Dartmouth-Hitchcock / Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic

Community Health Improvement Plan, FY 2017-2019

This document describes how Dartmouth-Hitchcock will improve the health of the community through investments in community-based population health strategies in the communities it serves in Vermont and New Hampshire; how these investments align with identified community health needs; and what broad outcome goals Dartmouth-Hitchcock is striving to achieve through these investments. This plan is one element of Dartmouth-Hitchcock's broader population health strategic pillar.

This document also serves a compliance need. The Patient Protection and Affordable Care Act of 2009 requires non-profit hospitals to develop and act on a Community Health Improvement Plan. These plans must document how hospitals will utilize their resources to address identified community health needs. For this purpose, these plans are partnered with each hospital's Federal IRS Form 990 Schedule H, *Hospitals* tax community benefit filing to demonstrate how non-profit hospitals meet their charitable mission. As defined by Federal requirements, Community Health Improvement Plans must document:

- The health needs of the hospital region, documented in a community health needs assessment.
- How the hospital will take action to address each identified need.
- Identified needs the hospital will *not* address, and the reasons for not addressing these needs.

Federal guidance only requires Dartmouth-Hitchcock to develop and act on Community Health Improvement Plans for the service region served by Mary Hitchcock Memorial Hospital (MHMH). However, this plan includes activities in multiple communities served by Dartmouth-Hitchcock Clinics, with a conceptual model Dartmouth-Hitchcock has a *primary responsibility* to respond to community health needs in the MHMH region, but also has a *secondary responsibility* to support community health strategies in communities where it operates Primary Care clinics. As an example of this primary and secondary responsibility concept, Dartmouth-Hitchcock leads/co-leads Community Health Needs Assessments in the MHMH Hospital Service Area, while serving as a secondary partner in Community Health Needs Assessments processes in regions served by its Primary Care clinics.

Community health strategies identified in this plan include initiatives enacted in community settings as well as clinic-based strategies developed in response to community health needs, providing an overall picture of Dartmouth-Hitchcock's efforts.

Dartmouth-Hitchcock / Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic

Community Health Improvement Plan, FY 2017-2019

2016 Community Health Needs in the Mary Hitchcock Memorial Hospital Service Area/Upper Valley of New Hampshire and Vermont

The population of the Upper Valley region has a very positive health status by comparison with the United States, New Hampshire, and Vermont. Exceptions to this include the impact of alcohol and drug abuse, mental illness, and poor oral health. Ongoing public health crises such as tobacco use, poor nutrition, and sedentary behaviors pose notable threats to the region's population despite slightly better status when compared to state and US statistics on these issues.

The 2016 Upper Valley Community Health Needs Assessment emphasized the high impact that social determinants of health such as housing, transportation, education, and employment have on the region's population. Related to this, heath status varies significantly between the region's towns, and favorable "regional" health indicators appear to mask significant variations in health data of different towns and income groups. When viewed without data from the region's highest income communities, for example, regional population health indicators look significantly less positive. Implementation of the plan may entail greater focus on smaller geographic portions of the Upper Valley or on smaller sub-populations.

Finally, over the next 15 years, Dartmouth-Hitchcock's efforts will need to increasingly focus on the needs of an older regional population, as those age 65 and older will comprise 30-35% of total population by 2030.

2011-2016 Community Health Needs Assessments in Dartmouth-Hitchcock Clinic Communities

Dartmouth-Hitchcock's Community Health team reviewed Community Health Needs Assessments from Concord (NH), Manchester (NH), Nashua (NH), Cheshire County (NH), Sullivan County (NH), Windsor County (VT), and Bennington (VT), as well as the NH State Health Improvement Plan and the Healthy Vermonters 2020 Plan. These assessments indicate a wide array of community health needs specific to each location. Several needs occur repeatedly across regions. These include:

- Reducing harm related to substance use and mental health needs.
- Improving access to care, defined both in terms of availability of primary and specialty care; as well as challenges related to high cost of care and high cost of insurance and insurance deductibles.
- Improving care and quality of life for older and frail adults.
- Improving social determinants of health, such as access to affordable and safe housing, transportation, livable wage jobs, and early education.

In most Community Health Needs Assessments and NH and VT State Health Improvement Plans, the need for continued services related to Maternal-Child Health needs and cancer-related prevention and screening are cited.

Dartmouth-Hitchcock / Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic

Community Health Improvement Plan, FY 2017-2019

Identified Needs and Level of Effort

Dartmouth-Hitchcock's Community Health Improvement Plan addresses needs directly identified in the 2016 Upper Valley Community Needs Assessment, as well as needs identified by other Community Health Needs Assessments from communities served by Dartmouth-Hitchcock Primary Care Clinics. The table below summarizes these needs and whether Dartmouth-Hitchcock will: a) *increase investments* to address each need; b) *maintain current investments* to meet a "need well addressed;" or c) *explore or choose not to address* an identified need, with a brief explanation of why it is not addressed in this plan.

FY 2016 Mary Hitchcock Memorial Hospital/Upper Valley Region Community Health Needs Assessment (CHNA) Identified Needs	Priority Rank in CHNA	Addressed on the following Sections in FY 2017-2019 Mary Hitchcock Memorial Hospital Community Health Improvement Plan	Level of Effort
• Access to Mental Health Care • Alcohol and Drug Use incl. Heroin Use and Pain Medications	1 3	• Substance Use and Mental Health (p. 4)	Increase current investments
• Access to Enough and Affordable Health Ins.; Cost of Rx Drugs • Access to Primary Health Care	2 9	• Access to Care (p. 5)	Increase current investment
• Access to Dental Health Care	4	• Improve Care for Oral Health Needs (p. 8)	Maintain current investments
• Lack of Physical Activity; Need for Recreational Opportunities • Poor Nutrition/Access to Affordable Healthy Foods	5 6	• Reduce Health Impacts of Obesity (p. 9)	Decrease community investments.; increase clinical investments
• Income; Poverty; Employment; Family Stress • Affordable Housing	7 8	• Address Social Determinants of Health (p. 7)	Limited, exploratory role ; Most services provided through community organizations
• Health Care for Seniors	10	• Needs of Older Adults (p. 6)	Increase current investments
• From State of NH/State of VT Health Improvement Plans*	n/a	• Maternal Child/Children's Health/Injury Prevention (p. 11)	Maintain current investments
• From State of NH/State of VT Health Improvement Plans*	n/a	• Cancer Prevention (p.10)	Maintain current investments
• Alignment with State of NH/State of VT Public Health Initiatives**	n/a	• Regional health/Public Health Infrastructure (p. 12)	Increase current investments

*These needs appear in the NH State Health Improvement Plan and the Healthy Vermonters 2020 plan. These needs often are not highlighted in Community Health Needs Assessments because they exist as chronic background concerns rather than the current crisis needs often identified in assessments.

**NH has very limited town/county public health infrastructure; both NH and VT strongly encourage development of local public health coalitions to address public health needs. Dartmouth-Hitchcock currently co-leads emerging public health coalitions in the Upper Valley region where this important community health infrastructure is otherwise severely limited.

Improve Behavioral Health Outcomes/Prevent and Reduce Harm from Substance Use and Mental Illness

Geographic Focus of Strategies: Dartmouth-Hitchcock Health System

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock; Sullivan County; Windsor County; Bennington
- NH Bureau Alcohol and Drug Services; VT Department of Health; NH Drug Monitoring Initiative
- Community focus groups; stakeholder conversations; news media
- Youth Risk Behavior Surveys; Behavioral Risk Factor Surveillance System

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	Metrics:	Lead/Resources Committed
Create a culture of caring in our clinics and communities that supports people in receiving appropriate care for MH/SUD /tobacco-related needs. Reduce harm from mental health and substance use* disorders by preventing disease, improving access to effective care, and supporting patients and families through recovery *Including tobacco	Changing the Culture related to Behavioral Health (BH)	Implement BH patient voices initiatives; train staff in BH –centered culture ; Implement BH supportive patient media efforts.	Implement BH patient voices initiatives; train staff in BH –centered culture ; Implement BH supportive patient media efforts.	D-H Staff BH Attitudes and Barriers Survey	Comm. Health. $100K in FY17 (PHIF).
	Support Prevention Strategies	Host/manage regional prevention coalition; invest in prevention practices, policies, programs and community workforce training.	In-kind support and funds for regional prevention coalitions; invest in cross-DHH communities programs and workforce training	YRBS data: 30-day binge ETOH 30-day marijuana use; 30-day non-prescribed Rx med use; BRFSS: Adult 30-day binge ETOH.	Comm. Health: $100K/yr FY17-FY19; Add'l leveraged funds
	Expand SBIRT (Screening, Brief Intervention, & Referral to Tx)	Improve current Pediatric & OB/GYN SBIRT; Expand to adult Primary Care and Emergency Department	Replicate Pediatric SBIRT in M/N/K/B. Grow to adult Primary Care and OB/GYN	SBIRT reports: % screened; % receive Brief Intervention	Pediatrics/Comm. Health. $60K in FY17 (PHIF)
	Improve Behavioral Health Integration (BHI) in Primary Care	Expand BHI and Medication Assisted Treatment capacity in adult Primary Care.	Implement BHI and Medication Assisted Treatment capacity in adult Primary Care.	# clinics w/integrated BH care; # D-H sites with MAT capacity in Primary Care; # opioid deaths and ED admissions	Psychiatry, Primary Care, $95K in FY17 (PHIF); Add'l leveraged funds FY18-19;
	Support Treatment	Subsidize IOP, Perinatal Addiction Tx, and Inpt. Psychiatric Unit; Pilot Technology Aided Care options. Support adolescent tx.	Explore D-H addiction tx program expansion and/or in-kind/cash support for community tx programs. Pilot technology-aided care if viable.	# pts receiving IOP tx; # pts receiving perinatal tx; # pilots of tech. assisted tx; # teens receiving tx in subsidized programs.	Fin. Asst, Loss on Medicaid; PATP dissem.: Psychiatry, Primary Care, $95K in FY17 (PHIF); CH: $20K/year
	Support Harm Reduction Efforts	Continue Naloxone pharmacy access and community training; Support Unused Rx collection	Support Unused Rx collection	# opioid-related deaths; lbs medications disposed in drop-boxes.	Pharmacy: standard ops; Rx disposal, Comm. Health: $10K/yr FY17-19
	Support Sustained Recovery	Host/Lead regional continuum of care. In-kind support/funds for peer recovery services; safety net supports for pregnant/parenting women w/ SUDs.	In-kind staff time and funds to support start-up of peer recovery services and service on continuum of care planning teams	# recovery coaches trained; # and value of investments in comm. recovery programs/ supports; # CoC groups w/D-H participation	Comm. Health: $20K/year FY17-FY19
	Support Professional & Community Education	Host professional learning; consult w/clinical and community providers re: BH. Train lay and paraprofessionals to respond to BH needs.		# professionals participating in BH trainings; # peer recovery coaches trained; # community residents participating in trainings.	Comm. Health: $30KFY17 (PHIF); $20K/yr FY17-FY19 (D-H)
	Address non-clinical needs that contribute to health (housing, employment, transportation)	Pilot OB/GYN – Pediatrics SD screening and supports; explore /plan multi-organization strategies to improve housing, transportation, etc.	Replicate Lebanon/Cheshire SD strategies if outcomes are positive and local conditions are supportive.	SD screening reports: # screened; # indicated pts receiving referrals; capacity assessments re: supported housing and transportation	Comm. Health: $20K/yr FY17-FY19
	Improve Tobacco Treatment and Prevention Efforts	Implement inpt. tobacco tx protocol; implement e-referral to Quitworks;; maintain public tx clinics.	Implement e-referral to Quitworks.	Inpts. receiving appropriate NRT; # referals to QuitWorks; # using public tobacco clinics; YRBS: youth regular tobacco use; BRFSS: Regular tobacco use	Nursing & Thoracic Surgery: $20K/yr FY17-FY19

Improve Access to Care and Care Coordination

Geographic Focus of Strategies: Dartmouth-Hitchcock Health System

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock; Sullivan County; Windsor County; Bennington
- Community focus groups; stakeholder conversations; patient interviews

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Reduce barriers to health services and self-management skills such as financial and transportation barriers and lack of social supports.	Continue providing health services to patients with low-income.	Continue providing health care for persons qualifying for financial assistance and for those who qualify for Medicaid and/or Medicare.	Continue providing health care for persons qualifying for financial assistance and/or Medicaid/Medicare.	# persons receiving fin. assistance; # Medicaid beneficiaries served; uncomp. cost of fin. assistance and Medicaid services.	Financial Asst: ~$15M/yr FY17-FY19; Uncompensated Medicaid: est. >$125M/yr FY17-FY19
	Assist patients with high cost of Rx Medications	Help patients access Medication Assistance Programs; Participation in RecoverRx. Establish Task Force re: medications for pts. w/ cost barriers	Help patients access Medication Assistance Programs;	# patients receiving assistance via Medication Assistance programs.	Care Mgmt: $181K/yr FY17-FY19.
	Develop and Implement Technology Solutions that Improve Access to Care	Develop and implement telehealth, psychiatric telehealth; eConsult; and ImagineCare approaches to patient care.	Develop and implement telehealth, psychiatric telehealth; eConsult; and ImagineCare approaches to patient care.	# telehealth encounters; # eConsults; # pts. engaged in ImagineCare	Knowledge Map, e-consults: >$200K/yr FY17-FY19 (PHIF); telehealth; add'l leveraged funds.
	Deploy Health Coaches in Patient Care and Community Settings	Implement and evaluate Health Coaches in Primary Care teams and high-needs community settings.	If outcomes demonstrate value, replicate Health Coaching in clinics as readiness exists.	# pts. & comm. members receiving health coach svcs.; pt. confidence measures; # clinics w/health coaching services.	Primary Care/Community Health: $75K/yr, FY17-FY19 Primary Care; $75K/yr (PHIF) FY17.
	Support community-based health workforce development	Pilot and evaluate community health workers; pilot and evaluate community nurses and social workers; pilot peer-led health self-management	If outcomes demonstrate value, replicate CHW and peer-led self-management models in clinics as readiness exists..	# pts served through Comm. Health Worker, Nurse & Social Work approaches; # pts participating in peer health self-mgmt. classes; pt confidence measures.	Community Health: $214K FY17-FY18 (PHIF)
	Support Safety Net Services	Provide funding support and board service for Good Neighbor Health Clinic; explore options for supporting development of FQHC look-alike(s).	Support for Manchester Community Health Center. Explore options for supporting other FQHCs	# pts receiving health care in supported free care/FQHC centers.	Community Health: $115K/yr FY17-FY19
	Support flu immunization clinics	Offer public and school-based flu immunization clinics;		# of children and community members immunized	Administration/Community Health $200K/yr., FY17-FY19; Add'l leveraged funds
	Promote, Support, and Honor Patient End-of Life Directives	Continue implementation of Honoring Care Decisions model.	Continue implementation of Honoring Care Decisions model.	# ACP conversations offered; # ACP conversations accepted; ACPs and POLSTs completed; % POLSTs honored at D-H sites; # community conversation events.	Community Health: $620K FY17, TBD FY18-FY19. (PHIF)

Improve Health and Wellbeing of Older Adults

Geographic Focus of Strategies: Dartmouth-Hitchcock Health System

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock; Sullivan County; Windsor County; Bennington
- Community focus groups; stakeholder conversations; news media
- Clinical data

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Support healthy aging through programs to promote healthy living, prevent harm, and improve access to health and social services.	Support training & dissemination of evidence-based geriatric health care practices	Implement Geriatric Workforce Education Program trainings; increase embedding of social services in geriatric primary care.	Implement Geriatric Workforce Education Program trainings.	GWEP Outcome reports	Community Health: $40k/yr FY17-FY19; Centers for Health & Aging: Add'l leveraged Funds FY17-FY19
	Partner with community organizations to deliver home-based care services	Continue piloting LIGHT and/or other community-based home visiting service for older adults. When supported by outcomes, grow these services.	Continue partnership with Easter Seals to serve frail elders. Expand as viable to more patients and additional sites.	# pts served in LIGHT, Easter Seals, and other comm. home visiting programs. Pt. outcomes via Easter Seals and LIGHT.	Community Health; $145K/yr FY17-FY19
	Provide health education and support groups addressing needs of older adults and caregivers	Continue multi-strategy services at the Aging Resource Center; (ARC) develop off-site ,'micro-ARC' model at Upper Valley Senior Center .	Implement 'micro-ARC' at other locations as viable.	# people participating in ARC services; # ARC sites established; confidence measures.	Community Health: $250K/yr. FY17-FY19
	Develop and deliver technology-based care services	Pilot ImagineCare with frail seniors in Grafton County. Explore technology based virtual service delivery for classes and home services.	Explore feasibility of county-linked ImagineCare approaches and implement as feasible.	# pts participating in county-linked ImagineCare approaches.	Imagine Care: Leveraged funds and fees, FY17-FY19
	Develop and provide training for community-based volunteer workforce.	Pilot 'community volunteer training' concepts and evaluate value.		# comm. vols trained; # trained who report greater confidence offering community support.	Community Health: $10K/yr FY 17-FY19
	Support Falls Prevention Strategies	Implement falls screening and prevention practices in routine senior care; offer Matter of Balance and evidence-based Tai Chi supports		Primary Care and ARC screening data; Emer. Dept. falls recidivism; # Matter of Balance and Tai Chi courses offered.	Centers for Health & Aging: Add'l leveraged funds FY17-FY19
	Support community-level coalitions and basic services	Funding support for safety net senior services. Support Upper Valley Aging in Community coalitions; participate in regional elder care forums;		# Community members receiving safety net supports from supported organizations;	Community Health $20K/yr. FY17-FY19.

Impact Social Determinants of Health/Support for Safety Net Needs

Geographic Focus of Strategies: Dartmouth-Hitchcock Health System

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock; Sullivan County; Windsor County; Bennington
- Community focus groups; stakeholder conversations; patient interviews

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Improve health by investing in programs that address the socioeconomic needs of our patients such as employment and income security, transportation needs, and housing security.	Support transportation to care	Subsidize public transportation and senior transportation systems	Increase supports for patient transportation available via care coordinators.	# rides provided by supported transportation services	D-H $100K/yr. FY17-FY19
	Support employment strategies	Maintain Project Search	Maintain Project Search (Nashua)	# students enrolled; # graduates hired/hired at D-H	D-H: ~$20K/yr FY17-FY19 in-kind
	Support financial stability and safety net supports for patients and broader communities	Implement Tipping Points strategies; Support expansion of Getting Ahead classes.	Implement Tipping Points strategies;	# people supported with Tipping Points grants; # people participating in Getting Ahead classes.	Community Health: $15K/yr FY17-FY19.
	Support strategies to increase appropriate housing for low income/working poor populations	Maintain membership and sponsorship of Upper Valley Housing Coalition; provide organizing support to develop recovery supportive housing	If outcomes demonstrate value, replicate Health Coaching in clinics as readiness exists.	# of housing projects supported; # applicants for supportive housing.	Community Health: $20K/yr FY17-FY19
	Support Social Determinants of Health strategies linked to Primary Care.	Begin implementation of Social Determinants screenings in Pediatric Primary Care. Explore these screenings in Adult Primary Care	Explore implementation of Social Determinants screenings in Pediatric Primary Care. Explore these screenings in Adult Primary Care	# patients screened; # patients receiving referrals to services.	Pediatrics, Community Health $50K/yr Fy17-FY19 (may be leveraged funds)

Note: Dartmouth-Hitchcock does not at this time provide primary leadership investment in social determinant of health issues. These needs are primarily addressed through existing community service providers, such as Community Action Programs, Housing Authorities, transportation providers, local non-profits, safety-net organizations, education organizations, food shelves and hunger organizations as being primary leaders on issues of social determinants of health. Dartmouth-Hitchcock's role in addressing these needs is emerging, with a current focus on supporting community development and extension of existing services through targeted investments in external organizations.

Improve Oral Health.

Geographic Focus of Strategies: Dartmouth-Hitchcock Lebanon and Manchester

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Manchester
- Community focus groups; stakeholder conversations; patient interviews

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Improve oral health	Support childhood oral health programs.	Funding and leadership team support for APD school-based and WIC oral health programs .	Offer space for Poisson Dental Program to serve low-income patients at D-H Manchester.	# children participating in school-based and WIC dental programs	Community Health: $16K/yr FY17-FY19
	Support community-based adult oral health screening and preventive care	Lead strategic planning and provide funding to support place-based public health dental hygienist services .		# adults receiving public health dental hygienist services	Community Health : $40K/yr FY17-FY19
	Support improved access to urgent care for persons with low-income	Participate in regional planning initiatives and provide financial support for the Red Logan Dental Center.	Participate in regional planning initiatives	Improvement plan adopted; # pts. treated at Red Logan Dental Center	Community Health: FY17-FY19 $$ value in Access to Care initiatives.
	Support clinical prevention strategies	Maintain routine fluoride prophylaxis care in Pediatrics	Maintain routine fluoride prophylaxis care in Pediatrics	% children ages 0-5 who receive fluoride prophylaxis during well-visits	Pediatrics: Routine operations, FY17-FY19

Reduce Harm Caused by Poor Nutrition and Lack of Physical Activity

Geographic Focus of Strategies: Dartmouth-Hitchcock Lebanon, Manchester, Nashua, and Keene

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock
- NH State Health Improvement Plan; Healthy Vermonters 2020
- Community focus groups; stakeholder conversations; patient interviews

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Improve health by improving nutrition and increasing physical activity.	Support multi-stakeholder community coalitions pursuing policy, practice, and built environments improvements	Provide funding support ; provide initial convening, and serve on leadership team of HEAL-Upper Valley and Hunger council of the Upper Valley	Participate in regional community HEAL and/or obesity-prevention coalitions and provide micro-grant support in D-H Primary Care communities	# community change projects supported by micro-grants; # community coalitions with D-H participation.	Community Health: $30K/yr. FY17-FY19
	Support Culture of Health	Create and disseminate elementary-age materials, distributed through Pediatric Clinics and schools as interested.	Create and disseminate elementary-age materials, distributed through Pediatric clinics and schools as interested.)	# schools disseminating Pediatric healthy eating active living materials to families.	CHaD: $10K/yr FY17-FY19
	Support Nutrition Education	Train school and/or community partners to provide school-based healthy nutrition education; provide, fund, or otherwise support community-based nutrition education.	Explore feasibility of pediatric-supported school/community nutrition education training	# schools implementing school/community-based nutrition education programs	CHaD/Weight & Wellness Center: $10K/yr FY17-FY19
	Support Treatment for Overweight/Obesity	Continue development of the Weight and Wellness Center and its clinical, behavioral, and education services. Continue Pediatric Lipid Clinic services.	Continue Pediatric Lipid Clinic services	# D-H pediatric sites providing Pediatric Lipid Clinic services	Weight and Wellness Center: Fees
	Support Training/Capacity Development for Long-Term Environmental Change and Evidence-Based Practice Delivery	Strategies to be determined	Strategies to be determined		

Decrease Preventable Cancers and Improve Support and Wellbeing of Patients and Family Members Affected by Cancer

Geographic Focus of Strategies: New Hampshire and Vermont Communities Served by Norris Cotton Cancer Center

Sources from which need was determined:

- NH State Health Improvement Plan; Healthy Vermonters 2020; NH
- Patient and family member conversations

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Reduce harm from cancer and provide patients and their families with comfort and support through their treatment experience.	Maintain and Adapt Patient and Family Support Services	Implement classes and events, for patients and families affected by cancer. Offer telephonic and in-person support groups; maintain Patient and Family Library	Implement classes and events, for patients and families affected by cancer, and offer telephonic support groups as feasible	# persons participating in educational classes; # persons participating in support groups; patient satisfaction measures	NCCC: $70K/yr
	Increase screening for colorectal cancer	Participate in NH Colorectal Cancer Screening Program initiatives	Participate in NH Colorectal Cancer Screening Program initiatives	# clinics trained to offer screenings; # people with financial barriers receive support to receive screening	NCCC: Leveraged funds ($1M/yr) FY17-FY19.

Note: Cancer prevention, screening, and patient support services in our communities is led by Norris Cotton Cancer Center, with funding for most of these strategies coming from the Geisel School of Medicine at Dartmouth College., which is co-located with Mary Hitchcock Memorial Hospital As a result, Dartmouth-Hitchcock does not separately make major investments in this work, focusing its investments primarily on services that support the needs of patients recovering from and in treatment for cancer and their family members.

Continue Maternal Child Health Programs; Supports for Children and Families during Hospitalization; and Supports for Specialized Health Concerns of Children and Families

Geographic Focus of Strategies: New Hampshire and Vermont Communities Served by the Children's Hospital at Dartmouth-Hitchcock and Dartmouth-Hitchcock Lebanon

Sources from which need was determined:

- Community Health Needs Assessments: 2012-2015 Upper Valley, Concord, Manchester, Nashua, Cheshire/Monadnock; Sullivan County; Windsor County; Bennington
- NH State Health Improvement Plan; Healthy Vermonters 2020
- Community focus groups; stakeholder conversations; news media; patient and family conversations

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Improve the experience of children and families receiving care by providing family-centered supports and community advocacy for child health needs.	Support needs of families experiencing child hospitalization	Maintain CHaD Family Ctr. services; Offer financial supports for transportation, crisis food, and other material supports during hospitalization;		# pts served at CHaD Family Ctr.; # receiving crisis financial supports.	CHaD: Leveraged Funds FY17-FY19
	Support advocacy and case management for children with special needs and their families	Maintain consultation and education re: specialized needs of pts./families to community pediatricians, schools, and other providers.	Maintain consultation and education re: specialized needs of pts./families to community pediatricians, schools, and other providers.	Measures TBD	CHaD: Leveraged Funds FY17-FY19
	Support Community Education and Engagement of Pediatric Residents	Maintain support for the Boyle Pediatrics Program		# residents deployed in community placements	Boyle Pediatrics Program: $60K/yr FY17-FY19; Add'l leveraged funds
	Provide Maternal-Child Health education and supports	Maintain Women's Health Resource Center's (WHRC) classes and support services. Serve on early childhood councils.	Plan 'micro-WHRC' offerings in other D-H service sites.	# pts participating in WHRC maternal—child health classes; parent confidence measures	Women's Health Resource Center: $170K/yr FY17-FY19
Reduce harm from accidental injuries and from abuse by supporting child safety programs, parent education, and specialized child protection services	Maintain systems to support children impacted by physical and sexual abuse	Maintain Children's Advocacy and Protection Program services ;		# children served by Children's Advocacy Program.	Children's Advocacy & Protection Program: $375K/yr FY17-FY19; Add'l leveraged funds & fees
	Explore & Implement Social Determinants (SD) Strategies for Populations with BH Needs	Pilot OB/GYN – Pediatrics SD screening and supports; explore /plan multi-organization strategies to improve housing, transportation, etc	Replicate Lebanon/Cheshire SD strategies if outcomes are positive and local conditions are supportive.	# pts screened; # pts offered referrals when needed.	Pediatrics & Community Health: FY17-FY19. Resources committed in Access to Care (p.5)
	Support Injury Prevention Strategies	Provide support for statewide infant and child safety programs	Provide support for statewide infant and child safety programs	Measures TBD	CHaD: $125/yr FY17-FY19; Add'l leveraged funding
	Improve policies, practices, and environments that impact the health of children ages 0-5	Develop and implement strategies related to Raising of America	Develop and implement strategies related to Raising of America	Measures TBD	Community Health: $20K yr FY17-FY19

Support Development of Community Health Capacities in D-H System and in Communities Served by D-H

Geographic Focus of Strategies: Dartmouth Hitchcock Health System, Dartmouth-Hitchcock Lebanon

Sources from which need was determined:

- NH Bureau of Public Health Services; VT Department of Health
- Stakeholder conversations

FY2017-FY19 Community Health Improvement Plan Core Strategies

Goals	Strategies	Mary Hitchcock Memorial Hospital - Lebanon Region	Dartmouth-Hitchcock Community Clinics	As Measured By:	Lead/Resources Committed
Increase engagement and capacity of communities to organize their own solutions to health needs.	Support multi-sector community health coalitions and public health networks	Serve on, lead, and provide start-up financial support for public health, emergency preparedness, HEAL; and other health coalitions	Serve on community health coalitions as strategic and viable.	# community coalitions with D-H participation; participation & strength of core public health coalitions in D-H communities	Community Health: $50K/yr FY17-FY19; Add'l leveraged funds
	Support leadership of regional health and human services organizations	Support community health organizations through service on Boards, Work Teams, Task Forces, and other in-kind supports.	Support community health organizations through service on Boards, Work Teams, Task Forces, and other in-kind supports.	# of boards, work teams, and task forces with D-H staff representation	D-H: varies annually
	Support community-engaged research capacities	Provide community-engaged research/eval. supports through SYNERGY, Health Promotion Research Center, and the Pop. Health Collaboratory	Provide community-engaged research/ eval. supports via SYNERGY, Health Promotion Research Ctr. and the Pop. Health Collaboratory	Program specific measures TBD	SYNERGY/HPRCD/Collaboratory: PHIF; Add'l leveraged funds
	Maintain the D-HH Population Health Management Council	Maintain and grow Council to set strategies based on defined community needs; continue using Pop. Health Innovation Fund to invest in community health solutions.	Maintain and grow Council to set strategies based on defined community needs; continue using Pop. Health Innovation Fund to invest in community health solutions.	# of funded projects that achieve 75% of goals; # of projects disseminated beyond original pilot community	Population Health Management: varies annually
	Support Civic Leadership for Health	Grow Partners in Community Wellness; develop and implement Civic Leadership for Health	Grow Partners in Community Wellness; develop and implement Civic Leadership for Health	# new PCW members; #participants in Civic Leadership program; # projects resulting	Community Health: $50K/yr FY17-FY19 (PHIF)
	Support community health needs assessment	Continue 3-year CHNA efforts; explore opportunities to further partner with hospitals on CHNA approaches and off-cycle assessments.	Review 3-year CHNAs; explore opportunities to further partner with hospitals on CHNA approaches and off-cycle assessments.	# of assessment activities	Community Health: $40K/yr FY17-FY19