medical/public health members. As of June 30, 2020, the GMMRC has over 100 interested members.

The GMPHN has been pivotal to the COVID-19 response efforts in the region, working in concert with Cheshire Medical Center and other agencies to disseminate information and supplies. Further, the GMPHN stood up an Alternate Care Site at Keene State College, as well as secured a fixed COVID-19 community testing location.

F. COMMUNITY BUILDING ACTIVITIES

COALITION BUILDING [NEEDS ADDRESSED: 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G]

ADVOCATES FOR HEALTHY YOUTH

Advocates for Healthy Youth (AFHY) is a community coalition focused on childhood obesity. Through AFHY, Cheshire Medical Center works closely with community health providers, Keene State College, Antioch University New England, Keene Family YMCA, Keene Parks and Recreation Center, UNH Cooperative Extension, Keene Housing, the Children's Museum, and area schools to address the epidemic of childhood obesity. In FY20, AFHY provided over \$10,000 in mini-grants to schools, after school programs, and non-profit organizations to implement environmental changes and programs that support healthy eating and physical activity.

CHESHIRE COALITION FOR TOBACCO FREE COMMUNITIES

The Cheshire Coalition for Tobacco Free Communities addresses the use of tobacco products by people who live and work in the communities served by Cheshire Medical Center. Its mission is to work with community partners and residents to design and execute programs that create a tobacco-free environment. The Coalition goals are to: (1) prevent the initiation of tobacco and e-cigarette use, especially among youth; (2) to promote cessation among adults and youth; and (3) to protect people from secondhand smoke. The Coalition is comprised of hospital staff, healthcare providers, local business owners, staff from local non-profit agencies, and community members. The Program Manager, a CMC employee, is actively engaged in tobacco-free activities, including health education, technical assistance, advocacy in our local community and coordinates with state agencies and organizations. In addition, the Program Manager is very active in local substance use activities with schools and community coalitions. The Coalition also offers free training slots through the University of Massachusetts Center for Tobacco Treatment Research and Training in order to increase tobacco treatment capacity in our region for behavioral health and substance use. The Coalition is committed to making sure all Cheshire County residents who smoke have access to smoking cessation treatments so they can quit and stay quit for good.

The Coalition also offers informational sessions on tobacco and e-cigarette use and resources for quitting. Major accomplishments of the Coalition during this period include the development of two new informational programs that were designed for communities and worksite health promotion: *Know Smoking* is a one-hour session that helps tobacco users better understand their addiction, provides information on local resources to help tobacco users quit, and reviews state-of-the-art tobacco cessation aids. *Escape the Vape* provides participants with the latest facts about e-cigarettes, including long-term addiction and harm to brain development, as well as local and national resources to help e-cigarette users quit using these harmful products. The Coalition has been playing an active role in working with other coalitions and advocacy groups throughout the state through Tobacco Free New Hampshire to help pass a Tobacco 21 policy at the state level. In January 2020, the legal age to purchase tobacco products was raised from 18 to 19 statewide. Two years ago, the City of Keene and more recently a handful of other communities throughout the state passed Tobacco 21 legislation, but in FY20 a statewide T21 policy has been in development. Coalition activities in assisting with a statewide T21 policy have included written testimony to House Commerce and Consumers Affairs Committee, participation in a community-based town hall meeting with the Keene YMCA and state policymakers on the importance of T21 legislation, and an Op/Ed piece in the New Hampshire Union Leader. The Coalition also participated in the Monadnock Regional Middle-High School Health and Wellness Fair and shared health education around tobacco use harms and resources for quitting to students. And, finally, another major accomplishment of the Coalition includes the development and pilot of *Know Tobacco*, an alternative-to-suspension program for Keene Schools. The Coalition was approached by the Youth Services Manager of the City of Keene to partner with them in developing an alternative-to-suspension program through the City's Juvenile Court Diversion Program for youths that are caught using tobacco products on school property. The Juvenile Court Diversion Program was set up to provide students with an alternative in lieu of a court appearance and fine. The program was developed with the philosophy that only facts about tobacco use and its harms would be presented to students without the fear of judgement. In addition, true to the philosophy of an alternative-to-suspension program, the curriculum and discussion are meant to elicit a positive learning experience (as opposed to punishment for being caught with tobacco products). The *Know Tobacco* program received interest from the New Hampshire Dept. of Health and Human Services, Division of Public Health Services, Tobacco Prevention & Cessation Program (TPCP). TPCP subsequently provided seed funding to the program to further develop branding and marketing of the program and help purchase curriculum and other teaching materials for use during the pilot. The feedback received from the participating students has been very positive.

LEADERSHIP COUNCIL FOR A HEALTHY MONADNOCK

The Leadership Council for a Healthy Monadnock (LCHM), formerly called the Council for a Healthier Community (CHC), formed in 1995, is a diverse representation of our community convened by Cheshire Medical Center and currently serves as the public health advisory council for the Greater Monadnock region. The purpose of the LCHM is to lead the community driven process for providing strategic directions, setting priorities, facilitating implementation, aligning activities, and ensuring evaluation that will improve health outcomes in the Greater Monadnock region. Membership is diverse, open to representatives from all institutions and organizations. It includes unaffiliated individuals, to allow for independent voices and real grass roots engagement.

CONTROLLED SUBSTANCE MANAGEMENT NETWORK

The Behavioral Health Partner Network (BHPN) Partners are creating a county-wide sustainable Integrated Health Care Program to implement evidence-based policies, protocols and measures, to standardize prescribing, management, and monitoring of controlled substances, and to develop practices and procedures, supported by care coordinated software to advance patient-centered care to better assess patient needs and risk, and to improve accountability. Cheshire Medical Center is partnering with Monadnock Family Services, Phoenix House, Keene Serenity Center and Monadnock Voices for Prevention. The goals of the project are:

1. Create a sustainable, integrated Health Care Program among Network Partners that also engages community based Regional Collaborators.
2. Develop and implement evidence-based policies, protocols and measures to standardize prescribing, management and monitoring of controlled substances.
3. Develop practices and procedures, including the implementation of care coordination software, to advance patient-centered care to better assess patient needs and risk; to improve referral to needed behavioral health and addiction treatment resources and to improve accountability.

The measurable impacts of this integrated system are expected to be a reduction in prescribing of controlled substances, an increased capacity to address controlled substances addiction and co-occurring behavioral health conditions, reduced youth and young adult misuse and abuse of controlled substances, and a decrease in unintended death related to controlled substances.

COMMUNITY HEALTH STAFF: SALARIES

In FY20, Cheshire Medical Center funded 15 full-time and 3 part-time positions for the Center for Population Health department, with a mission to “advance the health and well-being of the region.” These positions account for almost \$1.7 million in work focusing on bettering the community.

G. COMMUNITY BENEFIT OPERATIONS

COMMUNITY NEEDS/NEEDS ASSESSMENT [NEEDS ADDRESSED: NA]

Cheshire Medical Center no longer dedicates 1 FTE of staff time to monitor and collect data on our Community Benefits activities. In FY20, a multidisciplinary Community Benefits Task Force was formed to reinvigorate hospital participation and education around community benefit activities. Most efforts to complete the community benefits data collection and monitoring - as well as prepare fiscal information as required to complete the Community Benefits Reporting Form - has been split between staff in the Center for Population Health. Since all Center for Population Health staff time is considered a community benefit, the time spent on operations was not separated from all other work. The Community Benefit Inventory and Reporting Software (CBISA) tool is used to assist with data collection and reporting. In

FY20, efforts were made to streamline the process and frequency of data collection for more accurate reporting. A Needs Assessment was conducted in 2020 but resulted in FY21.

H. CHARITY CARE [NEEDS ADDRESSED: 1, 3, 9]

In FY 2020, we provided \$2,017,000 in charity care.

I. GOVERNMENT-SPONSORED HEALTH CARE [NEEDS ADDRESSED: 1, 3, 9]

See Community Benefit Reporting Form Section 5.

ATTACHMENT 2

11/9/2020

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2019 through 6/30/2020

<u>Category / Title / Department</u>	Monetary Inputs		Outputs	
	Expenses	Offsets	Benefit	Persons
Community Health Improvement Services (A)				
Community Health Education (A1)				
Advance Directives: Speaking Engagements				
Medical Records (50110)	0	0	0	364
Cheshire Walkers				
Center for Population Health - Engagement (68575)	0	0	0	840
Child Passenger Safety Car Seat Checks				
Childcare Center (90375)	1,363	0	1,363	34
Colon Cancer Awareness Month				
Gastroenterology (HBAS) (14100)	55	0	55	Unknown
Community Health Education				
Center for Population Health - Engagement (68575)	0	0	0	160
Community Lectures				
Unknown (0)	8,076	0	8,076	Unknown
COVID-19: Community Response				
Inf Disease & Intl Health (14500)	2,797	0	2,797	Unknown
Diabetes Education and Community Awareness				
Endocrinology (HBAS) (14000)	4,256	0	4,256	8
Healthy Monadnock Alliance: Education, Outreach, & TA				
Center for Population Health - Engagement (68575)	0	0	0	71,868
Senior Passport Program				
Center for Population Health - Engagement (68575)	6,025	0	6,025	3,982
SNAP				
Center for Population Health - Engagement (68575)	1,262	0	1,262	28
Volunteer Services				
Volunteer Services (47230)	25,153	0	25,153	Unknown
Website & Social Media				
Marketing & Communications (68390)	317,686	0	317,686	Unknown
*** Community Health Education (A1)	366,673	0	366,673	77,284
Community Based Clinical Services (A2)				
Breast & Cervical Cancer Screenings				
Kingsbury Cancer Center (36207)	2,853	0	2,853	17
*** Community Based Clinical Services (A2)	2,853	0	2,853	17
Health Care Support Services (A3)				
Community Health Salaries: Health Care Support Services				
Center for Population Health - Engagement (68575)	58,179	0	58,179	592
Prescribe for Health				
Center for Population Health - Engagement (68575)	145,450	0	145,450	392
*** Health Care Support Services (A3)	203,629	0	203,629	984
11/9/2020				

Cheshire Medical Center				
Selected Categories - Program Detail/Unclassified				
For period from 7/1/2019 through 6/30/2020				
Category / Title / Department	Monetary Inputs		Outputs	
	Expenses	Offsets	Benefit	Persons
Social and Environmental Improvement Activities (A4)				
Age-Friendly Planning				
Center for Population Health - Engagement (68575)	54,040	0	54,040	Unknown
*** Social and Environmental Improvement Activities (A4)	54,040	0	54,040	0
Other (A5)				
Cheshire Smiles				
Center for Population Health - General (68251)	33,775	0	33,775	116
Community Health Software				
Center for Population Health - General (68251)	3,529	0	3,529	Unknown
Dental Public Health Task Force				
Center for Population Health - Engagement (68575)	0	0	0	5
Hearing aid fittings				
Audiology (HBAS) (10620)	0	0	0	4
Medication Assistance Program				
Pharmacy (14810)	43,141	0	43,141	147
Tobacco Cessation				
Tobacco Coalition (781)	190,483	0	190,483	165
*** Other (A5)	270,928	0	270,928	437
**** Community Health Improvement Services (A)	898,123	0	898,123	78,722
Health Professions Education (B)				
Physicians/Medical Students (B1)				
Physician/Medical Student Education				
Unknown (0)	14,685	0	14,685	2
*** Physicians/Medical Students (B1)	14,685	0	14,685	2
Nurses/Nursing Students (B2)				
Nursing Students/Interns				
Education, Training & Development (68125)	711,361	0	711,361	147
*** Nurses/Nursing Students (B2)	711,361	0	711,361	147
Other (B5)				
Reverse Integration Program with MFS				
Center for Population Health - IDN BH Int. (68456)	0	0	0	128
*** Other (B5)	0	0	0	128
**** Health Professions Education (B)	726,046	0	726,046	277
Subsidized Health Services (C)				
Other (C10)				
Medication Assisted Treatment Program				
Center for Population Health - Integration (68460)	0	0	0	760
*** Other (C10)	0	0	0	760

11/9/2020

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2019 through 6/30/2020

Category / Title / Department	Monetary Inputs		Outputs	
	Expenses	Offsets	Benefit	Persons
Behavioral Health Services (C8)				
Behavioral Health Services MHU (643)	0	0	0	3,204
The Doorway (HUB) Center for Population Health - The Doorway (17109)	825,851	611,289	214,562	1,305
*** Behavioral Health Services (C8)	825,851	611,289	214,562	4,509
**** Subsidized Health Services (C)	825,851	611,289	214,562	5,269
Research (D)				
Community Health Research (D2)				
COVID-19: Research & Reporting Inf Disease & Intl Health (14500)	5,594	0	5,594	Unknown
*** Community Health Research (D2)	5,594	0	5,594	0
**** Research (D)	5,594	0	5,594	0
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				
Donations: Cash Unknown (0)	14,388	0	14,388	7
*** Cash Donations (E1)	14,388	0	14,388	7
Grants (E2)				
LCHM/CHIP Workgroups: Grants Center for Population Health - Engagement (68575)	85,628	0	85,628	Unknown
*** Grants (E2)	85,628	0	85,628	0
In-kind Donations (E3)				
Athletic Training Staff Time Orthopaedics (HBAS) (10500)	66,209	0	66,209	878
Board of Directors/Committee Members Unknown (0)	336,648	0	336,648	Unknown
Donations: In-kind Unknown (0)	11,654	0	11,654	Unknown
*** In-kind Donations (E3)	414,511	0	414,511	878
**** Financial and In-Kind Contributions (E)	514,527	0	514,527	885
Community Building Activities (F)				
Community Support (F3)				
Greater Monadnock Public Health Network Public Health Network (782)	322,384	238,626	83,758	Unknown
*** Community Support (F3)	322,384	238,626	83,758	0

11/9/2020

Cheshire Medical Center

Selected Categories - Program Detail/Unclassified

For period from 7/1/2019 through 6/30/2020

Category / Title / Department	Monetary Inputs		Outputs	
	Expenses	Offsets	Benefit	Persons
Coalition Building (F6)				
Advocates for Healthy Youth				
Center for Population Health - Engagement (68575)	14,023	0	14,023	Unknown
Cheshire Coalition for Tobacco Free Communities				
Center for Population Health - Integration (68460)	43,903	0	43,903	Unknown
Community Health Staff: Salaries				
Unknown (0)	1,649,177	0	1,649,177	Unknown
Controlled Substance Management Network				
Center for Population Health - Integration (68460)	49,436	104,346	(54,910)	Unknown
Leadership Council for a Healthy Monadnock				
Unknown (0)	37,038	0	37,038	Unknown
*** Coalition Building (F6)	1,793,577	104,346	1,689,231	0
**** Community Building Activities (F)	2,115,961	342,972	1,772,989	0
Community Benefit Operations (G)				
Community Needs/Health Assets Assessment (G2)				
Community Benefit Operations Resources				
Center for Population Health - General (68251)	57,177	0	57,177	Unknown
*** Community Needs/Health Assets	57,177	0	57,177	0
Assessment (G2)				
Other Resources (G3)				
Bald Is Beautiful				
Hematology/oncology (HBAS) (14300)	2,352	21,483	(19,131)	Unknown
*** Other Resources (G3)	2,352	21,483	(19,131)	0
**** Community Benefit Operations (G)	59,529	21,483	38,046	0
Number of Programs	43	Total	5,145,631	975,744
			4,169,887	85,153

ATTACHMENT 3

EVALUATION REPORT

Fiscal Year 2020

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. the Healthy Monadnock (HM) community-wide strategy evaluation; and,
3. the Center for Population Health's* community specific program evaluation.

The results of our community benefit activities can be seen in the CBISA report which is located in Attachment 2.

Cheshire Medical Center's department specific measures include the specific program/project area, the intended goal for the year and the results. See below for the dashboard of the Cheshire Medical Center's Center for Population Health specific measures.

Today, Healthy Monadnock Alliance (formerly Vision 2020, Healthy Monadnock 2020, Healthy Monadnock), is a community engagement initiative designed to foster and sustain a positive culture of health throughout the region. In 2008-2009, goals were developed, with action plans identified. Over the next several years core implementation strategies were identified by more than 500 community partners and other stakeholders. In 2019, the Leadership Council for a Healthy Monadnock assumed strategic oversight and direction to the initiative including monitoring a dashboard of community identified measures below. This dashboard shows the target and current status for each of the indicators. In addition, the Healthy Monadnock evaluation plan includes a community-wide telephone survey administered by the UNH Survey Center, which was most recently conducted in FY21. Reports of the findings from these and other assessments can be found at <http://www.healthymonadnockalliance.org/>. Below is the Healthy Monadnock dashboard with the list of indicators, data sources, targets and current results.

*Center for Population Health is a department of Cheshire Medical Center.

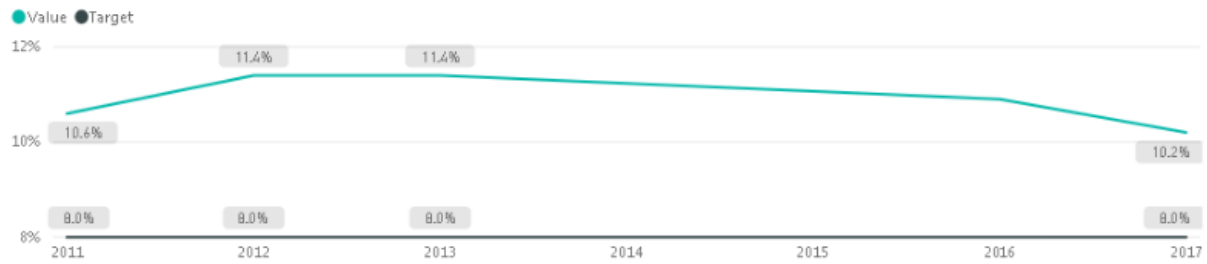
SOCIO-ECONOMIC FACTORS

POVERTY RATE

SOURCE: US Census

No Change

Goal Not Met

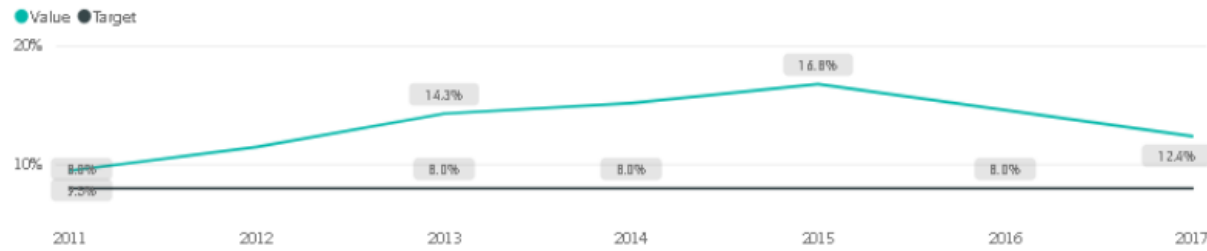


HOUSEHOLDS WITH CHILDREN IN POVERTY

SOURCE: US Census

Better

Goal Not Met

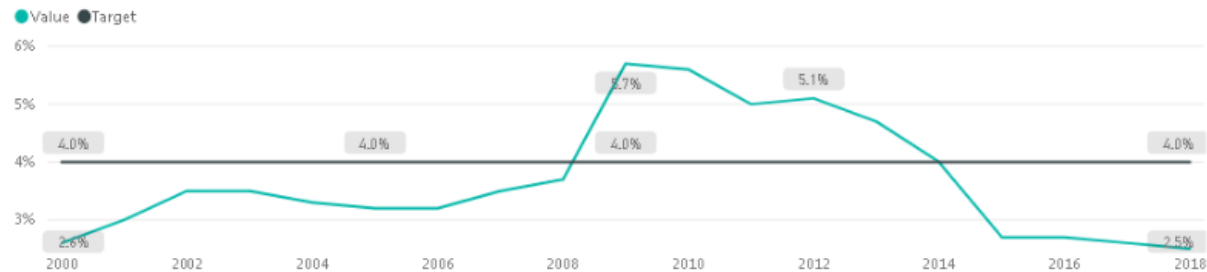


UNEMPLOYMENT RATE

SOURCE: BLS/FRED

No Change

Goal Met

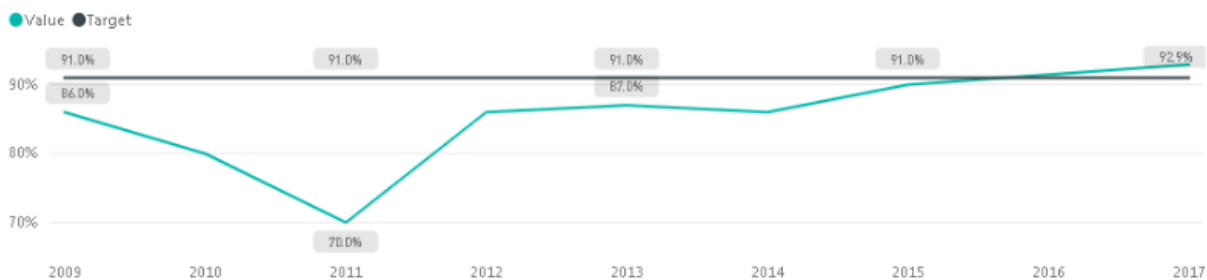


PERCENT OF 9TH GRADERS THAT GRADUATE IN 4 YRS

SOURCE: US Census

Better

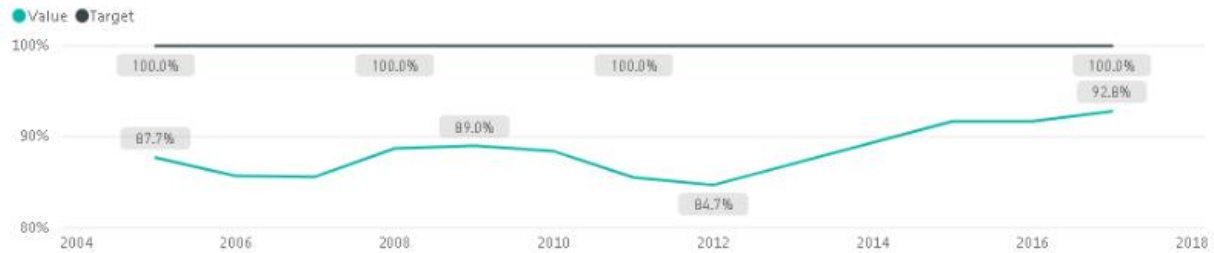
Goal Met



HEALTHCARE ACCESS

RESIDENTS WITH HEALTHCARE COVERAGE

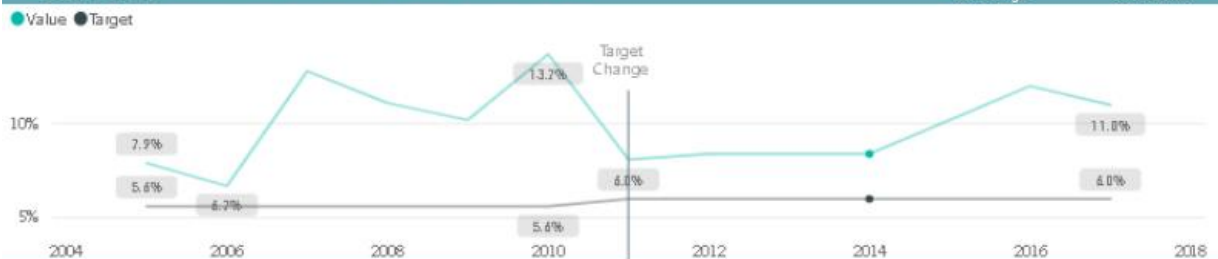
SOURCE: BRPSS/BAHE



BEHAVIORAL HEALTH

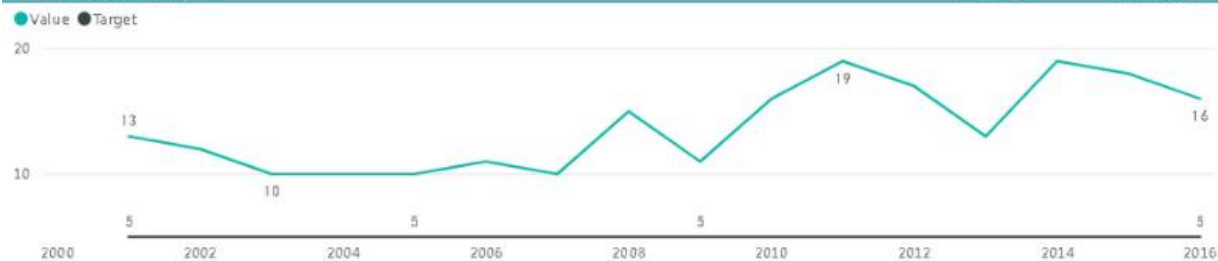
FREQUENT MENTAL HEALTH DISTRESS

SOURCE: BRPSS



SUICIDE MORTALITY RATE per 100,000

SOURCE: CDC Mortality File



SUBSTANCE MISUSE & TOBACCO USE

ADULT BINGE DRINKING

SOURCE: NHWRDS + BRPSS



SUBSTANCE MISUSE & TOBACCO USE

YOUTH WHO DON'T DRINK

SOURCE: YRBS

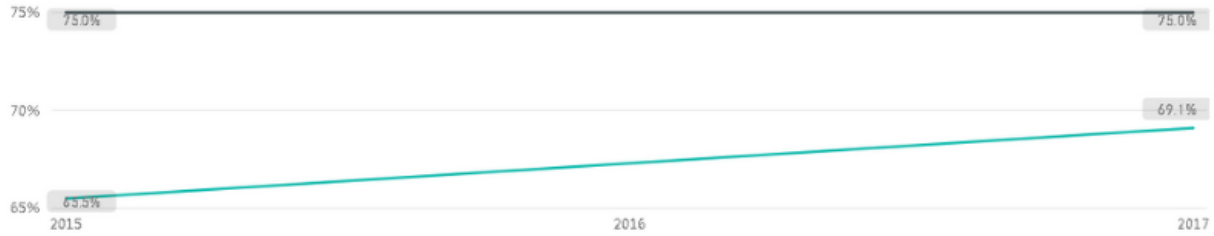


Better



Goal Not Met

● Value ● Target



ADULTS WHO SMOKE

SOURCE: BRFSS



Better



Goal Not Met

● Value ● Target*



YOUTH WHO SMOKE

SOURCE: YRBS

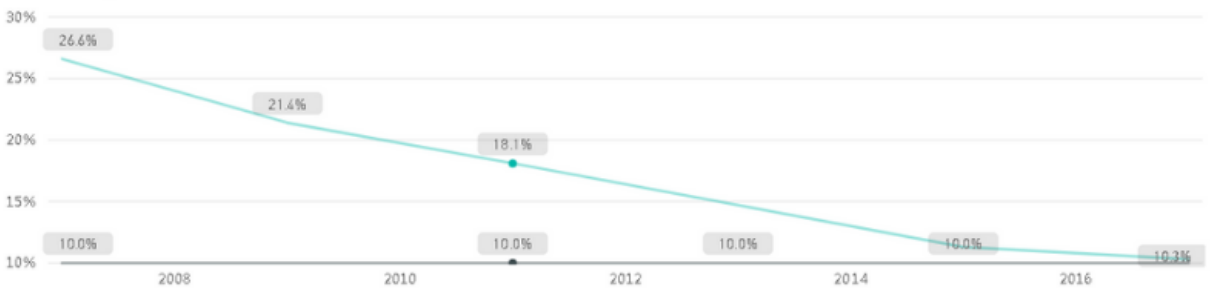


Better



Goal Not Met

● Value ● Target



YOUTH WHO DON'T VAPE

SOURCE: YRBS

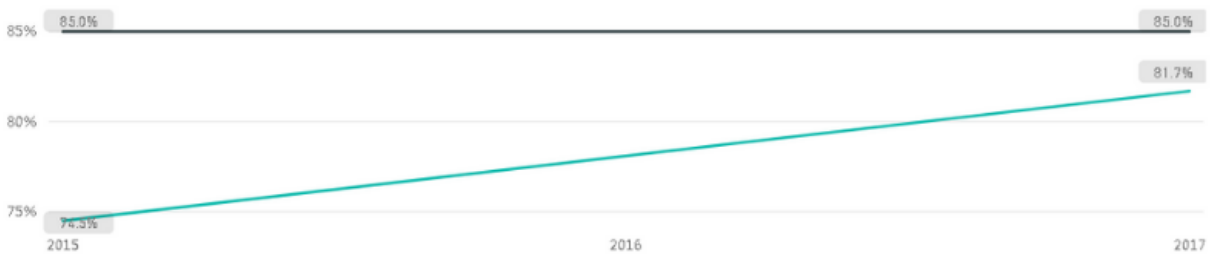


Better



Goal Not Met

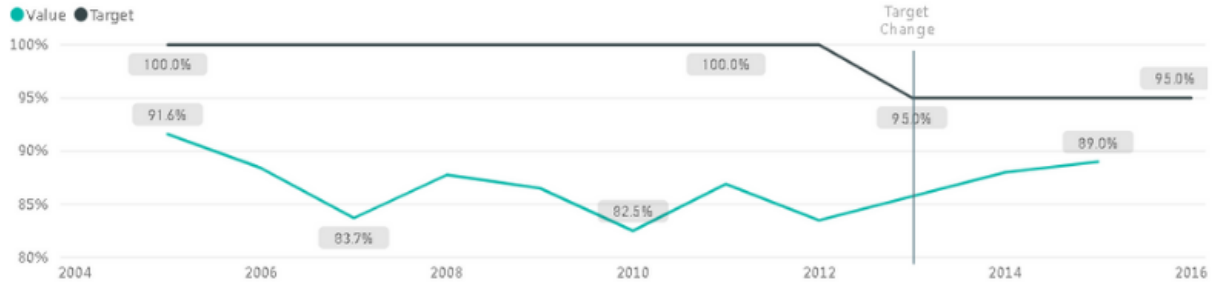
● Value ● Target



HEALTHY LIVING & PHYSICAL ACTIVITY

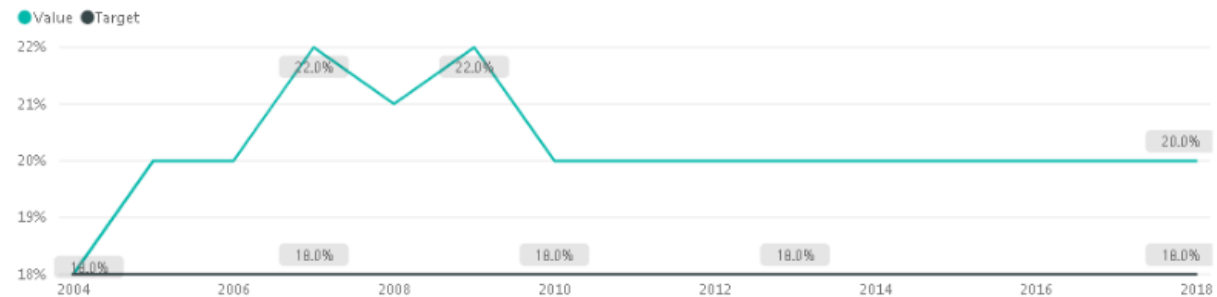
ADULTS WITH GOOD OR BETTER HEALTH

SOURCE: BRFSS



PHYSICAL INACTIVITY

SOURCE: BRFSS



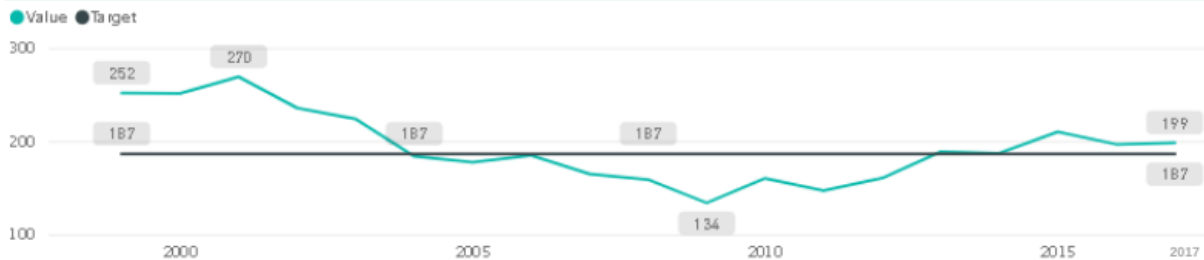
ADULTS WITH DIABETES

SOURCE: BRFSS



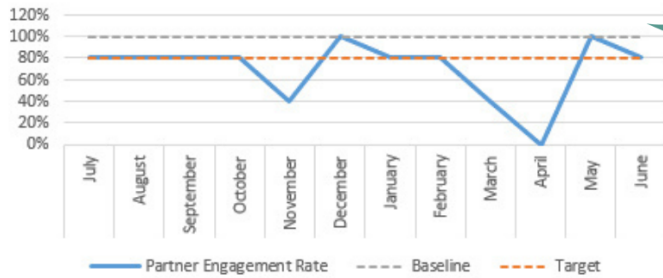
ALL CARDIOVASCULAR DISEASE MORTALITY per 100,000

SOURCE: CDC WONDER



by June 30, 2020....

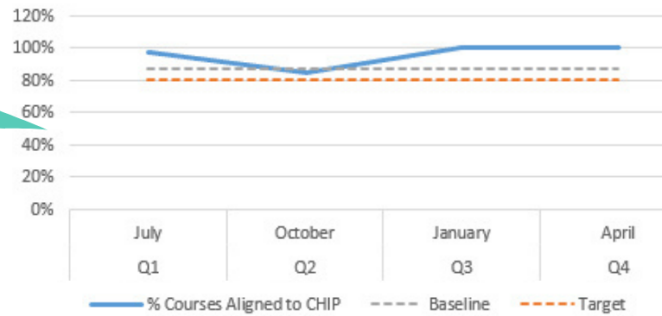
Behavioral Health Partner Network Engagement



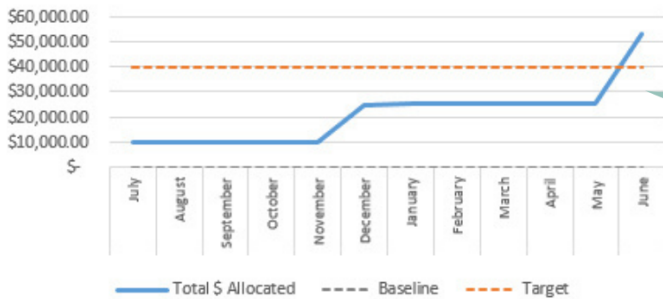
...maintain 80% engagement rate (partner representative presence at meetings) in BHPN meetings.
GOAL: Met

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

Community Health Education Courses



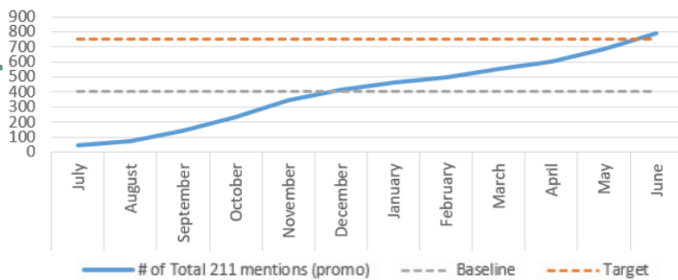
Community Partner Funds Allocated for CHIP



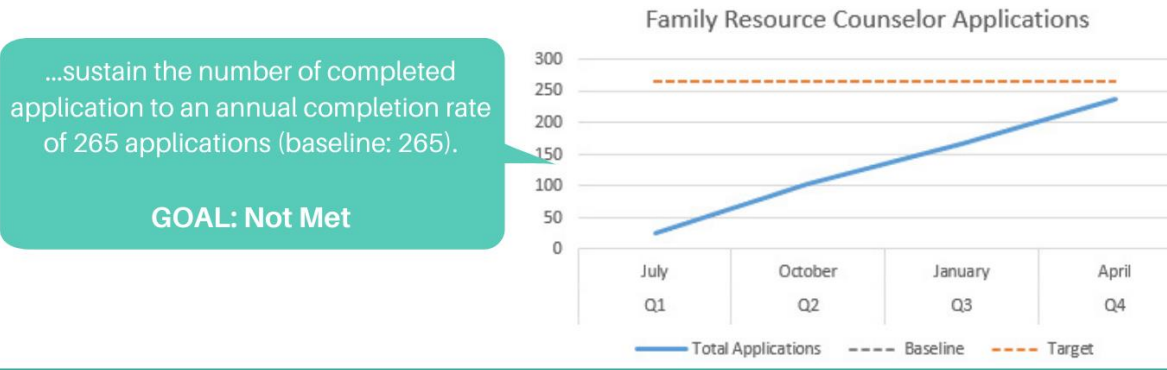
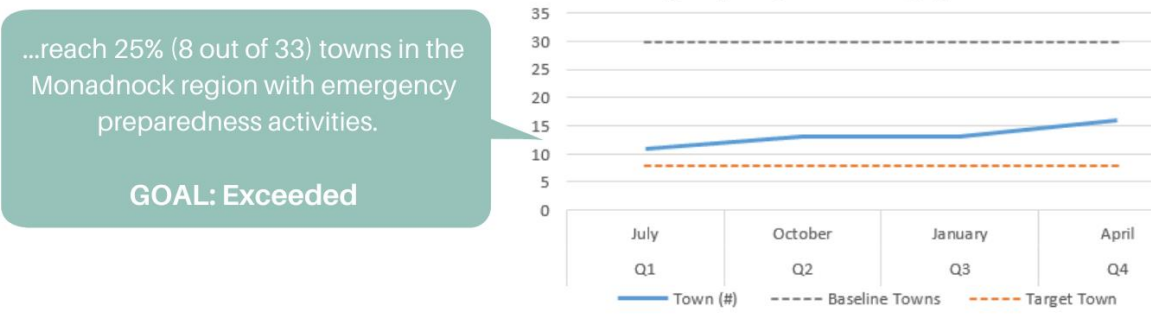
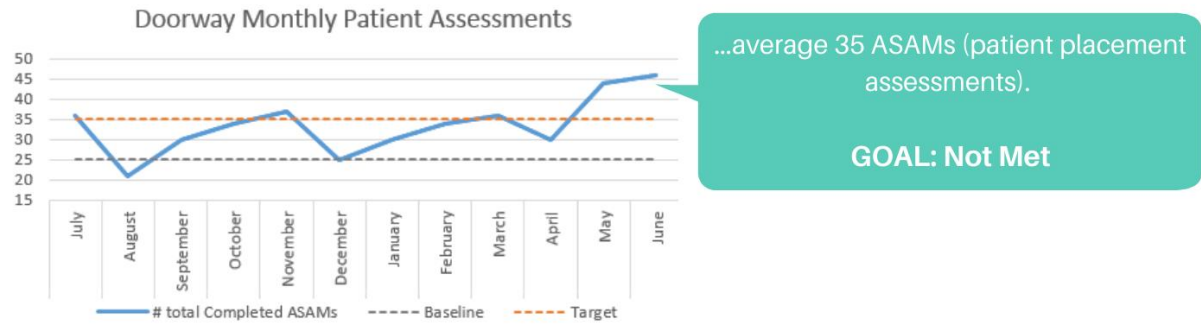
...increase monetary and in-kind (space, resources, people) allocation from \$0 to \$40,000 to support CHIP workgroup implementation.
GOAL: Exceeded

...help promote 211 so that the Doorway will receive 900 calls.
GOAL: Met

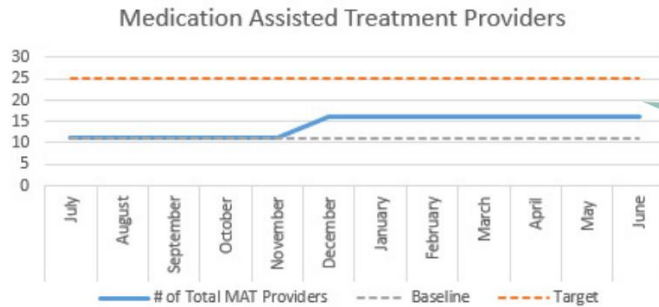
Continuum of Care 211 Call Promotion



by June 30, 2020....

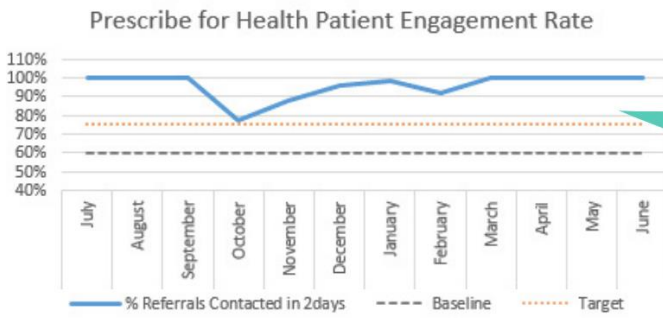
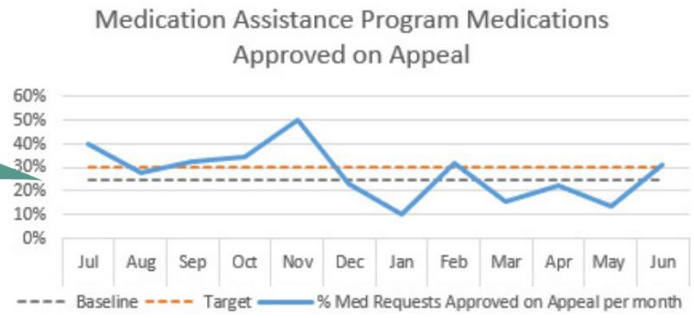


by June 30, 2020....



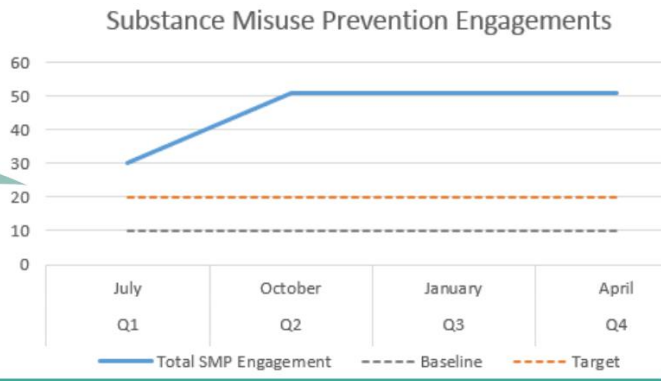
...there will be an increase in the number of providers offering Medication Assisted Treatment from 18 to 25.
GOAL: Not Met

...the Medication Assistance Program will see an increase of 10% in medication requests approved on appeal per month (baseline: 25%).
GOAL: Met



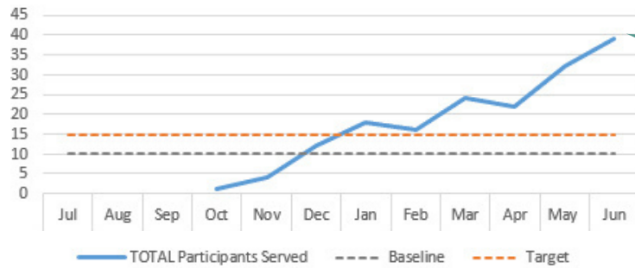
...the P4H program will achieve a 15% increase in patients having initial outreach within two business days of referral (baseline: 60%).
GOAL: Exceeded

...increase new Substance Misuse Prevention engagements from 10 to 20 (5 per quarter).
GOAL: Met



by June 30, 2020....

Tobacco Cessation Program Participants Served



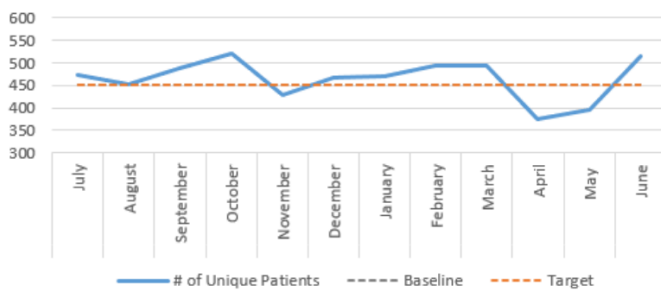
...increase tobacco cessation program participants served from 10 to 15 patients per month.
GOAL: Exceeded

...increase new or renewed signed commitments of organizational champions from baseline of 61 commitments to 62 commitments.
GOAL: Exceeded

Wellpowered Worksites Commitments



CMC Unique Behavioral Health Patients Served



...understand the unique behavioral health patients served at all Cheshire Medical Center locations.
GOAL: Not Applicable

...sustain 280 written agreements with external organizations to support population health priorities.
GOAL: Not Met

CPH Partner Agreements

