

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 10/01/2009

*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-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?

2010 *(Please attach a copy of the needs assessment if completed in the past year)*

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

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

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

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

	NEED (Please enter code # from attached list of community needs)
A	601
B	602
C	330
D	370
E	406
F	407
G	522

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*  
 See Attachments 1 and 2 for a summary of community health improvement activities completed in FY 2010.

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

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

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	5 6 4	\$783,789.00	\$784,000.00
<i>Community-based Clinical Services</i>	4 7 3	\$4,026.00	\$4,000.00
<i>Health Care Support Services</i>	1 7 8	\$102,094.00	\$102,000.00
<i>Other: Various</i>	5 6 4	\$717,855.00	\$718,000.00

<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>	7 4 --	\$214,797.00	\$215,000.00
<i>Intern/Residency Education</i>	7 4 --	\$14,142.00	\$14,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: Other health students</i>	5 6 4	\$82,466.00	\$83,000.00

<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: Cardiac Rehabilitation program</i>	4 -- --	\$367,858.00	\$368,000.00
<i>Type of Service: Pulmonary Rehabilitation Program</i>	4 E --	\$53,631.00	\$54,000.00
<i>Type of Service: Other</i>	5 -- --	\$3,872.00	\$3,900.00
<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>	B 2 4	\$193,889.00	\$194,000.00
<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 4 2	\$38,837.00	\$39,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 -- --	\$198,935.00	\$199,000.00
<i>Resource Development Assistance</i>	6 8 4	\$180,904.00	\$181,000.00

<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 -- --	\$158,945.00	\$159,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	E 6 8	\$619,367.00	\$620,000.00
<i>Community Health Advocacy</i>	4 6 5	\$163,029.00	\$163,000.00

<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>	-- -- --	\$46,356.00	\$46,000.00
<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	\$2,641,221.00	\$3,000,000.00

<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	\$9,068,928.00	\$9,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 7	\$4,585,237.00	\$4,600,000.00
<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>	\$312,411,635.00
<i>Net Revenue from Patient Services</i>	\$153,475,051.00
<i>Total Operating Expenses</i>	\$155,345,281.00
<i>Net Medicare Revenue</i>	\$50,076,890.00
<i>Medicare Costs</i>	\$59,145,818.00
<i>Net Medicaid Revenue</i>	\$5,345,532.00
<i>Medicaid Costs</i>	\$9,930,769.00
<i>Unreimbursed Charity Care Expenses</i>	\$2,641,221.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$3,954,792.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$6,596,013.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$509,359.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$7,105,372.00

**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) Home Healthcare Hospice and Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Monadnock Family Services	<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 - Healthy Teeth to Toes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Community Advisory Council - representatives of each town	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Council for a Healthier Community- community leaders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

The community needs assessment was coordinated with the assistance of the broad-based community health coalition, the Council for a Healthier Community. In promoting the healthiest community initiative, known locally as Vision 2020, the Council identified community needs toward a goal of becoming the healthiest community in the nation by the year 2020. The Council formed five workgroups around strategic themes including: health status, healthcare access; health literacy, wellness, and social capital. The workgroups met from January 2008 - October 2009 to identify key goals, key measures, and local community assets. This work is summarized in the community needs assessment found at the web site [healthiestcommunity.org](http://healthiestcommunity.org). We hosted a planning Summit in May of 2010 to identify contributing factors for each indicator in the community assessment. The 215 attendees also identified possible programs and policies to address each need. Summit information will be used to develop action plans during the fall and

winter of 2010. Cheshire Medical Center provides staff for the Vision 2020 initiative and funded the community assessment process through an evaluation partnership contract with Antioch New England University (see Attachment 1).

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 community benefit plan. The report 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 2010 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.

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

#### *Community Health Education*

Community Education Programs [Needs addressed: 4, 5, 6, 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 2010 year programs offered a variety of chronic disease and wellness topics such as childbirth, nutrition, diabetes, physical activity, senior issues, 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.

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

CMC/DHK is committed to helping people take a greater responsibility for their health. In addition to health information from our medical and nursing staff, our website links to reliable and up-to-date sources of health information. We use our website to share the community benefits report and service quality information with the public. The website incorporates

"Healthwise", a searchable health information database. The website averages 21,700 visits per month.

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

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, B, C, D, E]

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 worked closed 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, B, 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, 4]

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 program gives us an opportunity to follow-up with children who were originally seen in the K- 3 program.

Medications Assistance Program [Needs addressed: 1]

The Medication Assistance Program provides free or reduced cost medications for acute illnesses and improves access to medications vital to continued good health for patients who require

medication on an ongoing basis and who cannot afford it. 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. In FY 2010, the program supplied medications valued at 2.5 million dollars.

Community Health Clinical Integration [Need addressed: 4]

In FY 2010, we created an initiative to bridge (integrate) community health improvement work with clinical services. A new position placed a clinician (MD) in the community health office to bring clinical expertise to local coalitions and to tie community coalition work back to clinical areas. This initiative currently spans a broad range of topics including falls prevention, substance abuse, diabetes, medication disposal, and heart health.

## **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. CMC/DHK is currently working closely with Keene State College to develop a BSN undergraduate degree program.

## **C. Subsidized Health Services**

*Cardiac Rehabilitation* [Needs addressed: 5, 4]

The Cardiac Rehabilitation Program at CMC/DHK offers Phase II and Phase III programs. Our focus, in the structured monitored exercise Phase II program, is to restore patient confidence in resuming activities and exercise, and aggressive risk factor and lifestyle modification. We partner with Antioch University New England to offer on-site clinical psychology support to assist with stress management and goal setting and to provide interventions 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: 4, E]

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

## **D. Research**

### *Community Health Research*

Geriatric Research Project [Needs addressed: B, 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 2010, we convened a community team focused on geriatric issues, and lead by a DHK geriatrician. Grant applications were developed and submitted for funding after an initial unsuccessful round of grant applications.

Population Health Research Center Partner [Needs addressed: 4]

CMC/DHK was selected as a research partner site by the new Dartmouth Institute Population Health Research Center. CMC/DHK staff, along with other community partners, participated in an action learning collaborative project focused on hypertension and heart health. During FY 2010, the group completed a planning process and two research initiatives will begin in FY 2011.

## **E. Financial Contributions**

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

CMC/DHK makes cash and in-kind donations to community projects and organizations that are addressing identified community needs and best coordinated by other organizations, or that are doing work that complements our mission. For example, we work in partnership with other community health and human service organizations to meet the dental health needs of underserved populations such as the chronically mentally ill, pregnant women who cannot afford dental care, children identified through the school based *Cheshire Smiles* Program, and others, by sponsoring patient visits at *Dental Health Works*, a public/private program serving underserved residents of Cheshire County. Many of our senior staff serve on local non-profit boards to share their clinical or management expertise, or help to coordinate local fundraising efforts for chronic

diseases such as planning and participating in the American Cancer Society's "Relay for Life" program.

## **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. In FY 2010, the GMPHN put the regional public health preparedness plan into action during the H1N1 vaccination process. It administered the most vaccines of all Public Health Network sites in the state by giving 7033 doses.

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

Advocates for Healthy Youth (AFHY)

AFHY is a community coalition focused on childhood obesity. Through AFHY, CMC/DHK works closely with community health providers, Keene State College, Antioch University New England, Keene Parks and Recreation Center, and area schools to address the epidemic of childhood obesity. In FY 2010, AFHY worked with local schools and afterschool programs to enhance physical activity and nutrition programs and policies. The coalition worked with SAU 29 on a data collection project to assess body mass index scores. CMC/DHK also sponsors the *Families in Training* childhood obesity treatment program that was designed by AFHY members.

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 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 meets frequently with representatives from local schools and colleges and work 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 that 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

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. In FY 2010, the community needs assessment was published and new workgroups formed to begin developing an action 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, and to promote broad-based community health messaging and other environmental strategies for prevention and wellness. We also conducted planning activities for a "champions program" associated with the initiative. CMC/DHK provides staffing, office space and overall leadership for this initiative.

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

#### Participation in Advocacy and Policy Development Efforts

CMC/DHK staff members actively serve on state and local commissions and committees that focus on community health improvement advocacy and policy. In FY 2010, our staff participated as members of the New Hampshire Citizen’s Health Initiative, the New Hampshire Comprehensive Cancer Collaborative, 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 Community Benefits activities, as well as prepare fiscal information as required to complete the Community Benefits Reporting Form. We use the Community Benefit Inventory and Reporting Software tool to assist with data collection and reporting.

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

In FY 2010, we provided \$2,641,221 in charity care to 1978 people.

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

See Community Benefit Reporting Form Section 5.

# **ATTACHMENT 2**

## **Summary of Quantifiable Benefits**

1/19/2011

Cheshire Medical Center

Complete Summary - Unclassified Excluding Non Community Benefit (Medicare and Bad Debt)

For period from 10/1/2009 through 9/30/2010

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
Traditional Charity Care	1,978	2,641,221	0	2,641,221	1.7	1.7
Community Health Improvement Services	77,855	1,828,013	220,249	1,607,764	1.0	1.0
Health Professions Education	1,290	311,405	0	311,405	0.2	0.2
Subsidized Health Services	341	439,361	14,000	425,361	0.3	0.3
Research	3	198,889	5,000	193,889	0.1	0.1
Financial and In-Kind Contributions	4,778	428,676	0	428,676	0.3	0.3
Community Building Activities	56,643	1,211,451	270,110	941,341	0.6	0.6
Community Benefit Operations	0	46,356	0	46,356	0.0	0.0
<b>Totals - Community Benefit</b>	<b>142,888</b>	<b>7,105,372</b>	<b>509,359</b>	<b>6,596,013</b>	<b>4.2</b>	<b>4.2</b>
<b>Totals - Overall</b>	<b>142,888</b>	<b>7,105,372</b>	<b>509,359</b>	<b>6,596,013</b>	<b>4.2</b>	<b>4.2</b>

1/19/2011  
Cheshire Medical Center  
Summary of Community Services  
For period from 10/1/2009 through 9/30/2010

	<u>Living in Poverty</u>	<u>Broader Community</u>	<u>Total Community</u>
<b><u>Human Investments and Statistics</u></b>			
Number of Activities	5	54	59
Staff Hours	6411.0	49658.0	56069.0
Volunteer Hours	0.0	0.0	0.0
	0.0	0.0	0.0
<b><u>Financial Investments</u></b>			
Total Community Benefit Expense	424,685	4,039,466	4,464,151
Offsetting Revenue	131,624	377,735	509,359
Net Community Benefit Expense	293,061	3,661,731	3,954,792
<b><u>Outputs</u></b>			
Persons	4,000	136,910	140,910

1/24/2011  
**Cheshire Medical Center**  
**Selected Categories - Detail**  
**For period from 10/1/2009 through 9/30/2010**

<u>Category / Title / Department</u>	<b>Monetary Inputs</b>		
	<b>Expenses</b>	<b>Offsets</b>	<b>Benefit</b>
<b>Community Health Improvement Services (A)</b>			
<b>Community Health Education (A1)</b>			
AHA Training Center Coordinator & Regional Faculty Education, Training & Development (961)	13,716	0	13,716
Annual Kiwanis Bike Safety Rodeo Executive Offices (950)	6,199	0	6,199
Child Passenger Safety Car Seat Checks Childcare Center (969)	4,217	0	4,217
Classes Sponsored by Outpatient Rehab Physical Therapy-Farnum PT (737)	160,934	15,506	145,428
CMC/DHK Website Marketing-Planning (956)	68,217	0	68,217
Colon Cancer Awareness Month Gastroenterology (HBAS) (764)	1,339	0	1,339
Community Ed Salaries: Community Health Education Community Health (995)	268,363	2,455	265,908
Community Health Education Community Health (995)	96,885	0	96,885
Community Lectures Unknown (0)	1,505	0	1,505
EMS Paramedic Continuing Education ECC (678)	14,957	200	14,757
Health Fairs Community Health (995)	19,321	0	19,321
Health Matters Radio Show Unknown (0)	3,685	0	3,685
Hearing aide fittings Audiology (HBAS) (795)	884	0	884
Library Reference Services Unknown (0)	8,579	0	8,579
Pediatric Advanced Life Support Unknown (0)	8,130	0	8,130
Pumpkin Festival Marketing-Planning (956)	67,940	0	67,940
SNAP Community Health (995)	2,038	0	2,038
Support Groups Unknown (0)	36,920	0	36,920
Support to Local Schools Unknown (0)	628	0	628
Volunteer Services Volunteer Services (970)	17,493	0	17,493
<b>*** Community Health Education</b>	<b>801,950</b>	<b>18,161</b>	<b>783,789</b>
<b>Community Based Clinical Services (A2)</b>			
Screenings Unknown (0)	4,026	0	4,026
<b>*** Community Based Clinical Services</b>	<b>4,026</b>	<b>0</b>	<b>4,026</b>

1/24/2011  
Cheshire Medical Center  
Selected Categories - Detail  
For period from 10/1/2009 through 9/30/2010

<u>Category / Title / Department</u>	Monetary Inputs		
	Expenses	Offsets	Benefit
<b>Health Care Support Services (A3)</b>			
Community Health Salaries: Health Care Support Services			
Community Health (995)	151,348	49,254	102,094
<b>*** Health Care Support Services</b>	<b>151,348</b>	<b>49,254</b>	<b>102,094</b>
<b>Other (A4)</b>			
Athletic Trainers for area high schools and college			
Unknown (0)	515,072	60,427	454,645
Cheshire Smiles			
Cheshire Smiles (780)	136,194	37,407	98,787
Medication Assistance Program			
Pharmacy (730)	194,321	55,000	139,321
Norris Cotton Cancer Center-Kingsbury Pavilion Events			
Hematology/oncology (HBAS) (756)	22,269	0	22,269
Pastoral Ministry Support			
Pastoral Care (953)	2,833	0	2,833
<b>*** Other</b>	<b>870,689</b>	<b>152,834</b>	<b>717,855</b>
<b>**** Community Health Improvement Services</b>	<b>1,828,013</b>	<b>220,249</b>	<b>1,607,764</b>
<b>Health Professions Education (B)</b>			
<b>Physicians/Medical Students (B1)</b>			
Physician/Medical Student Education			
Unknown (0)	14,142	0	14,142
<b>*** Physicians/Medical Students</b>	<b>14,142</b>	<b>0</b>	<b>14,142</b>
<b>Nurses/Nursing Students (B2)</b>			
Nursing Continuing Ed - Contact hour Program			
Education, Training & Development (961)	33,331	0	33,331
Nursing Students/Interns			
Education, Training & Development (961)	181,466	0	181,466
<b>*** Nurses/Nursing Students</b>	<b>214,797</b>	<b>0</b>	<b>214,797</b>
<b>Other Health Professional Education (B3)</b>			
Career Day/Job Shadowing			
Unknown (0)	7,783	0	7,783
EMS Paramedic Preceptorship			
ECC (678)	34,116	0	34,116
Lectures to Healthcare Providers			
Unknown (0)	23,322	0	23,322
Students in Other Healthcare Profession Training Programs			
Education, Training & Development (961)	17,245	0	17,245
<b>*** Other Health Professional Education</b>	<b>82,466</b>	<b>0</b>	<b>82,466</b>
<b>**** Health Professions Education</b>	<b>311,405</b>	<b>0</b>	<b>311,405</b>
<b>Subsidized Health Services (C)</b>			
<b>Other (C10)</b>			

1/24/2011  
Cheshire Medical Center  
Selected Categories - Detail  
For period from 10/1/2009 through 9/30/2010

<u>Category / Title / Department</u>	Monetary Inputs		
	Expenses	Offsets	Benefit
Cardiac Rehab Cardiac Rehab (714)	381,858	14,000	367,858
KSC Athletic Training Program Surgery (660)	3,872	0	3,872
Pulmonary Rehab Pulmonary Rehab (742)	53,631	0	53,631
<b>*** Other</b>	<b>439,361</b>	<b>14,000</b>	<b>425,361</b>
<b>**** Subsidized Health Services</b>	<b>439,361</b>	<b>14,000</b>	<b>425,361</b>
<b>Research (D)</b>			
<b>Community Health Research (D2)</b>			
Community Health Research Community Health (995)	76,654	0	76,654
Population Health Research Prevention Research Grant (992)	122,235	5,000	117,235
<b>*** Community Health Research</b>	<b>198,889</b>	<b>5,000</b>	<b>193,889</b>
<b>**** Research</b>	<b>198,889</b>	<b>5,000</b>	<b>193,889</b>
<b>Financial and In-Kind Contributions (E)</b>			
<b>Cash Donations (E1)</b>			
Dental Health Works Marketing-Planning (956)	10,000	0	10,000
Donations-Cash Marketing-Planning (956)	38,837	0	38,837
<b>*** Cash Donations</b>	<b>48,837</b>	<b>0</b>	<b>48,837</b>
<b>In-kind Donations (E3)</b>			
Board of Directors/Committee Members Unknown (0)	58,080	0	58,080
Conference Room for Community Groups Unknown (0)	5,234	0	5,234
Donations: In-kind Unknown (0)	33,407	0	33,407
Fundraising for Non-Profits Unknown (0)	11,080	0	11,080
Hospice Medical Director Unknown (0)	90,086	0	90,086
Infection Control Networking Case Management/QI (766)	332	0	332
United Way Campaign Unknown (0)	716	0	716
<b>*** In-kind Donations</b>	<b>198,935</b>	<b>0</b>	<b>198,935</b>
<b>Cost of Fundraising for Community Programs (E4)</b>			
Cheshire Health Foundation Fundraising Costs Cheshire Health Foundation (975)	180,904	0	180,904

1/24/2011  
Cheshire Medical Center  
Selected Categories - Detail  
For period from 10/1/2009 through 9/30/2010

<u>Category / Title / Department</u>	Monetary Inputs		
	Expenses	Offsets	Benefit
<b>*** Cost of Fundraising for Community Programs</b>	<b>180,904</b>	<b>0</b>	<b>180,904</b>
<b>**** Financial and In-Kind Contributions</b>	<b>428,676</b>	<b>0</b>	<b>428,676</b>
<b>Community Building Activities (F)</b>			
<b>Community Support (F3)</b>			
Greater Monadnock Public Health Network Public Health Network (782)	302,811	143,866	158,945
<b>*** Community Support</b>	<b>302,811</b>	<b>143,866</b>	<b>158,945</b>
<b>Coalition Building (F6)</b>			
Advocates for Healthy Youth Cheshire Smiles (780)	123,313	28,451	94,862
Cheshire Coalition for Tobacco Free Communities Tobacco Coalition (781)	213,281	76,624	136,657
Council for a Healthier Community Unknown (0)	4,543	0	4,543
Dental Public Health Task Force Community Health (995)	0	0	0
Healthiest Community Initiative Community Health (995)	373,488	0	373,488
Medical Home Advisory Coalition Unknown (0)	9,817	0	9,817
<b>*** Coalition Building</b>	<b>724,442</b>	<b>105,075</b>	<b>619,367</b>
<b>Community Health Improvement Advocacy (F7)</b>			
Community Health Staff Community Health (995)	152,371	0	152,371
HEAL: Healthy Eating Active Living HEAL (753)	31,827	21,169	10,658
<b>*** Community Health Improvement Advocacy</b>	<b>184,198</b>	<b>21,169</b>	<b>163,029</b>
<b>**** Community Building Activities</b>	<b>1,211,451</b>	<b>270,110</b>	<b>941,341</b>
<b>Community Benefit Operations (G)</b>			
<b>Assigned Staff (G1)</b>			
Community Health Salaries: Assigned Staff Community Health (995)	46,356	0	46,356
<b>*** Assigned Staff</b>	<b>46,356</b>	<b>0</b>	<b>46,356</b>
<b>**** Community Benefit Operations</b>	<b>46,356</b>	<b>0</b>	<b>46,356</b>
<b>Number of Activities 59</b>	<b>Grand Totals</b>	<b>4,464,151</b>	<b>509,359</b>
			<b>3,954,792</b>