

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 10/01/2008

*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.cheshiremed.org](http://www.cheshiremed.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:** James Putnam 352-2448 jputnam@mcmxi.com

**Community Benefits**

**Plan Contact:** Yvonne Goldsberry 354-5400 ygoldsberry@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?

2008 *(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	101
2	430
3	601
4	602
5	421
6	420
7	120
8	121
9	607

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	300
B	301
C	330
D	370
E	406
F	407
G	522

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*  
See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2009 and projected for the coming year.



**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	5 6 A	\$817,598.00	\$833,950.00
<i>Community-based Clinical Services</i>	A B 3	\$23,433.00	\$23,902.00
<i>Health Care Support Services</i>	1 7 8	\$69,685.00	\$71,079.00
<i>Other: Various</i>	5 6 A	\$657,517.00	\$670,667.00

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	7 A --	\$315,483.00	\$321,793.00
<i>Intern/Residency Education</i>	7 A --	\$34,449.00	\$35,138.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: Other health students</i>	5 6 A	\$28,800.00	\$29,376.00

<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: Cardiac Rehabilitation program</i>	A -- --	\$374,449.00	\$381,938.00
<i>Type of Service: Pulmonary Rehabilitation Program</i>	A E --	\$51,180.00	\$52,204.00
<i>Type of Service: Other</i>	5 -- --	\$3,917.00	\$3,995.00
<i>Type of Service:</i>	-- -- --		

<i>Type of Service:</i>	-- -- --		

<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	4 2 --	\$287,206.00	\$292,950.00
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	8 A 2	\$81,483.00	\$83,113.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 -- --	\$177,778.00	\$181,334.00
<i>Resource Development Assistance</i>	6 8 A	\$164,346.00	\$167,633.00

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	G -- --	\$35,825.00	\$36,542.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	E 6 8	\$717,488.00	\$731,838.00
<i>Community Health Advocacy</i>	A 6 5	\$99,997.00	\$101,997.00



<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	-- -- --	\$71,886.00	\$71,886.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 2 7	\$2,192,047.00	\$2,235,888.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	1 2 7	\$10,601,332.00	\$10,813,358.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 7	\$5,301,612.00	\$5,407,644.00
<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>	\$315,175,070.00
<i>Net Revenue from Patient Services</i>	\$147,608,409.00
<i>Total Operating Expenses</i>	\$146,174,502.00
<i>Net Medicare Revenue</i>	\$47,143,484.00
<i>Medicare Costs</i>	\$57,744,816.00
<i>Net Medicaid Revenue</i>	\$5,647,410.00
<i>Medicaid Costs</i>	\$10,949,022.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,192,047.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,012,520.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$6,204,567.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$387,484.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$6,592,051.00

**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) Cedarcrest Center for Children with Disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Crotched Mountain Rehabilitation Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Good Shepard Rehabilitation and Nursing Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Haome Healthcare Hospice and Community Services	<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) Monadnock Family Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Monadnock United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Prospect Place Assisted Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Rivermead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) Scott Farrar Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11) Community Advisory Council - representatives of each town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Council for a Healthier Community- community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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):

The 2008 health needs assessment was conducted in collaboration with several Monadnock region health care charitable trusts including: Cedarcrest Center for Children with Disabilities, Dartmouth-Hitchcock Keene, Crotched Mountain Rehabilitation Center, Good Shepherd Rehabilitation and Nursing Center, Home Healthcare Hospice and Community Services, Monadnock Community Hospital, Monadnock Family Services, Monadnock United Way, Prospect Place Assisted Living, Rivermead, and the Scott Farrar Home.

The assessment stemmed from the findings of the 2007 Southwest Community Services and Monadnock United Way community needs assessment. The United Way assessment gathered surveys from 59 consumers, 70 agencies and 144 community leaders.

Our 2008 Community Benefit Assessment process had three components:

- Review the needs identified in the 2003 assessment. Identify collaborative efforts to address these needs. Identify any remaining gaps that require continued attention.
- Review health status information to identify health issues that might be of concern.
- Use focus groups to further define the healthcare related findings from the 2007 Monadnock United Way / Southwestern Community Services community needs assessment.

The Community Benefit Assessment included two focus groups, one each from the two hospital service areas covering the Monadnock region. Results of the assessment were shared by each participating organization. For Cheshire Medical Center, this included sharing results with the hospital Community Advisory Committee, the Vision 2020 Steering Committee, and the Council for a Healthier Community. The assessment is posted on the Monadnock United Way website in addition to the websites of individual participating organizations.

For the 2009 community benefit plan, the Council for a Healthier Community participated in developing community health improvement goals. The Community Advisory Committee, serving in an advisory capacity for both Home Healthcare, Hospice and Community Services, and Cheshire Medical Center/Dartmouth Hitchcock Keene, reviewed and commented on the plan. The plan is available to the public on the Cheshire Medical Center website: [cheshiremed.org](http://cheshiremed.org)

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	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**

## **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 2009 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.

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.

Given the changes in reporting form structure and requirements, it is difficult to make direct comparisons to prior Community Benefit reports. This 2009 report represents significant efforts to re-categorize our work based on the updated definitions.

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

#### *Community Health Education*

Community Education Programs [Needs addressed: 4, 5, 6, A, B, 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 2009 year programs offered a variety of chronic disease and wellness topics such as childbirth, nutrition, diabetes, physical activity, safety, and weight loss. Most programs are offered free of charge and are tapped for airing on the local public cable access channel, Cheshire TV.

*Senior Passport* is a free 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.

The *Community Health Education Collaborative*, a group of non-profit community organizations that offer health education, publishes a directory of programs, *To Your Health*. This guide includes a listing of the programs and support groups being offered in the Monadnock Region. CMC/DHK takes

the responsibility for the lay out, design and printing costs of *To Your Health*, which is distributed throughout the community. [Needs addressed: 4]

On-line Health Information [Needs addressed: 4, 5, 6, A, B, C, D, E, F]

CMC/DHK is committed to helping people take a greater responsibility for their health. The information on the website acts as a source of reliable and up-to-date health information. In addition to health information from our medical and nursing staff, our website links to reliable 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. The website averages 21,000 visits per month.

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

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

### *Community Based Clinical services*

Health Screenings [Needs addressed: 4, 5, 6, 7, A, B, C, D, E]

CMC/DHK has advocated and supported cancer screening programs for a number of years. 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. We offer 18-20 clinics per year, including evening and Saturday appointments in the Keene office, with satellite clinic offices in Winchester and Jaffrey. The female staff includes nurse practitioners, nurse educators, and receptionists.

CMC/DHK provides funding for a prostate screening clinic each fall during Prostate Cancer Awareness Week for men, 50-74 years old without symptoms, or men in their forties who have a known family history of prostate cancer or who are African American. Screening includes a health questionnaire and a simple digital rectal exam from an urologist.

CMC/DHK offers skin cancer screening clinic to coincide with Skin Cancer Awareness week. Up to 100 patients of any age or income level are scheduled to see a dermatologist for a skin exam and a nurse for education regarding skin cancer and prevention.

In addition, we hosted several community health outreach fairs that offered screenings for cancer, blood pressure, cholesterol, blood glucose, body mass, and depression. These events target segments of the population. The American Heart Association's "Go Red for Women" theme was featured at a women's health screening and education fair. We collaborated with a local hardware and contractor supply company to produce a men's health screening event. We created a day long skin cancer program for Melanoma Monday. We partnered with the Keene Parks and Recreation Department for a youth health event. We worked closely with local businesses to offer tobacco cessation materials and support during the Great American Smokeout.

### *Health Care Support Services*

Support to Families [Needs addressed: 1, 2, 4, 7, 8]

The CMC/DHK Family Resource Counseling Program provides information about federal, state, and local health care access programs to all members of our community and offers assistance as needed with the application process. The Family Resource Counselor helps determine eligibility for free or reduced cost services including prenatal care and delivery, health care for children ages birth through 19 years, preventive and restorative care dental care, prescription drugs, vision exams and eyeglasses, mental health services, and drug and alcohol services .

The "100% Schools program is a partnership between our local school system, CMC/DHK and New Hampshire Healthy Kids. Under this initiative, the Family Resource Counselor from Cheshire Medical Center works closely with school nurses to identify families needing assistance, offer information about health insurance options, and enroll eligible families in the Healthy Kids program. This effort builds on the long-standing partnerships between NH SAU #29, SAU #38 and Cheshire Medical Center's community health programs. The CMC/DHK Family Resource Counselor offers outreach to school nurses to assist in identifying families in need, accepts referrals from school nurses and, acting as an application assistor for NH Healthy Kids, processes Healthy Kids applications.

### *Other*

Athletic Trainers [Needs addressed: 5, 6, 7, A]

The CMC/DHK Sports Medicine Center partners with local high schools to provide athletic trainers to support the health and wellness needs of local athletes. The program has eight athletic trainers that provide medical coverage for all home athletic events to Keene High School, Monadnock Regional High School, Fall Mountain Regional High School, Bellows Falls Union High School, Vermont Academy, Keene State College and the Keene Swamp Bats. The trainers are fully supported by the physicians in the Sports Medicine Center, and physical therapists through the Farnum Rehabilitation Unit. Physicians in the Sports Medicine Center also provide educational opportunities for athletic training students in partnership with Keene State College.

Cheshire Smiles Program [Needs addressed: 8]

Two public health dental hygienists and a part time assistant staff the Cheshire Smiles Program to provide in-school oral health screening for children in grades K-3. Hygienists offer one-on-one and classroom education, fluoride treatment, and use of portable equipment to perform dental cleanings of students in SAU #29 and SAU #38. Hygienists conduct fluoride rinse programs in schools, and work with area dentists to offer clinics for the placement of sealants on children's teeth. They also screen and offer sealants at the Keene Middle School. This project gives us an opportunity to follow-up with children who were originally seen in the K- 3 program.

Medications Assistance Program [Needs addressed: 1]

The Medication Assistance Program provides free or reduced cost medications for acute illnesses and improves access to medications vital to continued good health for patients who require medication on an ongoing basis and who cannot afford it. The Medication Assistance Program at Cheshire Medical Center was the first hospital-based program of its kind in the State of NH and was the first recipient of the NH Medication Bridge Award.

## **B. Health Professionals Education**

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

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

## **C. Subsidized Health Services**

*Cardiac Rehabilitation* [Needs addressed: 5, A]

The Cardiac Rehabilitation Program at CMC/DHK offers Phase II and Phase III programs. Our focus, in the setting of monitored exercise in our structured Phase II program, is to restore patient confidence in resuming activities and exercise, as well as aggressive risk factor and lifestyle modification in the secondary prevention setting. We partner with Antioch University New England to offer on-site clinical psychology support to assist with stress management and goal setting as well as providing potential intervention for patients dealing with depression secondary to their cardiovascular disease. Phase II is a highly structured six to eight week program. Phase III is less structured and includes self monitored aerobic exercise with medical supervision. During the most recent fiscal year we had approximately 1300 patient sessions.

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

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

## **D. Research**

### *Community Health Research*

#### Geriatric Research Project [Needs addressed: 4, 2]

CMC/DHK is partnering with the Geriatric Care Research Center at The Dartmouth Institute to design and implement community-based participatory research projects focused on the elderly in our community. During FY 2009, we convened a community team focused on geriatric issues, and lead by a DHK geriatrician, to begin to identify research projects. The team identified two main areas of concern, information and referral processes and supports to families and caregivers of elders. Grant applications were developed and submitted for funding, and the group awaits response on funding opportunities that would bring leveraged revenue to this effort.

## **E. Financial Contributions**

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

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.

## **F. Community Building Activities**

*Support Systems Enhancement* [Needs addressed: G]

#### Greater Monadnock Public Health Network (GMPHN)

GMPHN is a community health and safety collaborative which works to enhance and improve public health-related services. Formerly known as the Cheshire Public Health Network, the GMPHN is one of 15 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 of representatives of regional organizations involved in providing for the public's health and safety. The GMPHN drafted the regional public health preparedness plan and conducted drills for implementing mass vaccination clinics.

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

#### Advocates for Healthy Youth (AFHY)

Through AFHY, CMC/DHK has been working 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 2005, we completed implementation of a pilot program in two area schools. In 2006 we expanded efforts by offering small grants to schools and after school programs to support costs of physical activity and nutrition programs. Grant projects incorporated the key lessons learned during the pilot project. In FY 2007 and 2008, AFHY began implementing the 5-2-1-0 community public messaging campaign to educate families about childhood obesity and to advocate health promotion options to prevent or reduce obesity. In FY 2009 AFHY worked with local schools and afterschool programs to implement the priorities of the statewide *Healthy Eating Active Living (HEAL)* 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 chaired by a DHK physician and is comprised of hospital staff, health providers, community members and representatives of schools and colleges, law enforcement, clergy and the general public. The group meets monthly and works closely with young people on the coalition and in local schools to provide programs for cessation, vendor compliance and education. The Coordinator and a Tobacco Cessation Educator are full time CMC/DHK employees. They actively engage in anti-tobacco activities in our local community and coordinate with state agencies and organizations. The Tobacco Program staff meet frequently with representatives from local schools and colleges and works closely with the Keene District Court to offer "Smokeless Saturdays".

## Dental Public Health Task Force

CMC/DHK assumes a leadership role in bringing together dentists, hygienists, hospital staff, and community volunteers to serve as the Dental Public Health Task Force. The Task Force assesses dental needs and, when necessary, discusses and advocates for oral health policy change. The Task Force hosts a volunteer dental program for adults, the *Traveling Adult Dental Service*. Under this initiative, volunteer dentists hold a monthly free clinic which rotates to different dental offices each month. Patients are screened for dental care needs and financial eligibility by a dental hygienist.

## Vision 2020 – Healthiest Community Initiative

In the spring of 2006, CMC/DHK announced a goal to make the greater Keene area the healthiest community in the nation by the year 2020. While work began on this initiative in FY 2007, we began bringing together community partners to enhance community ownership of the vision during FY 2009. For over 10 years, Cheshire Medical Center has convened the community health coalition, the Council for a Healthier Community to conduct community health assessments and set a community-wide agenda for community health improvement. In FY 09, the Council identified and confirmed goals of Vision 2020 and convened workgroups to begin developing a community plan. CMC/DHK is taking a lead role in supporting this initiative by dedicating staff, space, and financial resources to convene the Council workgroups, implement an evaluation process in partnership with Antioch University New England, promote the HEAL initiative, and promote broad-based community health messaging and other environmental strategies for prevention and wellness.

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

## Participation in Advocacy and Policy Development Efforts

CMC/DHK staff members actively serve on of state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2009 our staff participated as members of the New Hampshire Citizen's Health Initiative, the New Hampshire Childhood Obesity Commission, the New Hampshire Trauma Committee, the New Hampshire Public Health Regionalization Task Force and the New Hampshire Public Health Services Improvement Council.

## Healthy Eating Active Living Program (HEAL)

CMC/DHK is serving as one of five pilot sites for the New Hampshire HEAL Initiative. The HEAL program envisions a New Hampshire where all residents improve health and quality of life through healthy eating and active living. 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 to help promote good nutrition and enhance physical activity.



**G. Community Benefit Operations** [Needs addressed: N/A]

We dedicate approximately 1 FTE of staff time to monitor and collect data on our 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 tool to assist with data collection and reporting.

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

In FY 2009 we provided \$2,192,047 in charity care to 2255 people.

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

See Community Benefit Reporting Form Section 5.

# **ATTACHMENT 2**

## **Summary of Quantifiable Benefits**

**Cheshire Medical Center**  
**Complete Summary - Unclassified Excluding Non Community Benefit (Medicare and Bad Debt)**  
**For period from 10/1/2008 through 9/30/2009**

<b>Organization</b>	<b>Persons</b>	<b>Total Expense</b>	<b>Offsetting Revenue</b>	<b>Net Benefit</b>	<b>% of Expenses</b>	<b>Revenues</b>
Traditional Charity Care	2,255	2,192,047	0	2,192,047	1.5	1.5
Community Health Services	85,906	1,749,569	181,336	1,568,233	1.1	1.0
Health Professions Education	1,323	379,032	300	378,732	0.3	0.3
Subsidized Health Services	362	441,977	12,431	429,546	0.3	0.3
Research	0	287,206	0	287,206	0.2	0.2
Financial and In-Kind Contributions	1,388	423,607	0	423,607	0.3	0.3
Community Building Activities	10,361	1,046,727	193,417	853,310	0.6	0.6
Community Benefit Operations	0	71,886	0	71,886	0.1	0.0
<b>Totals - Community Benefit</b>	<b>101,595</b>	<b>6,592,051</b>	<b>387,484</b>	<b>6,204,567</b>	<b>4.4</b>	<b>4.1</b>
<b>Totals - Overall</b>	<b>101,595</b>	<b>6,592,051</b>	<b>387,484</b>	<b>6,204,567</b>	<b>4.4</b>	<b>4.1</b>

**Cheshire Medical Center  
 Summary of Community Services  
 For period from 10/1/2008 through 9/30/2009**

	<u>Living in Poverty</u>	<u>Broader Community</u>	<u>Total Community</u>
<b><u>Human Investments and Statistics</u></b>			
<b>Number of Activities</b>	5	57	62
<b>Staff Hours</b>	5490.5	43589.2	49079.7
<b>Volunteer Hours</b>	0.0	2946.0	2946.0
	0.0	0.0	0.0
<b><u>Financial Investments</u></b>			
<b>Total Community Benefit Expense</b>	167,355	4,232,649	4,400,004
<b>Offsetting Revenue</b>	32,801	354,683	387,484
<b>Net Community Benefit Expense</b>	134,554	3,877,966	4,012,520
<b><u>Outputs</u></b>			
<b>Persons</b>	12,745	88,850	101,595

**Cheshire Medical Center**  
**Selected Categories - Detail**  
**For period from 10/1/2008 through 9/30/2009**

<u>Category / Title / Department</u>	Monetary Inputs		Outputs
	Expenses	Offsets	Benefit
<b>Community Health Improvement Services (A)</b>			
<b>Community Health Education (A1)</b>			
Annual Kiwanis Bike Safety Rodeo Executive Offices (950)	10,961	0	10,961
Child Passenger Safety Car Seat Checks Childcare Center (969)	1,597	0	1,597
Classes Sponsored by Outpatient Rehab Physical Therapy-Farnum PT (737)	142,359	12,461	129,898
CMC/DHK Website Marketing-Planning (956)	68,700	0	68,700
Colon Cancer Awareness Month Marketing-Planning (956)	938	0	938
Community Ed Salaries: Community Health Education Unknown (0)	309,316	8,950	300,366
Community Health Education Community Health (995)	156,269	180	156,089
Community Lectures Unknown (0)	6,083	0	6,083
Emergency Nurses C.A.R.E. ECC (678)	554	0	554
Health Fairs Finance (901)	11,289	0	11,289
Health Matters Radio Show Unknown (0)	4,592	0	4,592
Library Reference Services Unknown (0)	8,531	0	8,531
Pediatric Advanced Life Support Unknown (0)	4,986	0	4,986
Pumpkin Festival Marketing-Planning (956)	54,283	0	54,283
SNAP Unknown (0)	2,047	0	2,047

Support Groups Unknown (0)	38,211	0	38,211
Support to Local Schools Family Practice (790)	2,444	0	2,444
Volunteer Services Volunteer Services (970)	16,029	0	16,029
<b>Community Health Education</b>	<b>839,189</b>	<b>21,591</b>	<b>817,598</b>
<b>Community Based Clinical Services (A2)</b>			
Medical Missions Unknown (0)	383	0	383
Screenings Unknown (0)	23,050	0	23,050
<b>Community Based Clinical Services</b>	<b>23,433</b>	<b>0</b>	<b>23,433</b>
<b>Health Care Support Services (A3)</b>			
Community Health Salaries: Health Care Support Services Unknown (0)	52,307	0	52,307
Health Care Support Services Unknown (0)	17,378	0	17,378
<b>Health Care Support Services</b>	<b>69,685</b>	<b>0</b>	<b>69,685</b>
<b>Other (A4)</b>			
Athletic Trainers for area high schools and college Unknown (0)	524,450	117,461	406,989
Cheshire Smiles Cheshire Smiles (780)	215,805	37,284	178,521
Medication Assistance Program Pharmacy (730)	58,500	5,000	53,500
Norris Cotton Cancer Center-Kingsbury Pavilion Events Hemotology/oncology (HBAS) (756)	18,507	0	18,507
<b>Other</b>	<b>817,262</b>	<b>159,745</b>	<b>657,517</b>
<b>Community Health Improvement Services</b>	<b>1,749,569</b>	<b>181,336</b>	<b>1,568,233</b>
<b>Health Professions Education (B)</b>			
<b>Physicians/Medical Students (B1)</b>			

Physician/Medical Student Education Unknown (0)	34,449	0	34,449
<b>Physicians/Medical Students</b>	<b>34,449</b>	<b>0</b>	<b>34,449</b>
<b>Nurses/Nursing Students (B2)</b>			
Nurse Intern & Extern Programs Education, Training & Development (961)	14,934	0	14,934
Nursing Continuing Ed - Contact hour Program Education, Training & Development (961)	46,737	300	46,437
Nursing Students/Interns Unknown (0)	238,829	0	238,829
Recurring CMS's Education, Training & Development (961)	15,283	0	15,283
<b>Nurses/Nursing Students</b>	<b>315,783</b>	<b>300</b>	<b>315,483</b>
<b>Other Health Professional Education (B3)</b>			
Career Day/Job Shadowing Unknown (0)	3,543	0	3,543
College Lectures Unknown (0)	111	0	111
Lectures to Healthcare Providers Unknown (0)	3,985	0	3,985
Students in Other Healthcare Profession Training Programs Education, Training & Development (961)	21,161	0	21,161
<b>Other Health Professional Education</b>	<b>28,800</b>	<b>0</b>	<b>28,800</b>
<b>Health Professions Education</b>	<b>379,032</b>	<b>300</b>	<b>378,732</b>
<b>Subsidized Health Services (C)</b>			
<b>Other (C10)</b>			
Cardiac Rehab Cardiac Rehab (714)	386,880	12,431	374,449
KSC Athletic Training Program Surgery (660)	3,917	0	3,917
Pulmonary Rehab Pulmonary Rehab (742)	51,180	0	51,180
<b>Other</b>	<b>441,977</b>	<b>12,431</b>	<b>429,546</b>

<b>Subsidized Health Services</b>	<b>441,977</b>	<b>12,431</b>	<b>429,546</b>
<b>Research (D)</b>			
<b>Community Health Research (D2)</b>			
Community Health Research Community Health (995)	287,206	0	287,206
<b>Community Health Research</b>	<b>287,206</b>	<b>0</b>	<b>287,206</b>
<b>Research</b>	<b>287,206</b>	<b>0</b>	<b>287,206</b>
<b>Financial and In-Kind Contributions (E)</b>			
<b>Cash Donations (E1)</b>			
Dental Health Works Marketing-Planning (956)	5,000	0	5,000
Donations-Cash Marketing-Planning (956)	76,483	0	76,483
<b>Cash Donations</b>	<b>81,483</b>	<b>0</b>	<b>81,483</b>
<b>In-kind Donations (E3)</b>			
Athletic Training Staff Time Orthopaedics (HBAS) (772)	5,285	0	5,285
Board of Directors/Committee Members Sports Medicine Center (972)	81,148	0	81,148
Conference Room for Community Groups Unknown (0)	2,792	0	2,792
Donations: In-kind Unknown (0)	5,938	0	5,938
Fundraising for Non-Profits Unknown (0)	9,931	0	9,931
Hospice Medical Director Unknown (0)	72,323	0	72,323
Infection Control Networking Case Management (766)	336	0	336
Technical Assistance to Health Organizations Unknown (0)	25	0	25
<b>In-kind Donations</b>	<b>177,778</b>	<b>0</b>	<b>177,778</b>
<b>Cost of Fundraising for Community Programs (E4)</b>			



Cheshire Health Foundation Fundraising Costs Unknown (0)	164,346	0	164,346
<b>Cost of Fundraising for Community Programs</b>	<b>164,346</b>	<b>0</b>	<b>164,346</b>
<b>Financial and In-Kind Contributions</b>	<b>423,607</b>	<b>0</b>	<b>423,607</b>
<b>Community Building Activities (F)</b>			
<b>Community Support (F3)</b>			
Public Health Network Public Health Network (782)	150,441	114,616	35,825
<b>Community Support</b>	<b>150,441</b>	<b>114,616</b>	<b>35,825</b>
<b>Coalition Building (F6)</b>			
Advocates for Healthy Youth Cheshire Smiles (780)	348,056	1,000	347,056
CHEC(Community Health Educ Cooperative) Unknown (0)	204	0	204
Cheshire Coalition for Tobacco Free Communities Unknown (0)	92,511	27,801	64,710
Community Forums Community Health (995)	111	0	111
Council for a Healthier Community Unknown (0)	6,458	0	6,458
Dental Public Health Task Force Tobacco Coalition (781)	891	0	891
Healthiest Community Initiative Community Health (995)	298,058	0	298,058
<b>Coalition Building</b>	<b>746,289</b>	<b>28,801</b>	<b>717,488</b>
<b>Community Health Improvement Advocacy (F7)</b>			
Community Health Improvement Advocacy Unknown (0)	7,570	0	7,570
Community Health Staff Community Health (995)	131,150	0	131,150
HEAL: Healthy Eating Active Living HEAL (753)	11,277	50,000	(38,723)
<b>Community Health Improvement Advocacy</b>	<b>149,997</b>	<b>50,000</b>	<b>99,997</b>

<b>Community Building Activities</b>	<b>1,046,727</b>	<b>193,417</b>	<b>853,310</b>
<b>Community Benefit Operations (G)</b>			
<b>Assigned Staff (G1)</b>			
Community Health Salaries: Assigned Staff Community Health (995)	71,886	0	71,886
<b>Assigned Staff</b>	<b>71,886</b>	<b>0</b>	<b>71,886</b>
<b>Community Benefit Operations</b>	<b>71,886</b>	<b>0</b>	<b>71,886</b>
<b>Grand Totals</b>	<b>4,400,004</b>	<b>387,484</b>	<b>4,012,520</b>