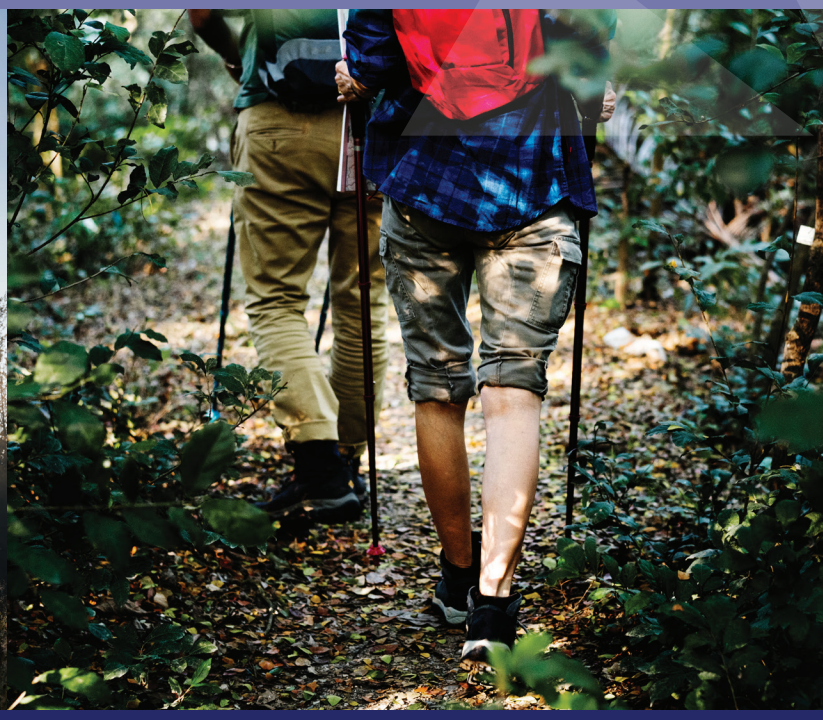
Huggins Hospital

2025 Huggins Hospital's
Community Health Needs Assessment



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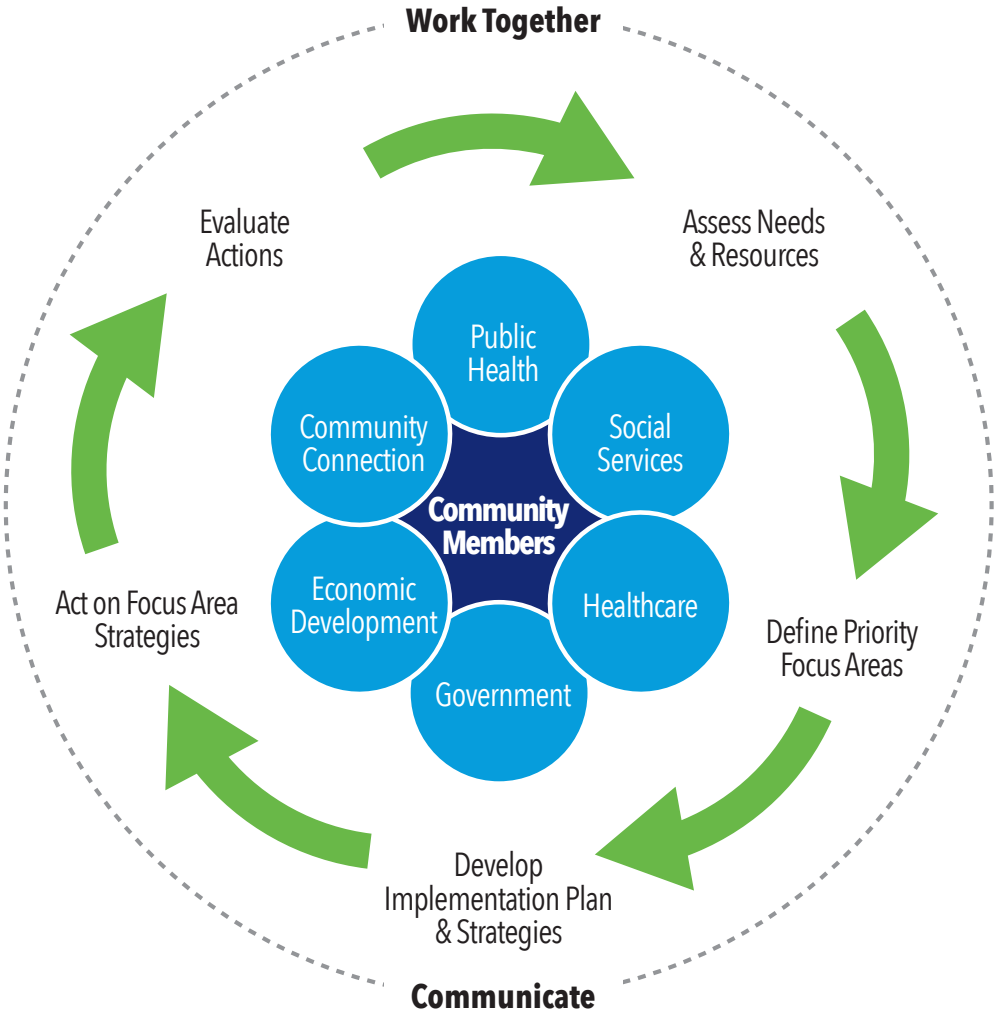
HugginsHospital.org | 603.515.2073 | 240 South Main Street, Wolfeboro, NH 03894

Included in this Community Report

Perspective/Overview

Creating a culture of health in the community



The Action Cycle above shows one of the ways we can create healthy communities. The rankings and information shared later in this document assist us in understanding our specific community and areas in which we should focus and apply this Action Cycle model.

The Community Health Needs Assessment (CHNA) uses data collection and analyses to define priorities for health improvement. The process to create the CHNA provides a collaborative community engagement platform and an open and transparent process to listen and truly understand the health needs of the communities served by Huggins Hospital.

Participants

Individuals representing public health, transportation, homecare, and social service support systems participated in a focus group through the Huggins Community Health Network, a rural health collaborative that works together to assess gaps in services and develop strategies to address those gaps. The seven individuals provided their input for community health needs based on their extensive research, expertise and feedback from their work with community members who are considered medically underserved, low income and minority populations. An additional five community members participated in a targeted focus group session created for local bartenders, estheticians and hair stylists to share the feedback they hear on a daily basis from their clientele.

Thirteen Huggins Hospital Medical Staff members completed a focused online survey to assess their expertise in the healthcare needs they find to be most important in our community currently. An additional 319 community members submitted input through an online survey conducted by The University of New Hampshire Survey Center.

The eight-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for creating a plan to improve the health of the communities.

Project Goals

1. To continue a formal and comprehensive community health assessment process, which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the communities to initiate health improvement.

Community
Input and Collaboration

Data Collection and Timeline

In January of 2025, Huggins Hospital began a Community Health Needs Assessment for the communities served by Huggins Hospital, seeking input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources
- Focus groups including community members, social service, public health and healthcare providers
- Community needs survey to Huggins Hospital's Medical Staff
- Community survey conducted by UNH Survey Center

Information Gaps

While this assessment is comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might, in some ways, limit the ability to assess all the community's health needs.

Participation by those representing the broad interests of the community & input of medically underserved, low income and minority populations

Participants in the data collection process included professionals and community members who are or who serve and represent the broad interest of the community. These participants represented populations who represent the demographics and needs in our communities. The participants also represent those who experience low income and disparities, those who are medically underserved and those who belong to minority populations. The participants serve people of all ages including children and older adults.

Input of Public Health Officials

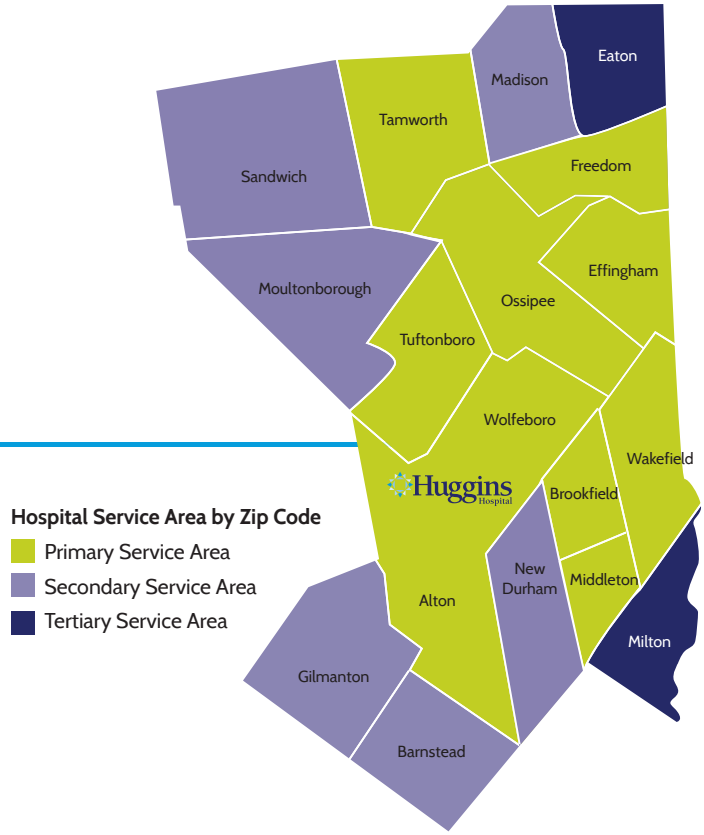
Carroll County Coalition for Public Health (C3PH) participated in the focus groups for this Community Health Needs Assessment process and are ongoing partners with Huggins Hospital in community health improvement. C3PH is a member of the Huggins Community Health Network Board and will work with Huggins Hospital and the Network members to develop collaborative efforts toward the Community Health Needs Assessment's Implementation Plan.

Community Engagement and Transparency

Members of the community participated in focus groups, including community members who had not participated in any community health focused events in the past. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of the communities served by Huggins Hospital. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings affect every citizen in one way or another.

Huggins Hospital Study Area

Carroll County was the focus of the county health rankings data because the health rankings reports are determined by county and the majority of patients served by Huggins Hospital live within Carroll County. Northeastern Belknap County and northern Strafford County were included in the service need analysis and the community survey portion of the data collection process as they are also served by Huggins Hospital.



Key Findings

Community Health Needs Assessment Process – 2025

The following needs were identified during Huggins Hospital's 2025 Community Health Needs Assessment process, including the community survey, focus groups and secondary data collection. You can read more about the previous report (2022) findings and impact evaluation on pages 128-129.

The data collected include both quantitative and qualitative findings. In a Community Health Needs Assessment, qualitative data plays a vital role in complementing quantitative findings by adding depth, context and human perspective to the numbers. While quantitative data can reveal patterns, prevalence and statistical trends – such as rates of chronic illness or access to care – it often lacks the nuance needed to understand *why* those patterns exist. Qualitative insights, gathered through interviews, focus groups or surveys, help uncover lived experiences, cultural barriers and community values that shape health behaviors and outcomes. Together, these data types create a more holistic and actionable understanding of community needs, ensuring that interventions are not only evidence-based but also culturally sensitive and community-informed.

Needs identified by data collection:

- Injury deaths were higher in Carroll County than both the rates in NH and the entire US. "Injury" includes homicides, suicides, motor vehicle crashes and poisonings.
- Suicide rates were higher in Carroll County than the rates in NH and the US.
- Adults experienced more poor mental health days in Carroll County than those in the US overall.
- According to an assessment of all-payor data from a market assessment provided by Intellimed, the clinical service areas of need for the Huggins Hospital coverage area include:
    - Cardiology
    - Endocrinology
    - Orthopedics
    - Trauma
    - Rheumatology
    - Oncology
    - Pulmonary
    - Infectious Disease
- Access to exercise opportunities were lower/worse in Carroll County than NH and the US.
- Median household income in Carroll County is significantly lower than NH and slightly lower than the US.
- The number of children in poverty in Carroll County is significantly higher when compared to the NH numbers but below that of the US.
- The number of disconnected youth (those 16-19 years of age who are not working nor in school) in Carroll County was higher when compared to the NH and US.
- The childcare cost burden in Carroll County is higher than in NH and in the US.

Strengths identified from data collection:

- Life expectancy in Carroll County was higher/better than that of NH and US.
- Carroll County's premature mortality rates were lower/better than those of NH and the US.
- Carroll County residents had access to healthy foods at a higher availability rate than that of the US.
- Carroll County had low Sexually Transmitted Infection (STI) rates.
- Carroll County had low teen birth rates.
- Carroll County had a low rate of preventable hospital stays (as defined through Medicare enrollees with hospital stays for ambulatory-care sensitive conditions that might have been prevented by outpatient treatment). Carroll County is also getting better in this measure since 2016.

Needs identified by Community Survey:

- Substance use issues (mostly alcohol) was mentioned as an issue almost half the respondents had encountered.
- Most diagnosed issues include:
    - High blood pressure
    - Arthritis
    - High cholesterol
    - Overweight/obesity
- Respondents identified they felt the top 4 health needs are:
    - Access to primary care services
    - Access to specialty care
    - Access to health insurance
    - Access to mental health assistance

Needs identified Huggins Hospital Clinical Provider input:

- Mental health issues
- Endocrinology
- Rheumatology
- Obesity
- Diabetes
- Heart disease

Needs identified by Focus Groups:

- Lack of mental health supports
- Youth with complex behavioral health needs
- Lack of community engagement/culture (isolation by choice)
- Housing costs
- Cost of living
- Older adults with complex co-morbidities
- Lack of specialty care services
- Lack of spaces for physical activity
- Alcohol use

Discrepancies in data:

Community and providers say "access to insurance" is a priority need but secondary data shows that more people in Carroll County have access to insurance than most in the US.

- Huggins Hospital experiences significant challenges with insurance companies and their willingness to support patients and/or cover the cost of care for patients. While community members may have insurance coverage, that coverage is often lacking in ability to support the patient and the healthcare organizations that provide the care, making access to care a continuous challenge due to financial constraints.

The community survey results show community members feel they need more access to primary care provider but the secondary data shows NH has more access to providers than most in the US.

- Huggins Hospital's professionals cite lack of support from insurance companies to cover care as the reason community members feel an impact to the access to care, as well as the impact from other local hospitals closing their primary care services. Huggins Hospital loses approximately $7 million per year providing primary care services to the community.

Providers stated they see a lot of need for patients with diabetes while the secondary data shows Carroll County has a lower incidence of diabetes than NH and the US.

- Huggins Hospital's professionals cite the difficulty in managing diabetes as one of the reasons more supports are needed for this demographic.

In survey and focus groups, there was little-to-no discussion about injury deaths or suicide although both present high prevalence in secondary data collection, especially injury deaths in the comparison for all of NH and US.

- With a focus on chronic health needs and social determinants of health, these topics often are overlooked even with data suggesting they are prevalent.

Process and Methods

Both primary and secondary data sources were used in Huggins Hospital's Community Health Needs Assessment process. Primary methods included Community Focus Groups and Community Survey. Secondary methods included Public Health Data and Demographics research.

Demographics and Service Need Projections

Demographic Overview of Huggins Hospital Service Areas

The demographic analysis indicates population growth and shifts in age distribution within Huggins Hospital's service areas. Total population in the Primary Service Area (PSA) is projected to grow by 3.5% over the next five years, surpassing the national average of 1.9%. The population aged 30-49 is expected to grow modestly while 65 and older is expected to grow significantly.

Service Need Analysis

Huggins Hospital engaged Intellimed, a data solutions agency, to assess service needs based on current and projected service line usage in Huggins Hospital's coverage area. The service need analysis provides insights into inpatient and outpatient service line usage and projections, indicating areas of growth and decline. The top three inpatient service needs were Pulmonary, Cardiology and Orthopedics. Inpatient service line needs for Orthopedics, Infectious Disease, Oncology, Pulmonary, Cardiology and Trauma have shown consistent growth (data pulled from Q2 2022 – Q1 2023). The top five outpatient service needs were Cardiology, Rheumatology, Endocrinology, Oncology and Orthopedics. Outpatient service needs with steady growth included Cardiology and Rheumatology.

Data Sources: Demographics: Esri® current- and five-year popul*ation projections (2024 – 2029); Claims Encounter: IntelliMarket all-payor claims, patient origin New Hampshire (2021 Q2 through 2024 Q1)*
See demographic data detail in the following graphs.

Demographic Overview: Huggins Primary Service Area Demographics

ESRI Demographic Snapshot
INTELLIMED Demographic Profile System

Zip Code: Custom Groups Huggins PSA

	Area	USA
2024 Total Population		338,440,954
2029 Total Population		344,873,411
% Change 2024 - 2029		1.9%
2024 Average Household Income		$113,185
2029 Average Household Income		$130,580
2024 Per Capita Household Income		$43,830

	2024	2029	% Change
Total Male Population	16,041	16,485	2.8%
Total Female Population	15,861	16,549	4.3%
Female Child Bearing Age (15 - 44)	4,102	4,269	4.1%
Male Average Age	47.5	48.0	1.1%
Female Average Age	48.2	48.8	1.2%

	Age Distribution					USA
Age Group	2024	% of Total	2029	% of Total	% Change	% Change
Age 0-4	1,092	3.42%	1,136	3.4%	4.0%	0.3%
Age 5-9	1,323	4.15%	1,296	3.9%	-2.0%	-5.4%
Age 10-14	1,380	4.33%	1,448	4.4%	4.9%	-1.9%
Age 15-19	1,432	4.49%	1,287	3.9%	-10.1%	-4.3%
Age 20-24	1,328	4.16%	1,249	3.8%	-5.9%	-2.3%
Age 25-29	1,259	3.95%	1,446	4.4%	14.9%	7.5%
Age 50-54	2,015	6.32%	1,798	5.4%	-10.8%	-4.9%
Age 55-59	2,381	7.46%	2,250	6.8%	-5.5%	-0.8%
Age 60-64	3,158	9.90%	2,691	8.1%	-14.8%	-8.4%
Total	31,902	100.00%	33,034	100.0%	3.5%	1.9%

	Race / Ethnicity Distribution				
Race / Ethnicity	2024	% of Total	2029	% of Total	% Change
American Indian/Alaska Nat	69	0.2%	75	0.2%	8.7%
Asian	224	0.7%	251	0.8%	12.1%
Black/African American	87	0.3%	97	0.3%	11.5%
Other Race	204	0.6%	229	0.7%	12.3%
Pacific Islander	2	0.0%	1	0.0%	-50.0%
Population of 2 or More Rac	1,351	4.2%	1,520	4.6%	12.5%
White	29,965	93.9%	30,861	93.4%	3.0%
Total	31,902	100.0%	33,034	100.0%	3.5%
Hispanic	482	1.5%	558	1.7%	15.8%

	# of Households				
Household Income	2024	% of Total	2029	% of Total	% Change
< $15,000	996	7.2%	945	6.5%	-5.1%
$15,000 - $24,999	1,179	8.5%	1,074	7.4%	-8.9%
$25,000 - $34,999	1,082	7.8%	844	5.8%	-22.0%
$35,000 - $49,999	1,424	10.2%	1,398	9.7%	-1.8%
$50,000 - $99,999	3,595	25.9%	3,559	24.6%	-1.0%
Over $100,000	5,620	40.4%	6,641	45.9%	18.2%
Total	13,896	100.0%	14,461	100.0%	4.1%

Demographic Overview: Huggins Secondary Service Area Demographics

ESRI Demographic Snapshot
INTELLIMED Demographic Profile System

Zip Code: Custom Groups Huggins SSA

	Area	USA
2024 Total Population		338,440,954
2029 Total Population		344,873,411
% Change 2024 - 2029		1.9%
2024 Average Household Income		$113,185
2029 Average Household Income		$130,580
2024 Per Capita Household Income		$43,830

	2024	2029	% Change
Total Male Population	11,118	11,328	1.9%
Total Female Population	10,545	10,872	3.1%
Female Child Bearing Age (15 - 44)	2,976	3,040	2.2%
Male Average Age	46.1	47.0	2.1%
Female Average Age	46.6	47.7	2.4%

	Age Distribution					USA
Age Group	2024	% of Total	2029	% of Total	% Change	% Change
Age 0-4	799	3.69%	810	3.6%	1.4%	0.3%
Age 5-9	961	4.44%	904	4.1%	-5.9%	-5.4%
Age 10-14	1,086	5.01%	1,030	4.6%	-5.2%	-1.9%
Age 15-19	1,103	5.09%	1,049	4.7%	-4.9%	-4.3%
Age 20-24	854	3.94%	822	3.7%	-3.7%	-2.3%
Age 25-29	835	3.85%	927	4.2%	11.0%	7.5%
Age 30-34	1,051	4.85%	1,016	4.6%	-3.3%	-4.8%
Age 35-39	1,195	5.52%	1,217	5.5%	1.8%	4.6%
Age 40-44	1,214	5.60%	1,306	5.9%	7.6%	1.5%
Age 45-49	1,138	5.25%	1,347	6.1%	18.4%	10.5%
Age 50-54	1,394	6.43%	1,204	5.4%	-13.6%	-4.9%
Age 55-59	1,676	7.74%	1,589	7.2%	-5.2%	-0.8%
Age 60-64	2,132	9.84%	1,757	7.9%	-17.6%	-8.4%
Age 65-69	2,139	9.87%	2,194	9.9%	2.6%	3.8%
Age 70-74	1,755	8.10%	2,037	9.2%	16.1%	12.9%
Age 75-79	1,266	5.84%	1,483	6.7%	17.1%	15.8%
Age 80-84	645	2.98%	946	4.3%	46.7%	33.6%
Age 85+	420	1.94%	562	2.5%	33.8%	17.4%
Total	21,663	100.00%	22,200	100.0%	2.5%	1.9%

	Race / Ethnicity Distribution				
Race / Ethnicity	2024	% of Total	2029	% of Total	% Change
American Indian/Alaska Nat	43	0.2%	49	0.2%	14.0%
Asian	109	0.5%	127	0.6%	16.5%
Black/African American	67	0.3%	67	0.3%	0.0%
Other Race	170	0.8%	174	0.8%	2.4%
Pacific Islander	9	0.0%	12	0.1%	33.3%
Population of 2 or More Rac	1,010	4.7%	1,126	5.1%	11.5%
White	20,255	93.5%	20,645	93.0%	1.9%
Total	21,663	100.0%	22,200	100.0%	2.5%
Hispanic	404	1.9%	462	2.1%	14.4%

	# of Households				
Household Income	2024	% of Total	2029	% of Total	% Change
< $15,000	320	3.4%	291	3.0%	-9.1%
$15,000 - $24,999	485	5.2%	401	4.1%	-17.3%
$25,000 - $34,999	470	5.0%	389	4.0%	-17.2%
$35,000 - $49,999	819	8.8%	779	8.0%	-4.9%
$50,000 - $99,999	2,901	31.1%	2,666	27.5%	-8.1%
Total	9,336	100.0%	9,697	100.0%	3.9%

Demographic Overview: Huggins Combined Service Area

ESRI Demographic Snapshot
INTELLIMED Demographic Profile System

Zip Code: Custom Groups Combined Huggins SA

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2029 Total Population		344,873,411
% Change 2024 - 2029		1.9%
2024 Average Household Income		$113,185
2029 Average Household Income		$130,580
2024 Per Capita Household Income		$43,830

	2024	2029	% Change
Total Male Population	30,718	31,413	2.3%
Total Female Population	29,776	30,871	3.7%
Female Child Bearing Age (15 - 44)	8,200	8,459	3.2%
Male Average Age	46.4	47.2	1.7%
Female Average Age	47.0	47.8	1.8%

	Age Distribution					USA
Age Group	2024	% of Total	2029	% of Total	% Change	% Change
Age 0-4	2,189	3.62%	2,249	3.6%	2.7%	0.3%
Age 5-9	2,633	4.35%	2,529	4.1%	-3.9%	-5.4%
Age 10-14	2,838	4.69%	2,838	4.6%	0.0%	-1.9%
Age 15-19	2,913	4.82%	2,699	4.3%	-7.3%	-4.3%
Age 20-24	2,502	4.14%	2,368	3.8%	-5.4%	-2.3%
Age 25-29	2,439	4.03%	2,754	4.4%	12.9%	7.5%
Age 30-34	3,002	4.96%	2,933	4.7%	-2.3%	-4.8%
Age 35-39	3,164	5.23%	3,374	5.4%	6.6%	4.6%
Age 40-44	3,222	5.33%	3,531	5.7%	9.6%	1.5%
Age 50-54	3,885	6.42%	3,404	5.5%	-12.4%	-4.9%
Age 55-59	4,590	7.59%	4,302	6.9%	-6.3%	-0.8%
Age 60-64	5,925	9.79%	4,956	8.0%	-16.4%	-8.4%
Age 65-69	6,019	9.95%	6,127	9.8%	1.8%	3.8%
Total	60,494	100.00%	62,284	100.0%	3.0%	1.9%

	Race / Ethnicity Distribution				
Race / Ethnicity	2024	% of Total	2029	% of Total	% Change
American Indian/Alaska Nati	134	0.2%	149	0.2%	11.2%
Asian	383	0.6%	434	0.7%	13.3%
Black/African American	186	0.3%	196	0.3%	5.4%
Other Race	429	0.7%	464	0.7%	8.2%
Pacific Islander	13	0.0%	15	0.0%	15.4%
Population of 2 or More Race	2,731	4.5%	3,058	4.9%	12.0%
White	56,618	93.6%	57,968	93.1%	2.4%
Total	60,494	100.0%	62,284	100.0%	3.0%
Hispanic	988	1.6%	1,132	1.8%	14.6%

	# of Households				
Household Income	2024	% of Total	2029	% of Total	% Change
< $15,000	1,412	5.4%	1,311	4.8%	-7.2%
$15,000 - $24,999	1,845	7.1%	1,614	6.0%	-12.5%
$25,000 - $34,999	1,662	6.4%	1,313	4.9%	-21.0%
$35,000 - $49,999	2,516	9.7%	2,419	8.9%	-3.9%
$50,000 - $99,999	7,325	28.1%	6,989	25.8%	-4.6%
Over $100,000	11,267	43.3%	13,395	49.5%	18.9%
Total	26,027	100.0%	27,041	100.0%	3.9%

Health Status

The health of the community – secondary data collection

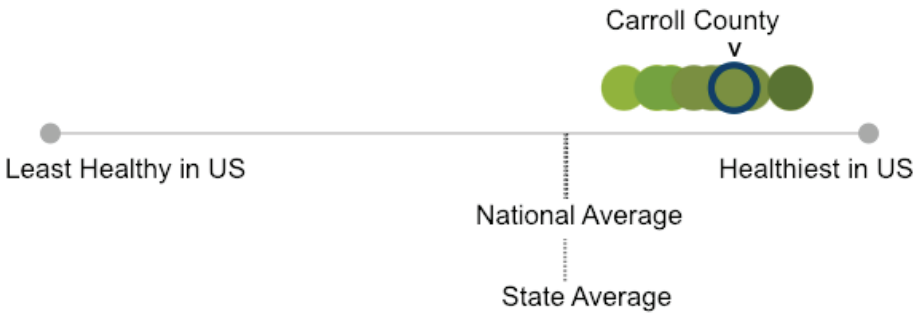
Huggins Hospital

County Health Rankings & Roadmaps

Carroll County Health Outcomes - 2024

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

Carroll County is faring about the same as the average county in New Hampshire for Health Outcomes, and better than the average county in the nation.



Length of Life	Carroll County	New Hampshire	United States
Premature Death	6,800	6,500	8,000

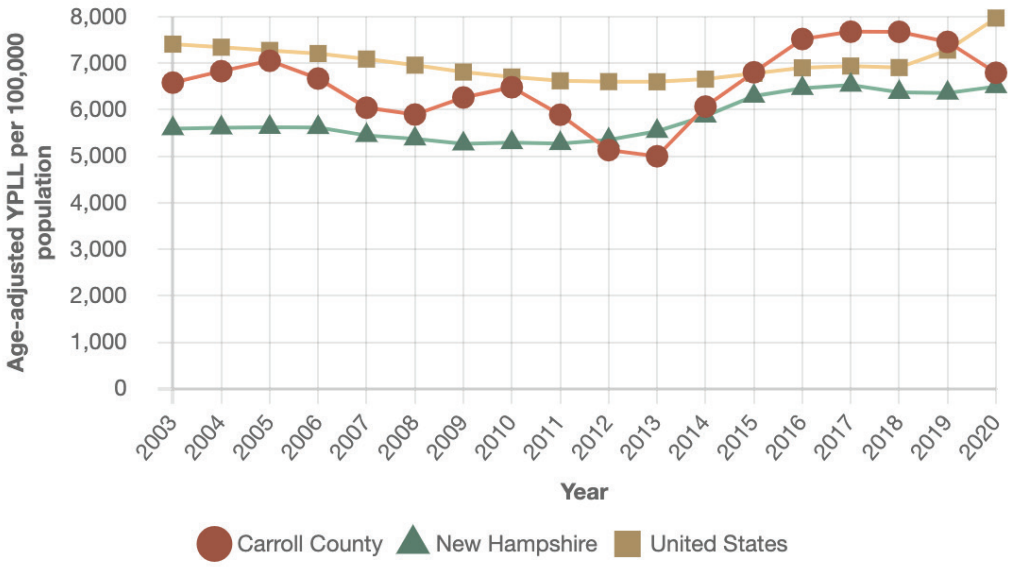
In Carroll County, New Hampshire, 6,800 years of life were lost to deaths of people under age 75, per 100,000 people.

Definition: Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Error margin: 5,800-7,800

Years of data used: 2019-2021
Use caution if comparing these data with prior years

Premature Death in Carroll County, NH
Years of Potential Life Lost (YPLL)
No significant trend was found in Carroll County for this measure



Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Methods used for population estimates changed with data years 2004-2006 and again with data years 2019-2021. Use caution when comparing across years.

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Leading Causes of Death in Carroll New Hampshire

LEADING CAUSES OF DEATH UNDER AGE 75	DEATHS	RATE PER 100,000
Malignant neoplasms	218	163.7
Diseases of heart	136	102.1
Accidents	72	54.1
Chronic lower respiratory diseases	32	24
Intentional self-harm	23	17.3

Source: CDC WONDER (https://wonder.cdc.gov/).

Leading causes of premature death are presented as crude rates (not age-adjusted). Crude rates show the true incidence of premature death within a county and are influenced by the underlying age distribution. For additional information please view the CDC WONDER Documentation (https://wonder.cdc.gov/wonder/help/ucd-expanded.html).

Use caution when comparing crude rates between counties with different age distributions. Crude rates are not comparable with age-adjusted rates provided in snapshots prior to 2024.

Quality of Life	Carroll County	New Hampshire	United States
Poor or Fair Health	12%	11%	14%

In Carroll County, New Hampshire, 12% of adults reported that they consider themselves in fair or poor health.

Definition: Percentage of adults reporting fair or poor health (age-adjusted).

Error margin: 10-14%

Years of data used: 2021
Use caution if comparing these data with prior years

Poor Physical Health Days	3.0	3.0	3.3

In Carroll County, New Hampshire, adults reported that their physical health was not good on 3.0 of the previous 30 days.

Definition: Average number of physically unhealthy days reported in past 30 days (age-adjusted).

Error margin: 2.4-3.7

Years of data used: 2021
Use caution if comparing these data with prior years

Poor Mental Health Days	5.1	5.2	4.8

In Carroll County, New Hampshire, adults reported that their mental health was not good on 5.1 of the previous 30 days.

Definition: Average number of mentally unhealthy days reported in past 30 days (age-adjusted).

Error margin: 4.3-6.0

Years of data used: 2021
Use caution if comparing these data with prior years

Low Birthweight	6%	7%	8%

In Carroll County, New Hampshire, 6% of babies had low birth weights (under 5 pounds, 8 ounces).

Definition: Percentage of live births with low birthweight (< 2,500 grams).

Error margin: 5-7%

Years of data used: 2016-2022
Use caution if comparing these data with prior years

Additional Health Outcomes *(not included in summary)*	Carroll County	New Hampshire	United States
Life Expectancy	80.1	79.2	77.6

In Carroll County, New Hampshire, the average life expectancy was 80.1 years.

Definition: Average number of years people are expected to live.

Error margin: 79.3-81.0

Years of data used: 2019-2021
Use caution if comparing these data with prior years

Premature Age-Adjusted Mortality	300	320	390

In Carroll County, New Hampshire, there were 300 deaths per 100,000 people age 75 or younger.

Definition: Number of deaths among residents under age 75 per 100,000 population (age-adjusted).

Error margin: 270-330

Years of data used: 2019-2021
Use caution if comparing these data with prior years

Child Mortality	40	40	50

In Carroll County, New Hampshire, there were 40 deaths per 100,000 children under age 20.

Definition: Number of deaths among residents under age 20 per 100,000 population.

Error margin: 30-70

Years of data used: 2018-2021
Use caution if comparing these data with prior years

Frequent Physical Distress	9%	9%	10%

In Carroll County, New Hampshire, 9% of adults reported experiencing poor physical health for 14 or more of the last 30 days.

Definition: Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).

Error margin: 8-11%

Years of data used: 2021
Use caution if comparing these data with prior years

Frequent Mental Distress	15%	16%	15%

In Carroll County, New Hampshire, 15% of adults reported experiencing poor mental health for 14 or more of the last 30 days.

Definition: Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).

Error margin: 13-18%

Years of data used: 2021
Use caution if comparing these data with prior years

Additional Health Outcomes *(not included in summary)*	Carroll County	New Hampshire	United States
Diabetes Prevalence	7%	7%	10%

In Carroll County, New Hampshire, 7% of adults were living with a diagnosis of diabetes.

Definition: Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).

Error margin: 6-9%

Years of data used: 2021
Use caution if comparing these data with prior years

HIV Prevalence	41	113	382

In Carroll County, New Hampshire, 41 of every 100,000 residents (age 13 and above) are living with a diagnosis of HIV.

Definition: Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

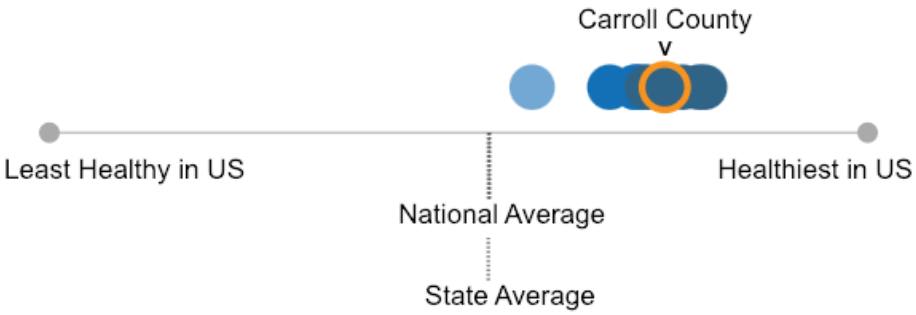
Years of data used: 2021
Use caution if comparing these data with prior years

Note: Blank values reflect unreliable or missing data.

Carroll County Health Factors - 2024

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

Carroll County is faring about the same as the average county in New Hampshire for Health Factors, and better than the average county in the nation.



Health Behaviors	Carroll County	New Hampshire	United States
Adult Smoking	14%	13%	15%

In Carroll County, New Hampshire, 14% of adults are current cigarette smokers.

Definition: Percentage of adults who are current smokers (age-adjusted).

Error margin: 11-18%

Years of data used: 2021
Use caution if comparing these data with prior years

Health Behaviors	Carroll County	New Hampshire	United States
Adult Obesity	29%	31%	34%

In Carroll County, New Hampshire, 29% of adults had a BMI of 30 or greater.

Definition: Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

Error margin: 24-34%

Years of data used: 2021
Use caution if comparing these data with prior years

Food Environment Index	9.2	9.5	7.7

Carroll County, New Hampshire scored 9.2 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity. The average value across the country was 7.7.

Definition: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Years of data used: 2019 & 2021

Physical Inactivity	18%	19%	23%

In Carroll County, New Hampshire, 18% of adults reported participating in no physical activity outside of work.

Definition: Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).

Error margin: 15-22%

Years of data used: 2021
Use caution if comparing these data with prior years

Access to Exercise Opportunities	76%	85%	84%

In Carroll County, New Hampshire, 76% of people lived close to a park or recreation facility.

Definition: Percentage of population with adequate access to locations for physical activity.

Years of data used: 2023, 2022 & 2020
Use caution if comparing these data with prior years

Excessive Drinking	17%	19%	18%

In Carroll County, New Hampshire, 17% of adults reported binge or heavy drinking.

Definition: Percentage of adults reporting binge or heavy drinking (age-adjusted).

Error margin: 14-20%

Years of data used: 2021
Use caution if comparing these data with prior years

Health Behaviors	Carroll County	New Hampshire	United States
Alcohol-Impaired Driving Deaths	25%	35%	26%

In Carroll County, New Hampshire, 25% of motor vehicle crash deaths involved alcohol.

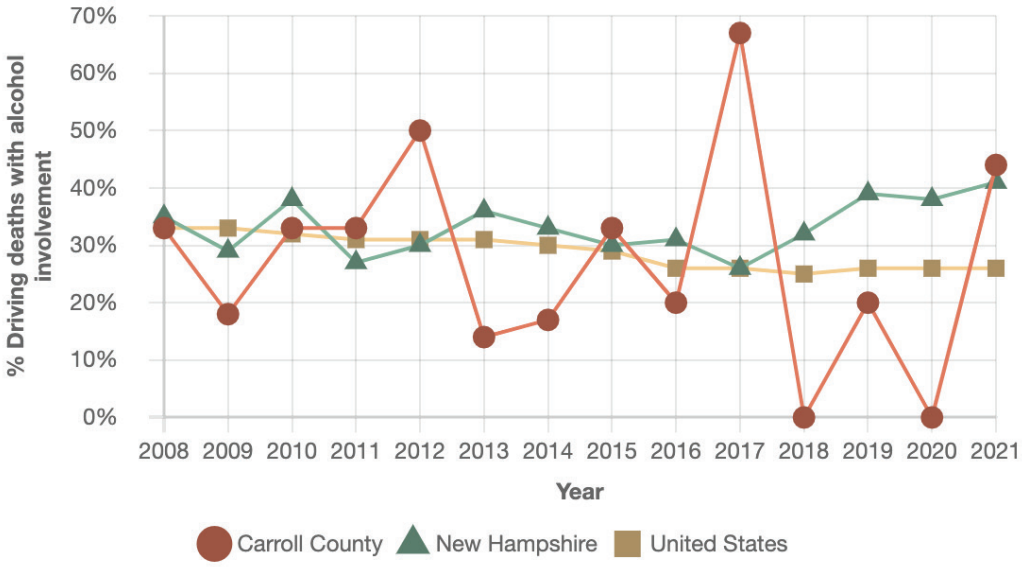
Definition: Percentage of driving deaths with alcohol involvement.

Error margin: 16-34%

Years of data used: 2017-2021

Alcohol-Impaired Driving Deaths in Carroll County, NH

No significant trend was found in Carroll County for this measure



This trend graph uses single-year estimates.

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Sexually Transmitted Infections	110.7	217.9	495.5

In Carroll County, New Hampshire, 110.7 new cases of chlamydia were diagnosed per 100,000 people.

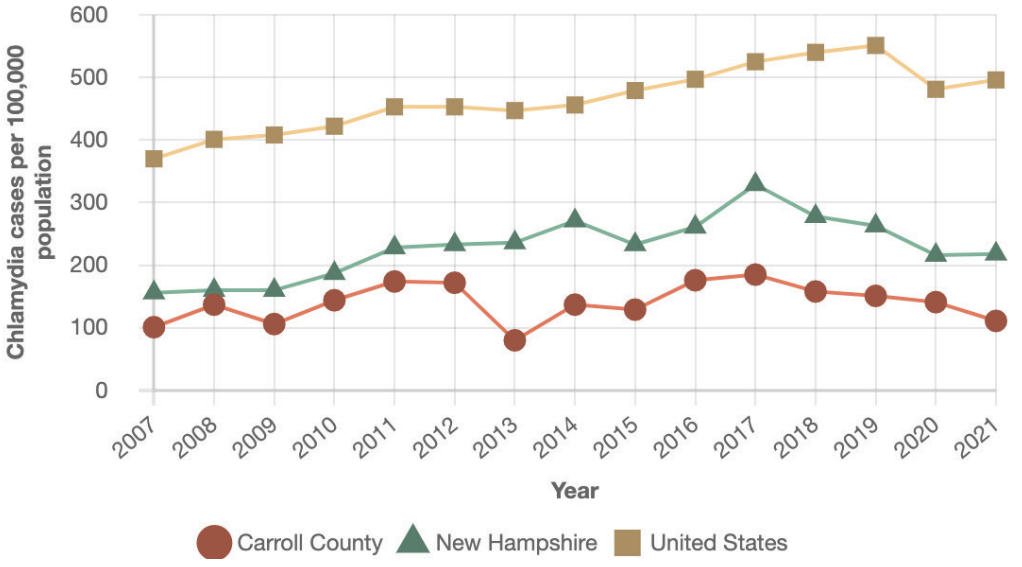
Definition: Number of newly diagnosed chlamydia cases per 100,000 population.

Years of data used: 2021

Use caution if comparing these data with prior years

Sexually Transmitted Infections in Carroll County, NH

No significant trend was found in Carroll County for this measure



Sexually transmitted infections should only be compared across states with caution.

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Health Behaviors	Carroll County	New Hampshire	United States
Teen Births	9	7	17

In Carroll County, New Hampshire, there were 9 teen births per 1,000 females ages 15-19.

Definition: Number of births per 1,000 female population ages 15-19.

Error margin: 7-12

Years of data used: 2016-2022
Use caution if comparing these data with prior years

Additional Health Behaviors *(not included in summary)*	Carroll County	New Hampshire	United States
Food Insecurity	8%	7%	10%

In Carroll County, New Hampshire, 8% of people did not have a reliable source of food.

Definition: Percentage of population who lack adequate access to food.

Years of data used: 2021
Use caution if comparing these data with prior years

Limited Access to Healthy Foods	0%	4%	6%

In Carroll County, New Hampshire, 0% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods.

Definition: Percentage of population who are low-income and do not live close to a grocery store.

Years of data used: 2019

Drug Overdose Deaths	27	30	27

In Carroll County, New Hampshire, there were 27 drug overdose deaths per 100,000 people.

Definition: Number of drug poisoning deaths per 100,000 population.

Error margin: 19-36

Years of data used: 2019-2021
Use caution if comparing these data with prior years

Insufficient Sleep	32%	31%	33%

In Carroll County, New Hampshire, 32% of adults reported getting fewer than 7 hours of sleep per night on average.

Definition: Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).

Error margin: 30-33%

Years of data used: 2020
Use caution if comparing these data with prior years

Clinical Care	Carroll County	New Hampshire	United States
Uninsured	7%	6%	10%

In Carroll County, New Hampshire, 7% of people under the age of 65 did not have health insurance.

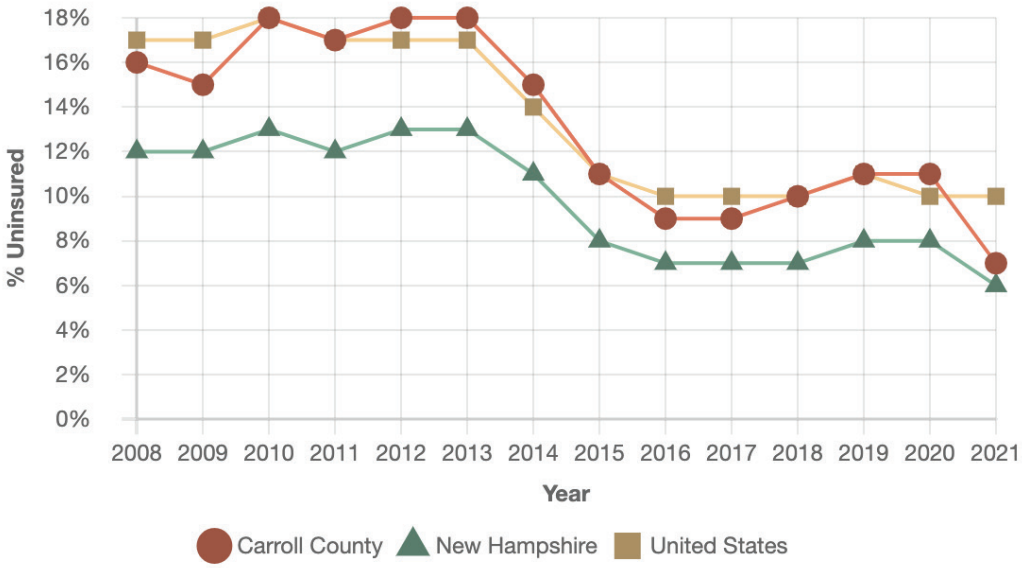
Definition: Percentage of population under age 65 without health insurance.

Error margin: 6-9%

Years of data used: 2021

Uninsured in Carroll County, NH

Carroll County is getting better for this measure.



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More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Primary Care Physicians	1,230:1	1,150:1	1,330:1

There was one primary care physician per 1,230 people in Carroll County, New Hampshire.

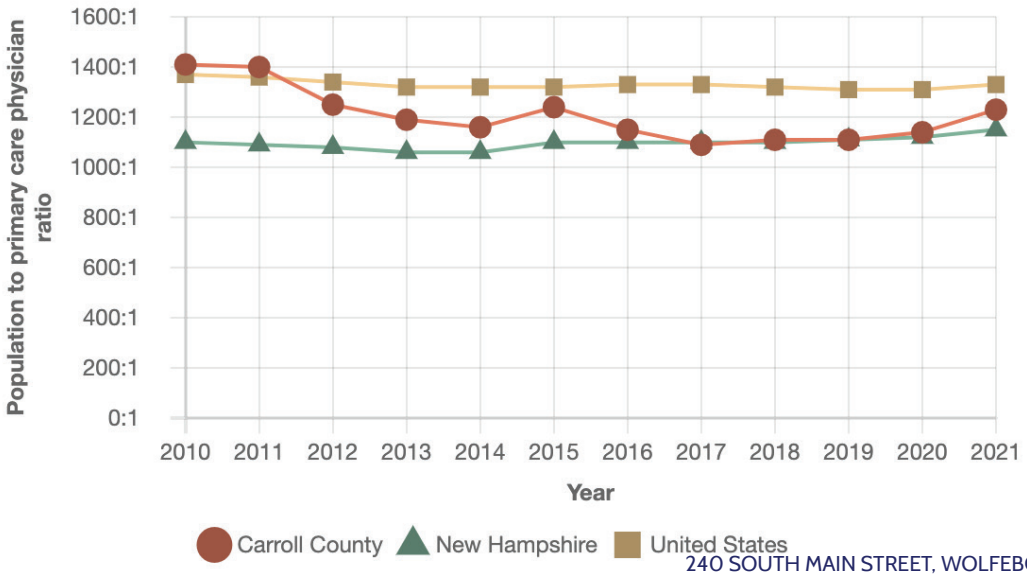
Definition: Ratio of population to primary care physicians.

Years of data used: 2021

Use caution if comparing these data with prior years

Primary Care Physicians in Carroll County, NH

Carroll County is getting better for this measure.



The data in this table reflect the average population served by a single primary care physician.

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

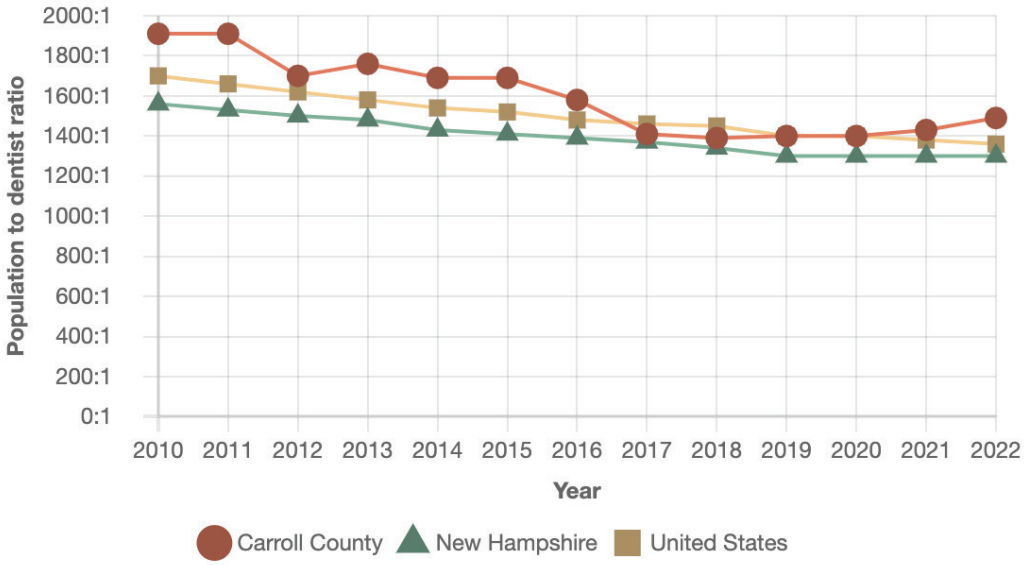
Clinical Care	Carroll County	New Hampshire	United States
Dentists	1,490:1	1,300:1	1,360:1

There was one dentist per 1,490 people registered in Carroll County, New Hampshire.

Definition: Ratio of population to dentists.

Years of data used: 2022
Use caution if comparing these data with prior years

Dentists in Carroll County, NH
Carroll County is getting better for this measure.



The data in this table reflect the average population served by a single dentist.

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Mental Health Providers	360:1	260:1	320:1

There was one mental health provider per 360 people registered in Carroll County, New Hampshire.

Definition: Ratio of population to mental health providers.

Years of data used: 2023

Clinical Care	Carroll County	New Hampshire	United States
Preventable Hospital Stays	1,730	2,478	2,681

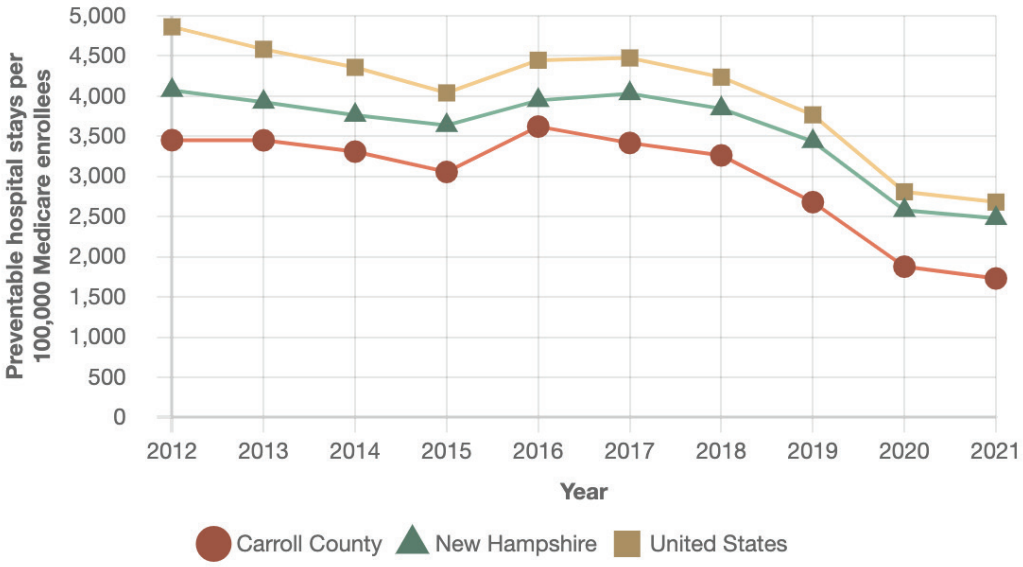
In Carroll County, New Hampshire, 1,730 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment.

Definition: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Years of data used: 2021

Preventable Hospital Stays in Carroll County, NH

Carroll County is getting better for this measure.



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Mammography Screening	48%	48%	43%

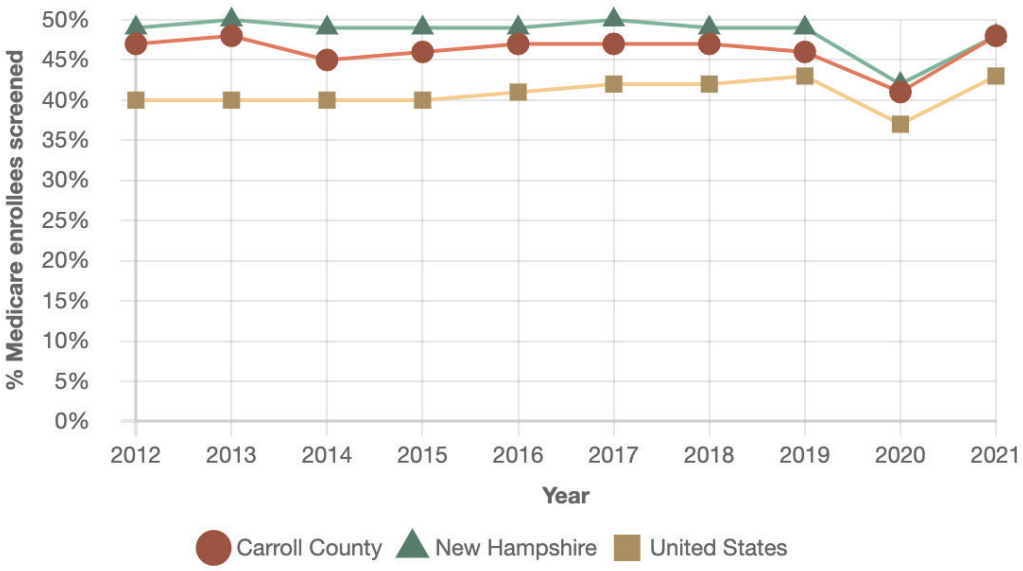
In Carroll County, New Hampshire, 48% of female Medicare enrollees received an annual mammography screening.

Definition: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.

Years of data used: 2021

Mammography Screening in Carroll County, NH

No significant trend was found in Carroll County for this measure.



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Clinical Care	Carroll County	New Hampshire	United States
Flu Vaccinations	47%	51%	46%

In Carroll County, New Hampshire, 47% of Medicare enrollees received an annual flu vaccine.

Definition: Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.

Years of data used: 2021

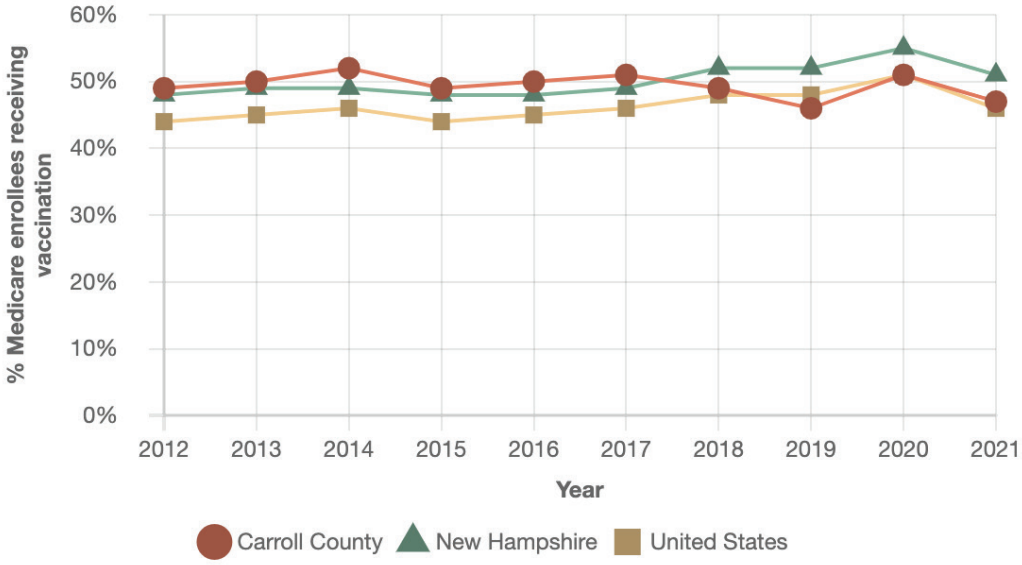
Disaggregation in Carroll New Hampshire

DISAGGREGATION BY RACIALIZED GROUP	VALUE
Flu Vaccinations	47%
Asian	33%
Black	36%
White	47%

Learn more about our methods for calculating and/or suppressing these data, and the definitions we use to describe race/ethnicity: https://www.countyhealthrankings.org/health-data/how-to-use-your-county-health-snapshot#disaggregated-data

Flu Vaccinations in Carroll County, NH

Although no significant trend was found in Carroll County for this measure, please note state and national trends.



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More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Additional Clinical Care *(not included in summary)*	Carroll County	New Hampshire	United States
Uninsured Adults	8%	7%	12%

In Carroll County, New Hampshire, 8% of adults under age 65 did not have health insurance.

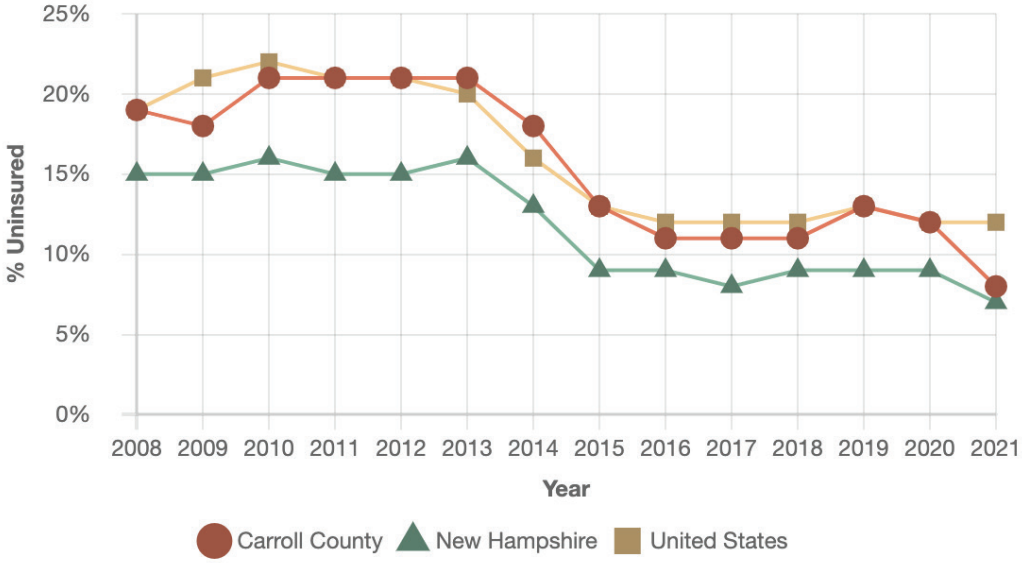
Definition: Percentage of adults under age 65 without health insurance.

Error margin: 7-9%

Years of data used: 2021

Uninsured Adults in Carroll County, NH

Carroll County is getting better for this measure.



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More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Uninsured Children	5%	4%	5%

In Carroll County, New Hampshire, 5% of children under age 19 did not have health insurance.

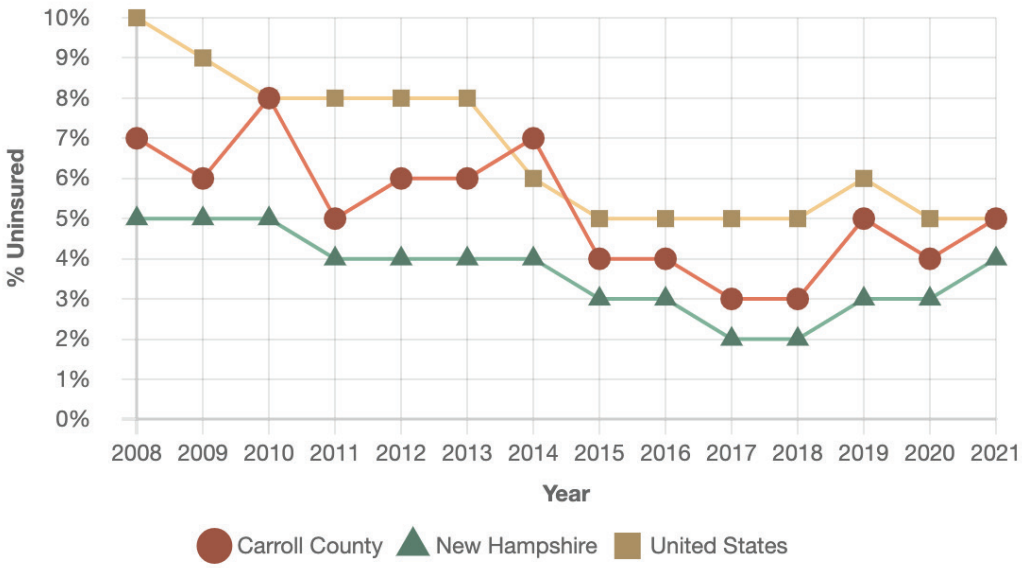
Definition: Percentage of children under age 19 without health insurance.

Error margin: 3-6%

Years of data used: 2021

Uninsured Children in Carroll County, NH

Carroll County is getting better for this measure.



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Additional Clinical Care *(not included in summary)*	Carroll County	New Hampshire	United States
Other Primary Care Providers	750:1	560:1	760:1

There was one primary care provider other than a physician per 750 people registered in Carroll County, New Hampshire. This includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventative care.

Definition: Ratio of population to primary care providers other than physicians.

Years of data used: 2023

Social & Economic Factors	Carroll County	New Hampshire	United States
High School Completion	95%	94%	89%

In Carroll County, New Hampshire, 95% of adults (age 25 or older) had a high school degree or equivalent, such as a GED.

Definition: Percentage of adults ages 25 and over with a high school diploma or equivalent.

Error margin: 94-96%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Some College	69%	71%	68%

In Carroll County, New Hampshire, 69% of adults (age 25-44) had completed some post-secondary education, including vocational/technical schools, junior colleges, or four-year colleges. This includes those who had and had not attained degrees.

Definition: Percentage of adults ages 25-44 with some post-secondary education.

Error margin: 62-76%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Unemployment	2.6%	2.5%	3.7%

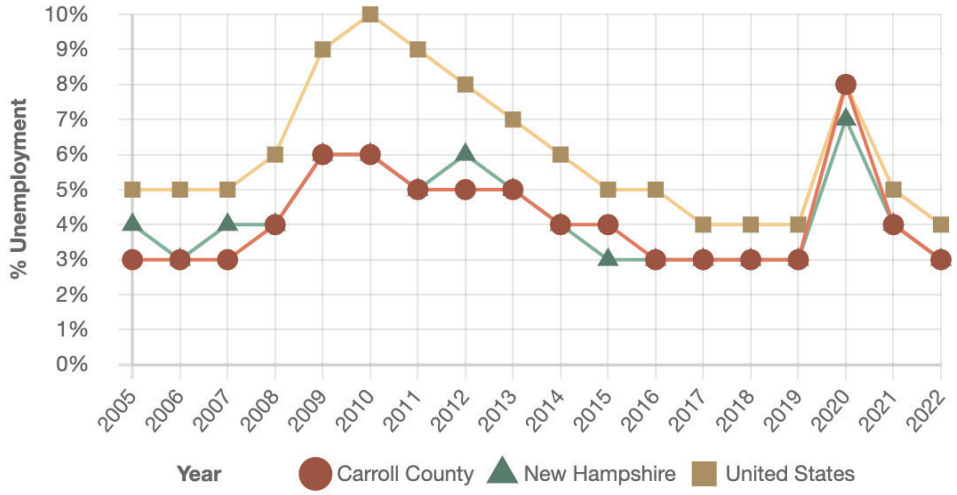
In Carroll County, New Hampshire, 2.6% of people age 16 and older were unemployed but seeking work.

Definition: Percentage of population ages 16 and older unemployed but seeking work.

Years of data used: 2022

Unemployment in Carroll County, NH

No significant trend was found in Carroll County for this measure.



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Social & Economic Factors	Carroll County	New Hampshire	United States
Children in Poverty	12%	8%	16%

In Carroll County, New Hampshire, 12% of children lived in poverty.

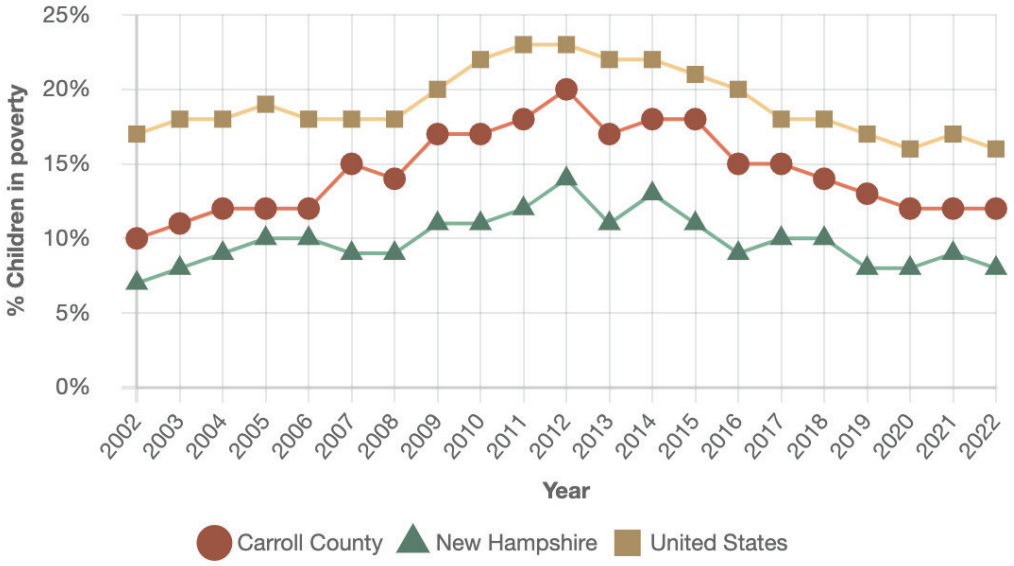
Definition: Percentage of people under age 18 in poverty.

Error margin: 7-17%

Years of data used: 2022 & 2018-2022
Use caution if comparing these data with prior years

Children in Poverty in Carroll County, NH

No significant trend was found in Carroll County for this measure.



Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Income Inequality	4.4	4.3	4.9

In Carroll County, New Hampshire, households with higher incomes had income 4.4 times that of households with lower incomes.

Definition: Ratio of household income at the 80th percentile to income at the 20th percentile.

Error margin: 3.8-4.9

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Children in Single-Parent Households	21%	19%	25%

In Carroll County, New Hampshire, 21% of children lived in a household headed by a single parent.

Definition: Percentage of children that live in a household headed by a single parent.

Error margin: 14-27%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Social & Economic Factors	Carroll County	New Hampshire	United States
Social Associations	11.7	10.0	9.1

In Carroll County, New Hampshire, there were 11.7 membership organizations per 10,000 people. These include civic, political, religious, sports and professional organizations.

Definition: Number of membership associations per 10,000 population.

Years of data used: 2021
Use caution if comparing these data with prior years

Injury Deaths	105	88	80

In Carroll County, New Hampshire, there were 105 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people.

Definition: Number of deaths due to injury per 100,000 population.

Error margin: 92-118

Years of data used: 2017-2021
Use caution if comparing these data with prior years

Additional Social & Economic Factors	Carroll County	New Hampshire	United States
High School Graduation	93%	87%	86%

In Carroll County, New Hampshire, 93% of high-schoolers graduated in four years.

Definition: Percentage of ninth-grade cohort that graduates in four years.

Years of data used: 2020-2021
Use caution if comparing these data with prior years

Disconnected Youth	9%	5%	7%

In Carroll County, New Hampshire, 9% of teens and young adults (age 16-19) were neither working nor in school.

Definition: Percentage of teens and young adults ages 16-19 who are neither working nor in school.

Error margin: 3-15%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Reading Scores	3.2	3.2	3.1

In Carroll County, New Hampshire, third grade students scored, on average, 3.2 on a standardized test for English language arts. A score of 3.0 indicates students performed at grade-level.

Definition: Average grade level performance for 3rd graders on English Language Arts standardized tests.

Years of data used: 2018

Additional Social & Economic Factors	Carroll County	New Hampshire	United States
Math Scores	3.0	3.2	3.0

In Carroll County, New Hampshire, third grade students scored, on average, 3.0 on a standardized test for math. A score of 3.0 indicates students performed at grade-level.

Definition: Average grade level performance for 3rd graders on math standardized tests.

Years of data used: 2018

School Segregation	0.07	0.14	0.24

Carroll County, New Hampshire, had a school segregation index of 0.07. This index can range from 0 to 1, with lower values representing a school composition that more closely reflects the distribution of race and ethnicity in the community.

Definition: The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.

Years of data used: 2022-2023

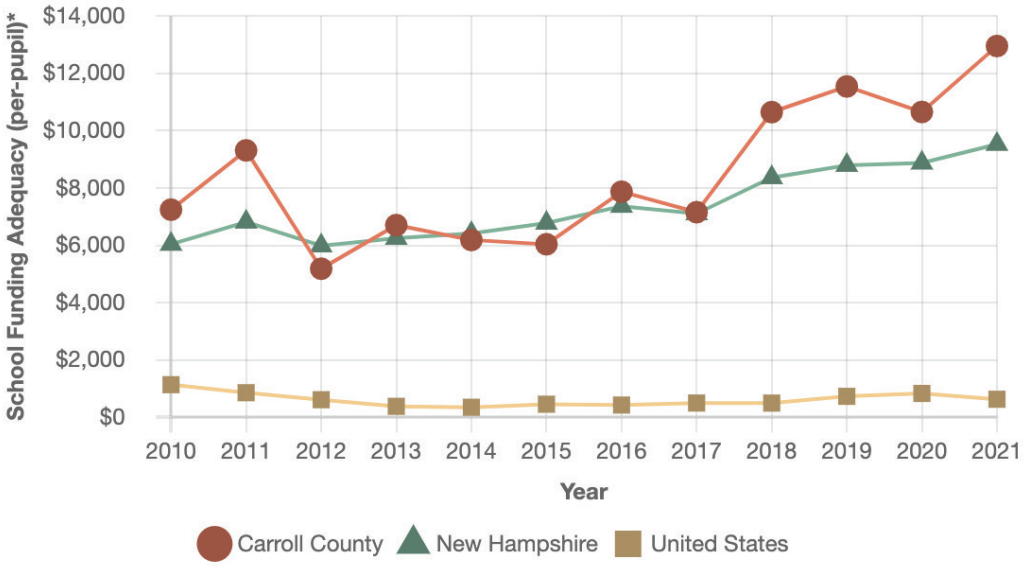
School Funding Adequacy	$12,947	$9,523	$634

In Carroll County, New Hampshire, on average, per-pupil spending among school districts was $12,947 above the estimated amount needed to support students in achieving average US test scores.

Definition: The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.

Years of data used: 2021
Use caution if comparing these data with prior years

School Funding Adequacy in Carroll County, NH
Additional information is needed to interpret the trend for this measure



**School Funding Adequacy is the actual per-pupil spending compared with an estimated amount that would need to be spent to achieve U.S. average test scores in each school district. The county value is the cross-district average of the spending surplus or deficit.*

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

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Additional Social & Economic Factors	Carroll County	New Hampshire	United States
Gender Pay Gap	0.88	0.78	0.81

In Carroll County, New Hampshire, women earned an average of $0.88 for every $1.00 men earned in annual income.

Definition: Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as cents on the dollar.

Error margin: 0.74-1.03

Years of data used: 2018-2022

Use caution if comparing these data with prior years

Median Household Income	$72,000	$90,800	74,800

In Carroll County, New Hampshire, the median household income was $72,000. Half of all households had an annual income below this amount, and half had annual incomes above it.

Definition: The income where half of households in a county earn more and half of households earn less.

Error margin: $64,900 to $79,100

Years of data used: 2022 & 2018-2022
Use caution if comparing these data with prior years

Disaggregation in Carroll New Hampshire

DISAGGREGATION BY RACIALIZED GROUP	VALUE	ERROR MARGIN
Median Household Income	$72,000	$64,900 to $79,100
Asian	$130,700	$34,300 to $227,000
White	$77,200	$72,200 to $82,300

Learn more about our methods for calculating and/or suppressing these data, and the definitions we use to describe race/ethnicity: https://www.countyhealthrankings.org/health-data/how-to-use-your-county-health-snapshot#disaggregated-data

Living Wage	$48.97	$53.70

In Carroll County, New Hampshire, workers would need an hourly wage of $48.97 to cover basic household expenses for a household of one adult and two children.

Definition: The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.

Years of data used: 2023
Use caution if comparing these data with prior years

Children Eligible for Free or Reduced Price Lunch	27%	21%	51%

In Carroll County, New Hampshire, 27% of children in public schools were eligible for free or reduced price lunch.

Definition: Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.

Years of data used: 2021-2022
Use caution if comparing these data with prior years

Note: Blank values reflect unreliable or missing data.

Additional Social & Economic Factors	Carroll County	New Hampshire	United States
Child Care Cost Burden	32%	29%	27%

In Carroll County, New Hampshire, the average household spent 32% of its income on child care for two children.

Definition: Child care costs for a household with two children as a percent of median household income.

Years of data used: 2023 & 2022
Use caution if comparing these data with prior years

Child Care Centers	15	10	7

In Carroll County, New Hampshire, there were 15 child care centers per 1,000 children under age 5.

Definition: Number of child care centers per 1,000 population under 5 years old.

Years of data used: 2010-2022
Use caution if comparing these data with prior years

Suicides	23	17	14

In Carroll County, New Hampshire, there were 23 deaths by suicide per 100,000 people.

Definition: Number of deaths due to suicide per 100,000 population (age-adjusted).

Error margin: 17-32

Years of data used: 2017-2021
Use caution if comparing these data with prior years

Firearm Fatalities	12	10	13

In Carroll County, New Hampshire, there were 12 firearm-related deaths per 100,000 people.

Definition: Number of deaths due to firearms per 100,000 population.

Error margin: 8-17

Years of data used: 2017-2021
Use caution if comparing these data with prior years

Motor Vehicle Crash Deaths	13	9	12

In Carroll County, New Hampshire, there were 13 deaths from motor vehicle crashes per 100,000 people.

Definition: Number of motor vehicle crash deaths per 100,000 population.

Error margin: 10-18

Years of data used: 2015-2021
Use caution if comparing these data with prior years

Voter Turnout	81.7%	75.7%	67.9%

In Carroll County, New Hampshire, 81.7% of the citizen population who were 18 years old or older voted in the 2020 U.S. presidential election.

Definition: Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.

Years of data used: 2020 & 2016-2020

Additional Social & Economic Factors	Carroll County	New Hampshire	United States
Census Participation	41.8%		65.2%

In Carroll County, New Hampshire, 41.8% of households self-responded to the 2020 census (by internet, paper questionnaire or telephone). Self-responding refers to submitting census information for their own household, not through a household interview, information filled from a federal administrative record, or a proxy interview with a landlord/neighbor.

Definition: Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).

Years of data used: 2020

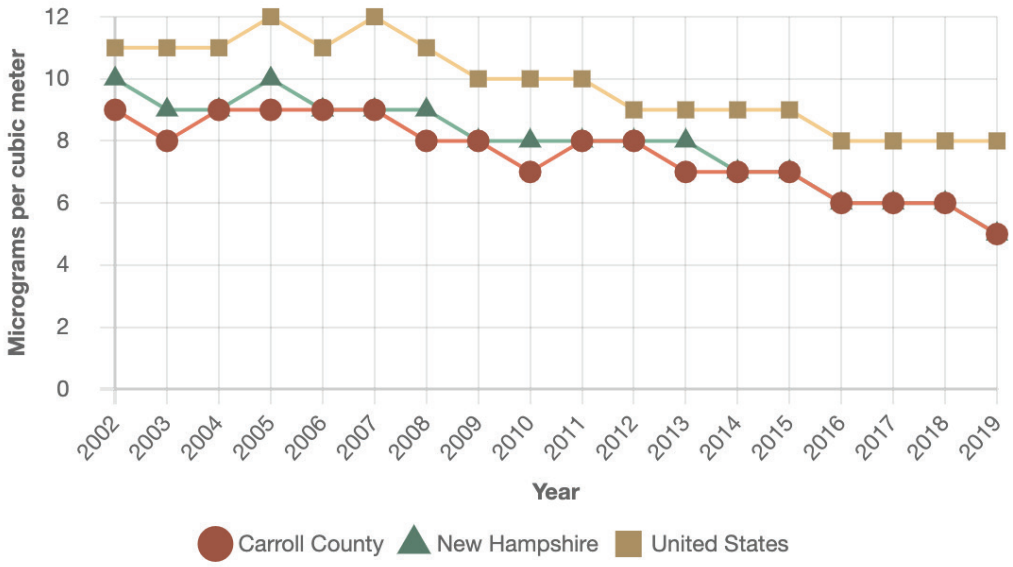
Physical Environment	Carroll County	New Hampshire	United States
Air Pollution - Particulate Matter	5.4	5.3	7.4

In Carroll County, New Hampshire, an annual average of 5.4 micrograms per cubic meter of fine particulate matter was measured in the air. The Environmental Protection Agency (EPA) has primary annual average standards of 12.0 micrograms per cubic meter.

Definition: Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).

Years of data used: 2019

Air Pollution - Particulate Matter in Carroll County, NH
Average daily density of fine particulate matter
Although Carroll County is getting better for this measure, please note state and national trends.



Data in this trend graph are from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 County Health Snapshots.

Learn more about measuring progress and using trends: https://www.countyhealthrankings.org/health-data/measuring-progress-change

More trend data and documentation can be found here: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation

Note: Blank values reflect unreliable or missing data.

Physical Environment	Carroll County	New Hampshire	United States
Drinking Water Violations	Yes		

At least 1 community water system in Carroll County, New Hampshire, reported a health-based drinking water violation.

Definition: Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.

Years of data used: 2022
Use caution if comparing these data with prior years

Severe Housing Problems	14%	14%	17%

In Carroll County, New Hampshire, 14% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.

Definition: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Error margin: 12-16%

Years of data used: 2016-2020
Use caution if comparing these data with prior years

Driving Alone to Work	77%	76%	72%

In Carroll County, New Hampshire, 77% of the workforce drives alone to work.

Definition: Percentage of the workforce that drives alone to work.

Error margin: 73-80%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Long Commute to Work	37%	39%	36%

In Carroll County, New Hampshire, 37% of workers who drive alone to work commute more than 30 minutes each way.

Definition: Among workers who commute in their car alone, the percentage that commute more than 30 minutes.

Error margin: 33-41%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Additional Physical Environment	Carroll County	New Hampshire	United States
Traffic Volume	11	74	108

In Carroll County, New Hampshire, traffic volume on major roadways averaged 11 vehicles per meter per day.

Definition: Average traffic volume per meter of major roadways in the county.

Years of data used: 2023

Note: Blank values reflect unreliable or missing data.

Additional Physical Environment	Carroll County	New Hampshire	United States
Homeownership	82%	72%	65%

In Carroll County, New Hampshire, 82% of housing units were owner-occupied.

Definition: Percentage of owner-occupied housing units.

Error margin: 80-83%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Severe Housing Cost Burden	15%	12%	14%

In Carroll County, New Hampshire, 15% of households spent half or more of their income on housing.

Definition: Percentage of households that spend 50% or more of their household income on housing.

Error margin: 12-18%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Broadband Access	91%	91%	88%

In Carroll County, New Hampshire, 91% of households had a broadband internet connection.

Definition: Percentage of households with broadband internet connection.

Error margin: 89-92%

Years of data used: 2018-2022
Use caution if comparing these data with prior years

Huggins Hospital Community Health Needs Assessment Community Survey Summary

The University of New Hampshire Survey Center conducted the 2025 Huggins Hospital Community Survey on behalf of Huggins Hospital to better understand the community's health concerns and quality of life. Overall, 319 respondents completed the survey between April 10 and May 24, 2025.

The following figures display survey results for each community health question. Details on survey methodology can be found in the Technical Report. Due to rounding, percentages may not sum to 100%.

Health Status and Healthcare Access

More than three in four respondents rate their health as very good or good, while very few rate it as poor. About one in five had a time in the past 12 months when they needed to see a doctor for a routine exam or physical checkup but couldn't, with most saying it was because they could not get an appointment scheduled in a reasonable time.

Active Living and Food Access

Just over half of respondents say that they exercise at least three times a week and very few respondents say they never exercise. Most respondents find it very or somewhat easy to buy healthy foods like fresh fruits or vegetables and the vast majority have a grocery store that has healthy foods less than 20 minutes away from them.

Transportation

Nearly all respondents typically use a personal motor vehicle to get from one place to another and say they have a personal motor vehicle that is registered and passed its last inspection. While more than nine in ten say that a lack of transportation has never prevented them from attending different outings or accessing services, about one-quarter of younger respondents and respondents with lower household incomes say this has happened to them before.

Substance Use

One in twelve respondents say that they currently smoke cigarettes while about one in five either currently or have previously used an electronic nicotine product. Forty-five percent of respondents say that they, a relative, or a close friend have experienced substance use issues or addiction. Among those who have experienced this, most say treatment was available but only about half utilized treatment. The majority of those who have experienced issues say alcohol was the substance involved while about one in five say it was heroin or fentanyl. Among those who did receive treatment, the majority say it was very or somewhat easy to obtain.

Health Needs

The most common conditions, diseases, or challenges that a doctor has diagnosed respondents with are high blood pressure, arthritis, high cholesterol, or being overweight or obese. More than three in four feel they have all that they need to manage their health conditions. Among those who don't feel they have all they need, a majority cite needing more access to doctors and two in five say they need a better support system. Respondents cited good health practices, access to doctors, genetics and family history, and access to insurance as top four factors that influence how healthy someone is. Respondents most often cited access to primary care, access to health insurance, access to specialty care and mental health assistance as the top four health needs in their community.

Appendices

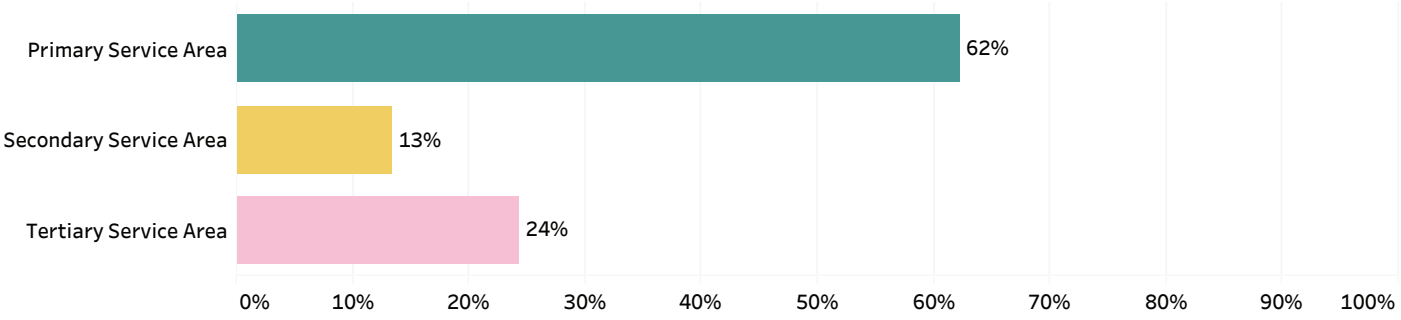
Community Survey Data provided by the University of New Hampshire Survey Center

Demographics

NOTE: *Survey data was weighted by gender, age, education, service area, and party registration. More details can be found in the technical report.*

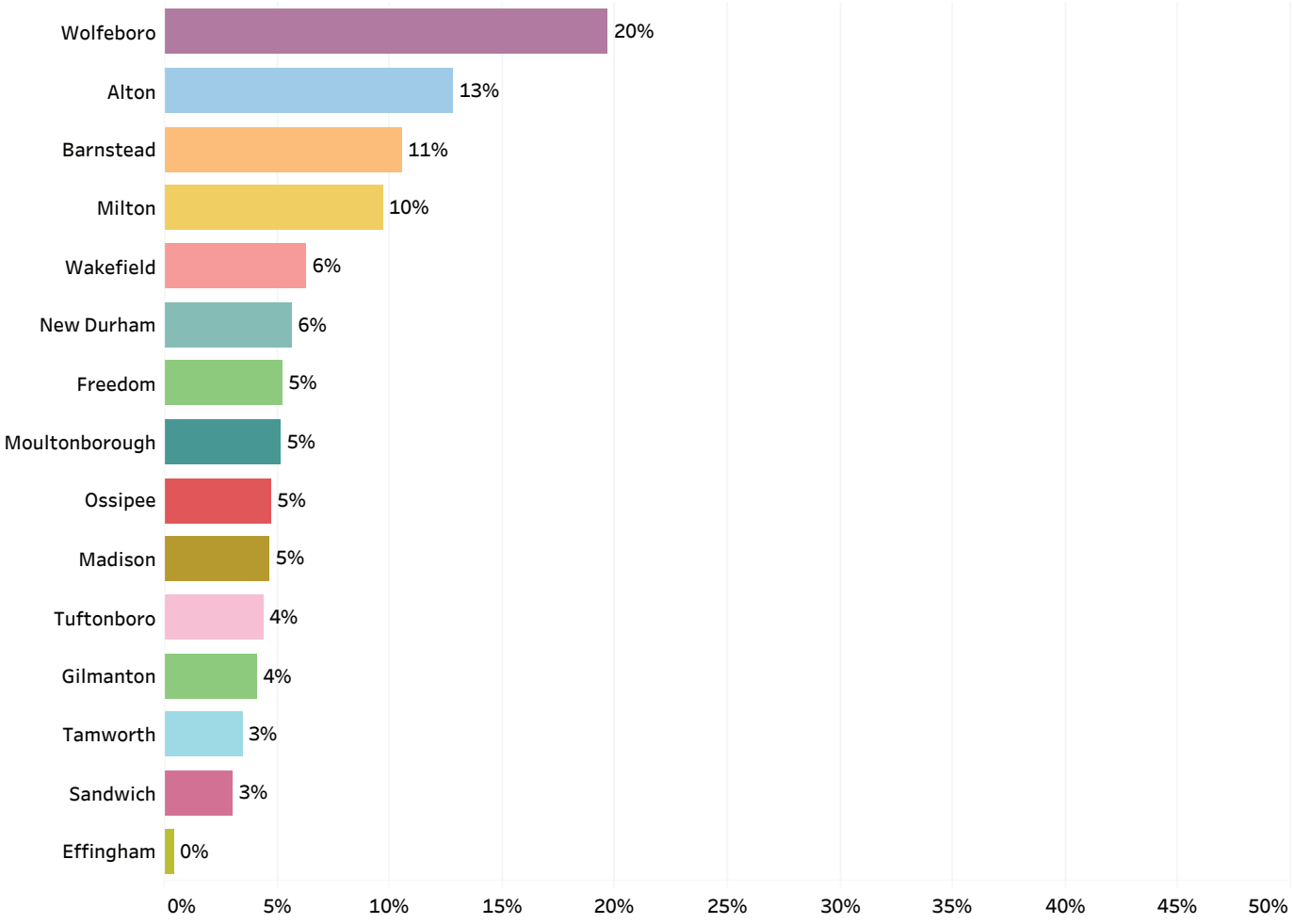
Sixty-two percent of respondents live in a town in Huggins Hospital's primary service area, 13% live in the hospital's secondary service area, and 24% live in the hospital's tertiary service area.

Figure 1: Huggins Hospital Service Area



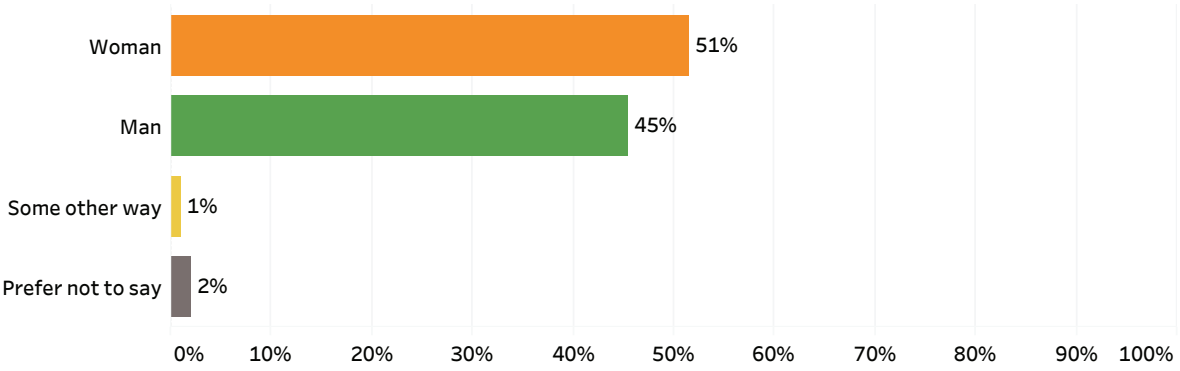
One in five respondents (20%) live in the town of Wolfeboro, 13% live in Alton, 11% live in Barnstead and 10% live in Milton. Six percent each live in Wakefield and New Durham, 5% each live in Freedom, Moultonborough, Ossipee, and Madison, 4% each live in Tuftonboro and Gilmanton, 3% each live in Tamworth and Sandwich, and less than 1% live in Effingham.

Figure 2: Town of Residence



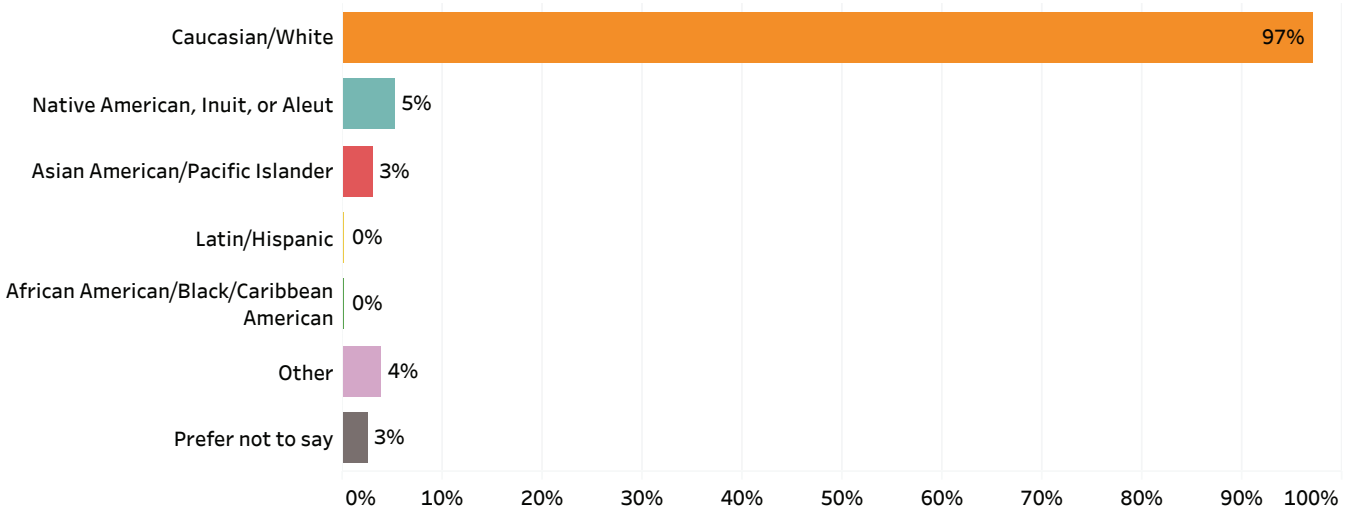
Fifty-one percent of respondents identify as a woman, 45% identify as a man, 1% identify in some other way, and 2% prefer not to disclose their gender.

Figure 3: Gender of respondent



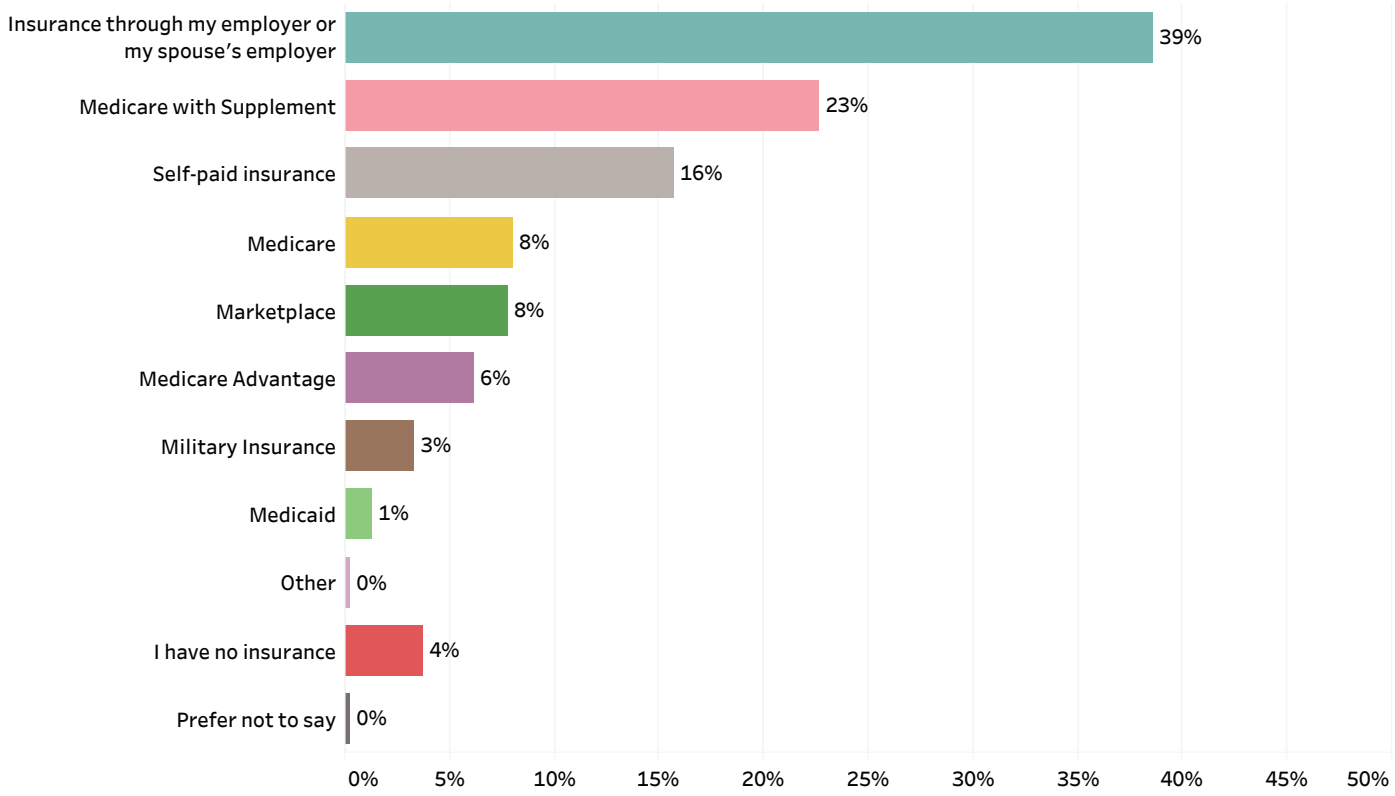
Nearly all respondents (97%) identify as Caucasian/White, 5% identify as Native American, Inuit, or Aleut, 3% identify as Asian American/Pacific Islander, and less than 1% each identify as Latin/Hispanic or African American/Black/Caribbean American. Four percent of respondents identify as another race or ethnicity and 3% prefer not to disclose their race or ethnicity.

Figure 4: Race/Ethnicity of respondent (Select all that apply)



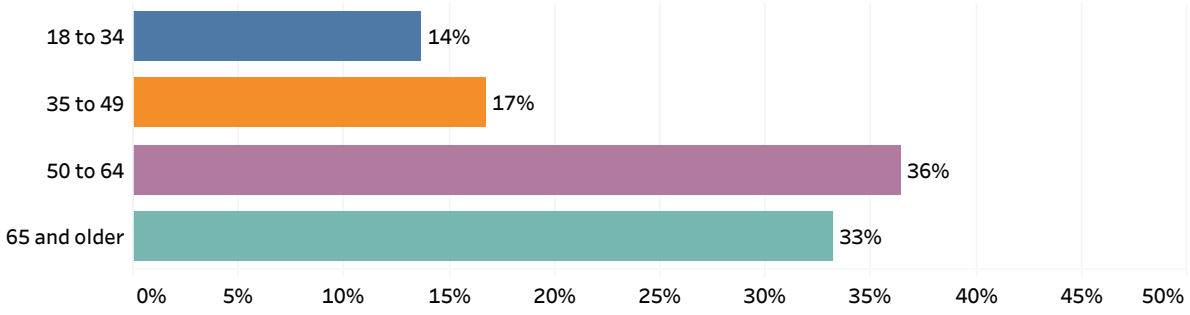
Two in five respondents (39%) say that they have health insurance through their employer or their spouse's employer, 23% have Medicare with Supplement, 16% self pay for their insurance, 8% have Medicare, 8% have health insurance through the Marketplace, 6% have Medicare Advantage, 3% have military insurance, 1% have Medicaid, and less than 1% have another type of health insurance. Four percent of respondents say they have no health insurance.

Figure 5: Type of Health Insurance (Select all that apply)



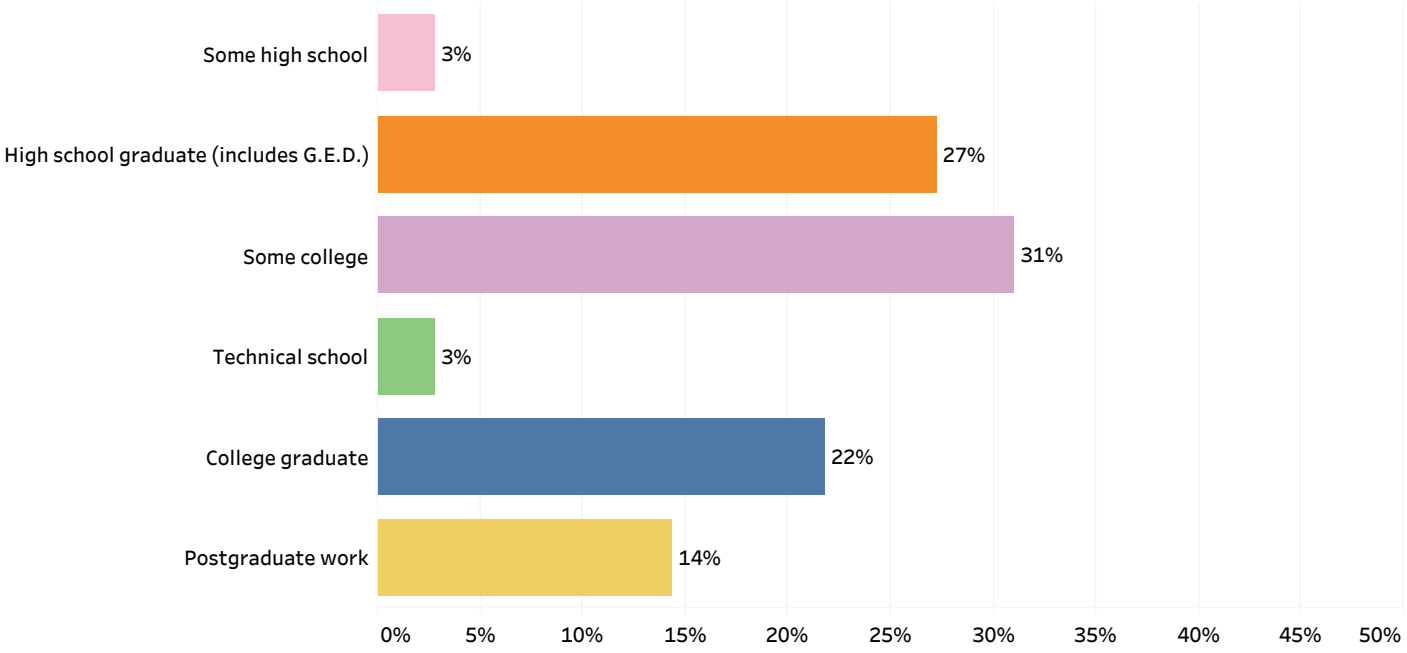
Fourteen percent of respondents are between the ages of 18 and 34, 17% are aged 35 to 49, 36% are aged 50 to 64, and 33% are aged 65 and older.

Figure 6: Age of Respondent



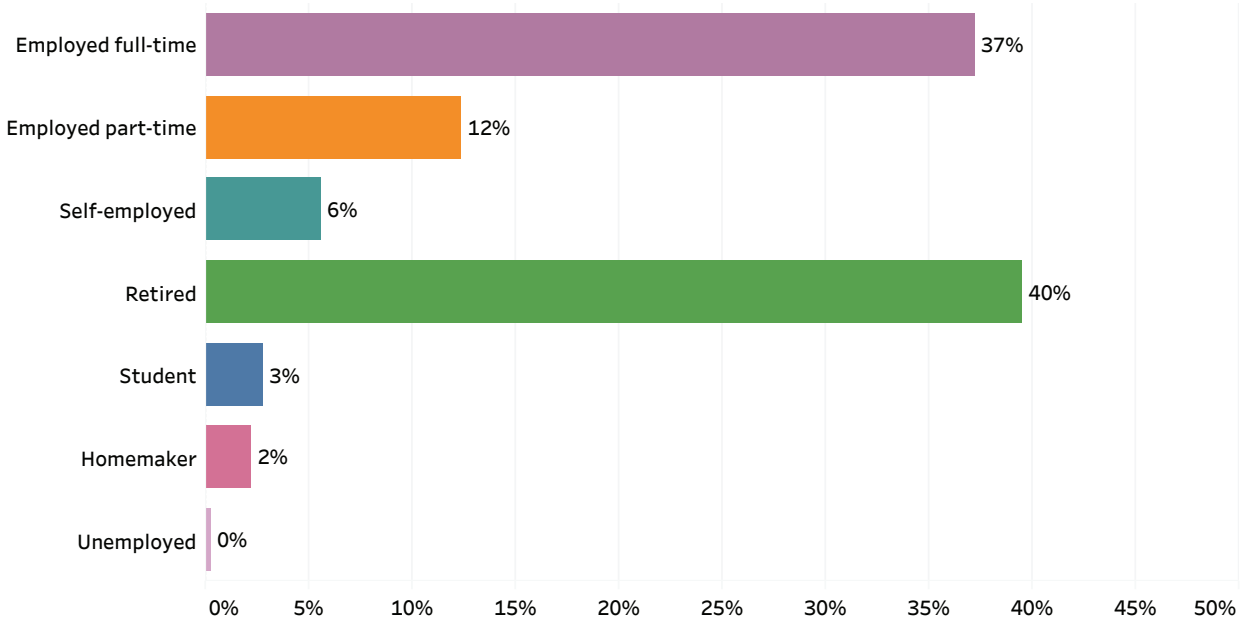
Three percent of respondents have some high school education, 27% are high school graduates, 31% have some college education, 3% went to technical school, 22% are college graduates, and 14% have completed postgraduate work.

Figure 7: Highest Level of Education



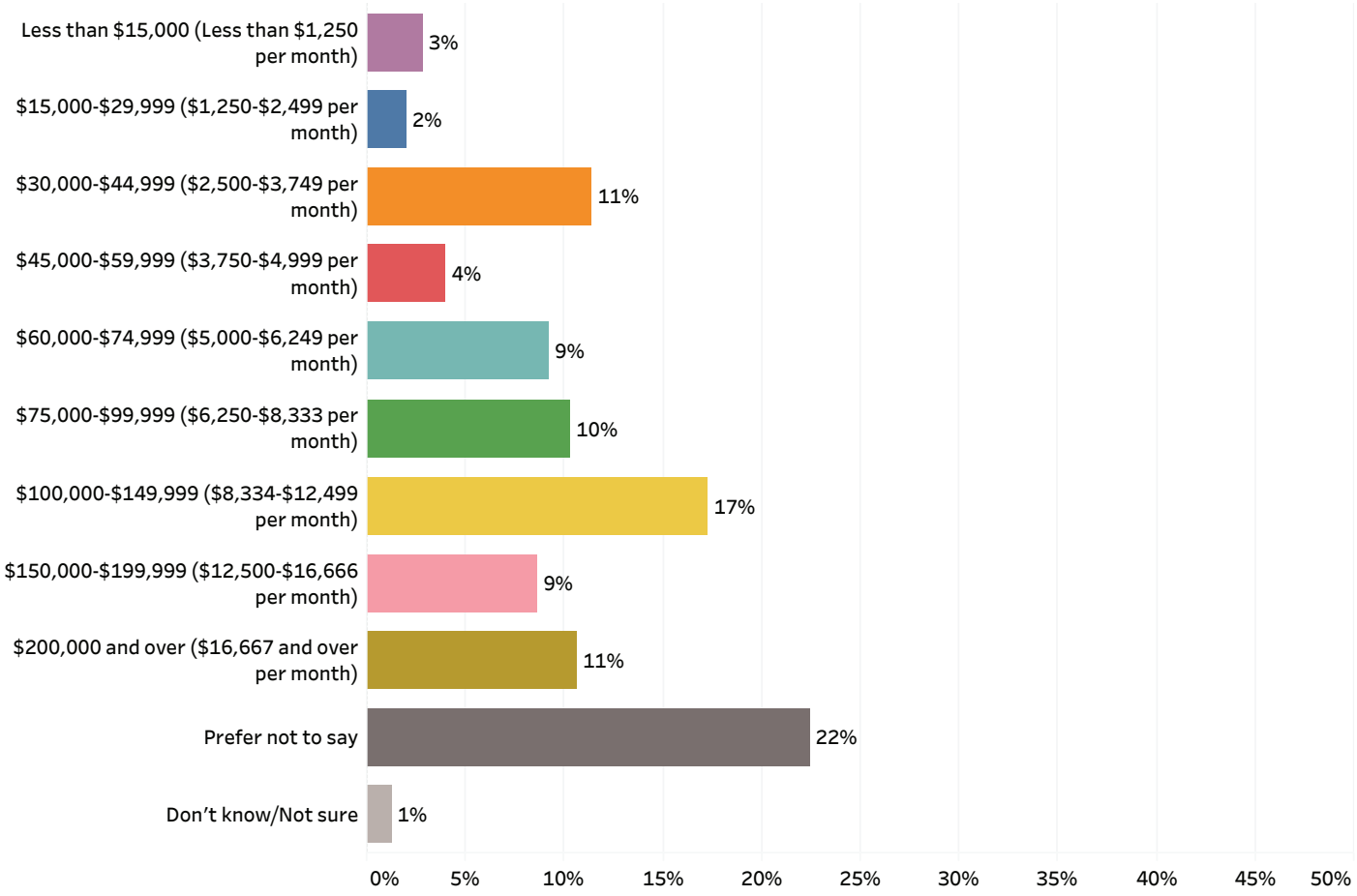
Just over half (55%) of respondents are employed (37% employed full-time, 12% employed part-time, 6% self-employed), 40% are retired, 3% are students, 2% are homemakers, and less than 1% are unemployed.

Figure 8: Employment Status



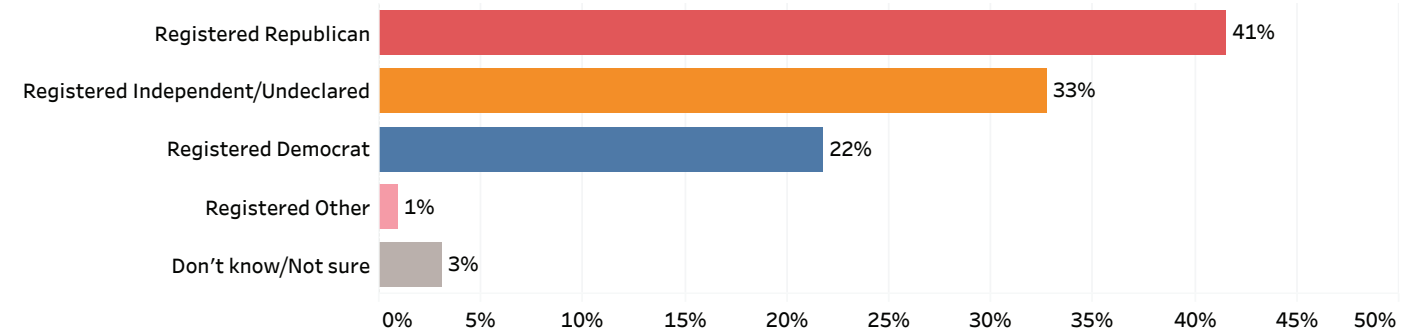
Sixteen percent of respondents have a household income under $45,000, 13% have a household income between $45,000 and $74,999, 10% have a household income between $75,000 and $99,999, 17% have a household income between $100,000 and $149,999, 9% have a household income between $150,000 and $199,999, and 11% have a household income of $200,000 or more. Twenty-two percent of respondents prefer not to disclose their household income while 1% are not sure what it was.

Figure 9: Household Income



Nearly all respondents (96%) are registered to vote. Among them, the plurality (41%) are Registered Republicans, 33% are Registered Undeclared, and 22% are Registered Democrats.

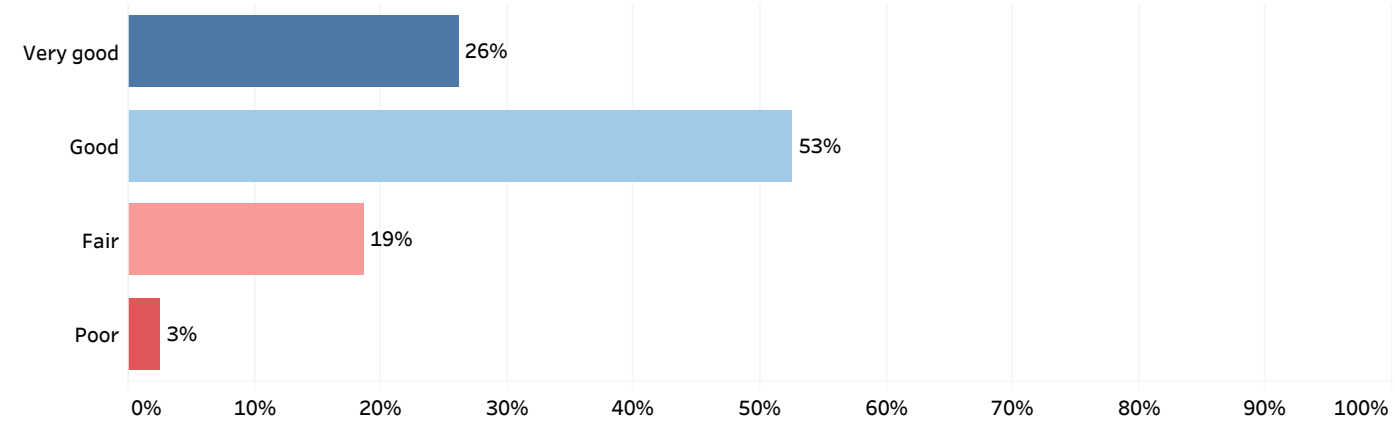
Figure 10: Voter Registration



Health Status and Healthcare Access

More than three in four respondents (79%) rate their health as very good (26%) or good (53%) while 19% rate their health as fair and 3% rate it as poor. No respondents rate their health as very poor.

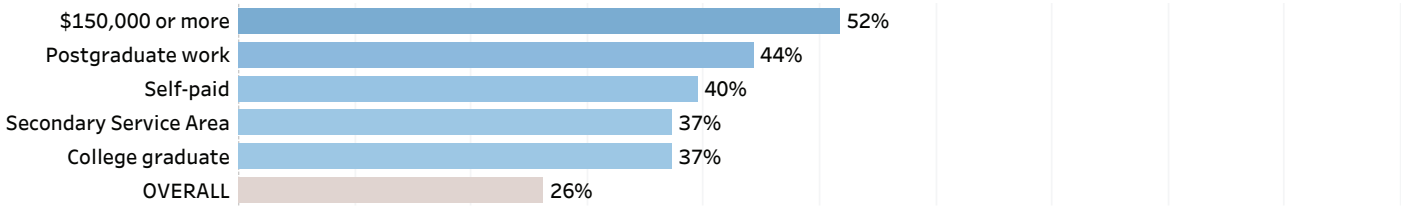
Figure 11a: In general, how would you rate your overall health?



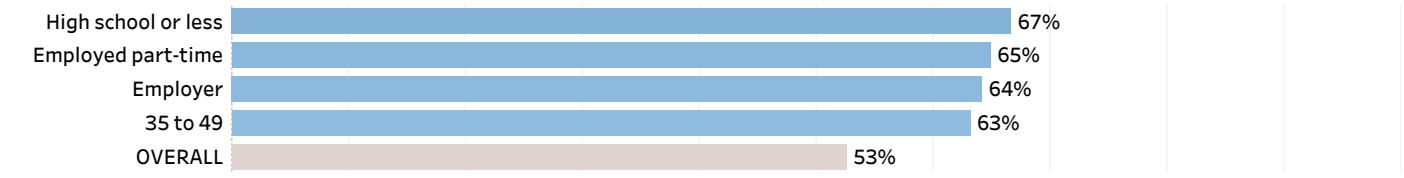
- Respondents with a household income of $150,000 or more, those with a college degree or more education, those who self pay for their health insurance, and those who live in Huggins' secondary service area are more likely than others to rate their health as very good.
- Respondents with a high school education or less, those who are employed part-time, those with employer paid health insurance, and those aged 35 to 49 are more likely than others to rate their health as good.
- Respondents with a household income of less than $45,000 and those aged 18 to 34 are more likely than others to rate their health as fair or poor.

Figure 11b: Rate your overall health - By Select Demographics

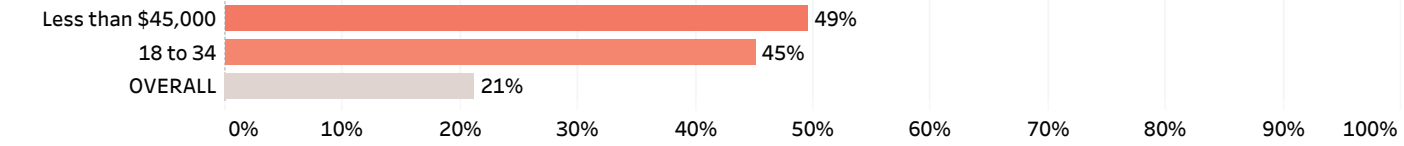
Very Good



Good

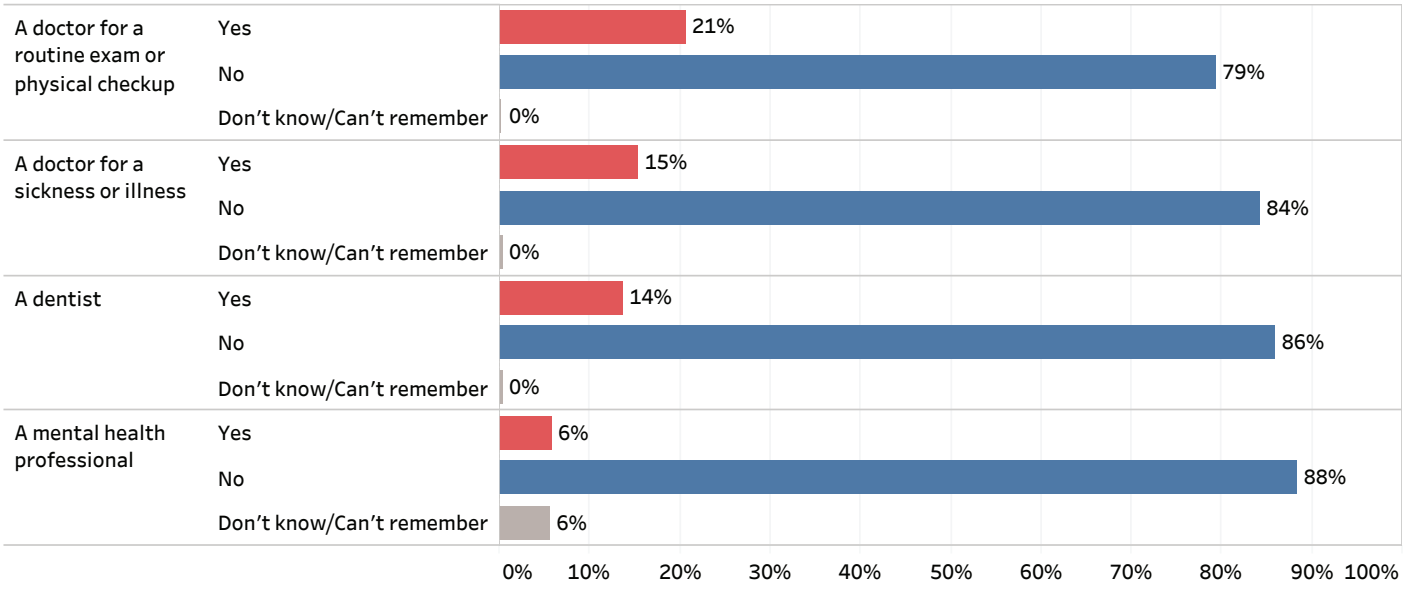


Fair & Poor



One in five respondents (21%) say that there was a time in the past 12 months when they needed to see a doctor for a routine exam of physical checkup but could not while 15% say that there was a time when they needed to see a doctor for a sickness or illness but could not. One in seven (14%) say there was a time in the past 12 months when they needed to see a dentist but could not while only 6% say they needed to see a mental health professional in the past 12 months but could not.

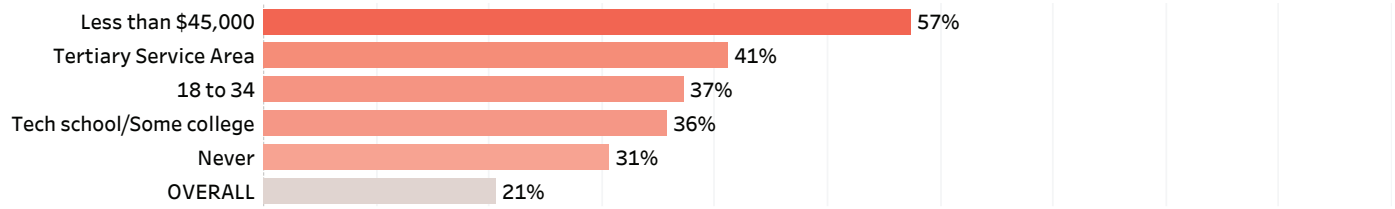
Figure 12a: Was there a time in the past 12 months when you needed to see any of the following medical professionals but could not?



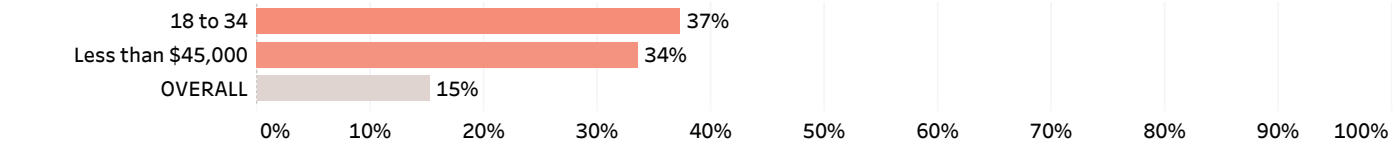
- Respondents with a household income of less than $45,000, those living in Huggins' tertiary service area, those aged 18 to 34, those who went to technical school or have some college education, and those who have never been to Huggins Hospital are more likely than others to have needed to see a doctor for a routine exam or physical checkup in the last 12 months but couldn't.
- Respondents aged 18 to 34 and those with a household income of less than $45,000 are more likely than others to have needed to see a doctor for a sickness or illness in the last 12 months but couldn't.

Figure 12b: In past 12 months needed to see medical professionals but could not - By Select Demographics

A doctor for a routine exam or physical checkup



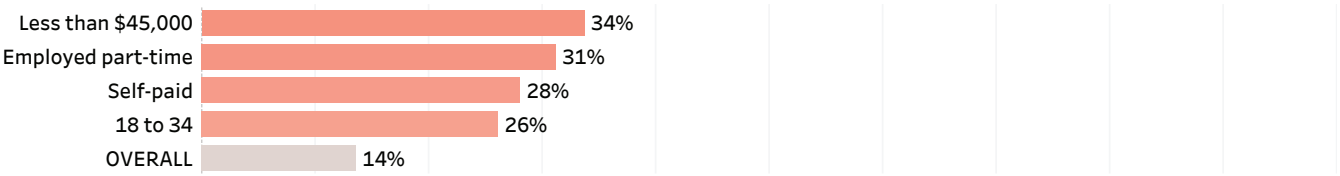
A doctor for a sickness or illness



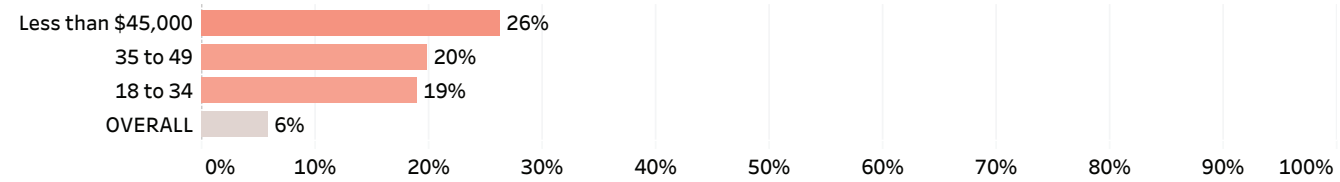
- Respondents with a household income of less than $45,000, those who are employed part-time, those who self pay for their health insurance, and those aged 18 to 34 are more likely than others to have needed to see a dentist in the last 12 months but couldn't.
- Respondents with a household income of less than $45,000 and those aged 18 to 49 are more likely than others to have needed to see a mental health professional in the last 12 months but couldn't.

Figure 12c: In past 12 months needed to see medical professionals but could not - By Select Demographics

A dentist

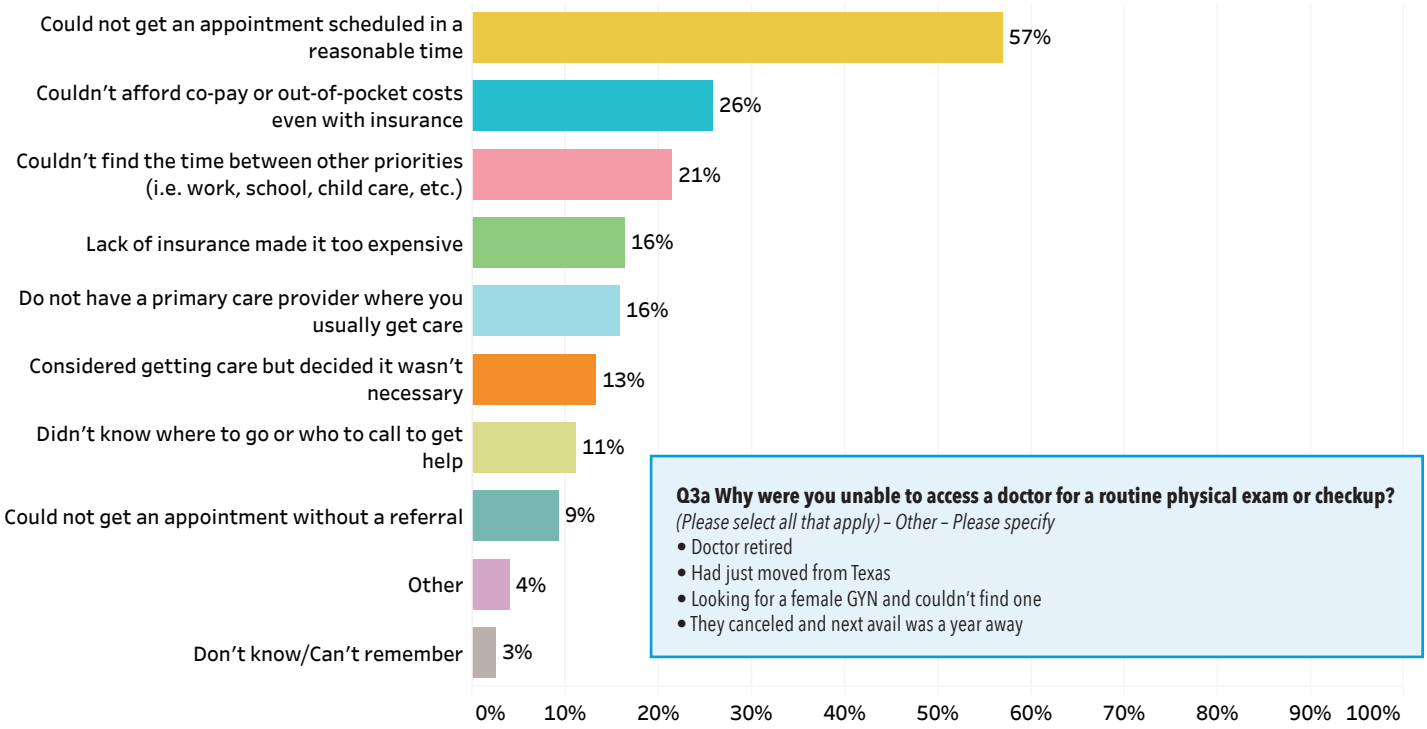


A mental health professional



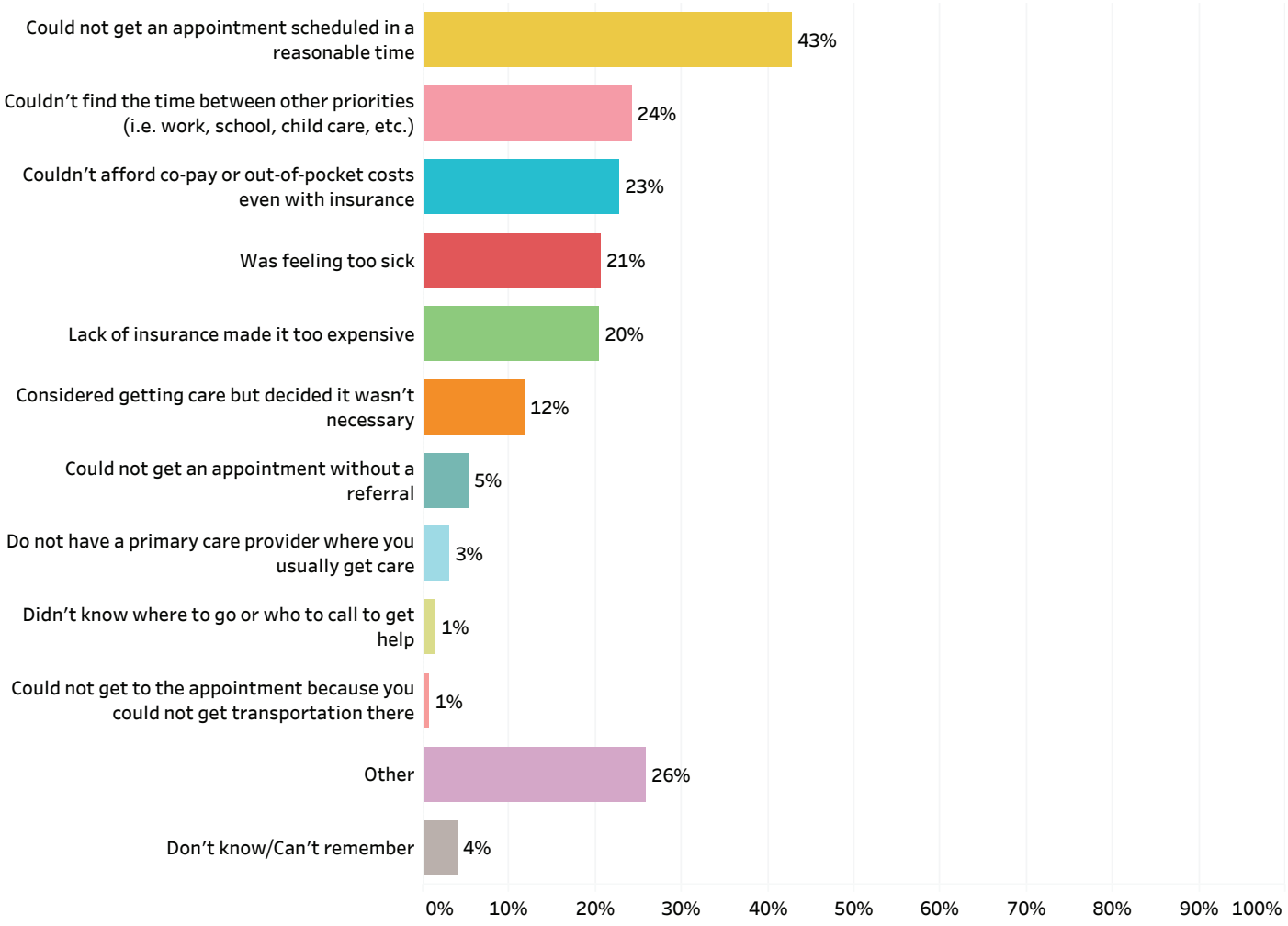
Among respondents who say that there was a time in the past 12 months when they needed to see a doctor for a routine physical exam or checkup but could not (N=65), more than half (57%) say it was because they couldn't get an appointment scheduled in a reasonable time. One quarter (26%) say it was because they couldn't afford a co-pay or out-of-pocket costs even with insurance while fewer respondents mention not finding the time between other priorities (21%), a lack of insurance making it too expensive (16%), not having a primary care provider where they usually get care (16%), they considered getting care but decided it wasn't necessary (13%), they didn't know where to go or who to call to get help (11%), or because they could not get an appointment without a referral (9%).

Figure 13: Why were you unable to access a doctor for a routine physical exam or checkup? (Please select all that apply)



Among respondents who say that there was a time in the past 12 months when they needed to see a doctor for a sickness or illness but could not (N=47), just over two in five say it was because they could not get an appointment scheduled in a reasonable time (43%). Just under one-quarter of respondents say it was because they couldn't find the time between other priorities (24%), they couldn't afford co-pay or out-of-pocket costs even with insurance (23%), they were feeling too sick (21%), or a lack of insurance made it too expensive (20%), while fewer respondents considered getting care but decided it wasn't necessary (12%), say they could not get an appointment without a referral (5%), say they do not have a primary care provider where they usually get care (3%), say they didn't know where to go or who to call to get help (1%), or say they could not get to the appointment because they could not get transportation there (1%).

Figure 14: Why were you unable to access a doctor for a sickness or illness? (Please select all that apply)

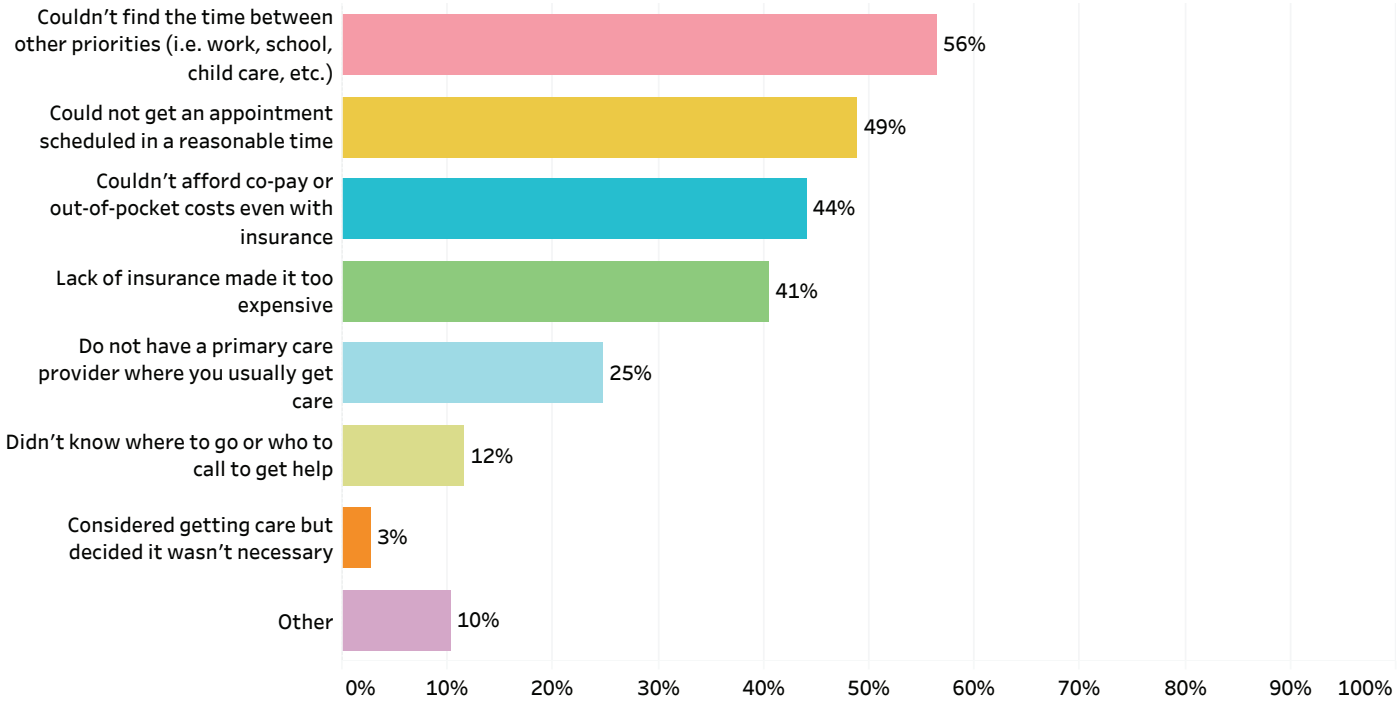


Q3b Why were you unable to access a doctor for a sickness or illness?
(Please select all that apply) – Other – Please specify

- Both providers off
- Can't get insurance-approved Quest lab work scheduled
- Cardiologist no longer available at Huggins
- Changing residence, needed to switch primary care first to get referral
- Decided to just stay home instead of paying copay when I was sick because I didn't think it would be resolved with medication anyways, just time and rest.
- Had just moved from Texas
- Just didn't go
- Needed a new PCP and could not get to see her until July for my new patient etc. since Nov.
- Practice was not accepting patients

Among respondents who say that there was a time in the past 12 months when they needed to see a mental health professional but could not (N=18), just over half (56%) say it was because they couldn't find the time between other priorities. About half (49%) say it was because they could not get an appointment scheduled in a reasonable time, while fewer respondents say they couldn't afford the co-pay or out-of-pocket costs even with insurance (44%), a lack of insurance made it too expensive (41%), they do not have a primary care provider where you usually get care (25%), they didn't know where to go or who to call to get help (12%), or because they considered getting care but decided it wasn't necessary (3%).

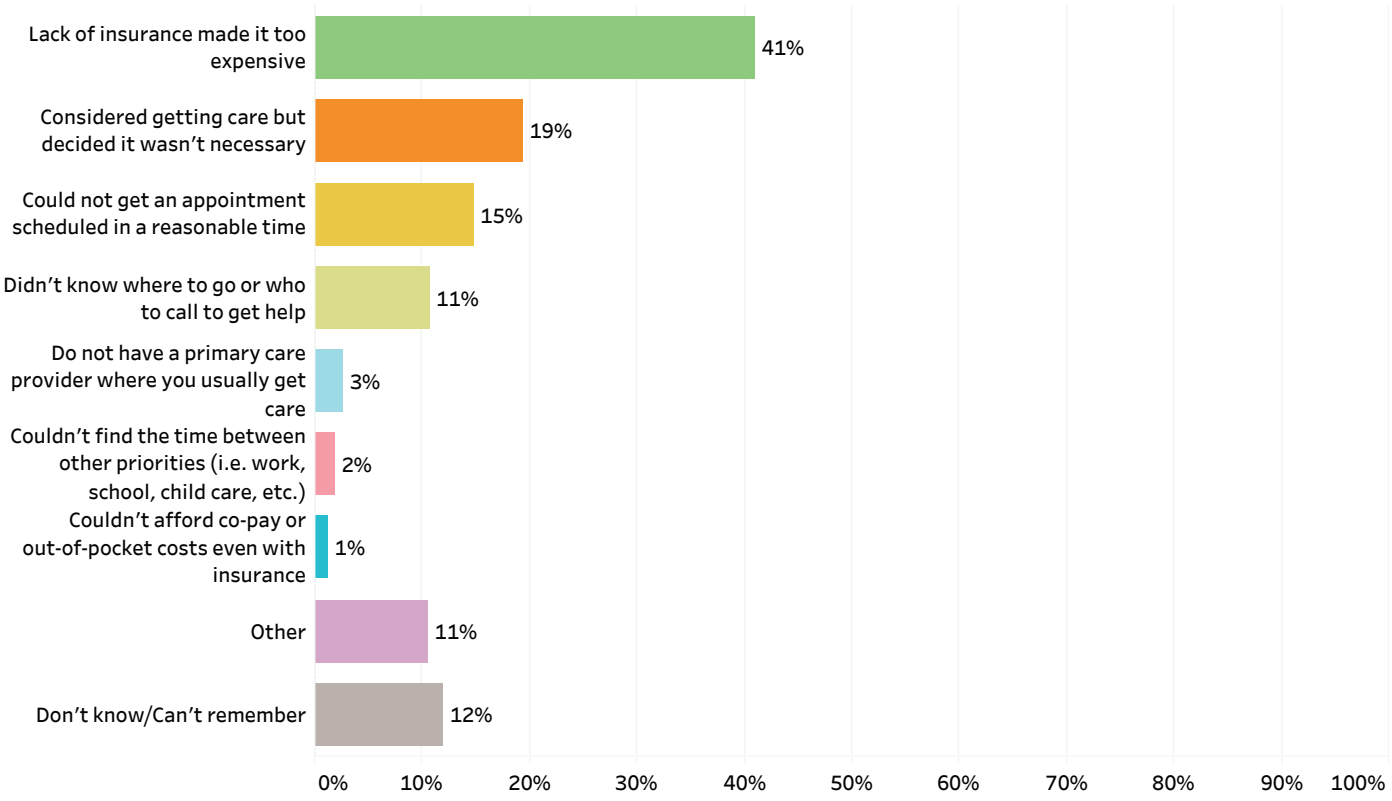
Figure 15: Why were you unable to access care from a mental health professional? (Please select all that apply)



Q3c Why were you unable to access care from a mental health professional?
(Please select all that apply) – Other – Please specify
- All local professions were not taking new patients
- Lack of treatment options for newly diagnosed adult with autism
- Providers I was interested in did not accept insurance.

Among respondents who say that there was a time in the past 12 months when they needed to see a dentist but could not (N=43), two in five (41%) say a lack of insurance made it too expensive while fewer respondents say they considered getting care but decided it wasn't necessary (19%), they could not get an appointment scheduled in a reasonable time (15%), they didn't know where to go or who to call to get help (11%), they do not have a primary care provider where they usually get care (3%), they couldn't find the time between other priorities (2%), or they couldn't afford co-pay or out-of-pocket costs even with insurance (1%).

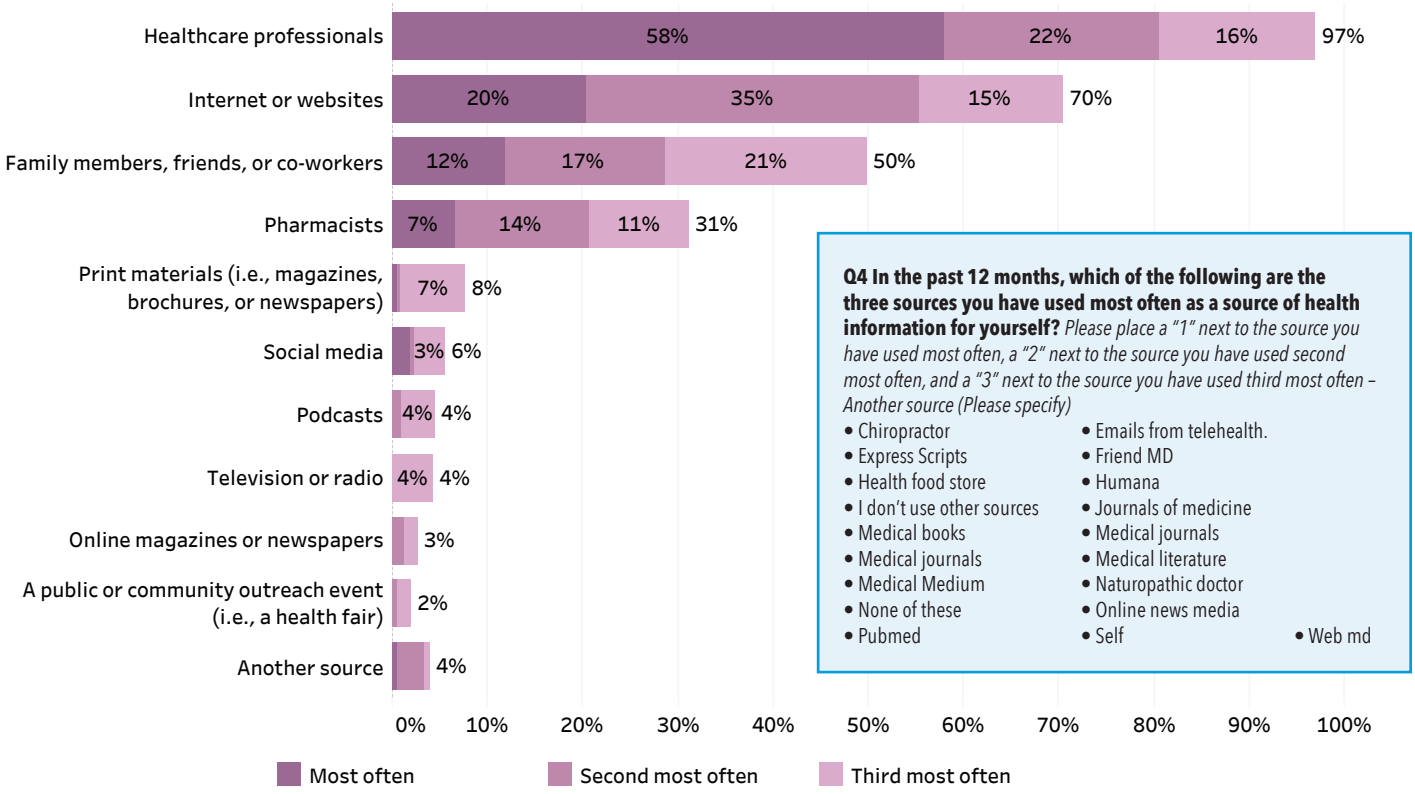
Figure 16: Why were you unable to access care from a dentist? (Please select all that apply)



Q3d Why were you unable to access care from a dentist?
(Please select all that apply) – Other – Please specify
- Dental anxiety, was appointed a dentist by Medicaid but was worried they wouldn't be good
- Had just moved from Texas
- They fired my internist
- Won't accept Medicaid

Nearly all respondents (97%) say that healthcare professionals are a source of health information that they use most often (58%), second most often (22%), or third most often (16%). Seven in ten respondents (70%) say the internet or websites are among the top three sources of health information they use most often while half (50%) mention family members, friends, or co-workers and nearly one-third (31%) mention pharmacists. Respondents are far less likely to mention print materials (8%), social media (6%), podcasts (4%), television or radio (4%), online magazines or newspapers (3%), or a public or community outreach event (2%) as the top three sources of health information they use most often.

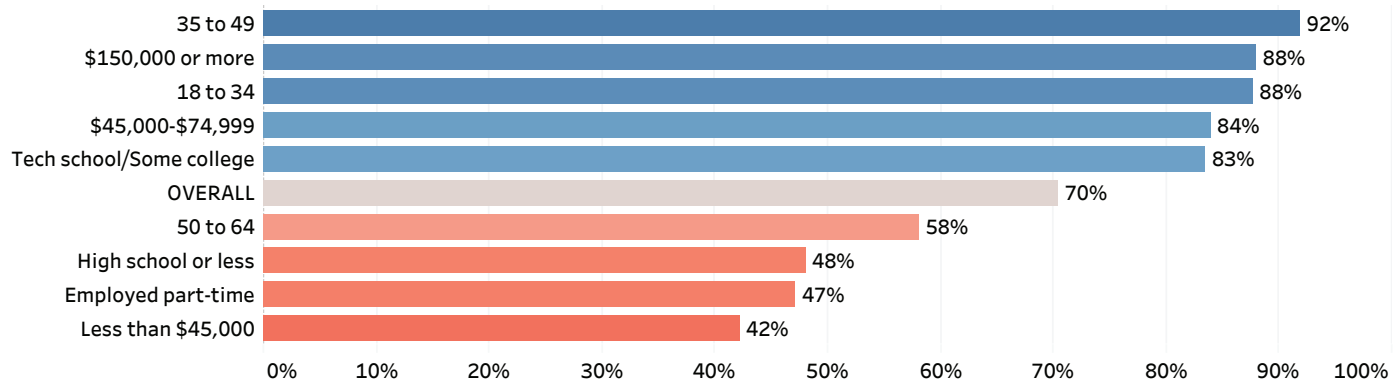
Figure 17a: In the past 12 months, which of the following are the three sources you have used most often as a source of health information for yourself?



Respondents aged 18 to 49, those with a household income of $150,000 or more or between $45,000 and $74,999, and those who went to technical school or have some college education are more likely than others to say the internet or websites are a top three source of health information that they use most often while those with a household income of less than $45,000, those who are employed part-time, those with a high school education or less, and those aged 50 to 64 are less likely to say this is a top three source of health information.

Figure 17b: Three sources used most often as a source of health information - By Select Demographics

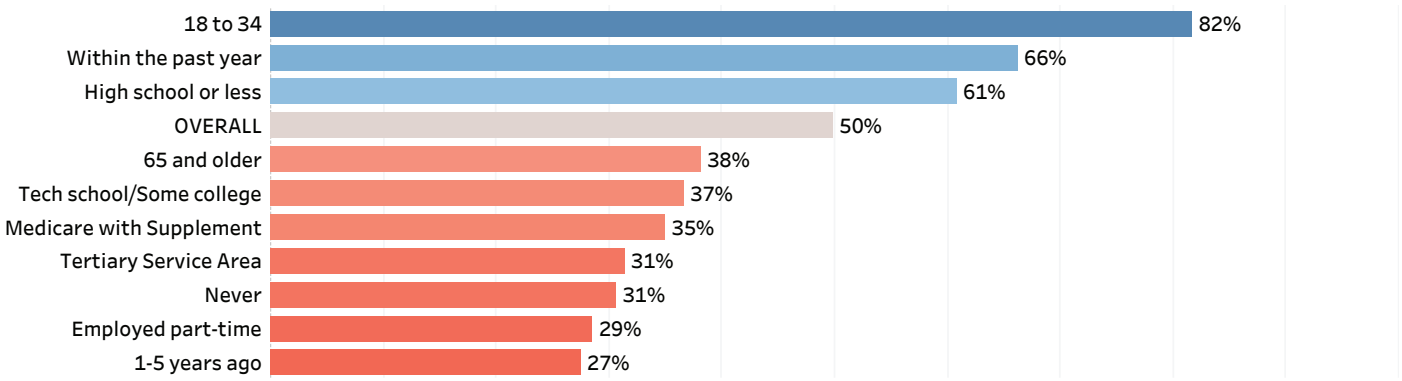
Internet or websites



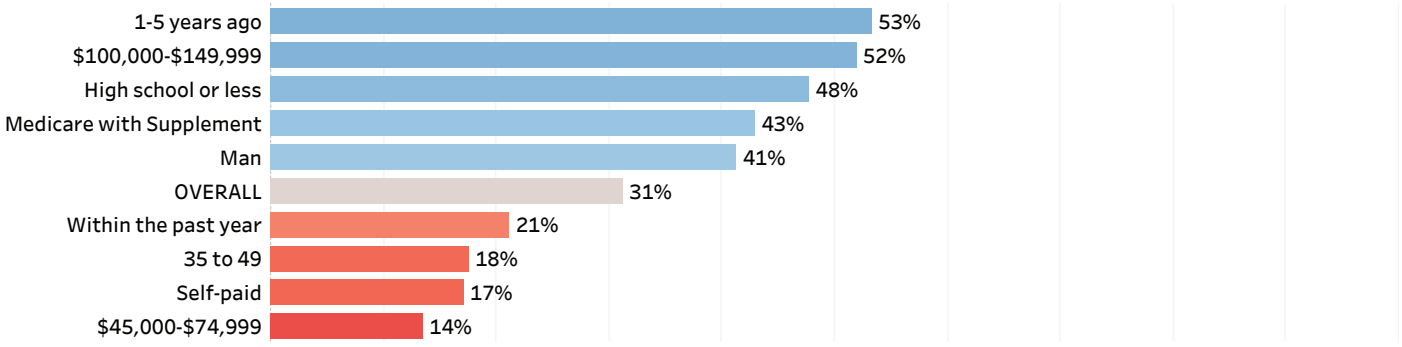
- Respondents aged 18 to 34, those who have been to Huggins Hospital in the past year, and those with a high school education or less are more likely than others to say family members, friends, or co-workers are a top three source of health information that they use most often while those who went to Huggins Hospital 1-5 years ago or have never been, who are employed part-time, those who live in Huggins' tertiary service area, those who have Medicare with Supplement as their health insurance, those who went to technical school or have some college education, and those aged 65 and older are less likely to say this is a top three source of health information.
- Respondents who have been to Huggins Hospital 1-5 years ago, those with a household income between $100,000 and $149,999, those with a high school education or less, those who have Medicare with Supplement as their health insurance, and men are more likely than others to say pharmacists are a top three source of health information that they use most often while those with a household income between $45,000 and $74,999, those who self pay for their health insurance, those aged 35 to 49, and those who have been to Huggins Hospital in the past year are less likely to say this is a top three source of health information.
- Respondents with a household income of less than $45,000 are more likely than others to say television or radio is a top three source of health information that they use most often.

Figure 17c: Three sources used most often as a source of health information - By Select Demographics

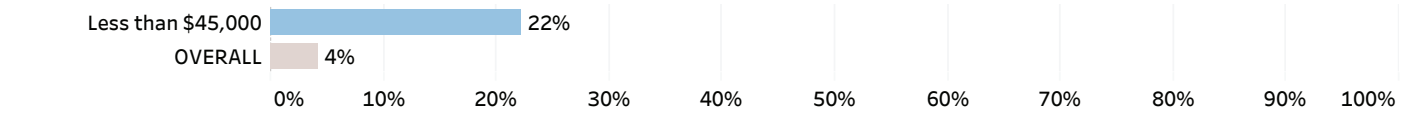
Family members, friends, or co-workers



Pharmacists



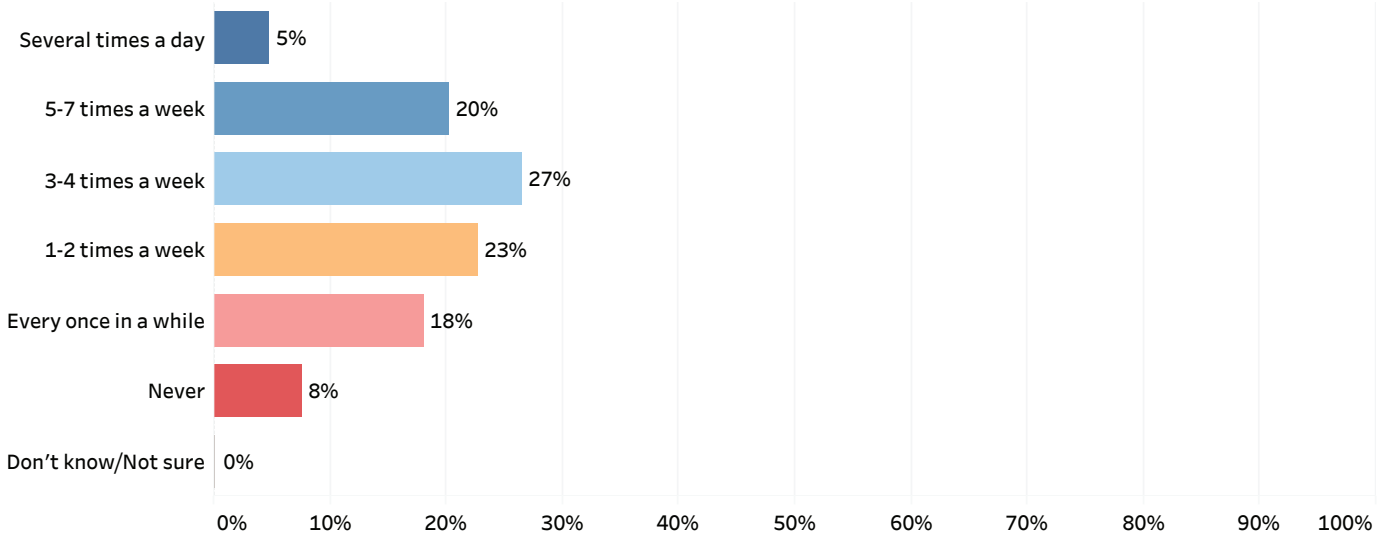
Television or Radio



Active Living and Food Access

One-quarter of respondents (25%) say that they participate in physical activities or exercise several times a day (5%) or 5-7 times a week (20%). Twenty-seven percent exercise 3-4 times a week, 23% exercise 1-2 times a week, 18% exercise every once in a while, and 8% say they never exercise.

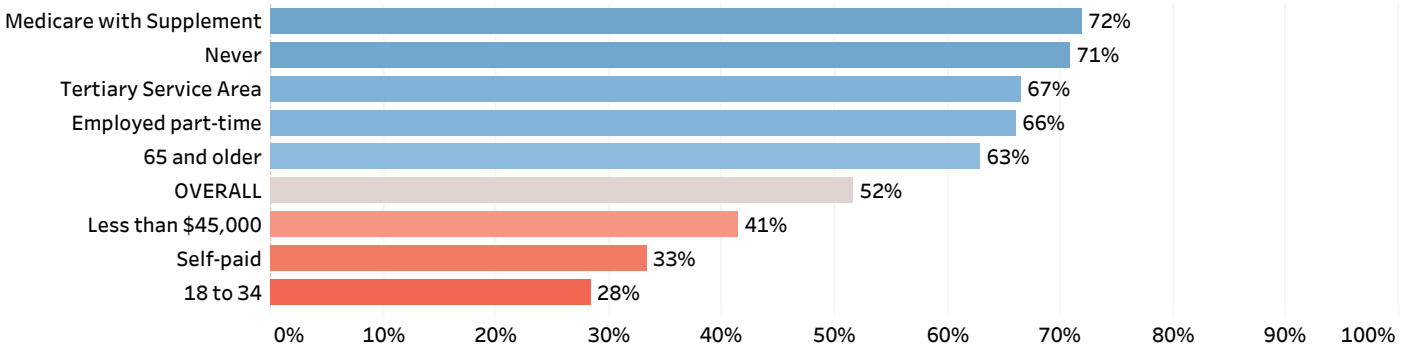
Figure 18a: How often do you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?



Respondents who have Medicare with Supplement as their health insurance, those who have never been to Huggins Hospital, those who live in Huggins' tertiary service area, those who are employed part-time, and those aged 65 and older are more likely than others to say they exercise at least 3 times a week while those aged 18 to 34, those who self pay for their health insurance, and those with a household income of less than $45,000 are less likely to exercise this often.

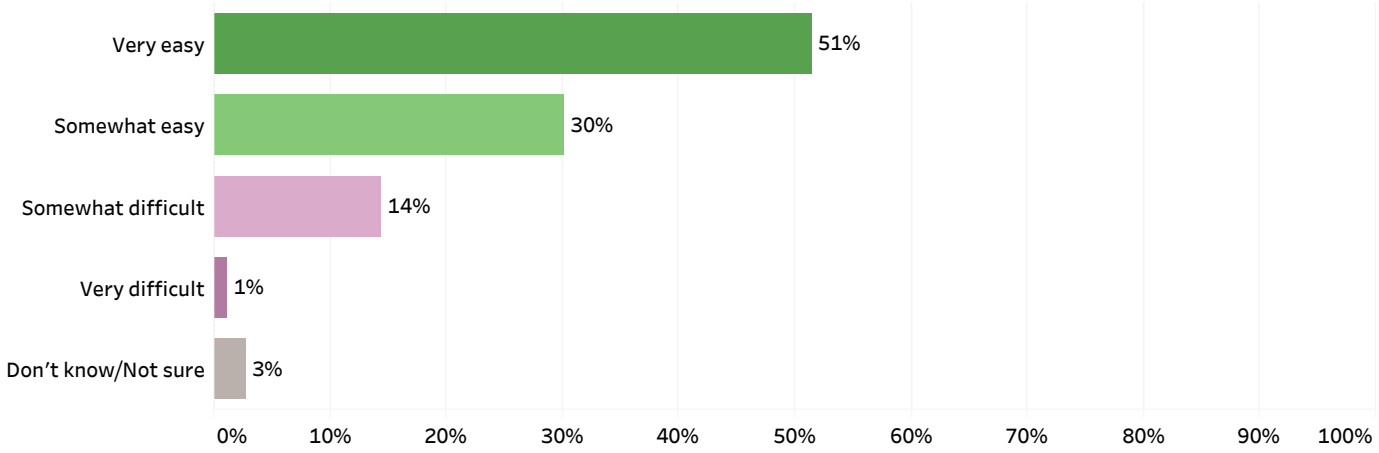
Figure 18b: How often participate in physical activities or exercise - By Select Demographics

3-4 times a week, 5-7 times a week & Several times a day



More than four in five respondents (82%) say that it is very (51%) or somewhat (30%) easy to buy healthy foods like fresh fruits or vegetables, 14% say this is somewhat difficult, 1% say this is very difficult, and 3% don't know or are unsure.

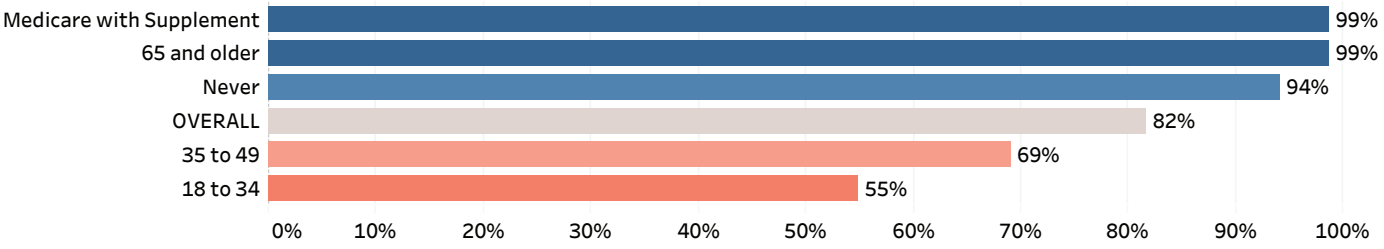
Figure 19a: How easy or difficult is it for you to buy healthy foods like fresh fruits or vegetables?



Respondents who have Medicare with Supplement as their health insurance, those aged 65 and older, and those who have never been to Huggins Hospital are more likely than others to say it is very or somewhat easy to buy healthy foods like fresh fruits or vegetables while those aged 18 to 49 are less likely to say this is very or somewhat easy.

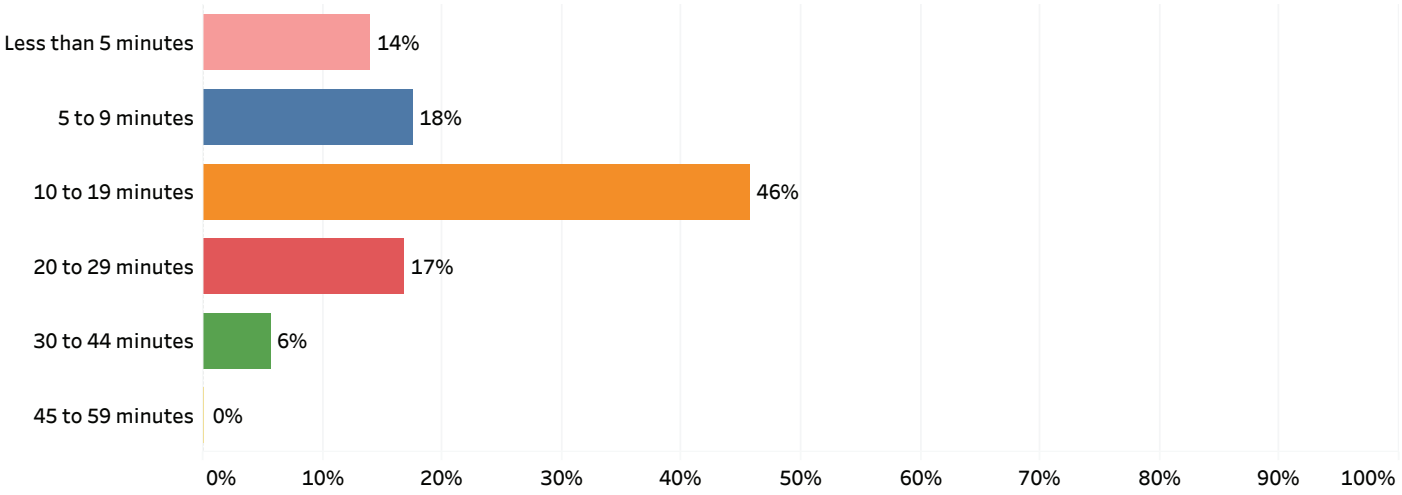
Figure 19b: How easy or difficult is it for you to buy healthy foods like fresh fruits or vegetables - By Select Demographics

Very & Somewhat Easy



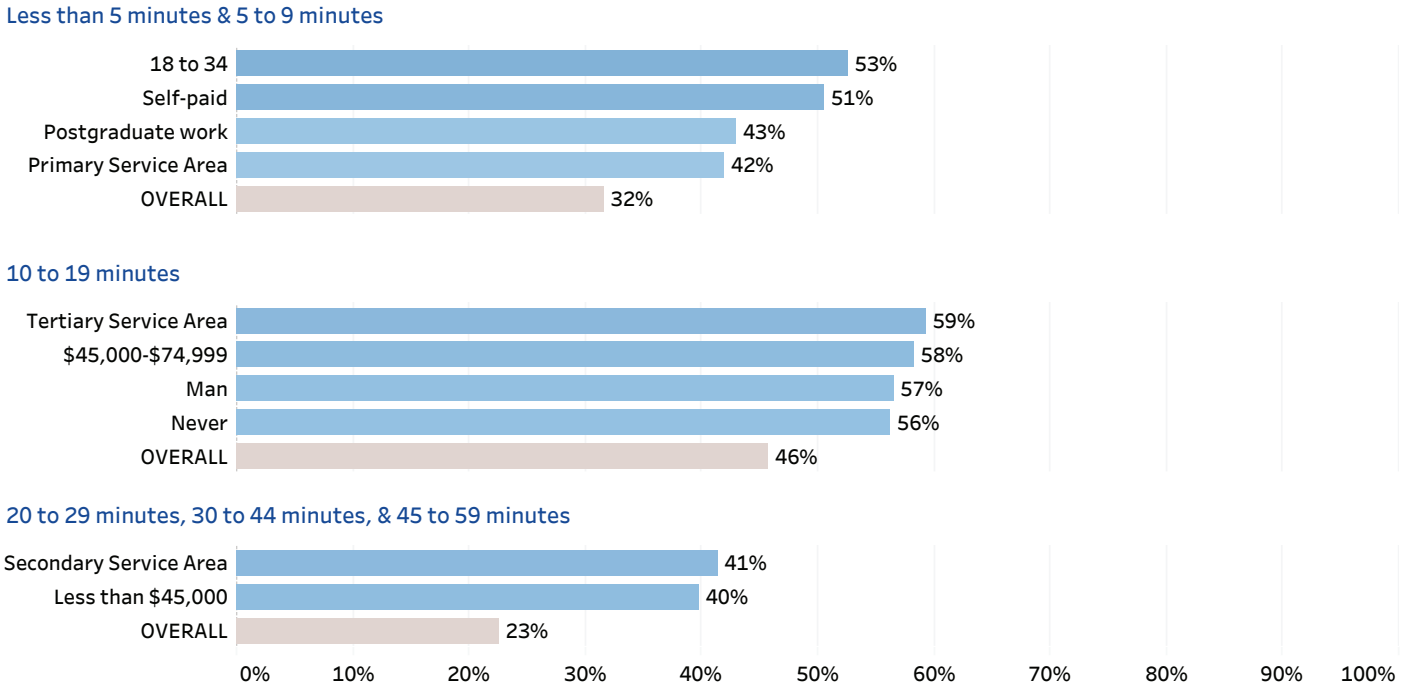
Nearly half of respondents (46%) say that the nearest grocery store that offers fresh fruits or vegetables is between 10 and 19 minutes away. About one-third (32%) say the nearest grocery store is less than 10 minutes away while about one-quarter (23%) say it is 20 or more minutes away.

Figure 20a: How many minutes away is the nearest grocery store that offers fresh fruits or vegetables?



- Respondents aged 18 to 34, those who self pay for their health insurance, those who have completed postgraduate work, and those who live in Huggins' primary service area are more likely than others to say that the nearest grocery store that offers fresh fruits and vegetables is less than 10 minutes away.
- Respondents who live in Huggins' tertiary service area, those with a household income between $45,000 and $74,999, men, and those who have never been to Huggins Hospital are more likely than others to say that the nearest grocery store that offers fresh fruits and vegetables is between 10 and 19 minutes away.
- Respondents who live in Huggins' secondary service area and those with a household income of less than $45,000 are more likely than others to say that the nearest grocery store that offers fresh fruits and vegetables is 20 or more minutes away.

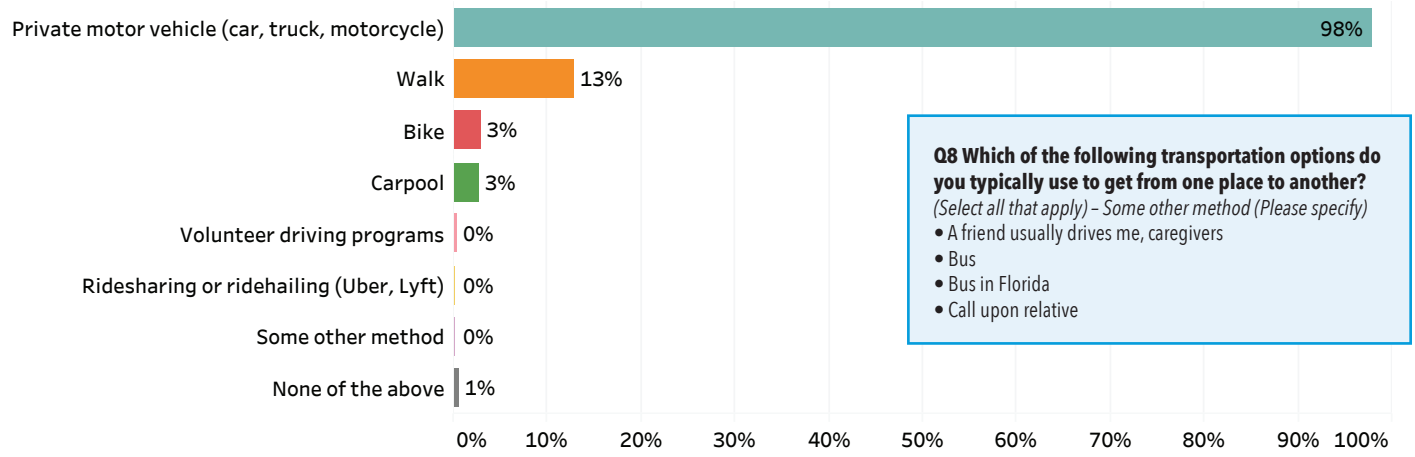
Figure 20b: How many minutes away is the nearest grocery store that offers fresh fruits or vegetables - By Select Demographics



Transportation

Nearly all respondents (98%) say they use a private motor vehicle to get from one place to another while 13% walk to get from one place to another. Very few respondents say they bike (3%), carpool (3%), or use volunteer driving programs (<1%) or ridesharing or ridehailing (<1%) as transportation options. Less than 1% use some other method and 1% use none of these transportation options.

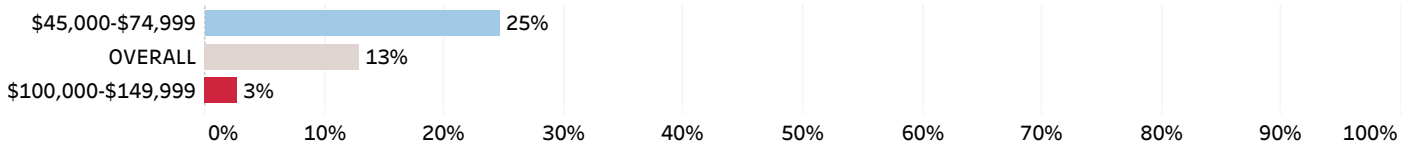
Figure 21a: Which of the following transportation options do you typically use to get from one place to another? (Select all that apply)



Respondents with a household income between $45,000 and $74,999 are more likely than others to say they walk to get from one place to another while those with a household income between $100,000 and $149,999 are less likely to do this.

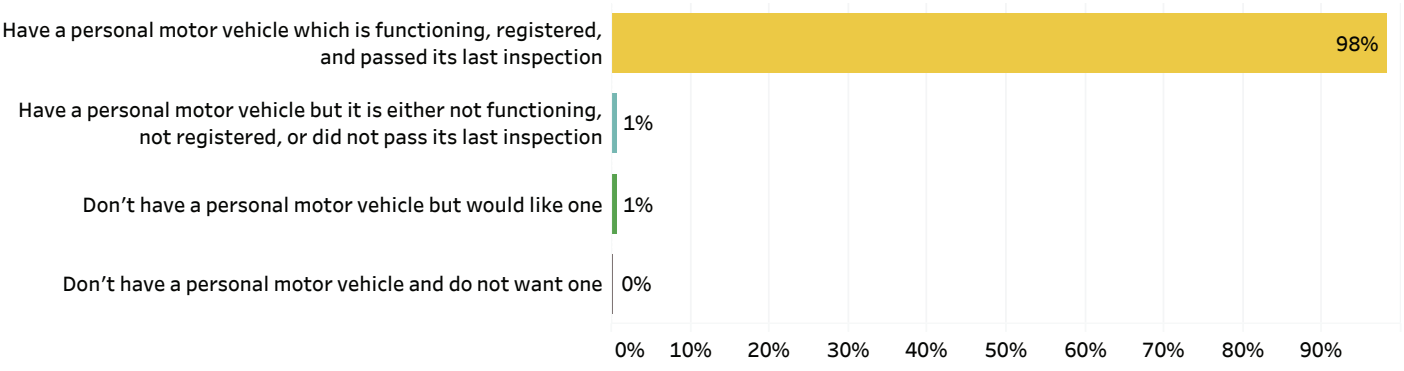
Figure 21b: Transportation options you typically use to get from one place to another - By Select Demographics

Walk



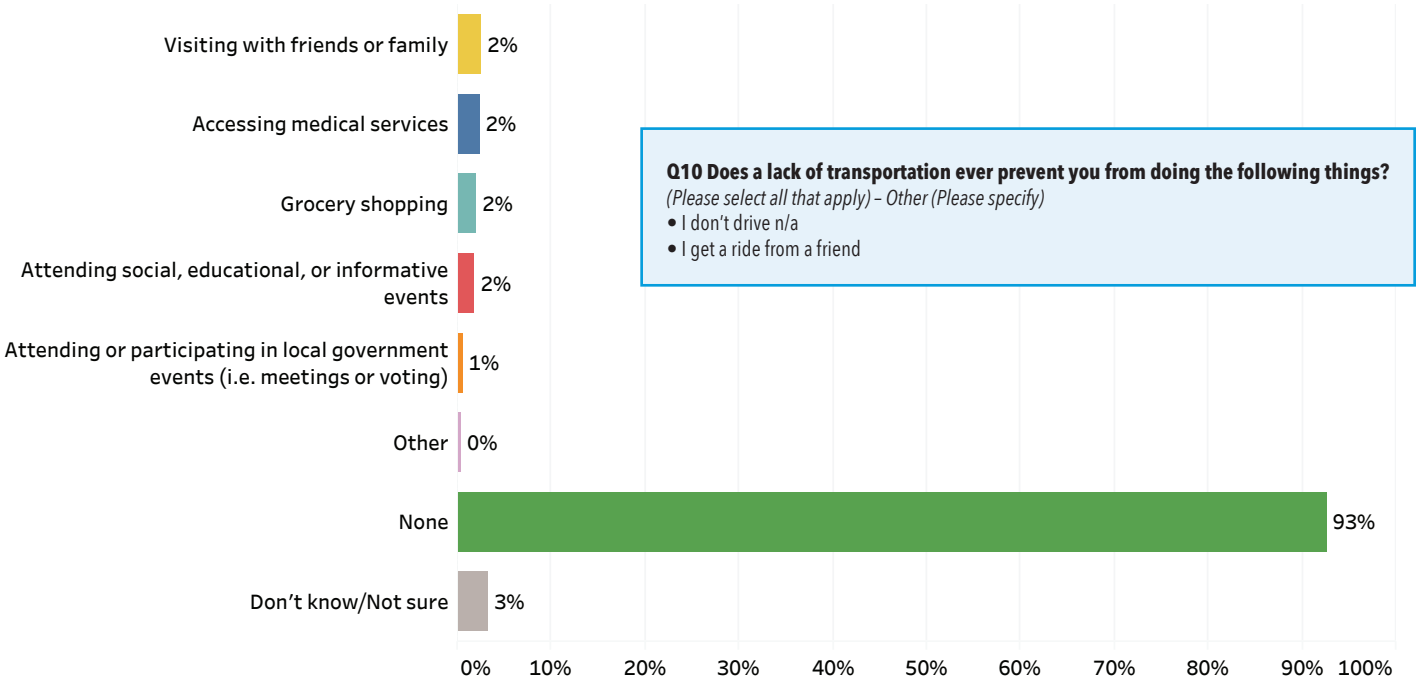
Nearly all respondents (98%) say that they have a personal motor vehicle which is functioning, registered, and passed its last inspection, 1% have a personal motor vehicle but it is either not functioning, not registered, or did not pass its last inspection, 1% don't have a personal motor vehicle but would like one, and less than 1% don't have a personal motor vehicle and do not want one.

Figure 22: Which of the following best describes your current situation regarding a personal motor vehicle (i.e., car, truck, or motorcycle)?



Two percent of respondents each say that a lack of transportation has prevented them from visiting friends or family, accessing medical services, grocery shopping, or attending social, educational or informative events while 1% say a lack of transportation has prevented them from attending or participating in local government events. The vast majority (93%) say they have not been prevented from doing any of these things due to a lack of transportation, and 3% don't know or are unsure.

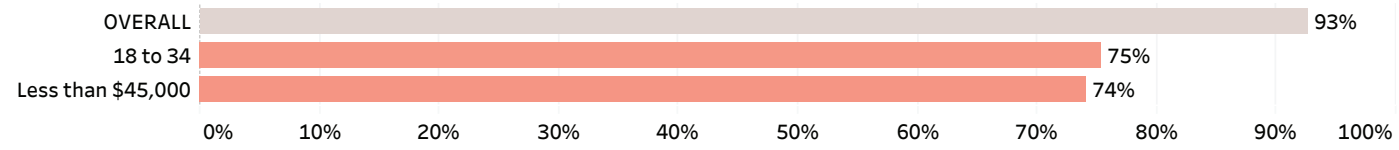
Figure 23a: Does a lack of transportation ever prevent you from doing the following things? (Please select all that apply)



Respondents with a household income of less than $45,000 and those aged 18 to 34 are more likely than others to say a lack of transportation has prevented them from at least one of these things.

Figure 23b: Does lack of transportation prevent you from doing the following things - By Selected Demographics

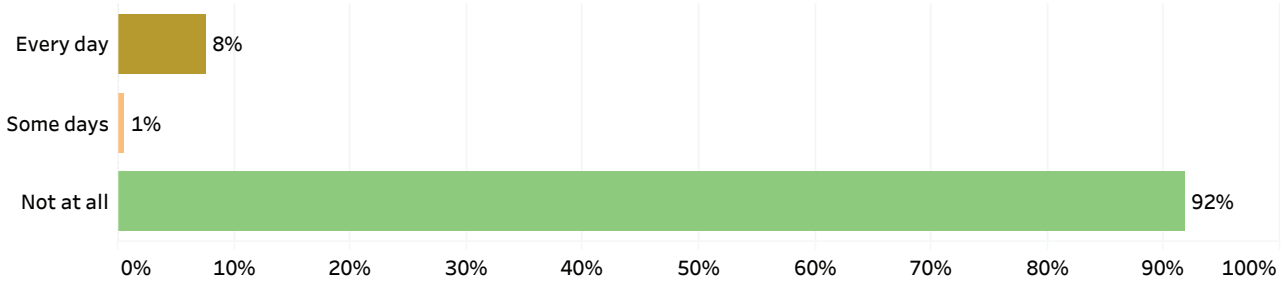
None



Substance Use

Eight percent of respondents say they smoke cigarettes every day, 1% smoke cigarettes some days, and 92% do not smoke cigarettes at all.

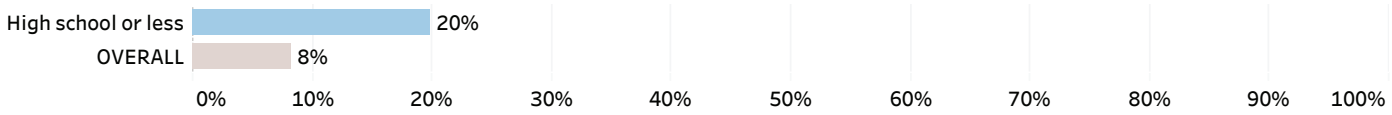
Figure 24a: Do you currently smoke cigarettes every day, some days, or not at all? (Do not count electronic nicotine products such as e-cigarettes, vape pens, or personal vaporizers and mods)



Respondents with a high school education or less are more likely than others to say that they currently smoke cigarettes every day or some days.

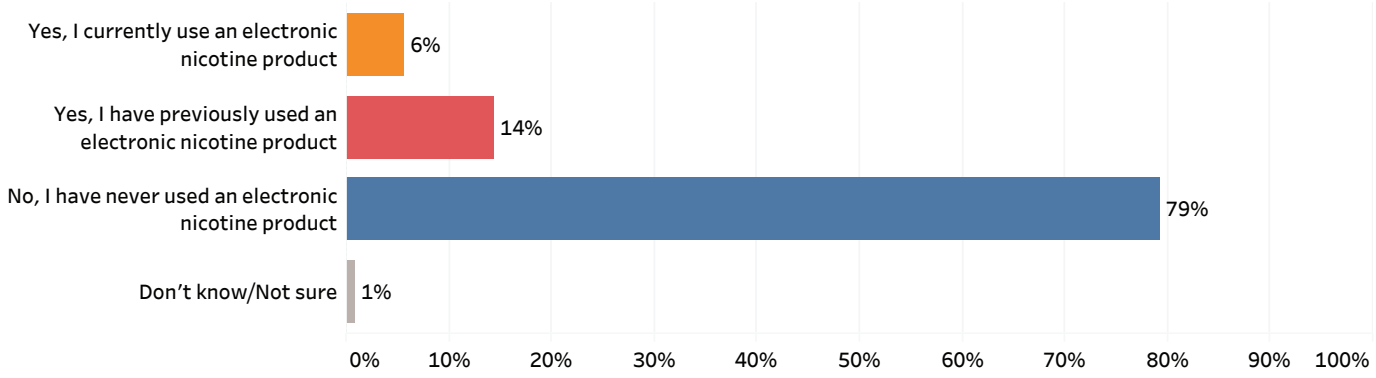
Figure 24b: Currently smoke cigarettes every day, some days, or not at all? - By Select Demographics

Every day & Some days



Six percent of respondents say they currently use an electronic nicotine product, 14% have previously used an electronic nicotine product, 79% have never used an electronic nicotine product, and 1% don't know or are unsure.

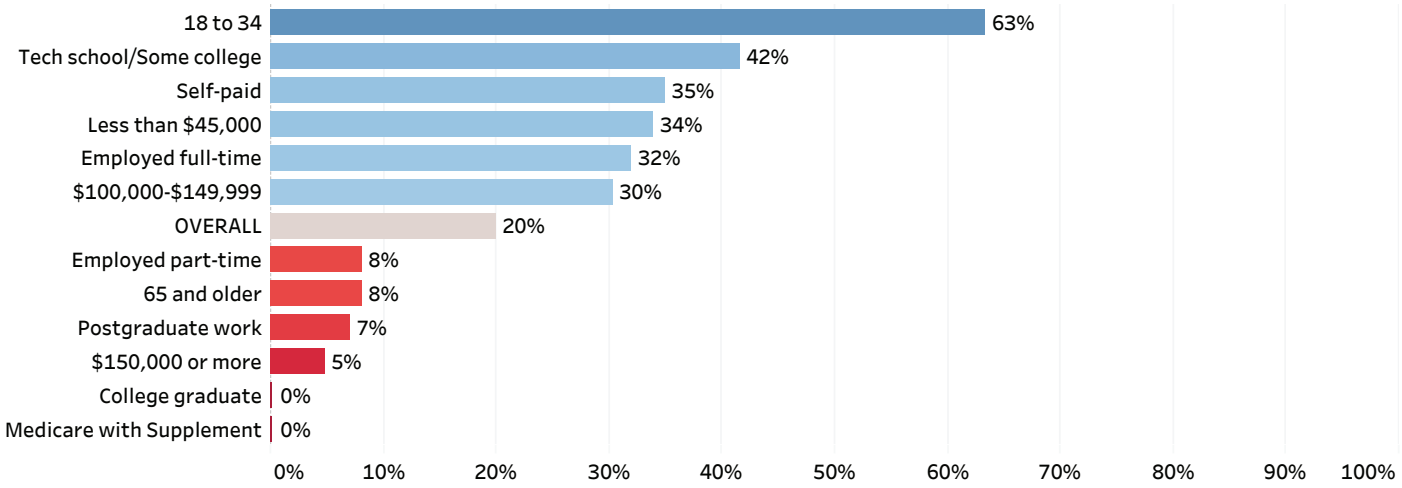
Figure 25a: Have you ever used an electronic nicotine product? (Electronic nicotine products include e-cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs)



Respondents aged 18 to 34, those who went to technical school or have some college education, those who self pay for their health insurance, those with a household income less than $45,000 or between $100,000 and $149,999, and those who are employed full-time are more likely to currently use or have previously used an electronic nicotine product, while those who have Medicare with Supplement for their health insurance, those with a college degree or more education, those with a household income of $150,000 or more, those aged 65 and older, and those who are employed part-time are less likely than others to have used an electronic nicotine product.

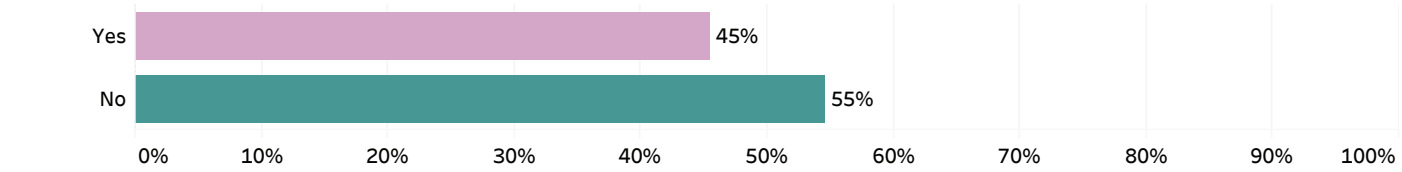
Figure 25b: Have you ever used an electronic nicotine product? - By Select Demographics

Yes, I currently use an electronic nicotine product & Yes, I have previously used an electronic nicotine product



Forty-five percent say that themselves, a relative, or a close friend has experienced substance use issues or addiction, while just over half (55%) say they have not had this happen.

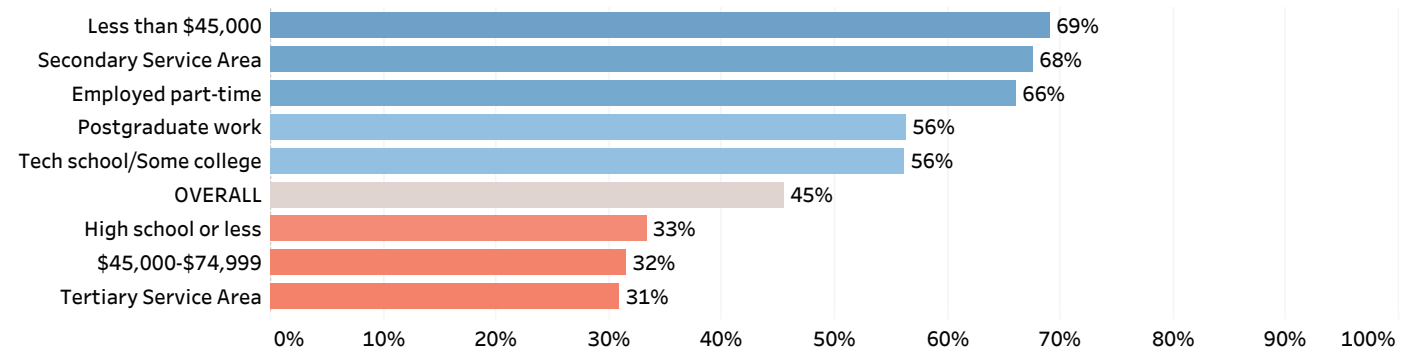
Figure 26a: Have you, a relative, or close friend experienced substance use issues or addiction?



Respondents with a household income of less than $45,000, those who live in Huggins' secondary service area, those who are employed part-time, and those who have attended technical school or have some college education or those who have completed postgraduate work are more likely than others to say themselves, a relative, or a close friend have experienced substance use issues or addiction while those who live in Huggins' tertiary service area, those with a household income between $45,000 and $74,999, and those with a high school education or less are less likely to have experienced this.

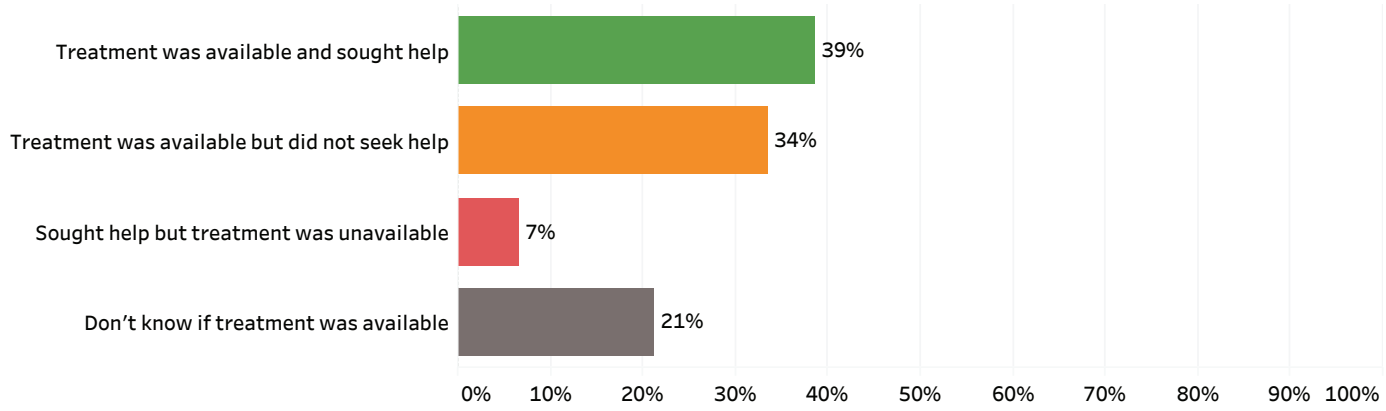
Figure 26b: You, relative, or friend experienced substance use issues or addiction - By Select Demographics

Yes



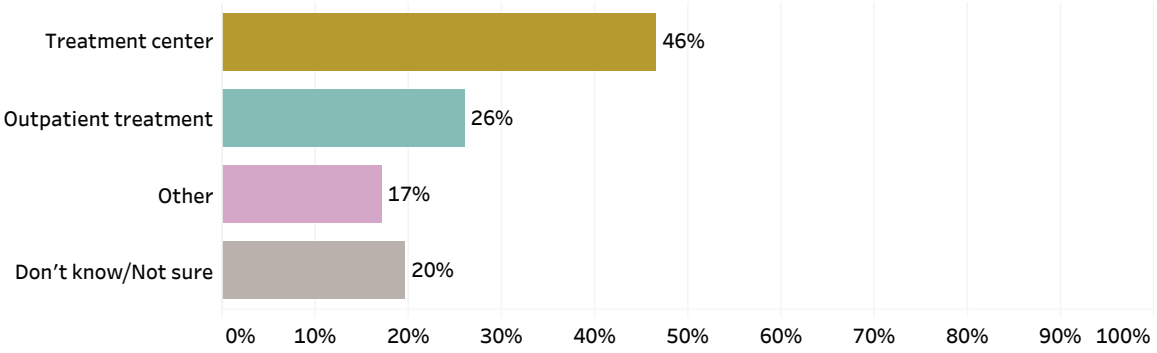
Among respondents who say themselves, a family member, or a close friend have experienced substance use issues or addiction (N=144), 72% say that treatment was available, with 39% seeking help and 34% not seeking help. Seven percent say that they, their family member, or close friend sought help but treatment was unavailable and 21% say they don't know if treatment was available.

Figure 27: Thinking about the most recent time this occurred for you, a relative, or close friend, was there treatment available and did you or they seek help?



Among respondents who say there was treatment available (N=104), 46% say a treatment center was available, 26% say outpatient treatment was available, 17% say some other type of treatment was available, and 20% don't know what type of treatment was available.

Figure 28: What type of treatment was available? (Select all that apply)

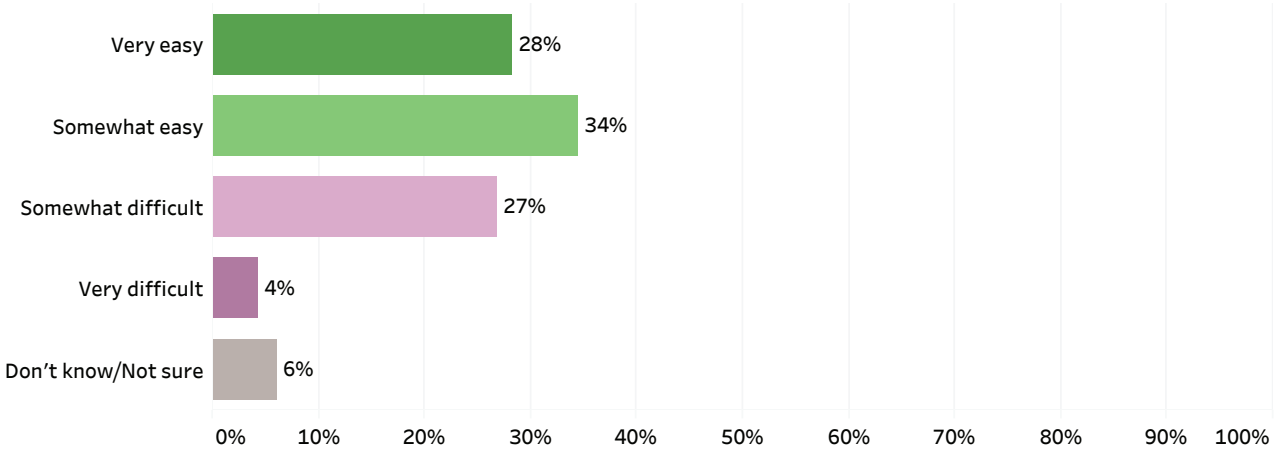


Q15 What type of treatment was available?
(Select all that apply) – Other (Please specify)

- 12 step procedure
- 12 step program
- aa
- AA
- AA
- AA
- AA
- AA
- AA & NA Programs & Meetings
- Alcoholics Anonymous
- Armed Forces
- Daughter Alcoholic in TX
- Nephew in Mass.
- Online counseling
- Online help
- Psychadelic Therapy
- support group
- Through the VA. The relative was a veteran

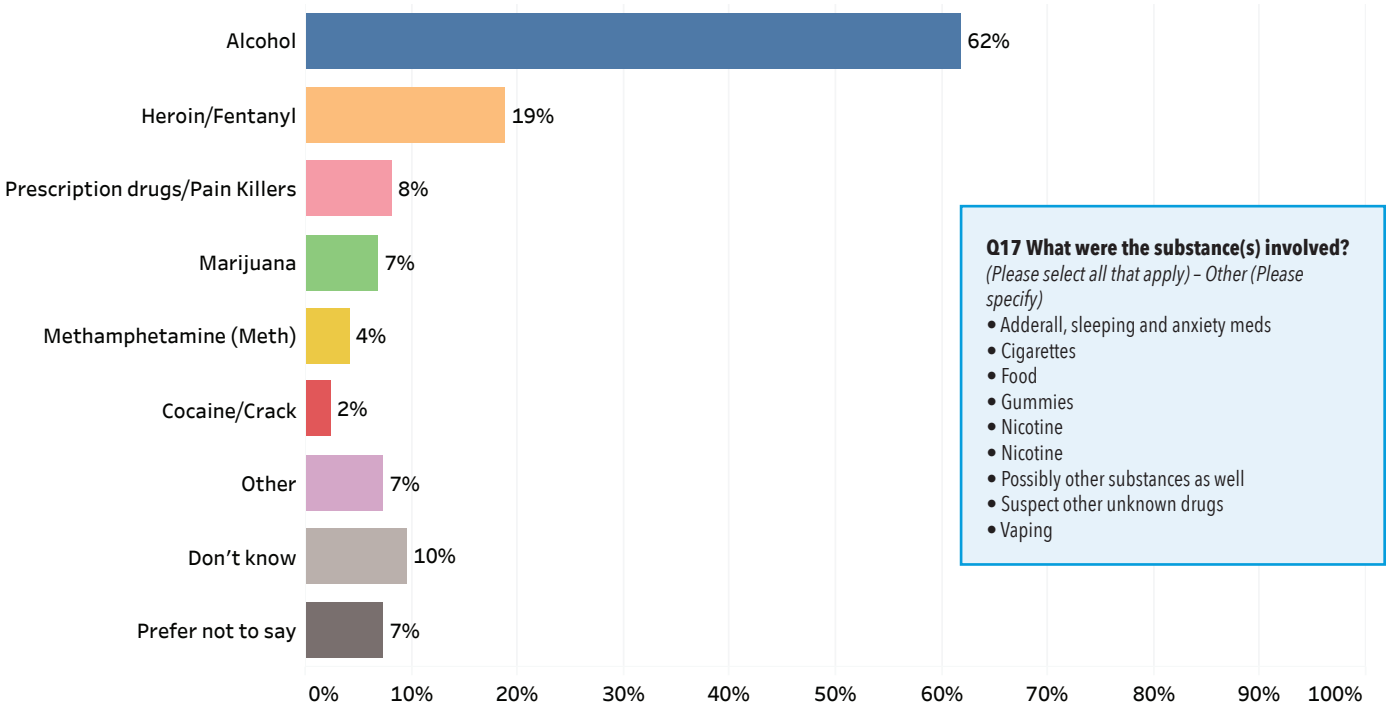
Among respondents who say themselves, a family member, or a close friend received treatment for substance use issues or addiction (N=55), 63% say it was very (28%) or somewhat (34%) easy to get treatment, 31% say it was very (4%) or somewhat (27%) difficult to get treatment, and 6% don't know or are not sure.

Figure 29: How easy or difficult was it to get treatment?



Among respondents who say themselves, a family member, or a close friend have experienced substance use issues or addiction (N=144), the majority (62%) say the substance involved was alcohol, one in five (19%) say it was heroin or fentanyl (19%), and fewer respondents say it was prescription drugs or pain killers (8%), marijuana (7%), methamphetamine (4%), or cocaine or crack (2%).

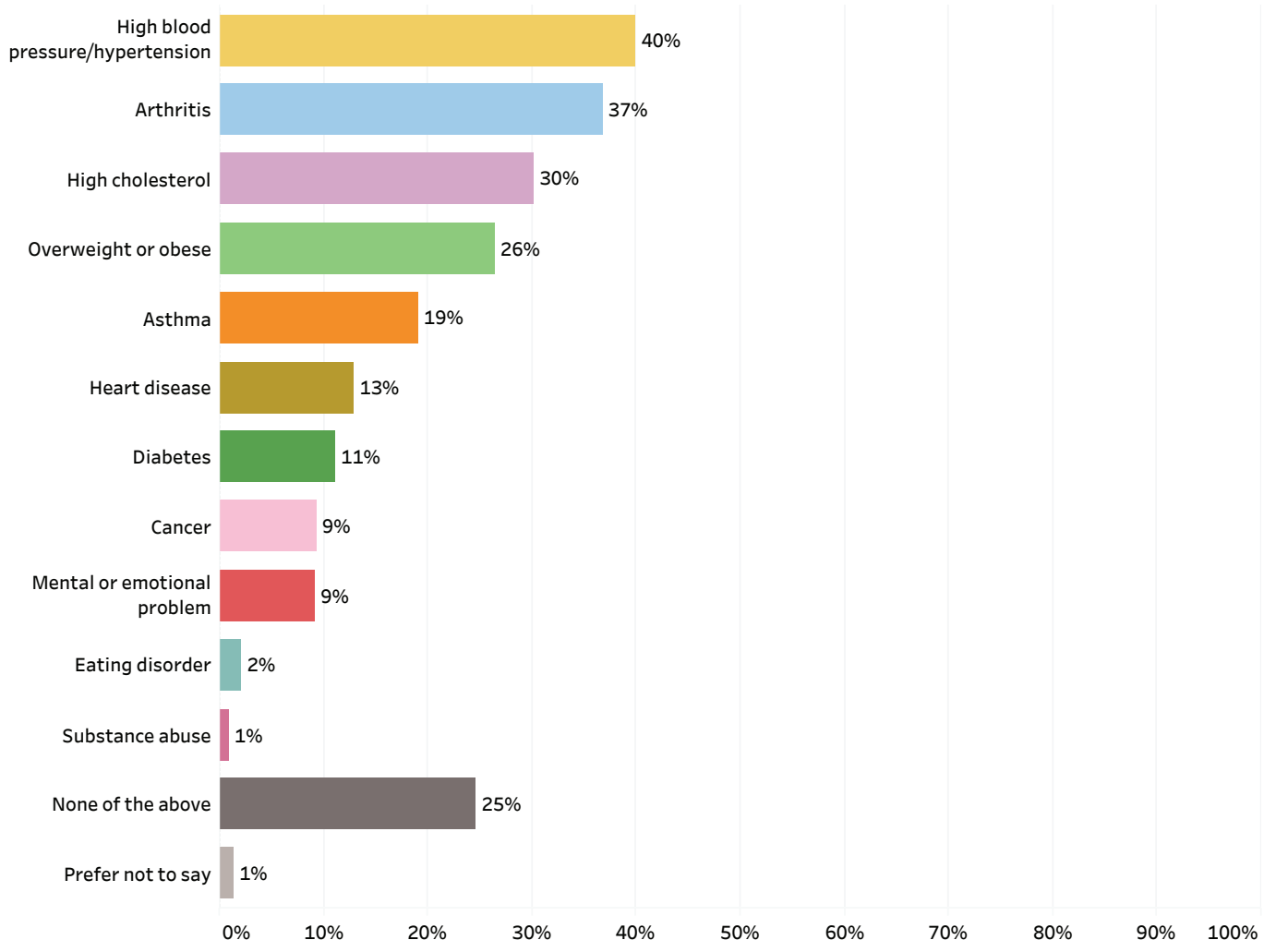
Figure 30: What were the substance(s) involved? (Please select all that apply)



Health Needs

Two in five respondents (40%) say that they have been told by a doctor that they have high blood pressure or hypertension and 37% have been told by a doctor they have arthritis. Three in ten respondents (30%) have been told by a doctor they have high cholesterol, one-quarter have been told by a doctor (26%) they are overweight or obese, while fewer respondents have been told by a doctor that they have asthma (19%), heart disease (13%), diabetes (11%), cancer (9%), a mental or emotional problem (9%), an eating disorder (2%), or substance abuse (1%). One-quarter of respondents (25%) say they have not been told by a doctor that they have any of these conditions, diseases, or challenges.

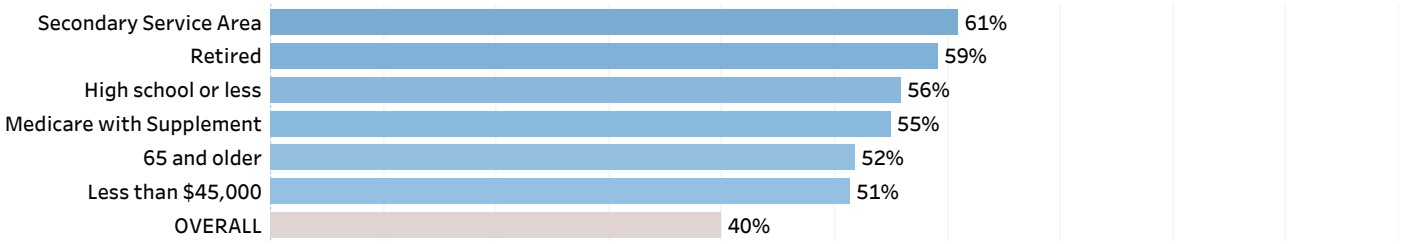
Figure 31a: Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (Please select all that apply)



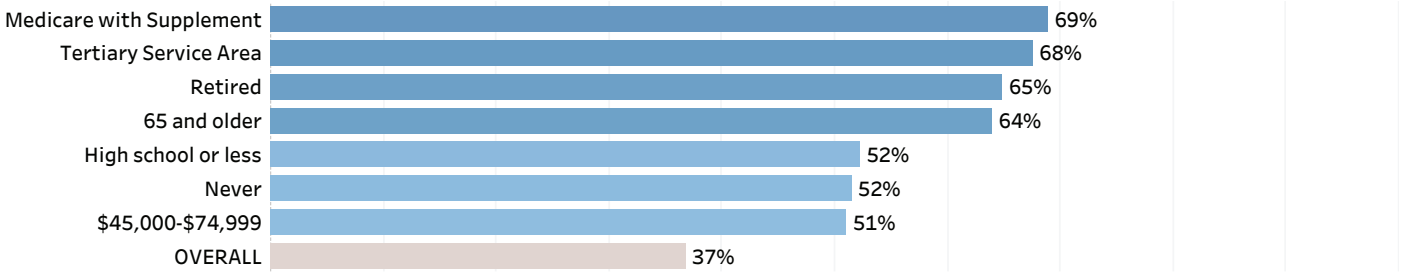
- Respondents who live in Huggins' secondary service area, those who are retired, those with a high school education or less, those who have Medicare with Supplement as their health insurance, those aged 65 and older, and those with a household income of less than $45,000 are more likely than others to say they have been told by a doctor that they have high blood pressure or hypertension.
- Respondents who have Medicare with Supplement as their health insurance, those who live in Huggins' tertiary service area, those who are retired, those aged 65 and older, those with a high school education or less, those who have never been to Huggins Hospital, and those with a household income between $45,000 and $74,999 are more likely than others to say they have been told by a doctor that they have arthritis.
- Respondents who have Medicare with Supplement as their health insurance, those who are retired, those aged 65 and older, those who live in Huggins' tertiary service area, and those with a household income between $45,000 and $74,999 are more likely than others to say they have been told by a doctor that they have high cholesterol.
- Respondents with a household income between $100,000 and $149,999 or less than $45,000, those who live in Huggins' secondary or tertiary service areas, and those aged 35 to 49 are more likely than others to say they have been told by a doctor that they are overweight or obese.

Figure 31b: Ever told by a doctor you have conditions, diseases or challenges - By Select Demographics

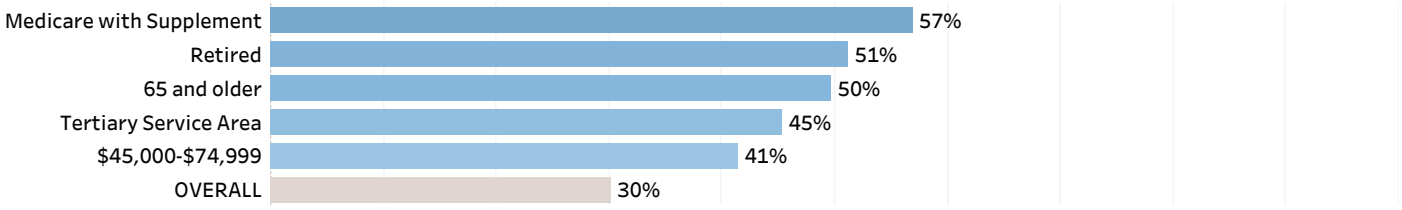
High blood pressure/hypertension



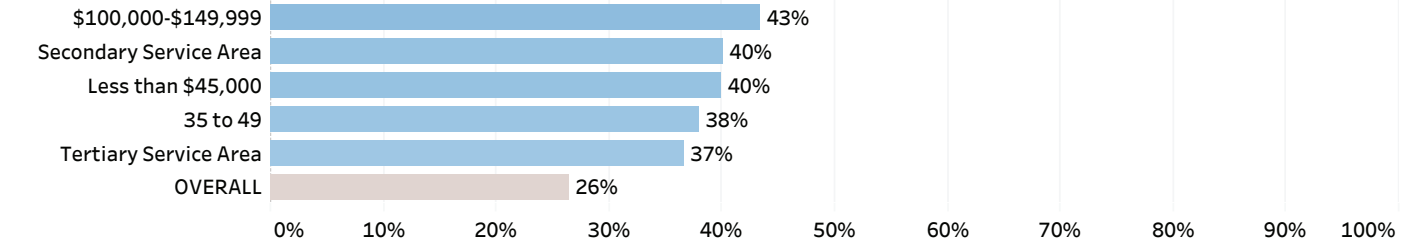
Arthritis



High cholesterol

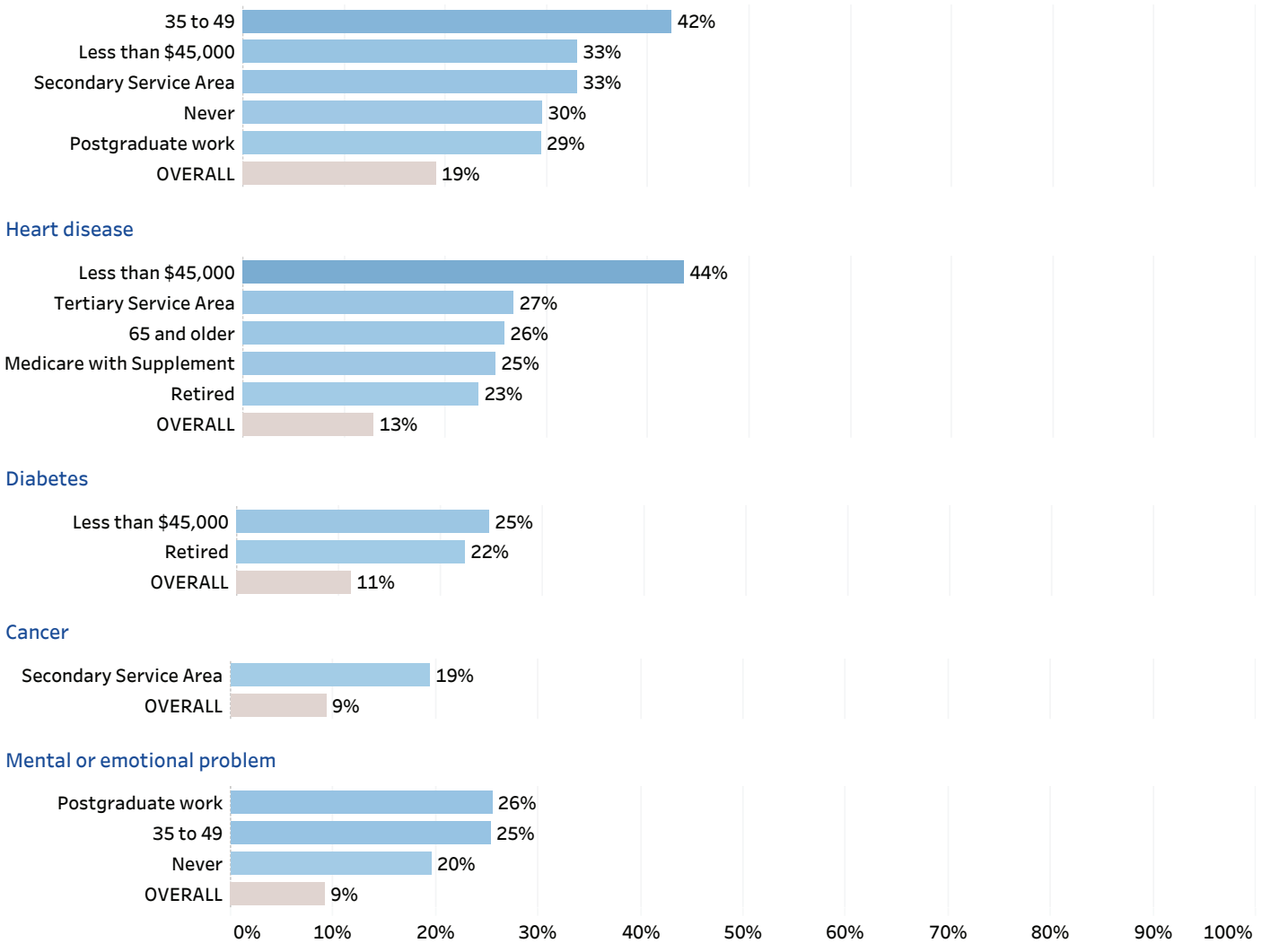


Overweight or obese



- Respondents aged 35 to 49, those with a household income of less than $45,000, those who live in Huggins' secondary service area, those who have never been to Huggins Hospital, and those who have completed postgraduate work are more likely than others to say they have been told by a doctor that they have asthma.
- Respondents with a household income less than $45,000, those who live in Huggins' tertiary service area, those aged 65 and older, those who have Medicare with Supplement as their health insurance, and those who are retired are more likely than others to say they have been told by a doctor that they have heart disease.
- Respondents with a household income less than $45,000 and those who are retired are more likely than others to say they have been told by a doctor that they have diabetes.
- Respondents who live in Huggins' secondary service area are more likely than others to say they have been told by a doctor that they have cancer.
- Respondents who have completed postgraduate work, those aged 35 to 49, and those who have never been to Huggins Hospital are more likely than others to say they have been told by a doctor that they have a mental or emotional problem.

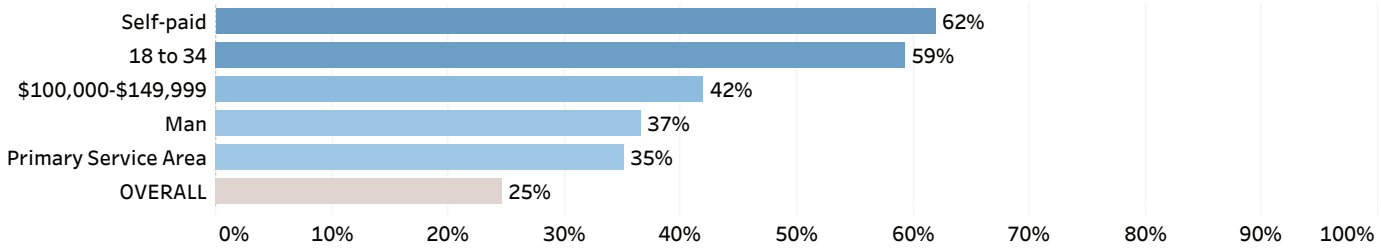
Figure 31c: Ever told by a doctor you have conditions, diseases or challenges - By Select Demographics



Respondents who self pay for their health insurance, those aged 18 to 34, those with a household income between $100,000 and $149,999, men, and those who live in Huggins' primary service area are more likely than others to say they have not been told by a doctor that they have any of the listed conditions, diseases, or challenges.

Figure 31d: Ever told by a doctor you have conditions, diseases or challenges - By Select Demographics

None of the above

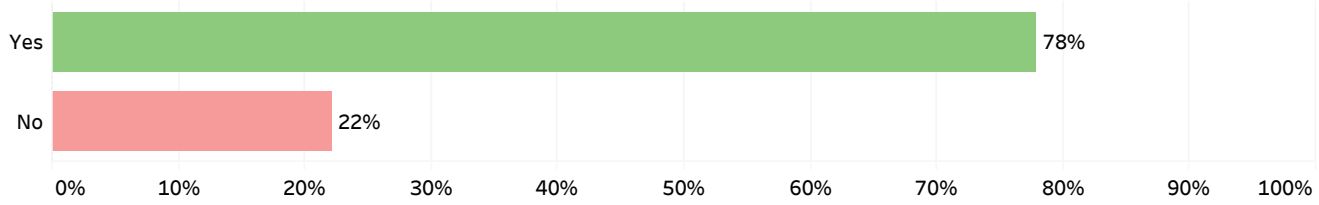


Q20 What do you need in order to manage your health condition(s)?
(Please select all that apply) – Other (Please specify)

- Access to exercise training
- Access to more doctors and tests...ex. Mammogram at Huggins was too full but I would rather get thermography, lack of female doctors in the area, I also need a good GI dr/clinic with ability to do endoscopy etc. but they seem to be far away. Not to mention so many medical procedures like a memo need a dr referral which is one more obstacle to get in the way.
- Access to thoroughly educated and vested Healthcare providers
- Alternative treatments
- Better access to insurance-approved Quest lab
- Dental insurance, affordable
- Doctor or NP expertise in women's health. Menopause, period menopause specialist
- Emotional supports for dealing with the difficulty of multiple conditions
- Functional medicine has changed my life for the best, would love to see local healthcare take on professionals in the field.
- Have spent a lot of money for issues that haven't actually been resolved (stomach/GI and orthopedic). Took forever to get in to see the specialists and then paid for a bunch of tests but problems were never determined so I've just been living with them. Fist stone given are also way off so I don't trust what the hospital tells me something will cost and don't want to have to deal with billing afterward because my bills always have some sort of issue.
- Weight loss meds at an affordable price

More than three in four respondents (78%) say that they have all they need to manage their health conditions while 22% say they do not.

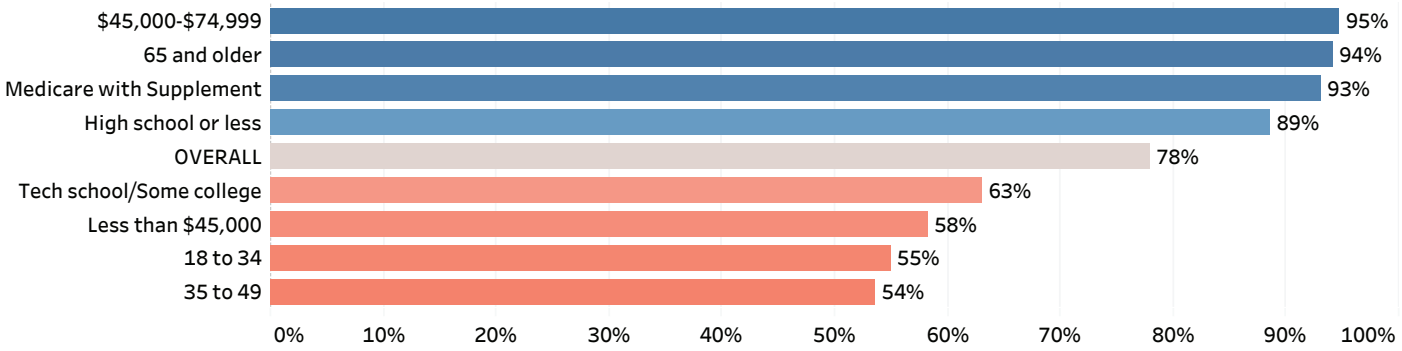
Figure 32a: Do you feel you have all that you need to manage your health condition(s)?



Respondents with a household income between $45,000 and $74,999, those aged 65 and older, those with Medicare with Supplement as their health insurance, and those with a high school education or less are more likely than others to say that they have all they need to manage their health conditions while those aged 18 to 49, those with a household income of less than $45,000, and those who went to technical school or have some college education are less likely to say this is the case.

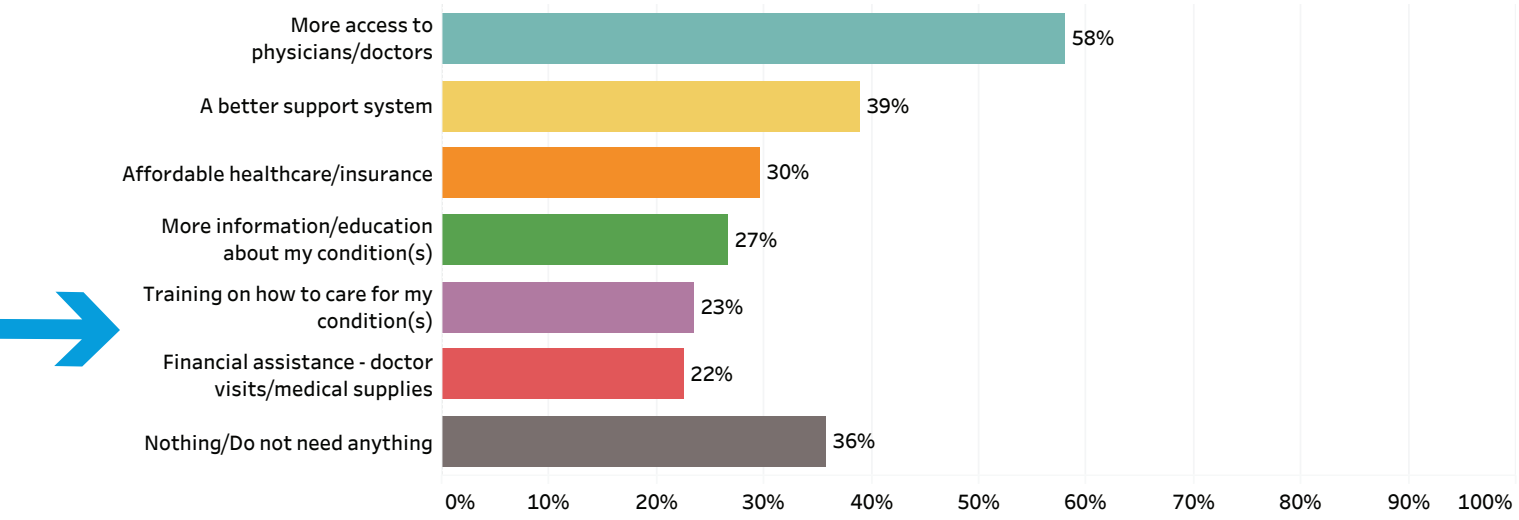
Figure 32b: Have all that you need to manage your health condition(s) - By Select Demographics

Yes



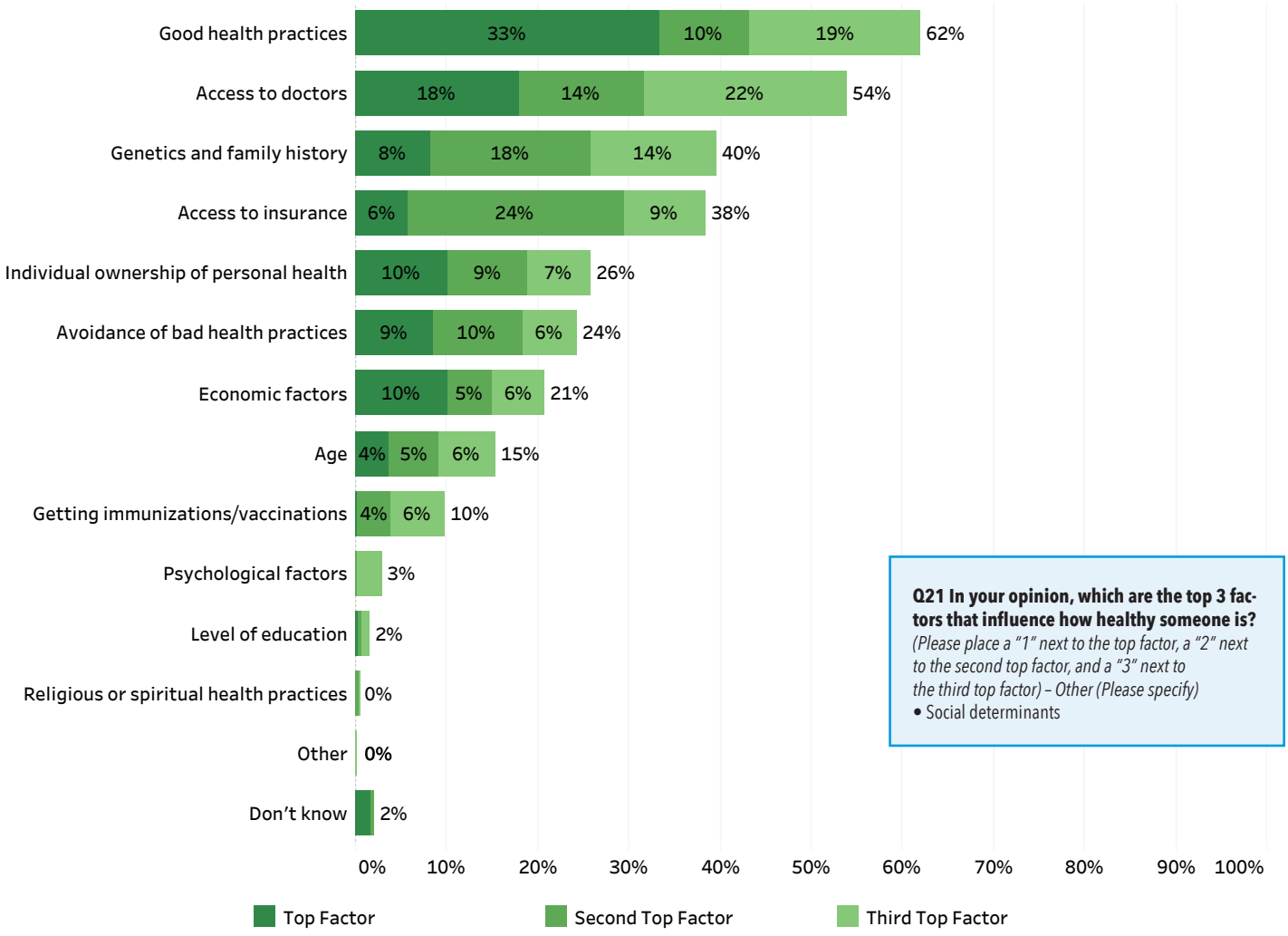
Among respondents who say they don't have all they need to manage their health conditions (N=70), more than half (58%) say they need more access to physicians/doctors, 39% need a better support system, 30% need more affordable healthcare or insurance, 27% need more information or education about their conditions, 23% need more training on how to care for their conditions, and 22% need financial assistance for doctor visits and medical supplies. Just over one-third of respondents (36%) say they do not need anything.

Figure 33: What do you need in order to manage your health condition(s)? (Please select all that apply)



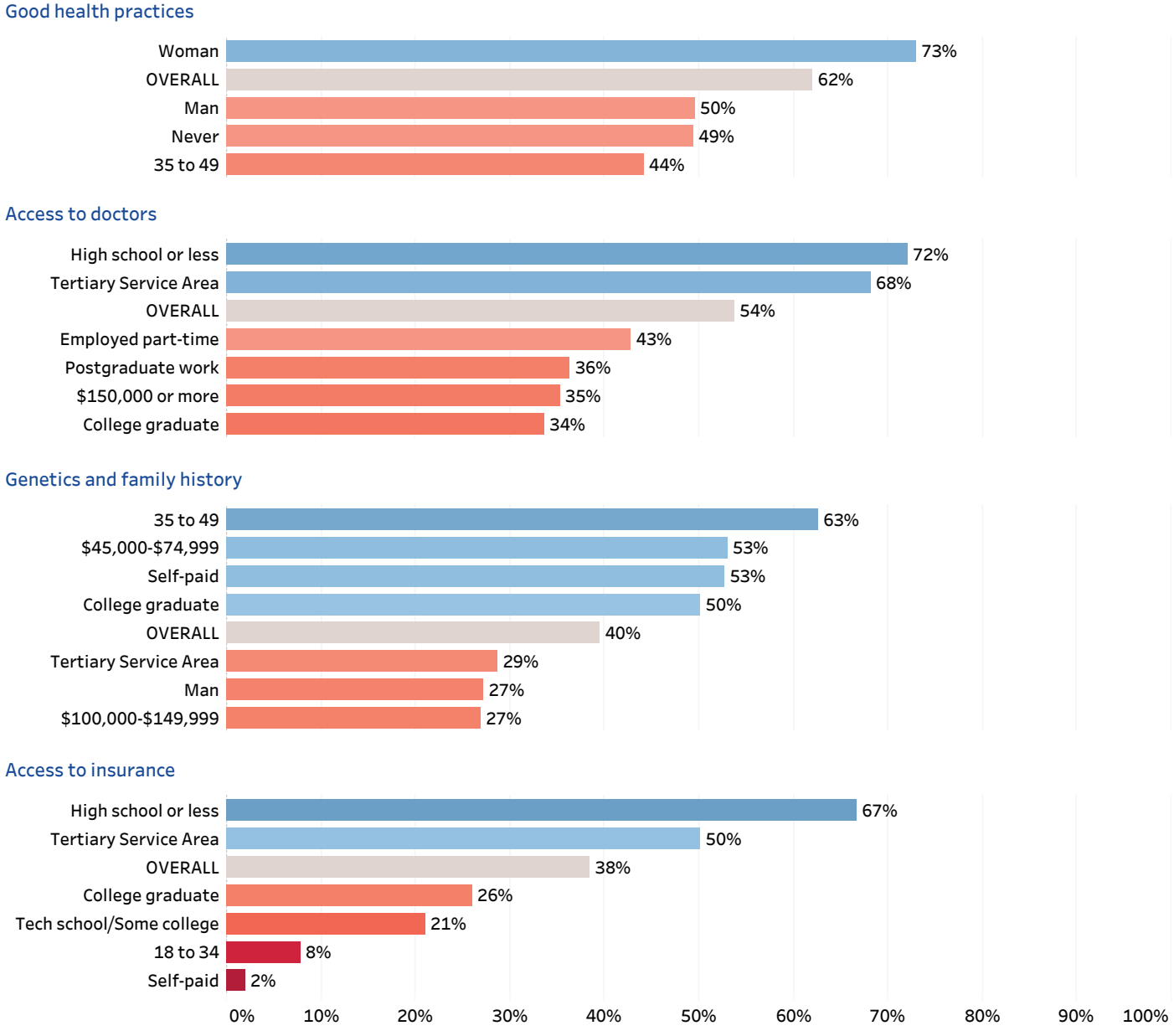
When asked the top three factors that influence how healthy someone is, 62% say that good health practices are the first (33%), second (10%), or third (19%) top factor while 54% say access to doctors is a top three factor. Roughly two in five respondents say genetics and family history (40%) and access to insurance (38%) are top three factors that influence how healthy someone is, while fewer respondents mention individual ownership of personal health (26%), avoidance of bad health practices (24%), economic factors (21%), age (15%), getting immunizations or vaccinations (10%), psychological factors (3%), level of education (2%), or religious or spiritual health practices (<1%).

Figure 34a: In your opinion, which are the top 3 factors that influence how healthy someone is?



- Respondents who are women are more likely than others to say that good health practices are a top three factor in influencing how healthy someone is while those aged 35 to 49, those who have never been to Huggins Hospital, and men are less likely to say this.
- Respondents who have a high school education or less and those who live in Huggins' tertiary service area are more likely than others to say that access to doctors is a top three factor in influencing how healthy someone is while those with a college degree or more education, those with a household income of $150,000 or more, and those who are employed part-time are less likely to say this.
- Respondents aged 35 to 49, those with a household income between $45,000 and $74,999, those who self pay for their health insurance, and college graduates are more likely than others to say that genetics and family history is a top three factor in influencing how healthy someone is while those with a household income between $100,000 and $149,999, men, and those who live in Huggins' tertiary service area are less likely to say this.
- Respondents with a high school education or less and those who live in Huggins' tertiary service area are more likely than others to say that access to insurance is a top three factor in influencing how healthy someone is while those who self pay for their health insurance, those aged 18 to 34, and those who went to technical school or have some college education or are college graduates are less likely to say this.

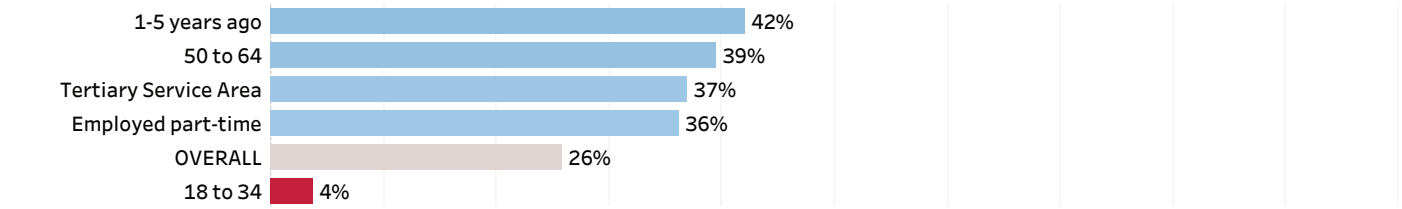
Figure 34b: Top 3 factors that influence how healthy someone is - By Select Demographics



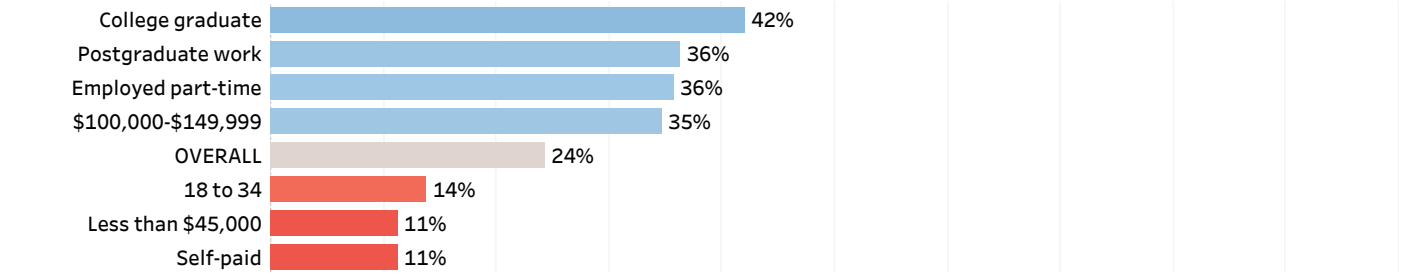
- Respondents who have been to Huggins Hospital 1-5 years ago, those aged 50 to 64, those who live in Huggins' tertiary service area, and those who are employed part-time are more likely than others to say that individual ownership of personal health is a top three factor in influencing how healthy someone is while those aged 18 to 34 are less likely to say this.
- Respondents with a college degree or more education, those who are employed part-time, and those with a household income between $100,000 and $149,999 are more likely than others to say that avoidance of bad health practices is a top three factor in influencing how healthy someone is while those who self pay for their insurance, those with a household income of less than $45,000, and those aged 18 to 34 are less likely to say this.
- Respondents aged 18 to 49, those with a household income of less than $45,000 or between $100,000 and $149,999, those who went to technical school or have some college education, those who are employed full-time, and those who self pay for their health insurance are more likely than others to say that economic factors are a top three factor in influencing how healthy someone is while those with a high school education or less and college graduates, those aged 50 to 64, those with a household income between $45,000 and $74,999, and those who are retired are less likely to say this.

Figure 34c: Top 3 factors that influence how healthy someone is - By Select Demographics

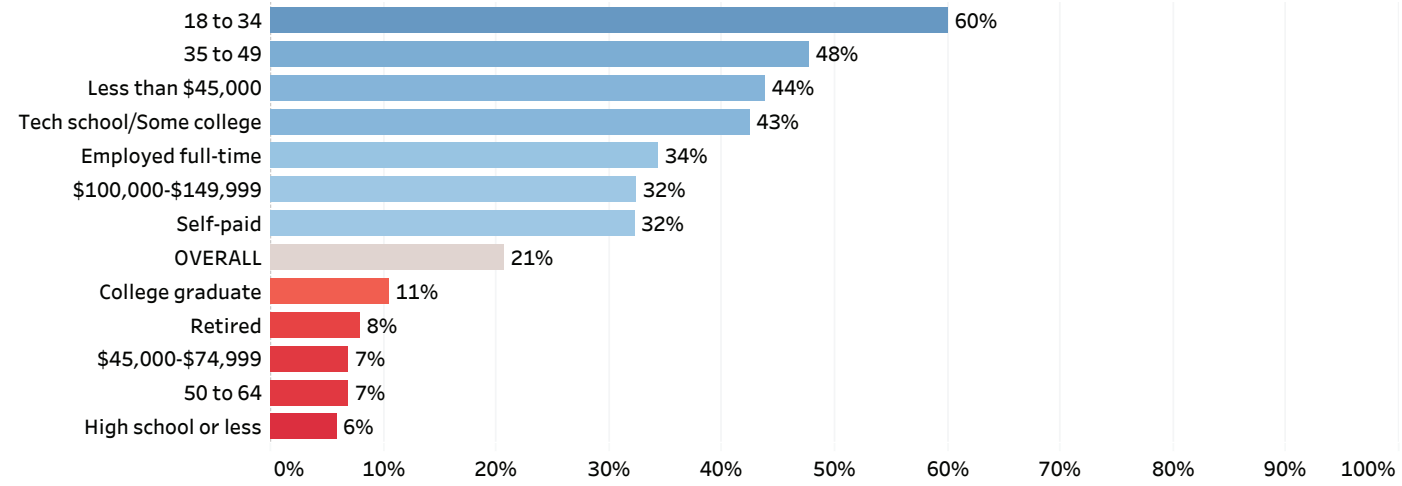
Individual ownership of personal health



Avoidance of bad health practices



Economic factors

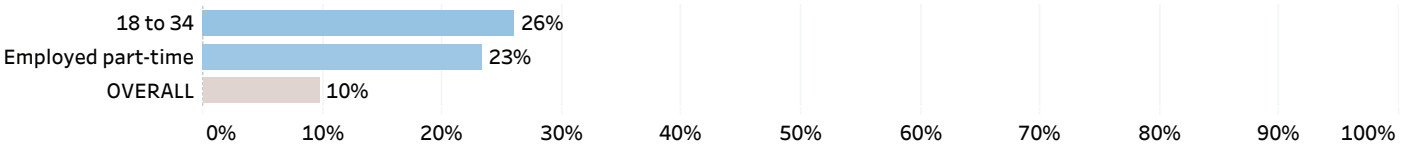


- Respondents with a household income of $150,000 or more or less than $45,000 are more likely than others to say that age is a top three factor in influencing how healthy someone is while those aged 35 to 64, those who have employer paid health insurance, and those with a household income between $100,000 and $149,999 are less likely to say this.
- Respondents aged 18 to 34 and those who are employed part-time are more likely than others to say that getting immunizations or vaccinations is a top three factor in influencing how healthy someone is.

Figure 34d: Top 3 factors that influence how healthy someone is - By Select Demographics

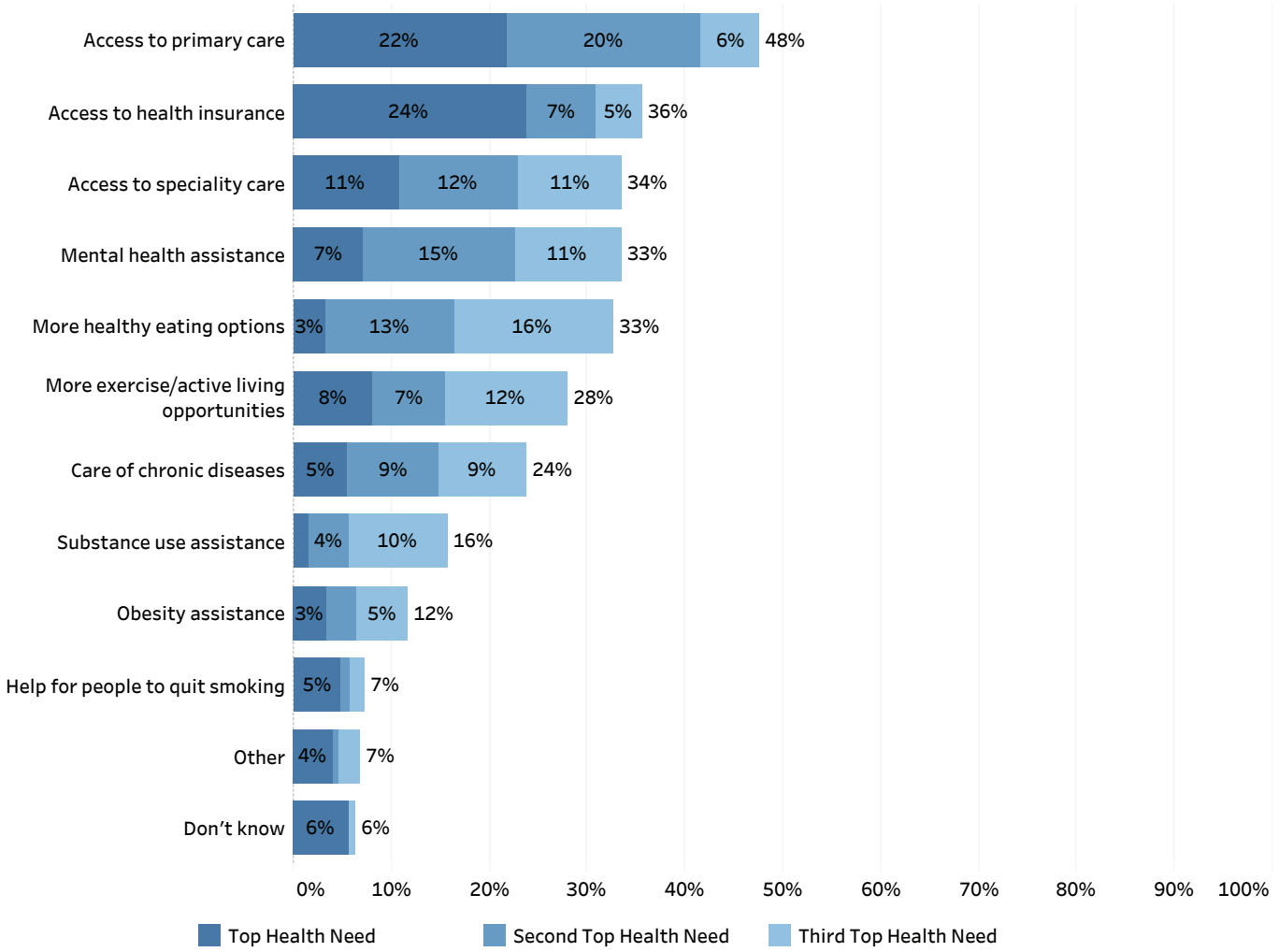
Age

Getting immunizations/vaccinations



When asked for the top three health needs in their community, nearly half (48%) say that access to primary care is the first (22%), second (20%), or third (6%) top health need. About one-third of respondents each say access to health insurance (36%), access to specialty care (34%), mental health assistance (33%), and more healthy eating options (33%) are top three health needs of the community while fewer respondents mention more exercise or active living opportunities (28%), care of chronic diseases (24%), substance us assistance (16%), obesity assistance (12%), and help for people to quit smoking (7%).

Figure 35a: In your opinion, which are the top 3 health needs in your community?



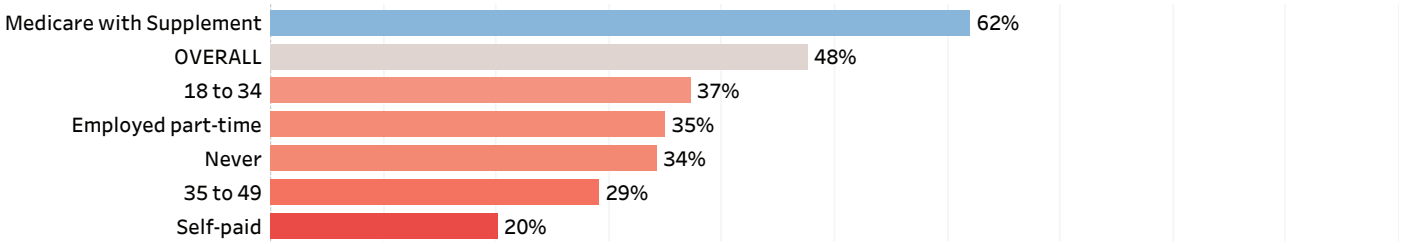
Q22 In your opinion, which are the top 3 health needs in your community? *(Please place a "1" next to the top health need, a "2" next to the second top health need, and a "3" next to the third top health need) – Other (Please specify)*

- Access to affordable health insurance with a reasonable deductible. 12,000 is not reasonable. Obama care ruined health insurance
- Access to gap filling care
- Access to reliable transportation
- Access to scientific facts
- Affordable housing
- Better nutrition
- Better work-life balance to allow for a healthier lifestyle
- Birth center
- Cardiology
- Educated politicians
- Education Classes Free on Nutrition
- Experienced providers
- Health Education should be a required course
- High quality hospital care
- Holistic options
- Investment in people who know what they're doing and who aren't rushing. Doctors seem rushed and like they have too many patients and the people who do the administrative side don't seem like they have adequate knowledge about insurance or how to help patients navigate the financial part
- Less junk food in the stores
- More affordable insurance
- Regulation changes to food manufacturers
- Social Opportunities for Elders
- The above at affordable costs
- Transportation
- Wholistic medicine
- Workout Facility

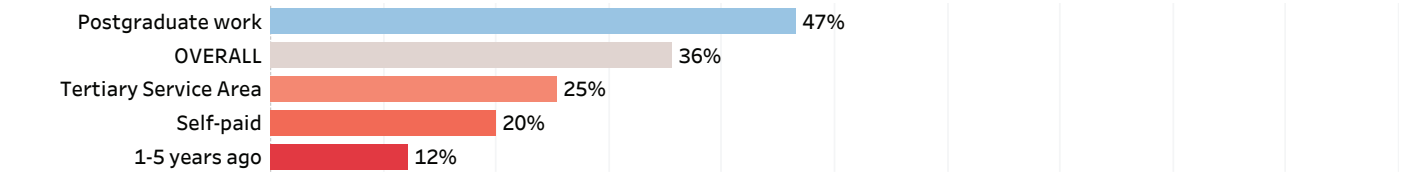
- Respondents who have Medicare with Supplement as their health insurance are more likely than others to say that access to primary care is a top three health need in the community while those who self pay for their health insurance, those aged 18 to 49, those who have never been to Huggins Hospital, and those who are employed part-time are less likely to say this.
- Respondents who have completed postgraduate work are more likely than others to say that access to health insurance is a top three health need in the community while those who have been to Huggins Hospital between 1 and 5 years ago, those who self pay for their health insurance, and those who live in Huggins' tertiary service area are less likely to say this.
- Respondents with a household income of $150,000 or more, those who live in Huggins' secondary service area, those who have been to Huggins Hospital in the past year, and college graduates are more likely than others to say that access to specialty care is a top three health need in the community while those who are employed part-time, those who live in Huggins' tertiary service area, those who have never been to Huggins Hospital, and those who self pay for their health insurance are less likely to say this.

Figure 35b: Top three health needs in your community - By Select Demographics

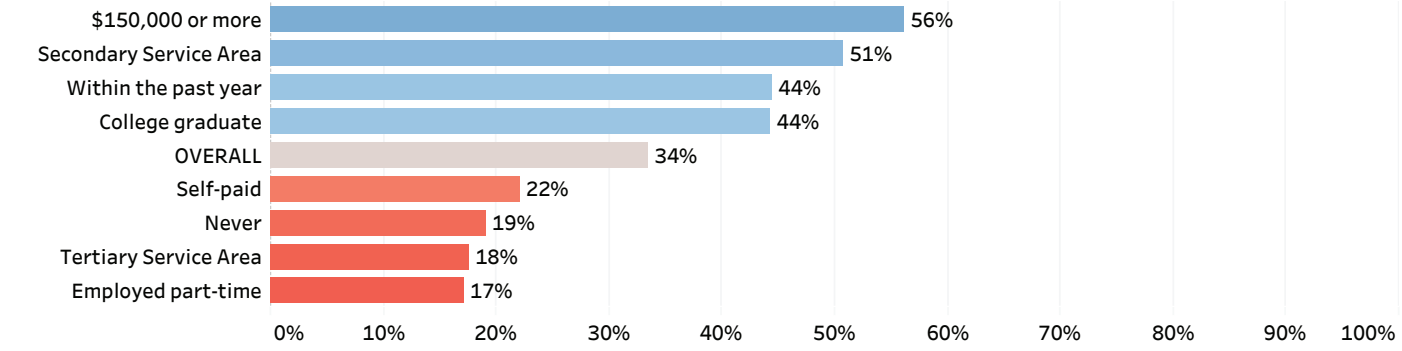
Access to primary care



Access to health insurance



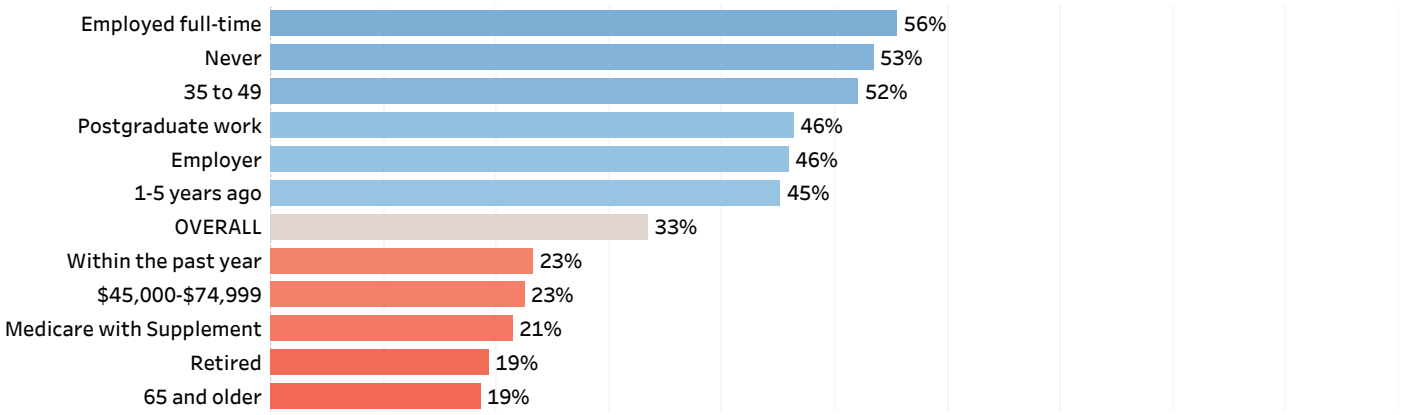
Access to specialty care



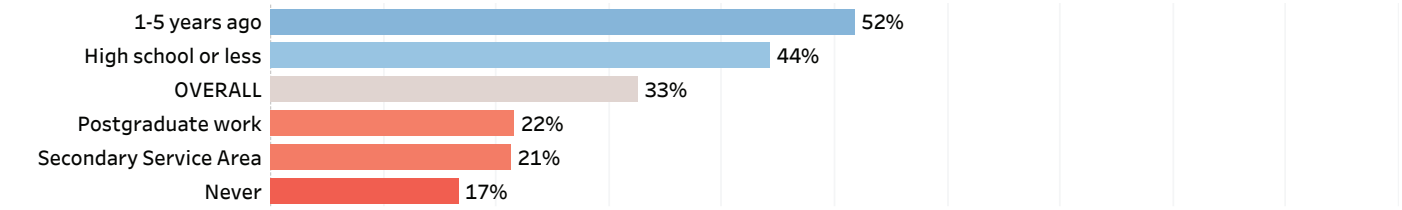
- Respondents who have been employed full-time, those who have never been to Huggins Hospital or those who have been there 1 to 5 years ago, those aged 35 to 49, those who have completed postgraduate work, and those who have employer funded health insurance are more likely than others to say that mental health assistance is a top three health need in the community while those aged 65 and older, those who are retired, those who have Medicare with Supplement as their health insurance, those with a household income between $45,000 and $74,999, and those who have been to Huggins Hospital in the past year are less likely to say this.
- Respondents who have been to Huggins Hospital between 1 and 5 years ago and those with a high school education or less are more likely than others to say that more healthy eating options is a top three health need in the community while those who have never been to Huggins Hospital, those who live in Huggins' secondary service area, and those who have completed postgraduate work are less likely to say this.
- Respondents aged 18 to 34, those who self pay for their health insurance, those with a household income between $45,000 and $74,999, and men are more likely than others to say that more exercise or active living opportunities is a top three health need in the community while those aged 50 to 64, those who are college graduates, and those with a household income of less than $45,000 are less likely to say this.

Figure 35c: Top three health needs in your community - By Select Demographics

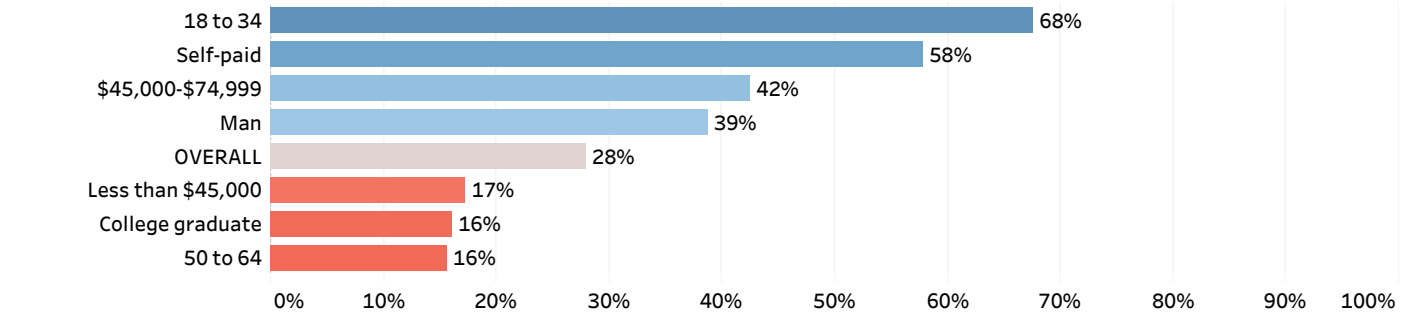
Mental health assistance



More healthy eating options

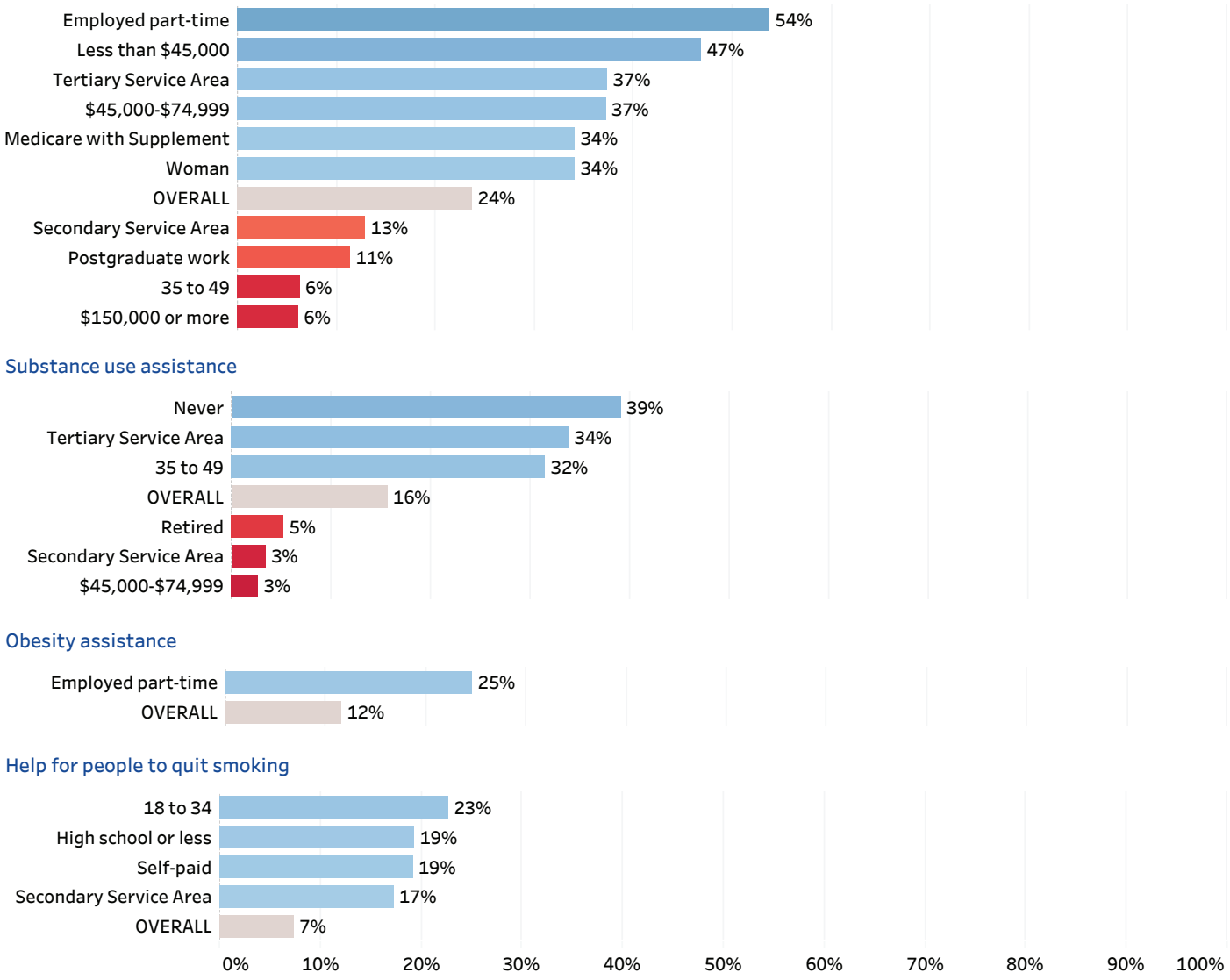


More exercise/active living opportunities



- Respondents who are employed part-time, those with a household income of less than $75,000, those who live in Huggins' tertiary service area, those who have Medicare with Supplement as their health insurance, and women are more likely than others to say that care of chronic disease is a top three health need in the community while those with a household income of $150,000 or more, those aged 35 to 49, those who have completed postgraduate work, and those who live in Huggins' secondary service area are less likely to say this.
- Respondents who have never been to Huggins Hospital, those who live in Huggins' tertiary service area, and those aged 35 to 49 are more likely than others to say that substance use assistance is a top three health need in the community while those with a household income between $45,000 and $74,999, those who live in Huggins' secondary service area, and those who are retired are less likely to say this.
- Respondents who are employed part-time are more likely than others to say that obesity assistance is a top three health need in the community.
- Respondents aged 18 to 34, those with a high school education or less, those who self pay for their health insurance, and those who live in Huggins' secondary service area are more likely than others to say that help for people to quit smoking is a top three health need in the community.

Figure 35d: Top three health needs in your community - By Select Demographics



Technical Report

How the Sample Was Selected

The 2025 Huggins Hospital Community Survey was a web-based survey of New Hampshire residents residing in the following towns and villages, which make up Huggins' primary, secondary, and tertiary service areas:

Primary Service Area: *Alton, Effingham, Freedom, Moultonborough, Ossipee, Tamworth (except village of Wonalancet), Tuftonboro, Wakefield (except village of Union), and Wolfeboro*

Secondary Service Area: *Madison, New Durham, Sandwich*

Tertiary Service Area: *Barnstead, Gilmanton, Milton, village of Union, village of Wonalancet*

Respondents were invited to the survey in one of two ways. First, an invitation letter and reminder postcard were sent to randomly selected address using a method known as Address Based Sampling. The letter and postcard provided a URL to enter or a QR code to scan for respondents to access the survey. In order to ensure there was only one completed survey per household and that only those who were invited could participate, each respondent was given a unique 7-digit access code that needed to be entered at the beginning of the survey. The second method was sending the survey by email to those residing in the area who are members of the Granite State Panel, the UNH Survey Center's probability-based panel. Members of the Granite State Panel are recruited using only probability-based methods such as calling a random sample of landlines and cellular telephones, texting a random sample of cellular telephones, or mailing a random sample of addresses in the state and inviting the recipient to take a short survey. At the conclusion of the survey, recipients were asked if they would like to participate in more surveys and provide an email address or cell phone number.

When Data Was Collected

Invitation letters were sent out to 5,000 randomly selected addresses on April 10th, 2025 with reminder postcards sent on April 29th, 2025. The survey was closed on May 25th, 2025. One hundred and ninety-one (191) residents completed the survey, resulting in a response rate of 4%.

An invitation email or text message was sent to 492 Granite State Panel members living in the area on May 8th, 2025. Two reminders were sent to non-responders and the survey was completely closed on the morning of May 12th. One hundred and twenty-eight (128) Granite State Panel members completed the survey, resulting a response rate of 26%.

A total of three hundred and nineteen (319) area residents completed this survey.

Weighting of Data

Data were weighted by respondent sex, age, education, and service area to targets from the most recent American Community Survey (ACS) conducted by the U.S. Census Bureau, as well as party registration levels provided by the New Hampshire Secretary of State. In addition to potential sampling error, all surveys have other potential sources of non-sampling error including question order effects, question wording effects, and non-response. Due to rounding, percentages may not sum to 100%. The number of respondents in each demographic below may not equal the number reported in cross-tabulation tables as some respondents choose not to answer some questions.

Sampling Error

The 2025 Huggins Hospital Community Survey, like all surveys, is subject to sampling error due to the fact that all residents in the area were not interviewed. For those questions asked of five hundred (500) or so respondents, the error is +/-4.4%. For those questions where fewer than 500 persons responded, the sampling error can be calculated as follows:

$$Sampling\ Error = \pm 1.96\sqrt{\frac{P(1-P)}{N}}$$

Where P is the percentage of responses in the answer category being evaluated and N is the total number of persons answering the particular question.

For example, suppose you had the following distribution of answers to the question, "Should the state spend more money on road repair even if that means higher taxes?" Assume 1,000 respondents answered the question as follows:

YES	47%
NO	48%
DON'T KNOW	5%

The sampling error for the "YES" percentage of 47% would be

$$\pm 1.96\sqrt{\frac{47(53)}{1000}} = \pm 3.1\%$$

for the "NO" percentage of 48% it would be

$$\pm 1.96\sqrt{\frac{48(52)}{1000}} = \pm 3.1\%$$

and for the "DON'T KNOW" percentage of 5% it would be

$$\pm 1.96\sqrt{\frac{5(95)}{1000}} = \pm 1.4\%$$

In this case we would expect the true population figures to be within the following ranges:

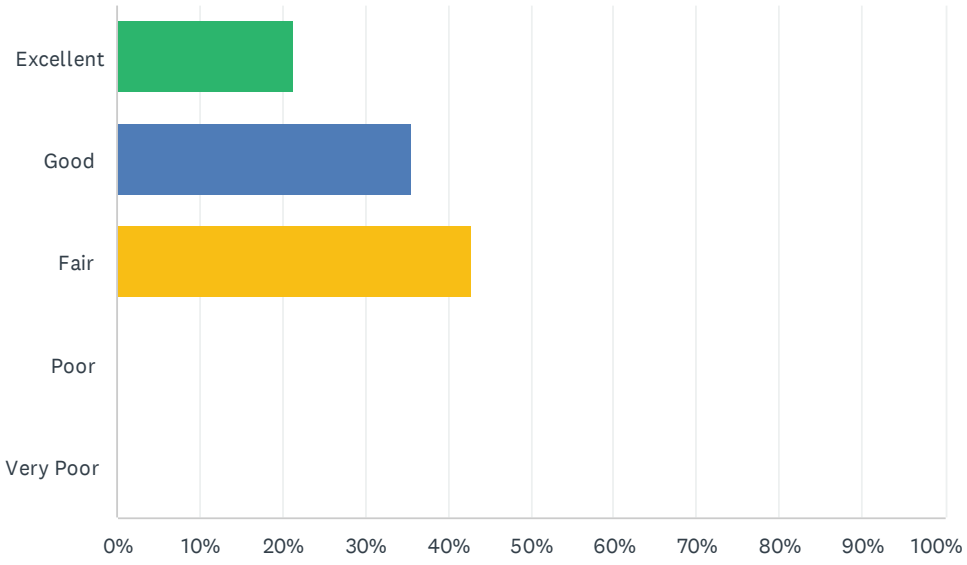
YES	43.9% - 50.1% (i.e., 47% ±3.1%)
NO	44.9% - 51.1% (i.e., 48% ±3.1%)
DON'T KNOW	3.6% - 6.4% (i.e., 5% ±1.4%)

The margin of sampling error for the 2025 Huggins Hospital Community Survey is +/-5.5 percent. These MSE's have not been adjusted for design effect. The design effect for the survey is 1.9%.

Huggins Hospital Provider Input for Community Health Needs Assessment

How would you rate the overall health of the community?

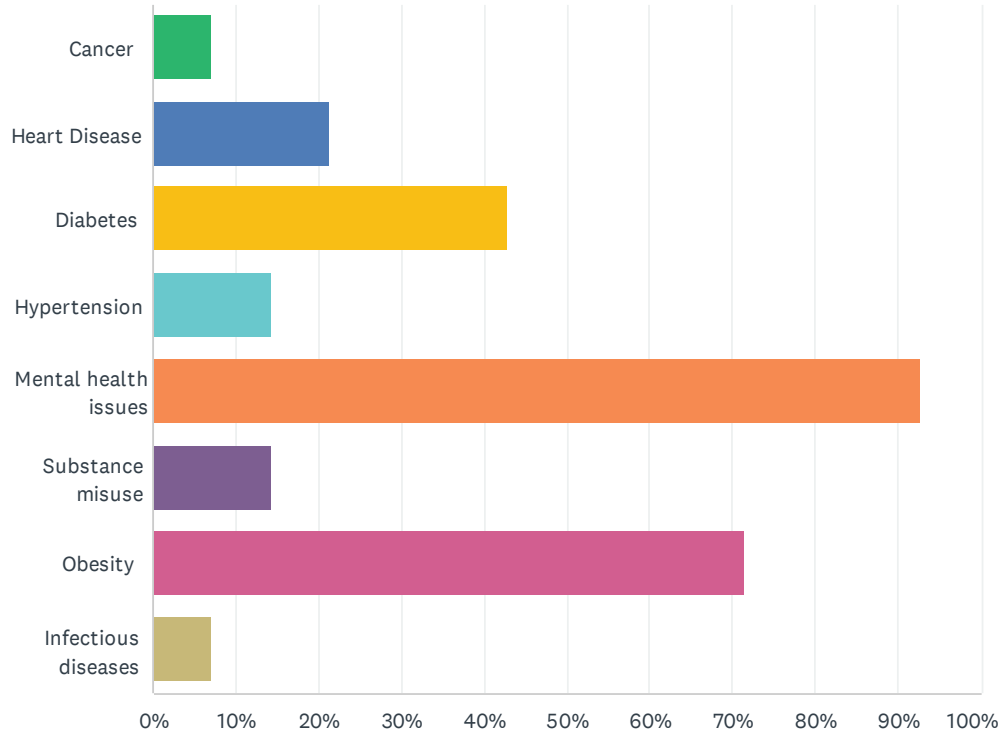
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	21.43%	3
Good	35.71%	5
Fair	42.86%	6
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		14

What are the most prevalent health needs you see among your patients? (Select the top 3 most prevalent.)

Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Cancer	7.14%	1
Heart Disease	21.43%	3
Diabetes	42.86%	6
Hypertension	14.29%	2
Mental health issues	92.86%	13
Substance misuse	14.29%	2
Obesity	71.43%	10
Infectious diseases	7.14%	1
Total Respondents: 14		

Which specialty services/specialists do you feel would be most helpful to you in your daily work with patients?

Answered: 14 Skipped: 0

1. Mental Health Counseling (including Pediatric) – 8 mentions
2. Psychiatry (including Pediatric) – 6 mentions
3. Endocrinology – 5 mentions
4. Rheumatology – 4 mentions
5. Cardiology – 3 mentions
6. Neurology – 2 mentions
7. Urology – 1 mention
7. Infectious Disease – 1 mention
7. Vascular Surgery – 1 mention
7. Pulmonology – 1 mention
7. ENT – 1 mention

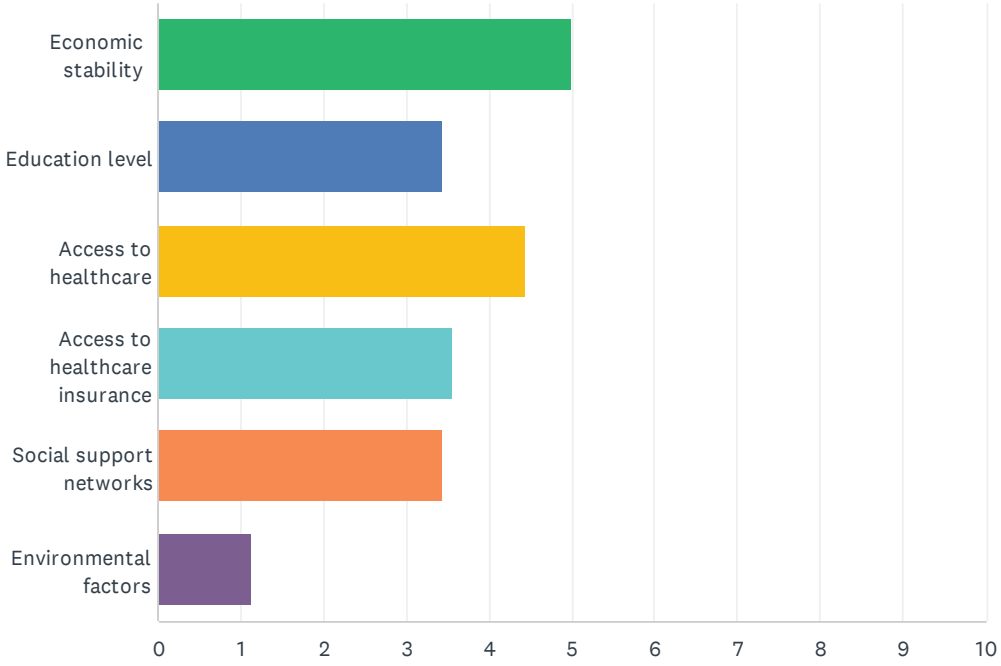
What do you feel are the main barriers preventing community members from achieving optimal health?

Answered: 13 Skipped: 1

1. Issues with Health Insurance coverage/financial concerns – 9 mentions
2. Access to care (primary, specialty and mental health) – 7 mentions
3. The spread of misinformation – 2 mentions

What social drivers do you believe impact your patients' health the most? (Please rank with 1 being the most impact.)

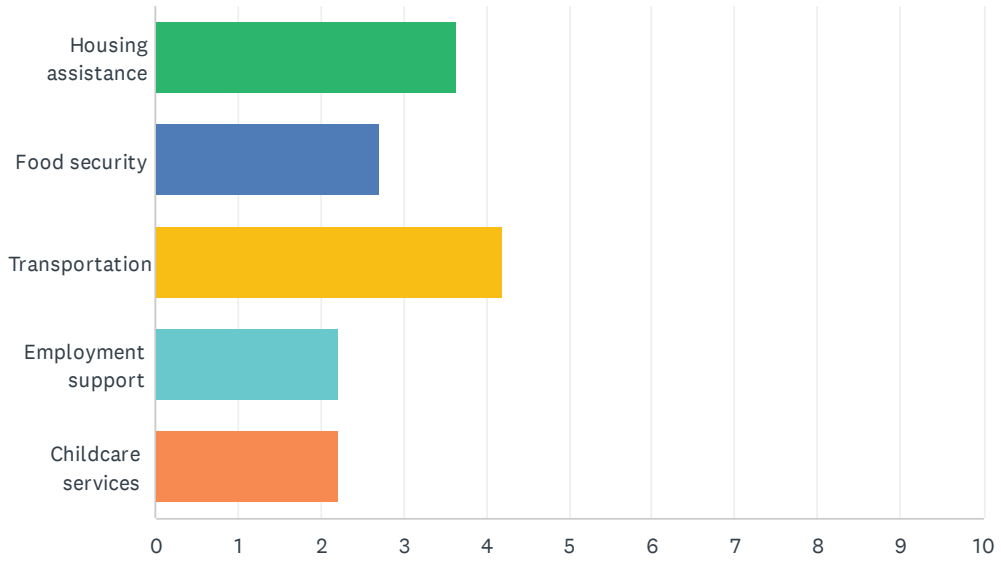
Answered: 14 Skipped: 0



	1	2	3	4	5	6	TOTAL	SCORE
Economic stability	42.86% 6	14.29% 2	42.86% 6	0.00% 0	0.00% 0	0.00% 0	14	5.00
Education level	7.14% 1	21.43% 3	14.29% 2	35.71% 5	7.14% 1	14.29% 2	14	3.43
Access to healthcare	28.57% 4	14.29% 2	28.57% 4	28.57% 4	0.00% 0	0.00% 0	14	4.43
Access to healthcare insurance	14.29% 2	21.43% 3	14.29% 2	7.14% 1	42.86% 6	0.00% 0	14	3.57
Social support networks	7.14% 1	28.57% 4	0.00% 0	28.57% 4	35.71% 5	0.00% 0	14	3.43
Environmental factors	0.00% 0	0.00% 0	0.00% 0	0.00% 0	14.29% 2	85.71% 12	14	1.14

What social service needs are most common among your patients? (Please rank with 1 being the most common.)

Answered: 14 Skipped: 0



	1	2	3	4	5	TOTAL	SCORE
Housing assistance	21.43% 3	35.71% 5	28.57% 4	14.29% 2	0.00% 0	14	3.64
Food security	7.14% 1	7.14% 1	42.86% 6	35.71% 5	7.14% 1	14	2.71
Transportation	64.29% 9	14.29% 2	7.14% 1	7.14% 1	7.14% 1	14	4.21
Employment support	7.14% 1	21.43% 3	0.00% 0	28.57% 4	42.86% 6	14	2.21
Childcare services	0.00% 0	21.43% 3	21.43% 3	14.29% 2	42.86% 6	14	2.21

Focus Group Summary of Conversation

The purpose of the focus groups is to gain deep insight into the opinions on the community's health needs and potential solutions. This qualitative data supplements the quantitative data available in this report. The focus group participants included public health professionals, healthcare and social service providers as well as community members.

How do you define health?

- A healthy community is one where folks have resources and opportunities to live fulfilling lives.
- Everyone has access to services regardless of their financial and social connections. All people feel they have what they need to live the life they want.
- Access to primary care, access to behavioral health practitioners, positive communication, services throughout lifespan.
- Residents have an opportunity thrive in various aspects of health - physical, mental/emotional, social with access to essential resources.
- Not just the absence of illness, disease, but also systems that early identify needs, provide no wrong door referral to care and services and that invests in prevention, protective factors, that uses data to drive programs that meet greatest need, that promote collaborations across sectors.
- All ages living and experiencing their daily lives with the resources they need for a feeling of fulfilment.
- Mental, physical and psychological.
- Looking at the whole person.
- Seamless access to health and wellness services (comprehensive gyms).
- Gyms that are a safe place for young women and others who are not considered exercise fanatics and could use all equipment/services without judgement (perhaps a women's only gym).
- An inclusive community where young people have the same opportunities for work and housing as the older generations.
- A community where it is easier for younger people to integrate into the social and economic circles.

How would you describe the community's health?

- Some people have resources and some don't.
- There's blindness for the disparities.
- We might never see or be aware of the challenges that some of our community members face.
- Communities feel there is an authority that has to address it (schools/hospitals - as opposed to community think – what we can do as a community).
- People feel others need to take care of themselves (individualism). This is a regional culture.
- Overall, good.
- Disparities: jobs, education, stability (financial, housing), services for those who "fall through the cracks" of the healthcare system.

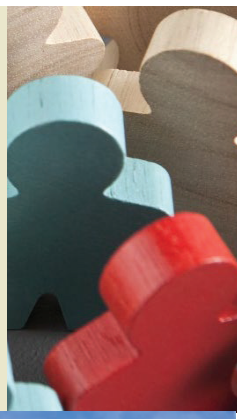
What are the biggest health concerns or issues for the communities today?

- Homelessness, lack of mental health supports, older adults with complex medical needs, youth with complex behavioral health needs.
- Waiting times for care, especially specialty care, respite/caregiver support (even lack of paid caregivers), indoor physical activity for older adults (pool, walking loop, at no cost).

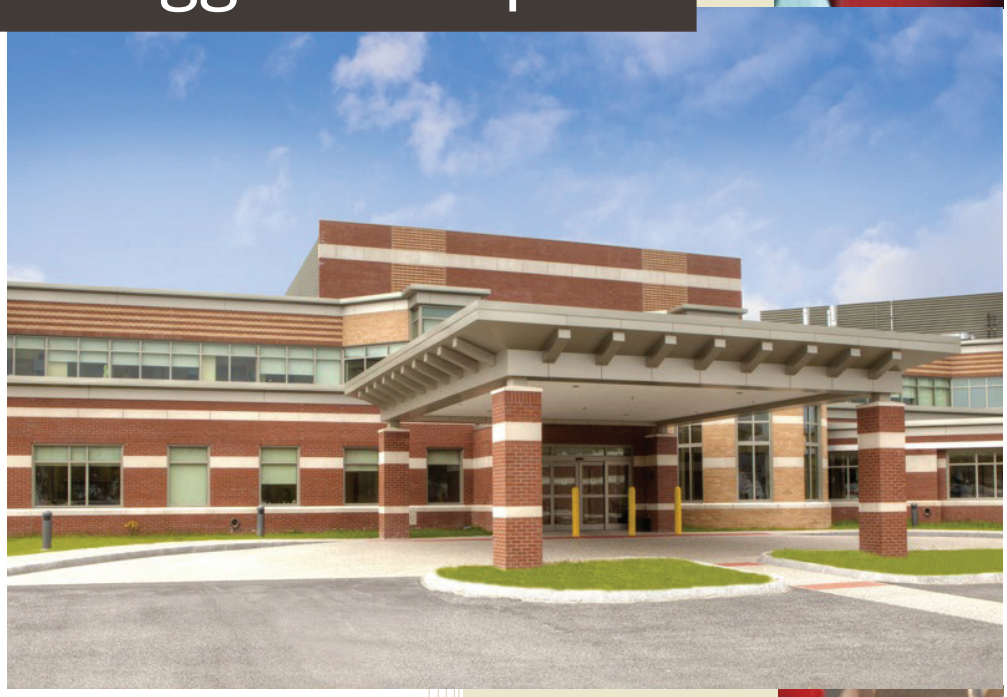
- Ease of access to healthcare services.
- Access to mental health services.
- Community engagement culture.
- Isolation, unhoused, behavioral health, access to care.
- Challenges related to housing costs, loss of seasonal occupations leads to unreliable/unpredictable financial status, access to care is challenging due to rural communities, weather, etc.
- General availability of service for any issues. Housing (ability to "house" various demographics), access and attendance for social/spiritual activity.
- Substance use and overdose death risk highest for males in their 30s, 40s. We heard from NH BDAS Carroll County has a high DUI rate so alcohol misuse continues to be a concern specifically, in addition to misuse of other substances. Many visits to local recovery centers are for concerns related to alcohol rather than opioids or other, according to local recovery coaches.
- Local access to substance use disorder supports have dwindled.
- Basic needs for families.
- Food insecurities.
- There needs to be healthier food options for kids/families.
- Schools, more specifically, need healthier food options.
- Education needs to be provided to parents on how to cook healthy meals, how to obtain healthy foods, etc.

What are the most important health issues facing various populations including medically-underserved, low-income populations?

- This population has all the same challenges but heightened
- Access to care based on misunderstandings that they cannot have care because "they can't afford it" (access vulnerability). Belief that the system is breaking down so "what will happen to me". Forgoing preventative care.
- New Medicaid cuts (unsure how this will impact how these populations access care).
- Transportation to long-distance appointments (access to specialty care)



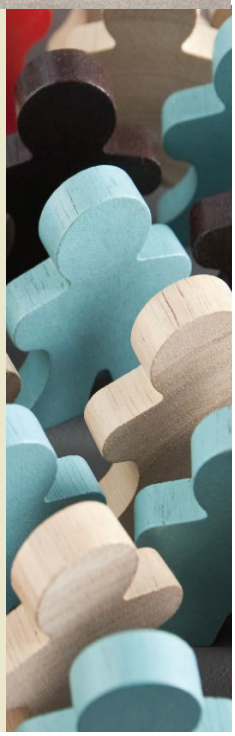
Huggins Hospital



Social Risk Report

March 2025 (Updated)

New Hampshire Hospital Association | Foundation *for* Healthy Communities



Introduction

Welcome to your hospital's Social Risk Report. This report was created by the Foundation for Healthy Communities and New Hampshire Hospital Association to provide hospitals with insights into the impact of social risks on the communities they serve. Social risk is defined as the likelihood of individuals facing social needs driven by adverse social conditions associated with poor health such as food insecurity, housing instability, lack of transportation, lack of digital access, social disconnect, and economic insecurity.

About SocialScape®

To bring you the data in this report, we used the SocialScape® platform. SocialScape® is an online data platform that uses over 500+ unique data fields from a variety of independent data sources, including the American Community Survey, to provide insights into the social risk of populations.

In 2021, DataGen of the Hospital Association of New York State partnered with Socially Determined to bring the SocialScape® platform to state hospital associations for the purposes of education, advocacy, and to support health equity collaborations. The New Hampshire Hospital Association and Foundation for Healthy Communities purchased the license in 2023 and 2024 as part of their focus on population health and health equity and to assist their members and partners to better understand opportunities in their communities.

Understanding areas experiencing high concentrated social risk can help your organization more effectively focus initiatives and deliver more impactful projects, programs, and services to improve the health of the people you serve. The following pages provide details on the three (3) zip codes in your service area with the greatest risk for food insecurity. Also included is information about their vulnerability to other social challenges, demographics, and factors influencing risk in the community. The purpose is to highlight the areas of greatest need and provide supporting details to aid in your efforts to improve the health of your community.

Risk Scores

Using multiple data sources and proprietary algorithms, SocialScape's® assigns each geographic region a Risk Score between 1-5 for a specified risk domain. Areas with a Risk Score of 4 or 5 are considered to be "elevated risk" meaning the specific risk domain needs attention and/or intervention.

Methodology

Using the SocialScape® platform, we identified the top three Zip Code Tabulation Areas (ZCTAs) by multiplying the percentage of residents at elevated risk for food insecurity in each ZCTA by its total population. We then ranked the ZCTAs in descending order, with those showing the highest number of residents at elevated risk for food insecurity at the top. ZCTAs[1] were the sole geographic units available for this analysis and were aligned with the zip codes provided by the hospitals as representing their service area.

[1] ZCTAs were created by the U.S. Census Bureau as areal representations of ZIP codes. Not all valid zip codes are included such as "P.O. Box" or "Unique" zip code types.

Social Risk Domains:

Economic Climate: A measure of a community's financial resources and resiliency.

Key Risk Influencers: Income ▪ Cost of Living Index ▪ Opportunity

Food Landscape: A measure of the conditions that affect the ability of residents to access sufficient healthy, affordable nutrition.

Key Risk Influencers: Food Accessibility ▪ Food Affordability ▪ Food Literacy

Housing Environment: A measure of the housing-related standard of living in a community.

Key Risk Influencers: Housing Affordability ▪ Crowding in the Home ▪ Housing Quality

Transportation Network: A measure of the adequacy of the transportation network to facilitate access to care.

Key Risk Influencers: Transportation Access ▪ Proximity to Resources

Health Literacy: A measure of factors in the community that impact health care access, navigation, and adherence.

Key Risk Influencers: Culture ▪ Demographics ▪ Education

Digital Landscape: A measure of factors associated with community members' access to technology and ability to use it for health care purposes.

Key Risk Influencers: Affordability ▪ Accessibility ▪ Digital Literacy

Social Connectedness: A measure of the influence of loneliness, social network quality, and social capital on community members.

Key Risk Influencers: Loneliness ▪ Social Capital ▪ Social Network Quality

Notes and Data Limitations

- **This report focuses on the percentage of the population at elevated risk**, which refers to the percentage of individuals with a social risk score of 4 or 5. Some ZTCAs may have a risk score of 1, 2, or 3 or even 3.9, indicating that there is some social risk in the community, but it does not reach the "elevated" level.

- **College students are included in the data.** Towns with a significant college student population may show higher percentages of residents at increased risk. This can be attributed to the higher prevalence of social factors typically associated with college students, such as group living arrangements, economic challenges, limited food affordability, and restricted access to transportation, among others.

- **Versus using all seven domains, hospitals requested that priority communities be identified according to those with the greatest elevated risk for food insecurity, with the highest population.** Hospitals communicated they felt better equipped to address food insecurity than many of the other domains and by focusing on the top communities of need based on food insecurity, the report would be more useful in their planning. Therefore, to calculate the top three communities of elevated risk, we multiplied the percentage of residents at elevated risk by the total population. As a result, communities with higher percentages of population at elevated risk for food insecurity but with a lower number of residents may not be listed in the top three.

- **When calculating the percentage of the population at elevated risk, the data is not assessed at the individual level**; rather it is assessed within 200–400 meter hexagons throughout the ZCTA.

- **The risk score and percentage of population at elevated risk is assessed using a national comparison versus a state comparison.** SocialScape offers two views on their website – risk levels for a ZCTA compared to others in the state or risk levels compared nationally. The state view was not accessible through the raw datasets we received to build our reports. Consequently, the ZCTA data used for this report was compared to national data sets to identify risk level.

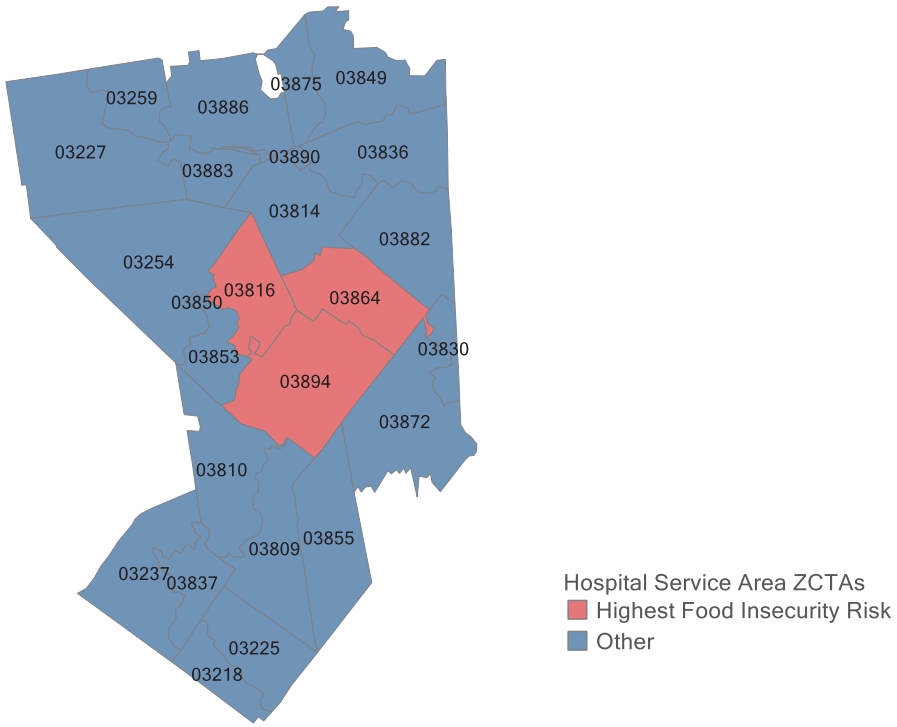
- **To calculate community risk scores and the percentage of individuals at elevated risk, SocialScape uses a Community SDOH Risk Exposure Index.** This index incorporates conditions that affect a community's access to healthy and affordable nutrition, factoring in 97 community elements. Key data points include food budgets, the locations of healthy and unhealthy food options, and demographics. However, key influencers include:
  - **Accessibility** – The ease with which individuals can reach both healthy and unhealthy food outlets.
  - **Affordability** – The available food budget, SNAP benefit usage, and economic stability.
  - **Literacy** – A measure that considers education and demographics.

  Please note the data sources in the appendix of the report

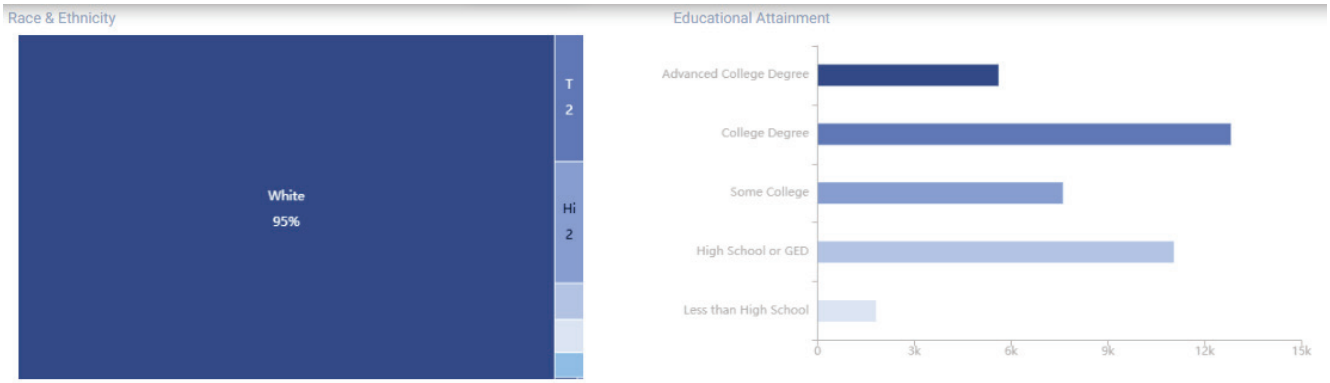
- **Due to our license agreement with DataGen, it was necessary that we use the same methodology to produce each hospital's individual report.** We understand hospitals may have different interests or focuses for the SDOH and population health work. The approach and methodology for this report was determined through the input of a workgroup that included representatives from several hospitals.

Huggins Hospital Analysis

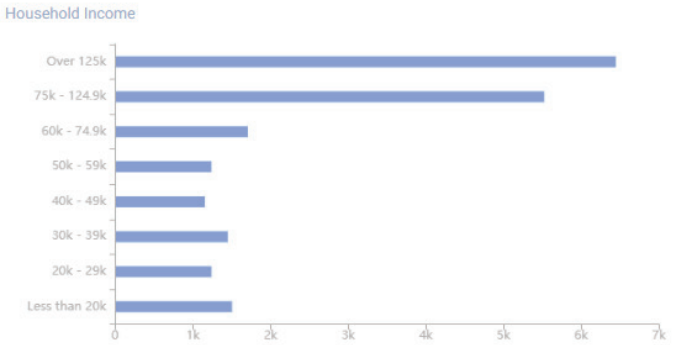
Huggins Hospital Service Area

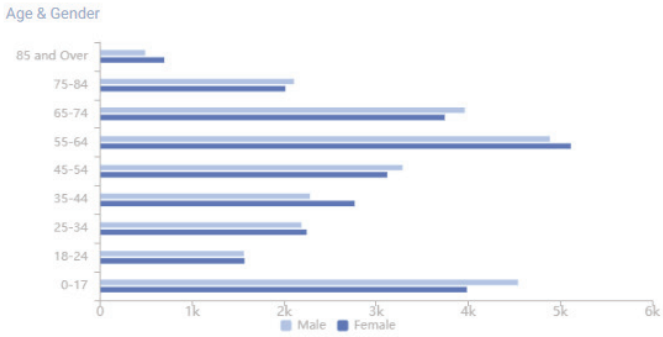


Huggins Hospital Service Area Demographics – 50,584 Residents



Huggins Hospital Service Area Demographics – 50,584 Residents





Huggins Hospital ZCTAs Ranked by Number of Residents at Elevated Risk for Food Insecurity

Zip Code	Town(s)	Number of Residents	% Residents at Elevated Risk for Food Insecurity	No. Residents at Elevated Risk for Food Insecurity
03894	Wolfeboro/Tuftonboro	6,528	33%	**2,154**
03864	Ossipee	1,934	80%	**1,547**
03816	Center Tuftonboro	1,469	63%	**925**
03225	Barnstead	3,406	21%	**715**
03814	Center Ossipee/Tamworth	2,507	19%	**476**
03830	East Wakefield	1,350	29%	**392**
03875	Tamworth/Madison/Silver Lake	1,236	29%	**358**
03883	South Tamworth/ Sandwich/ Moultonborough	583	60%	**350**
03254	Moultonborough/Tuftonboro/ Meredith	4,996	7%	**350**
03886	Tamworth/Sandwich	1,278	23%	**294**
03836	Freedom/Ossipee/Eaton	1,336	17%	**227**
03872	Sanbornville/Brookfield/ Tuftonboro/Wakefield	4,020	5%	**201**
03218	Barnstead	1,535	13%	**200**
03853	Mirror Lake/ Tuftonboro/Alton	824	15%	**124**
03849	Madison/Eaton/Freedom	1,360	9%	**122**
03850	Melvin Village/Tuftonboro	130	72%	**94**
03227	Sandwich/Holderness	1,461	2%	**29**
03890	West Ossipee/Tamworth	51	22%	**11**
03237	Gilmanton	2,338	0%	**0**
03259	North Sandwich/ Waterville Valley	246	0%	**0**
03809	Alton	3,617	0%	**0**
03810	Alton Bay	2,286	0%	**0**
03837	Gilmanton	1,622	0%	**0**
03855	New Durham/Coburn	2,711	0%	**0**
03882	Effingham/Ossipee	1,760	0%	**0**

Note: College students are included in the data. Towns with a significant college student population may show higher percentages of residents at increased risk. This can be attributed to the higher prevalence of social factors typically associated with college students, such as group living arrangements, economic challenges, limited food affordability, and restricted access to transportation, among others.

03894 (Wolfeboro/Tuftonboro)

03894 Demographics – 6,528 Residents

Risk Domains

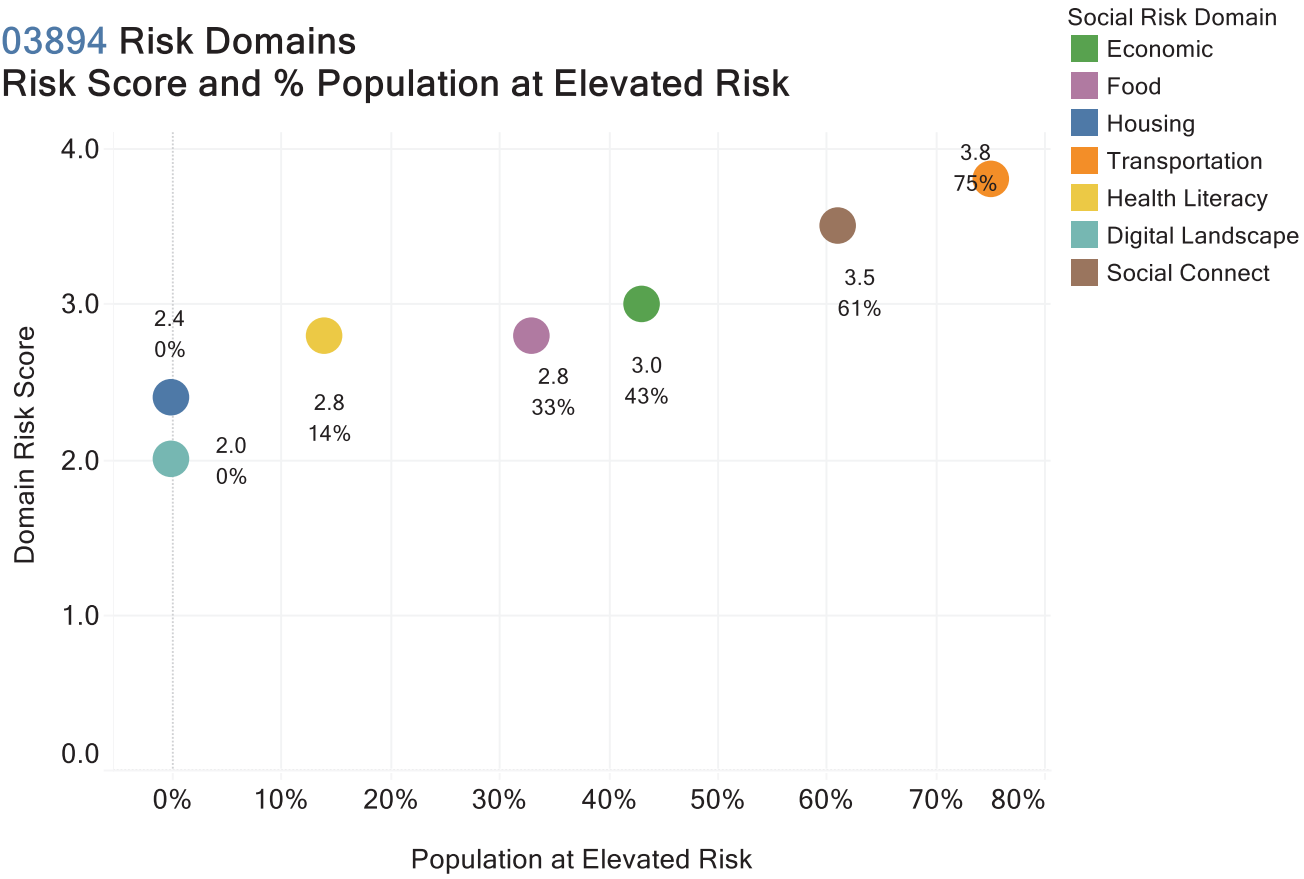
The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

Zip Code 03894 (Wolfeboro/ Tuftonboro)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	3.0	2.8	2.4	3.8	2.8	2.0	3.5
% Zip Pop. at Elevated Risk	43%	33%	0%	75%	14%	0%	61%
% County Pop. at Elevated Risk	35%	28%	14%	59%	9%	23%	30%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

- Risk domains in the upper right indicate needing the most attention and/or intervention as both the risk score and the percentage of the population at risk are high.
- Domains in the lower left indicate needing the least attention and/or intervention.



More Context

The table and visualization above provide a snapshot of the risk domains. The tables below provide details on the types of social determinants of health measures that are impacting the risk levels for the population in your hospital's service area. These tables can help narrow the focus of what can be improved through community investment and interventions.

Zip Code 03894 (Wolfeboro/Tuftonboro)

Total Population 6,528

Economic Climate	
Principal Influencer	Cost of Living
Risk Score	3.0
Percent Population at Elevated Risk	43%
Median Adjusted Income (per month)	$5,192
Median Gross Income Per Person After Housing (per month)	$1,673

Food Landscape	
Principal Influencer	Affordability
Risk Score	2.8
Percent Population at Elevated Risk	33%
Median Food Budget (per month)	$571
Food Illiteracy Rate	4%
Estimated Snap Eligible Homes	27%
Households Utilizing SNAP	4%
Healthy Food Balance	55%
Healthy Food Options Per 10k	18.38
Unhealthy Food Options Per 10k	61.27
Food Desert Indicator	No
Food Swamp Indicator	No

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	2.0
Percent Population at Elevated Risk	0%
Population Not Using Broadband	19%
Lowest Broadband Monthly Cost	$40

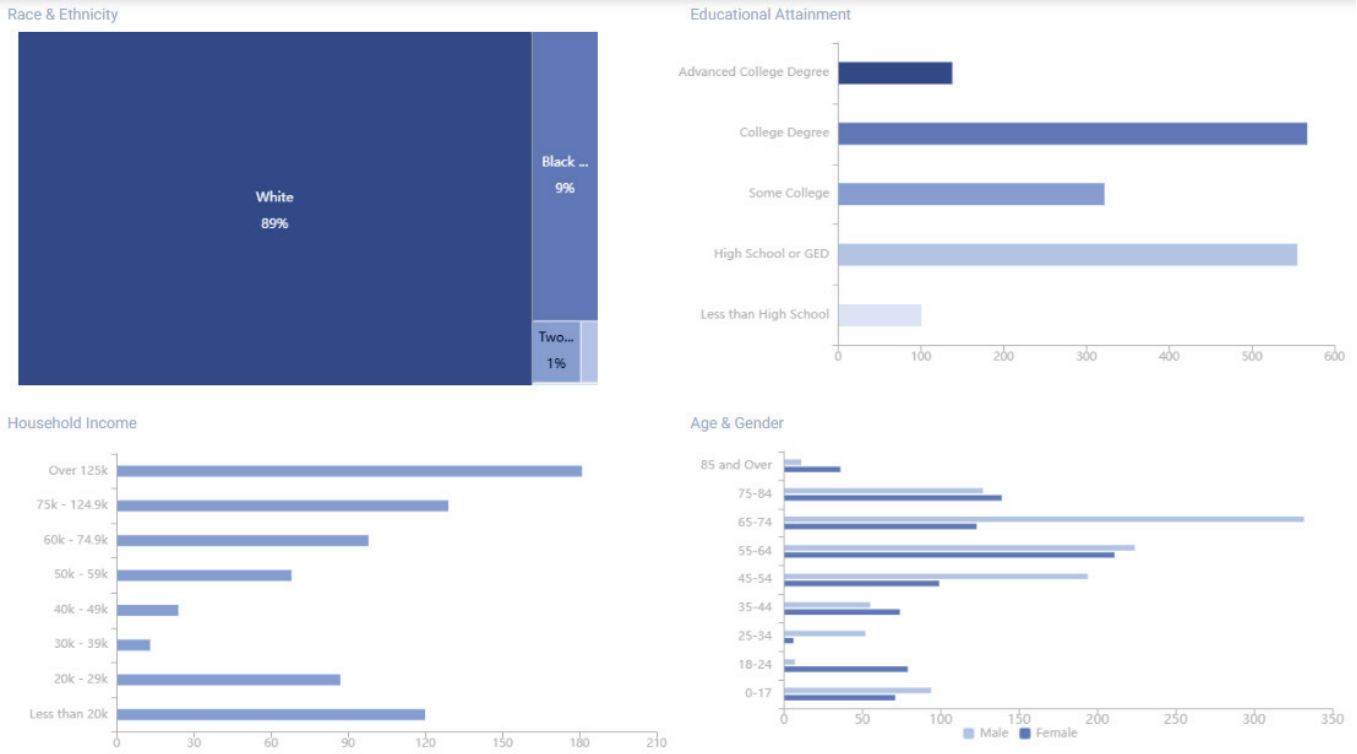
Health Literacy	
Principal Influencer	Demographics
Risk Score	2.8
Percent Population at Elevated Risk	14%
% Population w/out Health Insurance	8%
Educational Attainment Index	0.39
% Pop > 25 with No High School Degree	4%
% Pop > 25 w/High School or GED	24%
% Pop > 25 w/some College	18%
% Pop > 25 w/College Degree	37%
% Pop > 25 w/Advanced Degree	18%
Health Environment Index	0.58

Housing Environment	
Principal Influencer	Quality
Risk Score	2.4
Percent Population at Elevated Risk	0%
Med. Housing Cost (per month)	$1,394
Med. Housing Cost as % of Income	27%
Bedrooms Per Person	1.21
Rooms Per Person	2.66
Med. Household Size	2.27
Old Households	46%
Crowded Households	43%
Med. Household Mold Index	0.44
Med. Owner Housing Costs (per month)	$1,501
Med. Renter Housing Costs (per month)	$1,020
Rented Households	22%
Owned Households	78%
Med. Gross Rent as % of Income	17%
Households Lacking Kitchen	6%
Households Lacking Plumbling	3%

Social Connectedness	
Principal Influencer	Loneliness
Risk Score	3.5
Percent Population at Elevated Risk	61%
Social Detachment Index	0.45
Social Interaction Index	0.48
Social Network Density Index	0.65
Recreation Desert Indicator	No
Social Support Locations Per 10k	35.23

Transportation Network	
Principal Influencer	Access
Risk Score	3.8
Percent Population at Elevated Risk	75%
Median Vehicles Per Household	1.72
Public Transportation Index	0
Provider Desert Indicator	No
Pharmacy Desert Indicator	No
Providers Per 10k	568.52
Pharmacies Per 10k	6.13

03864 Demographics – 1,934 Residents



Risk Domains

The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

Zip Code 03864 (Ossipee)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	3.4	4.0	3.0	3.2	3.7	3.9	2.4
% Zip Pop. at Elevated Risk	38%	80%	0%	21%	68%	95%	0%
% County Pop. at Elevated Risk	35%	28%	14%	59%	9%	23%	30%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

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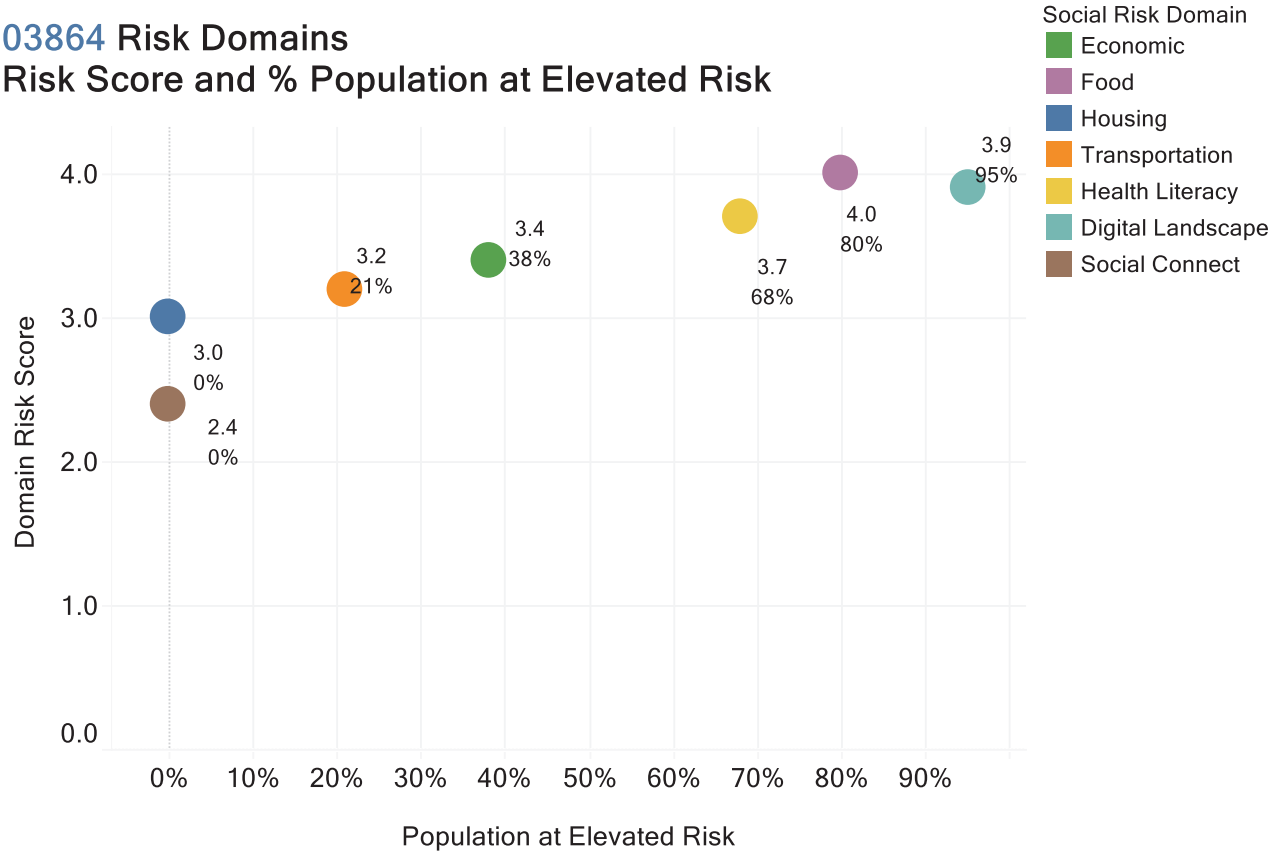


More Context

The table and visualization above provide a snapshot of the risk domains. The tables below provide details on the types of social determinants of health measures that are impacting the risk levels for the population in your hospital's service area. These tables can help narrow the focus of what can be improved through community investment and interventions.

Zip Code 03864 (Ossipee)

Economic Climate	
Principal Influencer	Cost of Living
Risk Score	3.4
Percent Population at Elevated Risk	38%
Median Adjusted Income (per month)	$4,549
Median Gross Income Per Person After Housing (per month)	$1,312

Food Landscape	
Principal Influencer	Affordability
Risk Score	4.0
Percent Population at Elevated Risk	80%
Median Food Budget (per month)	$616
Food Illiteracy Rate	6%
Estimated Snap Eligible Homes	29%
Households Utilizing SNAP	7%
Healthy Food Balance	44%
Healthy Food Options Per 10k	10.34
Unhealthy Food Options Per 10k	103.41
Food Desert Indicator	No
Food Swamp Indicator	Yes

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	3.9
Percent Population at Elevated Risk	95%
Population Not Using Broadband	72%
Lowest Broadband Monthly Cost	$70

Health Literacy	
Principal Influencer	Demographics
Risk Score	3.7
Percent Population at Elevated Risk	68%
% Population w/out Health Insurance	9%
Educational Attainment Index	0.49
% Pop > 25 with No High School Degree	6%
% Pop > 25 w/High School or GED	33%
% Pop > 25 w/some College	19%
% Pop > 25 w/College Degree	34%
% Pop > 25 w/Advanced Degree	8%
Health Environment Index	0.58

Total Population 1,934

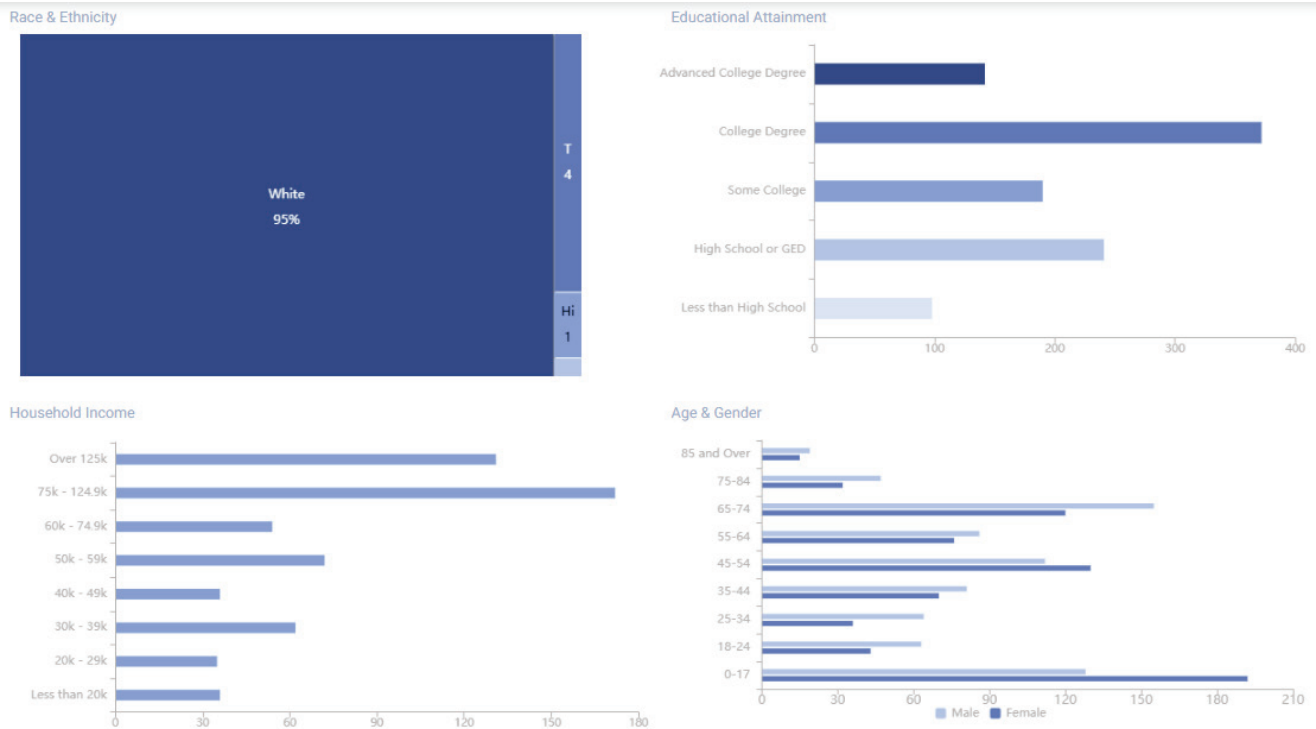
Housing Environment	
Principal Influencer	Crowding
Risk Score	3.0
Percent Population at Elevated Risk	0%
Med. Housing Cost (per month)	$1,321
Med. Housing Cost as % of Income	29%
Bedrooms Per Person	1.10
Rooms Per Person	2.21
Med. Household Size	2.46
Old Households	41%
Crowded Households	0%
Med. Household Mold Index	0.45
Med. Owner Housing Costs (per month)	$1,321
Med. Renter Housing Costs (per month)	NA
Rented Households	5%
Owned Households	95%
Med. Gross Rent as % of Income	NA
Households Lacking Kitchen	6%
Households Lacking Plumbling	6%

Social Connectedness	
Principal Influencer	Loneliness
Risk Score	2.4
Percent Population at Elevated Risk	0%
Social Detachment Index	0.51
Social Interaction Index	0.49
Social Network Density Index	0.57
Recreation Desert Indicator	No
Social Support Locations Per 10k	20.68

Transportation Network	
Principal Influencer	Prox. to Resources
Risk Score	3.2
Percent Population at Elevated Risk	21%
Median Vehicles Per Household	1.9
Public Transportation Index	0
Provider Desert Indicator	No
Pharmacy Desert Indicator	No
Providers Per 10k	257.86
Pharmacies Per 10k	31.02

03816 (Center Tuftonboro)

03816 Demographics – 1,469 Residents



Risk Domains

The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

Zip Code 03816 (Center Tuftonboro)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	3.4	3.6	2.5	3.6	2.5	3.0	3.5
% Zip Pop. at Elevated Risk	44%	63%	0%	56%	0%	0%	54%
% County Pop. at Elevated Risk	35%	28%	14%	59%	9%	23%	30%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

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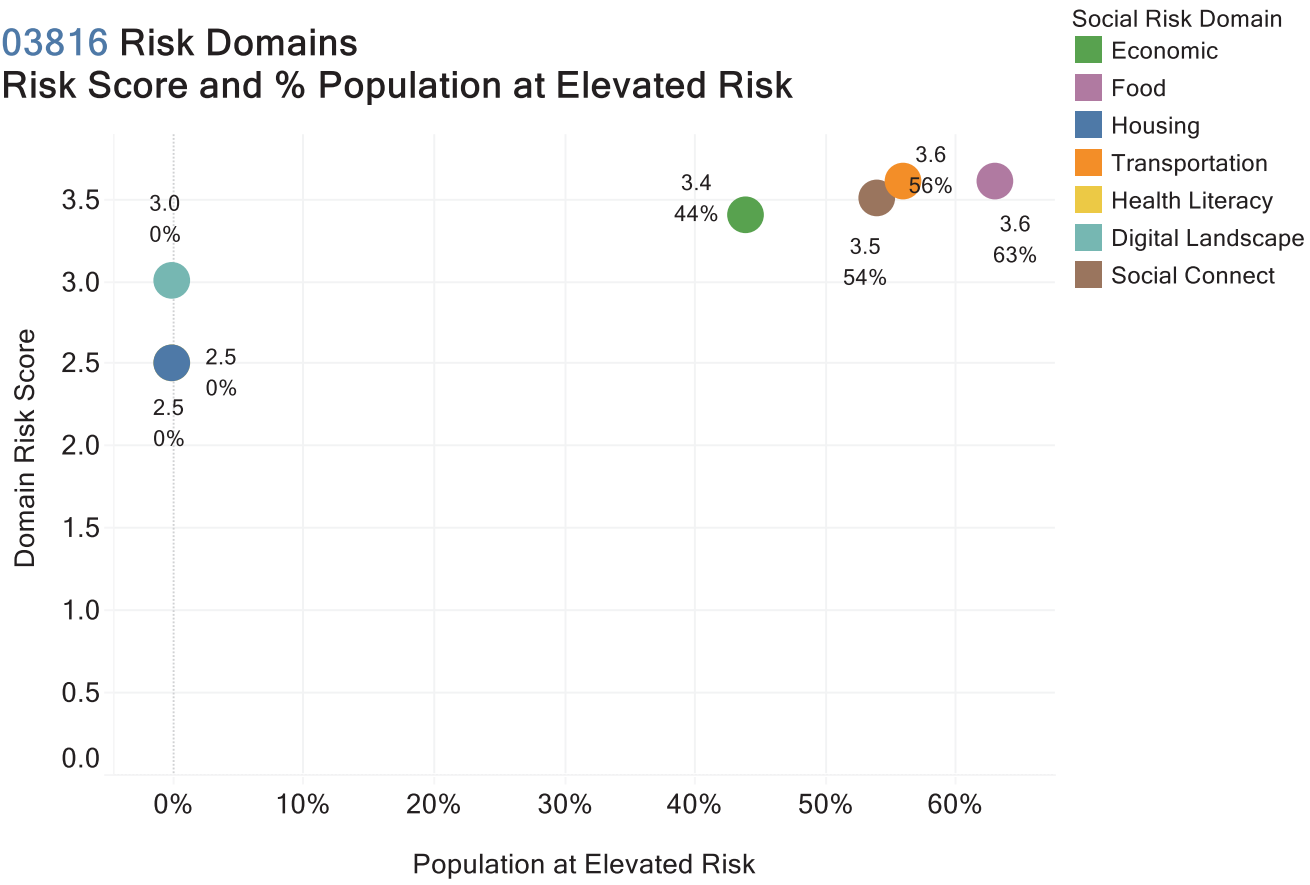

More Context

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Zip Code 03816 (Center Tuftonboro)

Economic Climate	
Principal Influencer	Cost of Living
Risk Score	3.4
Percent Population at Elevated Risk	44%
Median Adjusted Income (per month)	$5,147
Median Gross Income Per Person After Housing (per month)	$1,665

Food Landscape	
Principal Influencer	Accessibility
Risk Score	3.6
Percent Population at Elevated Risk	63%
Median Food Budget (per month)	$616
Food Illiteracy Rate	9%
Estimated Snap Eligible Homes	17%
Households Utilizing SNAP	2%
Healthy Food Balance	41%
Healthy Food Options Per 10k	0
Unhealthy Food Options Per 10k	27.23
Food Desert Indicator	Yes
Food Swamp Indicator	Yes

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	3.0
Percent Population at Elevated Risk	0%
Population Not Using Broadband	71%
Lowest Broadband Monthly Cost	$66

Health Literacy	
Principal Influencer	Demographics
Risk Score	2.5
Percent Population at Elevated Risk	0%
% Population w/out Health Insurance	10%
Educational Attainment Index	0.44
% Pop > 25 with No High School Degree	9%
% Pop > 25 w/High School or GED	23%
% Pop > 25 w/some College	18%
% Pop > 25 w/College Degree	36%
% Pop > 25 w/Advanced Degree	14%
Health Environment Index	0.58

Total Population 1,469

Housing Environment	
Principal Influencer	Crowding
Risk Score	2.5
Percent Population at Elevated Risk	0%
Med. Housing Cost (per month)	$1,068
Med. Housing Cost as % of Income	21%
Bedrooms Per Person	1.25
Rooms Per Person	2.69
Med. Household Size	2.45
Old Households	48%
Crowded Households	61%
Med. Household Mold Index	0.46
Med. Owner Housing Costs (per month)	$1,068
Med. Renter Housing Costs (per month)	NA
Rented Households	11%
Owned Households	89%
Med. Gross Rent as % of Income	30%
Households Lacking Kitchen	0%
Households Lacking Plumbing	1%

Social Connectedness	
Principal Influencer	Loneliness
Risk Score	3.5
Percent Population at Elevated Risk	54%
Social Detachment Index	0.54
Social Interaction Index	0.48
Social Network Density Index	0.65
Recreation Desert Indicator	No
Social Support Locations Per 10k	13.61

Transportation Network	
Principal Influencer	Access
Risk Score	3.6
Percent Population at Elevated Risk	56%
Median Vehicles Per Household	1.95
Public Transportation Index	0
Provider Desert Indicator	No
Pharmacy Desert Indicator	Yes
Providers Per 10k	13.61
Pharmacies Per 10k	0

Appendix A

Metric Definitions

Metric Definitions

Economic Climate	
Median Adjusted Income (per month)	*Adjusted median income for the area*
Median Gross Income Per Person After Housing (per month)	*Gross income per person after housing (GIPAH) describes how much disposable income a person has remaining after they pay for housing and is based on total household income. Calculation considers monthly gross income per person within a household after housing costs (rounded to the nearest $25).*

Food Landscape	
Median Food Budget (per month)	*Median food budget for households in a given area*
Food Illiteracy Rate	*Rate of individuals with low food literacy in a given area*
Estimated Snap Eligible Homes	*Estimate (by Federal standards) of households eligible for SNAP benefits*
Households Utilizing SNAP	*Estimate of households currently using SNAP benefits*
Healthy Food Balance	*Measure of the balance of healthy and unhealthy food for a given area*
Healthy Food Options Per 10k	*Measure of the availability of of healthy food in an area*
Unhealthy Food Options Per 10k	*Measure of the availability of of unhealthy food in an area*
Food Desert Indicator	*Indicator of a lack of healthy food sources. No food resources available within a 5-mile radius)*
Food Swamp Indicator	*Indicator that there is a disproportionate number of unhealthy food options such as fast-food chains within a 2-mile radius*

Digital Landscape	
Population Not Using Broadband	*Percentage of the population not using broadband internet*
Lowest Broadband Monthly Cost	*The lowest monthly cost for broadband in the zip code.*

Health Literacy	
% Population w/out Health Insurance	*Population without health insurance for a given area*
Educational Attainment Index	*Measures the lack of educational attainment*
% Pop > 25 with No High School Degree	*Percent of the population over 25 without a high school degree*
% Pop > 25 w/High School or GED	*Percent of the population over 25 with a high school diploma or GED*
% Pop > 25 w/some College	*Percent of the population over 25 with some college*
% Pop > 25 w/College Degree	*Percent of the population over 25 with a bachelor's or associate's degree*
% Pop > 25 w/Advanced Degree	*Percent of the population over 25 with an advanced degree*
Health Environment Index	*Index describing the overall health environment for a given area*

Housing Environment	
Med. Home Value	*Median home value in a given area*
Med. Housing Cost (per month)	*Median cost of a house for a given area*
Med. Housing Cost as % of Income	*Median cost of a house as a percentage of income for a given area*
Bedrooms Per Person	*Bedrooms per person*
Rooms Per Person	*Rooms per person*
Med. Household Size	*Median household size*
Old Households	*Indicator of old housing*
Crowded Households	*Indicator of crowded housing*
Med. Household Mold Index	*Indicator of possible mold issues*
Med. Owner Housing Costs (per month)	*Median costs of owning a home for a given area*
Med. Renter Housing Costs (per month)	*Media costs of renting a home for a given area*
Rented Households	*Estimate of rented households for a given area*
Owned Households	*Estimate of owned households for a given area*
Med. Gross Rent as % of Income	*Median Gross Rent as a Percentage of Income (GRAPI) for a given area*
Households Lacking Kitchen	*Households lacking kitchens for a given area*
Households Lacking Plumbling	*Households lacking plumbing for a given area*

Social Connectedness	
Social Detachment Index	*Index of increased levels of social detachment*
Social Interaction Index	*Index of the likelihood of social interactions*
Social Network Density Index	*Index of the density of social networks*
Recreation Desert Indicator	*Indicator of a lack of nature and recreational locations*
Social Support Locations Per 10k	*Index of the density of social support*

Transportation Network	
Median Vehicles Per Household	*Median vehicles per household for acommunity*
Public Transportation Index	*Index relating to the availability of public transportation for a given area*
Provider Desert Indicator	*Indicator of a lack of local providers*
Pharmacy Desert Indicator	*Indicator of a lack of local pharmacies*
Providers Per 10k	*Index of the concentration of local providers*
Pharmacies Per 10k	*Index of the concentration of local pharmacies*

Appendix B

Data Sources

Risk Data Sources

Category	Source	Date
Community Analytics Sources	American Community Survey (ACS)	2023
	American Public Transit Association (APTA)	2018
	Broadband Now	2020
	Bureau of Transportation Statistics (BTS)	2024
	CDC: National Environmental Public Health Tracking Network	2021
	CDC: PLACES Data	2023
	Council for Community and Economic Research (C2ER)	2023
	Environmental Protection Agency (EPA)	2023
	Federal Transit Administration (FTA)	2023
	Health Resources & Services Administration (HRSA) Area Health Resources File (AHRF)	2023
	Institute of Museum and Library Services (IMLS)	2022
	Internal Revenue Service (IRS)	2022
	Microsoft Airband Project	2022
	MIT Election Data and Science Lab (MEDSL)	2022
	National Oceanice and Atmospheric Administration (NOAA)	2021
	Quarterly Census of Employment and Wages (QCEW)	2023
	SafeGraph	2024
	United States Department of Agriculture (USDA)	2024

Community Risk Factor Scores Data Sources

DOMAIN	Data Source
ECONOMIC CLIMATE	American Community Survey (ACS), Council for Community and Economic Research (C2ER)
FOOD LANDSCAPE	American Community Survey (ACS), SafeGraph, Council for Community and Economic Research (C2ER) , United States Department of Agriculture (USDA)
HOUSING ENVIRONMENT	American Community Survey (ACS), Council for Community and Economic Research (C2ER)
TRANSPORTATION NETWORK	American Community Survey (ACS), SafeGraph, American Public Transit Association (APTA), Bureau of Transportation Statistics (BTS), Federal Transit Administration (FTA)
HEALTH LITERACY	American Community Survey (ACS)
DIGITAL LANDSCAPE	American Community Survey (ACS), Council for Community and Economic Research (C2ER), Microsoft Airband Project, Broadband Now, Institute of Museum and Library Services (IMLS)
SOCIAL CONNECTEDNESS	American Community Survey (ACS), SafeGraph, CDC: PLACES Data, CDC: National Environmental Public Health Tracking Network, Environmental Protection Agency (EPA), Internal Revenue Service (IRS), MIT Election Lab

Social Connectedness

SocialScape Title	Description	Categorization	Source
Social Connectedness Risk Map	A measure that describes the impact loneliness, social capital, and the quality of a community's social network can have on the ability to have meaningful social connections	Analysis and fusion of age, locations of social resources, civic engagements, potential social engagements, and climate data	American Community Survey (ACS); SafeGraph; CDC: PLACES Data; CDC: National Environmental Public Health Tracking Network; EPA; IRS; MIT Election Lab

Economic Climate

SocialScape Title	Description	Categorization	Source
Economic Climate Risk Map	A measure of the economic conditions in a community that affects the ability of the residents to obtain appropriate healthcare	Describes financial risk faces within a geography as a measure of income	American Community Survey (ACS); Council for Community and Economic Research (C2ER)
Federal Poverty Level	Describes the number of people and the % of population living at various poverty levels	# and % at national poverty level: 0-1.0; 1.0-2.0; >2.0	American Community Survey (ACS)
Health Insurance	Provides comparative analysis between geographies and the breakdown of insurances by major categories, which are indicative of health care costs	Medicare, Medicaid, Commercial, and other	American Community Survey (ACS)

Digital Landscape

SocialScape Title	Description	Categorization	Source
Digital Landscape Risk Map	A measure that describes the digital landscape of an area, taking into consideration affordability, accessibility, and digital literacy	Analysis and fusion of risk factors such as income, education, age, housing costs, broadband availability, quality, and affordability	American Community Survey (ACS); Council for Community and Economic Research (C2ER); Microsoft Airband Project; Broadband Now; Institute of Museum and Library Services (IMLS)

Health Literacy

SocialScape Title	Description	Categorization	Source
Health Literacy Risk Map	Measure that combines languages and community barriers, as well as education level	Analysis and fusion of languages and communication barriers as well as education level	American Community Survey (ACS)
Educational Attainment	Provides comparative analysis across geographies on achieved education	% of population achieving certain level of education: No School; HS / GED; College; Advanced Degree	American Community Survey (ACS)
Languages Spoken at Home	Breaks down the language spoken at home across geographies	% of population that speaks various languages: English; Spanish; Asian; Other	American Community Survey (ACS)

Housing Environment

SocialScape Title	Description	Categorization	Source
Housing Environment Risk Map	A measure of the housing-related standard of living in a community	Analysis and fusion of risk factors such as housing, age, quality, and affordability	American Community Survey (ACS); Council for Community and Economic Research (C2ER)
Age and Cost of Housing	Describes relative age and cost of housing across geographies	Age of housing and cost of housing at the national, state, and county level	American Community Survey (ACS)
GRAPI: Gross Rent as a % of Income	Represents the portion of an individual's income that is spent on rent	% of rent as a percent of household income	American Community Survey (ACS)

Transportation Network

SocialScape Title	Description	Categorization	Source
Transportation Network Risk Map	A measure of the adequacy of the transportation network to facilitate the populace accessing proper healthcare	Analysis and fusion of transportation access and proximity to resources including health resource location and vehicle ownership	American Community Survey (ACS; SafeGraph; American Public Transit Association (APTA); Bureau of Transportation Statistics (BTS); Federal Transit Administration (FTA)
Health Professionals	Articulates ratio of healthcare professional available to serve the population of interest	Provides breakdown of healthcare professionals within a geography: Physicians; Nurses; Social Workers	Health Resources & Services Administration (HRSA); Quarterly Census of Employment and Wages (QCEW); American Community Survey (ACS)
Health Care Utilization	Describes important healthcare statistics	Comparative statistics across geographies for: Medicare Costs, Preventable Stay Rate, ED Visit Rate, # of LTC Facilities	Health Resources & Services Administration (HRSA)

Food Landscape

SocialScape Title	Description	Categorization	Source
Food Landscape Risk Map	Measure that described the food landscape of an area, taking into consideration affordability and accessibility	Analysis and fusion of food risk factors such as distance to unhealthy and healthy food options, food budget, and SNAP eligibility	American Community Survey (ACS); SafeGraph; Council for Community and Economic Research (C2ER); US Dept. of Agriculture (USDA)
Places Menu	Illustrates availability and accessibility of health and unhealthy food options.	Provides insights on availability and accessibility of: Healthy and Unhealthy Food	SafeGraph
Healthy/ Unhealthy Food Balance	Describes relative number of healthy and unhealthy food options in a geography	Relative concentration of healthy and unhealthy food options at the national, state, and county level	SafeGraph
SNAP Enrollment	Displays an estimate of the portion of the population eligible for supplemental nutritional assistance program enrollment compared to the size of the population enrolled	% of the population enrolled in SNAP compared to an estimate of the % of people eligible based on 125% of the FPL	American Community Survey (ACS)

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Social Risk Report

Huggins Hospital

January 2024

New Hampshire Hospital Association

Foundation *for* Healthy Communities

Introduction

Welcome to your hospital's Social Risk Report. This report was designed by the Foundation for Healthy Communities and New Hampshire Hospital Association to provide hospitals with information about the *what*, *where,* and *how* social risk impacts the communities they serve. Social risk is defined as the likelihood of experiencing social needs that are influenced by adverse social conditions associated with poor health such as food insecurity, housing instability, lack of transportation, lack of digital access, social disconnect, and economic insecurity.

About SocialScape®

To bring you the data in this report, we used the SocialScape® platform. SocialScape® is an online data platform that uses over 500+ unique data fields from a variety of independent data sources, including the American Community Survey, to provide insights into the social risk of populations.

In 2021, DataGen of the Hospital Association of New York State partnered with Socially Determined to bring the SocialScape® platform to state hospital associations for the purposes of education, advocacy, and to support health equity collaborations. The New Hampshire Hospital Association and Foundation for Healthy Communities purchased the license in 2023 as part of their focus on population health and health equity and to assist their members and partners to better understand opportunities in their communities.

Understanding areas of concentrated social risk can help your organization better target initiatives and deliver more impactful projects, programs, and services to improve the health of the people you serve. The following pages provide details on the three (3) zip codes in your service area experiencing the greatest social risk and include information about demographics, individual social domains, and influencing factors. The purpose is to highlight the areas of greatest need and provide supporting details to aid in your efforts to improve the health of your community.

Risk Scores

Using multiple data sources and proprietary algorithms, SocialScape's® assigns each geographic region a Risk Score between 1-5 for a specified risk domain. Areas with a Risk Score of 4 or 5 are considered to be "elevated risk" meaning the specific risk domain needs attention and/or intervention.

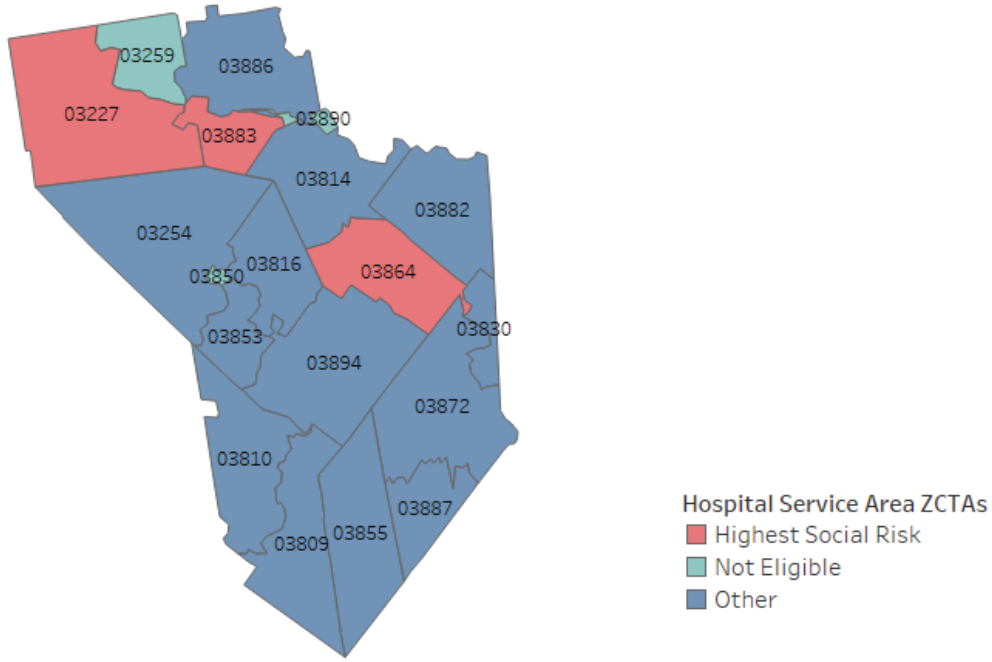
Methodology

SocialScape® calculates the percent of the population of a specified area that are at "elevated risk" (risk score of 4 or 5) for two or more social risk domains in a metric called "Two or More". This analysis uses Zip Code Tabulation Areas (ZCTAs) as the geographic area.[1] All ZCTAs included in a hospital's service area are ranked in descending order by "Two or More", and the three highest ZCTAs are the focus of this report. ZCTAs with populations of less than 300 are excluded.

[1] ZCTAs were created by the U.S. Census Bureau as areal representations of ZIP codes. Not all valid zip codes are included such as "P.O. Box" or "Unique" zip code types.

Huggins Hospital Analysis[2]

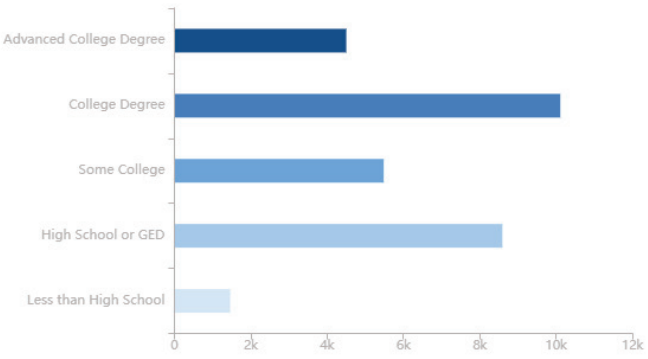
Huggins Hospital Service Area



Huggins Hospital Service Area Demographics – 38,927 Residents

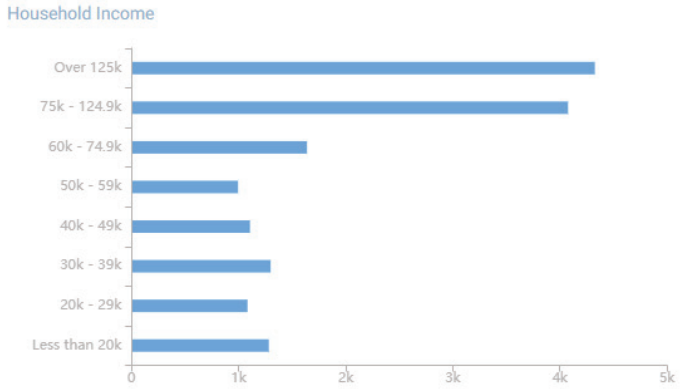
Race & Ethnicity

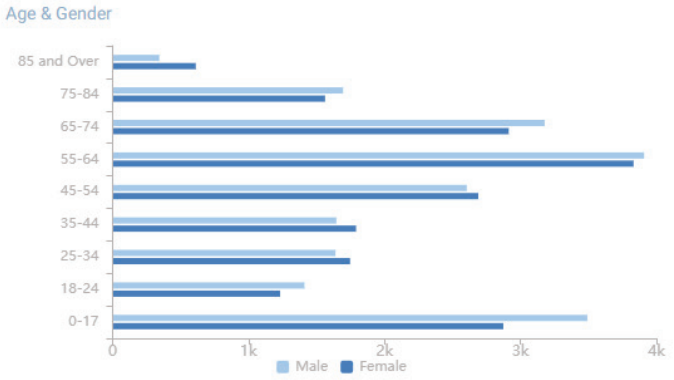
Educational Attainment



[2] The analysis attempts to align with hospital-designated services areas as closely as possible. However, If town names were supplied in the service area source, additional town names may be included based on overlap with ZTCAs.

Huggins Hospital Service Area Demographics – 38,927 Residents





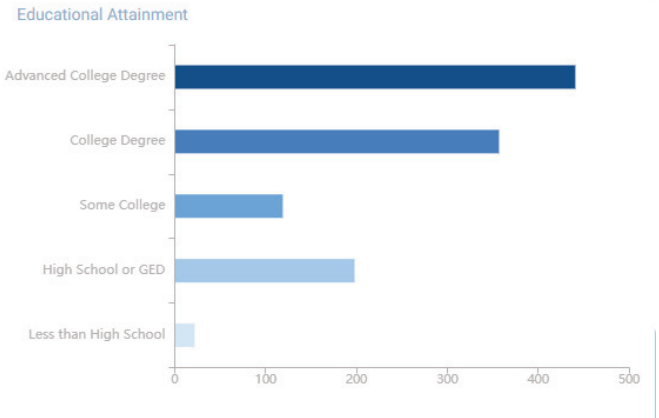
Huggins Hospital ZCTAs Ranked by Percent of Population at Elevated Social Risk

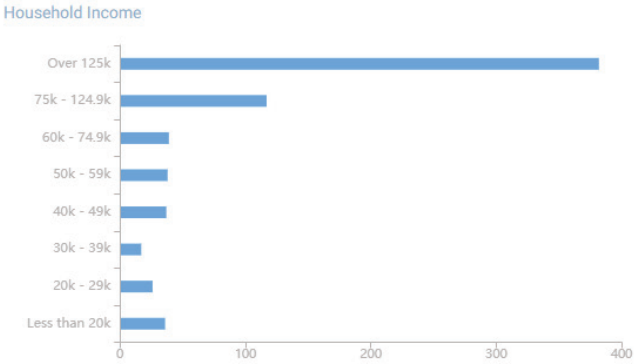
ZCTA	Town(s)	Number of Residents	% Residents at Elevated Risk for ≥ 2 Domains	No. Residents at Elevated Risk for ≥ 2 Domains
03227	Sandwich/Holderness	1,364	100%	1,361
03883	South Tamworth/Sandwich/Moultonborough	548	100%	548
03259	North Sandwich/Waterville Valley	250*	100%	250
03864	Ossipee	1,998	99%	1,986
03850	Melvin Village/Tuftonboro	85	85%	72
03816	Center Tuftonboro	1,509	83%	1,259
03814	Center Ossipee/Tamworth	2,349	81%	1,891
03887	Middleton/Wakefield/Union	1,947	80%	1,565
03886	Tamworth/Sandwich	1,256	64%	804
03830	East Wakefield	1,329	62%	824
03853	Mirror Lake/Tuftonboro/Alton	819	58%	473
03890	West Ossipee/Tamworth	79	57%	45
03894	Wolfeboro/Tuftonboro	6,414	41%	2,610
03254	Moultonborough/Tuftonboro/Meredith	4,876	35%	1,692
03882	Effingham/Ossipee	1,721	23%	392
03872	Sanbornville/Brookfield/Tuftonboro/Wakefield	4,109	1%	25
03809	Alton	3,818	0%	0
03810	Alton Bay	2,008	0%	0
03855	New Durham/Coburn	2,698	0%	0

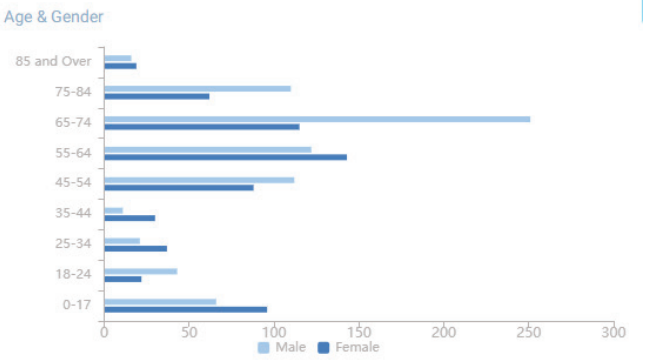
* Ineligible for analysis due to size <300

03227 (Sandwich/Holderness)

03227 Demographics – 1,364 Residents







Risk Domains

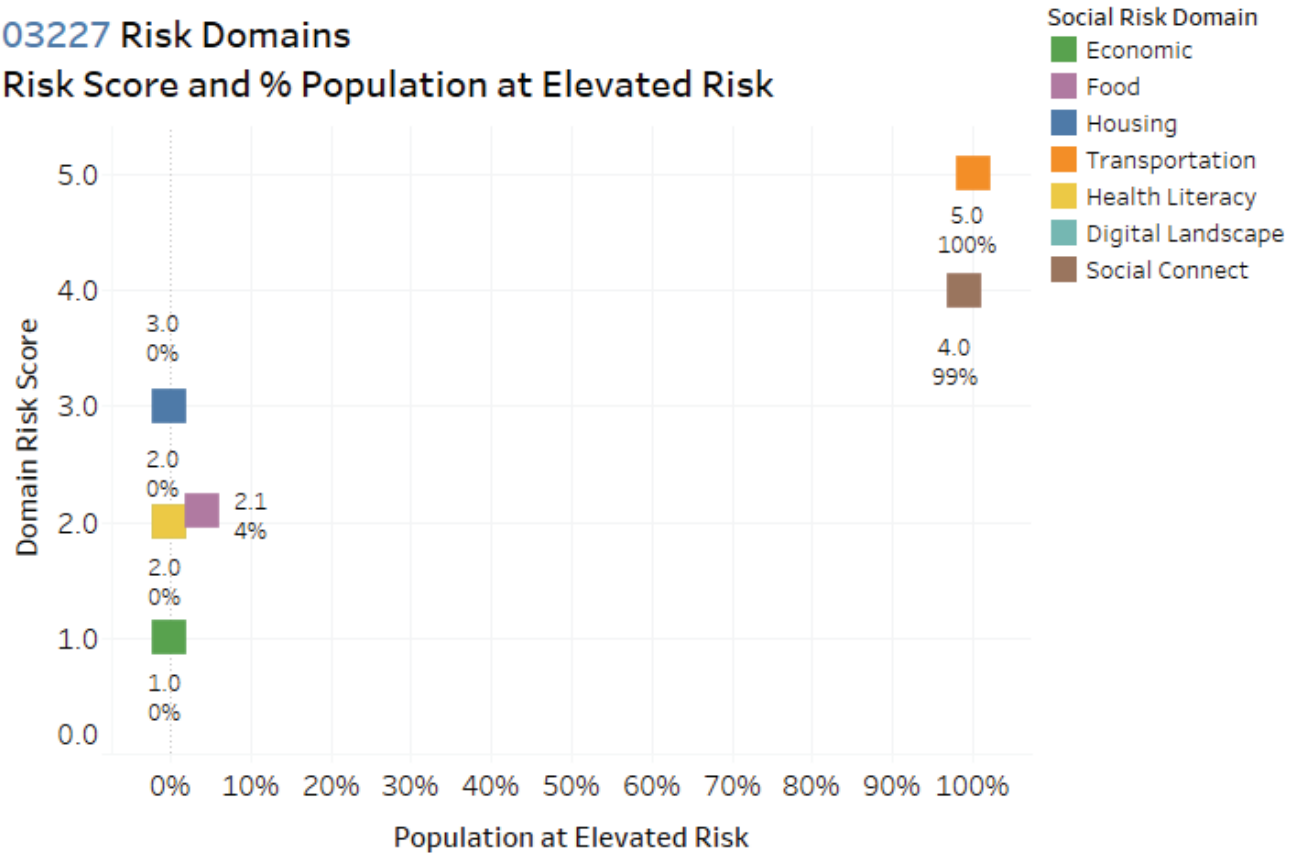
The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

03227 (Sandwich/Holderness)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	1.0	2.1	3.0	5.0	2.0	2.0	4.0
% Zip Pop. at Elevated Risk	0%	4%	0%	100%	0%	0%	99%
% County Pop. at Elevated Risk	26%	27%	16%	51%	8%	27%	27%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

- Risk domains in the upper right indicate needing the most attention and/or intervention as both the risk score and the percentage of the population at risk are high.
- Domains in the lower left indicate needing the least attention and/or intervention.



More Context

The table and visualization above provide a snapshot of the risk domains. The tables below provide details on the types of social determinants of health measures that are impacting the risk levels for the population in your hospital's service area. These tables can help narrow the focus of what can be improved through community investment and interventions.

03227 (Sandwich/Holderness)

Total Population 1,364

Economic Climate	
Principal Influencer	Income
Risk Score	1.0
Percent Population at Elevated Risk	0%
Median Adjusted Income	$8,788
Median Gross Income Per Person After Housing	$4,035

Food Landscape	
Principal Influencer	Affordability
Risk Score	2.1
Percent Population at Elevated Risk	4%
Median Food Budget	$330
Food Illiteracy Rate	2%
Estimated Snap Eligible Homes	11%
Households Utilizing SNAP	1%
Healthy Food Balance	40%
Healthy Food Options Per 10k	0
Unhealthy Food Options Per 10k	36.66
Food Desert Indicator	Yes
Food Swamp Indicator	Yes

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	2.0
Percent Population at Elevated Risk	0%
Population Not Using Broadband	90%
Lowest Broadband Monthly Cost	$70

Health Literacy	
Principal Influencer	Demographics
Risk Score	2.0
Percent Population at Elevated Risk	0%
% Population w/out Health Insurance	4%
Educational Attainment Index	0.27
% Pop > 25 with No High School Degree	2%
% Pop > 25 w/High School or GED	17%
% Pop > 25 w/some College	10%
% Pop > 25 w/College Degree	31%
% Pop > 25 w/Advanced Degree	39%
Health Environment Index	0.57

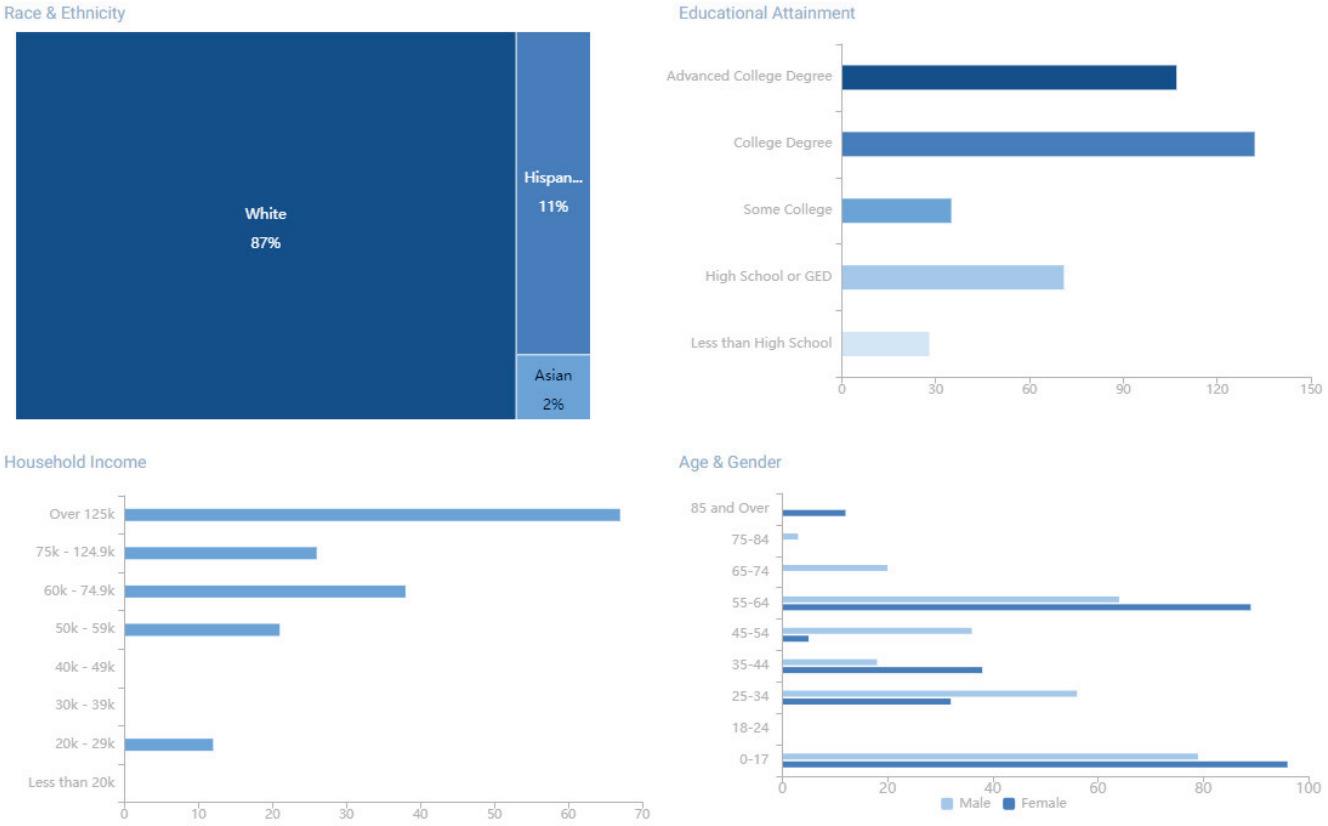
Housing Environment	
Principal Influencer	Quality
Risk Score	3.0
Percent Population at Elevated Risk	0%
Med. Housing Cost	$839
Med. Housing Cost as % of Income	10%
Bedrooms Per Person	1.24
Rooms Per Person	2.85
Med. Household Size	1.97
Old Households	61%
Crowded Households	94%
Med. Household Mold Index	0.55
Med. Owner Housing Costs	$752
Med. Renter Housing Costs	$1,850
Rented Households	8%
Owned Households	92%
Med. Gross Rent as % of Income	26%
Households Lacking Kitchen	0%
Households Lacking Plumbing	2%

Social Connectedness	
Principal Influencer	Loneliness
Risk Score	4.0
Percent Population at Elevated Risk	99%
Social Detachment Index	0.52
Social Interaction Index	0.29
Social Network Density Index	0.67
Recreation Desert Indicator	No
Social Support Locations Per 10k	0

Transportation Network	
Principal Influencer	Prox. to Resources
Risk Score	5
Percent Population at Elevated Risk	100%
Median Vehicles Per Household	1.75
Public Transportation Index	0
Provider Desert Indicator	Yes
Pharmacy Desert Indicator	Yes
Providers Per 10k	0
Pharmacies Per 10k	0

03883 (South Tamworth/Sandwich/Moultonborough)

03883 Demographics – 548 Residents



Risk Domains

The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

03883 (South Tamworth/ Sandwich/ Moultonborough)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	4.5	3.6	3.9	4.1	2.0	4.7	3.1
% Zip Pop. at Elevated Risk	88%	70%	88%	100%	0%	91%	11%
% County Pop. at Elevated Risk	26%	27%	16%	51%	8%	27%	27%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

- Risk domains in the upper right indicate needing the most attention and/or intervention as both the risk score and the percentage of the population at risk are high.
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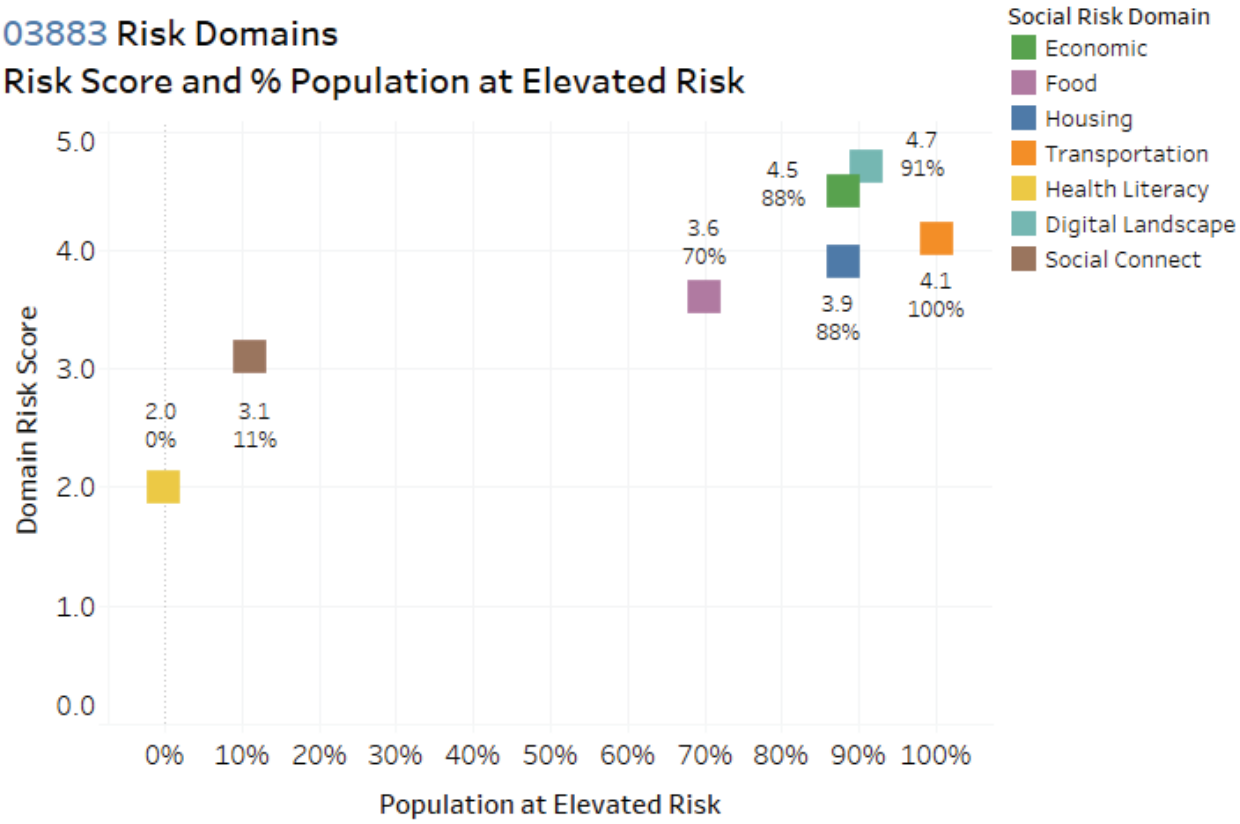


More Context

The table and visualization above provide a snapshot of the risk domains. The tables below provide details on the types of social determinants of health measures that are impacting the risk levels for the population in your hospital's service area. These tables can help narrow the focus of what can be improved through community investment and interventions.

03883 (South Tamworth/Sandwich/Moultonborough)

Total Population 548

Economic Climate	
Principal Influencer	Income
Risk Score	4.5
Percent Population at Elevated Risk	88%
Median Adjusted Income	NA
Median Gross Income Per Person After Housing	NA

Food Landscape	
Principal Influencer	Affordability
Risk Score	3.6
Percent Population at Elevated Risk	70%
Median Food Budget	$550
Food Illiteracy Rate	8%
Estimated Snap Eligible Homes	7%
Households Utilizing SNAP	13%
Healthy Food Balance	48%
Healthy Food Options Per 10k	0
Unhealthy Food Options Per 10k	0
Food Desert Indicator	Yes
Food Swamp Indicator	No

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	4.7
Percent Population at Elevated Risk	91%
Population Not Using Broadband	99%
Lowest Broadband Monthly Cost	$70

Health Literacy	
Principal Influencer	Demographics
Risk Score	2.0
Percent Population at Elevated Risk	0%
% Population w/out Health Insurance	7%
Educational Attainment Index	0.35
% Pop > 25 with No High School Degree	8%
% Pop > 25 w/High School or GED	19%
% Pop > 25 w/some College	9%
% Pop > 25 w/College Degree	35%
% Pop > 25 w/Advanced Degree	29%
Health Environment Index	0.57

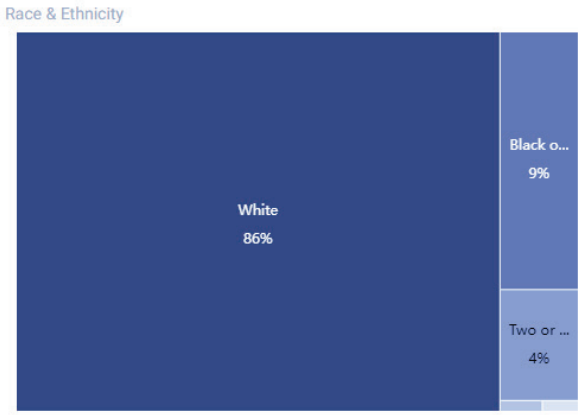
Housing Environment	
Principal Influencer	Crowding
Risk Score	3.9
Percent Population at Elevated Risk	88%
Med. Housing Cost	$1,740
Med. Housing Cost as % of Income	
Bedrooms Per Person	0.97
Rooms Per Person	2.16
Med. Household Size	3.34
Old Households	64%
Crowded Households	9%
Med. Household Mold Index	0.49
Med. Owner Housing Costs	$1,740
Med. Renter Housing Costs	
Rented Households	36%
Owned Households	64%
Med. Gross Rent as % of Income	
Households Lacking Kitchen	0%
Households Lacking Plumbing	0%

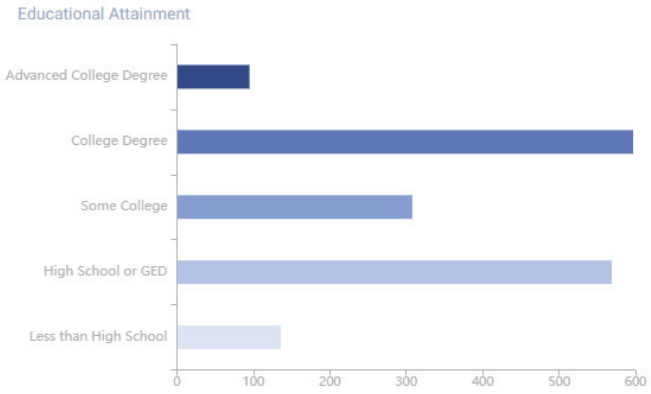
Social Connectedness	
Principal Influencer	Social Network Quality
Risk Score	3.1
Percent Population at Elevated Risk	11%
Social Detachment Index	0.49
Social Interaction Index	0.25
Social Network Density Index	0.42
Recreation Desert Indicator	Yes
Social Support Locations Per 10k	0

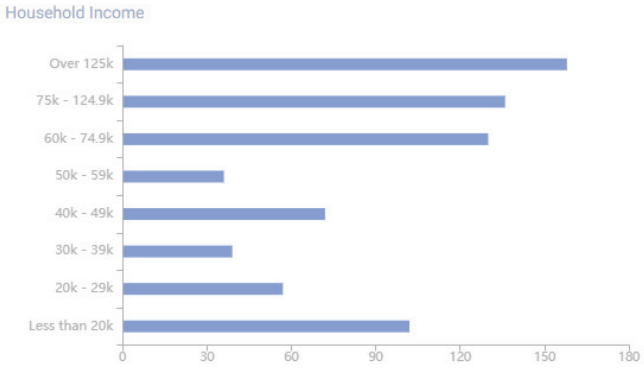
Transportation Network	
Principal Influencer	Prox. to Resources
Risk Score	4.1
Percent Population at Elevated Risk	100%
Median Vehicles Per Household	2.33
Public Transportation Index	0
Provider Desert Indicator	Yes
Pharmacy Desert Indicator	Yes
Providers Per 10k	0
Pharmacies Per 10k	0

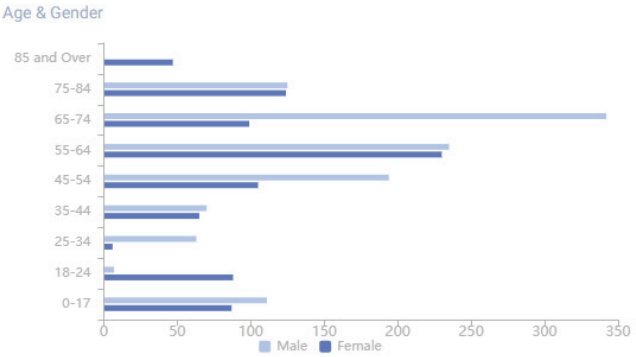
03864 (Ossipee)

03864 Demographics – 1,998 Residents









Risk Domains

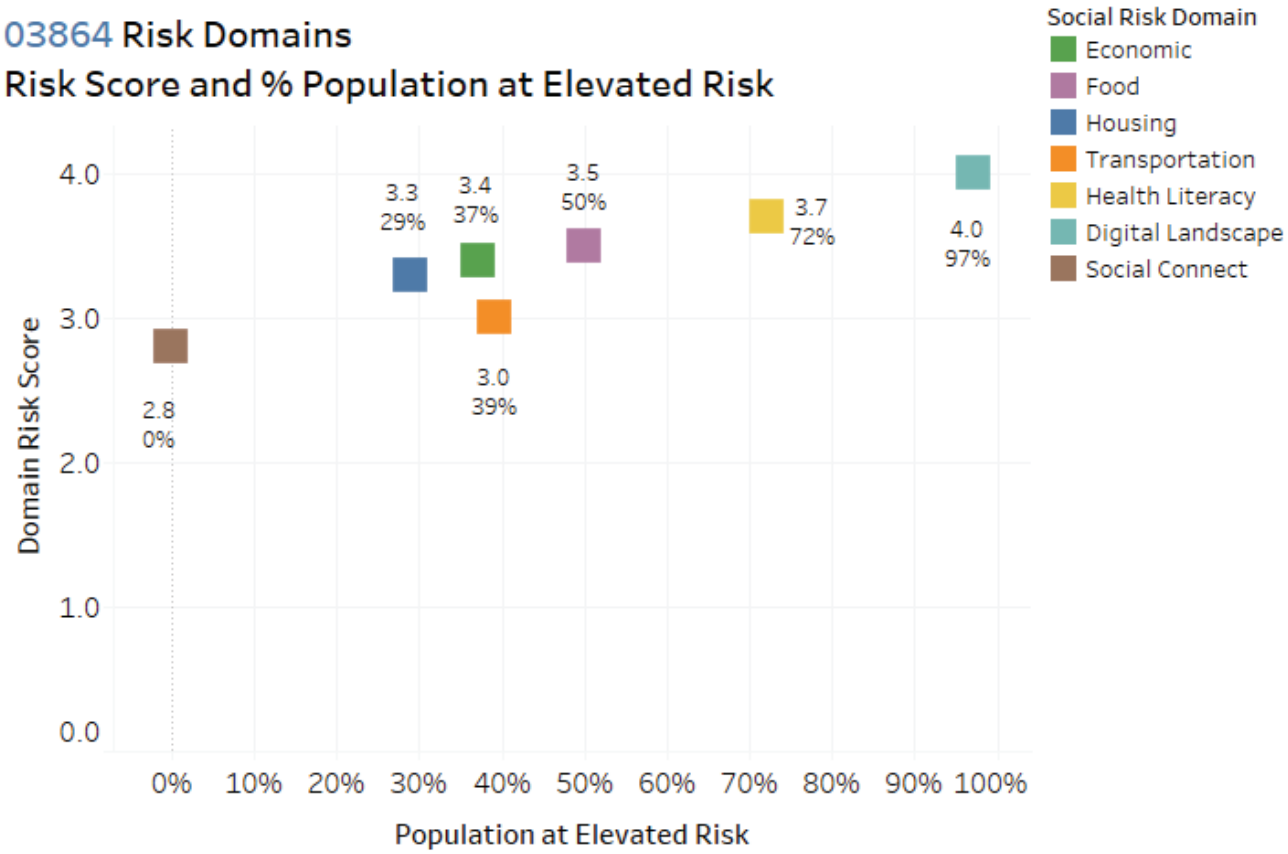
The table below shows the risk score, percent population at elevated risk, and the percent population at elevated risk for the full county for comparison. This table provides insight into those risk domains of highest and least concern for this ZCTA.

03864 (Ossipee)	Economic Climate	Food Landscape	Housing Environment	Transportation Network	Health Literacy	Digital Landscape	Social Connectedness
Risk Score (1-5)	3.4	3.5	3.3	3.0	3.7	4.0	2.8
% Zip Pop. at Elevated Risk	37%	50%	29%	39%	72%	97%	0%
% County Pop. at Elevated Risk	26%	27%	16%	51%	8%	27%	27%

Comparing Risk Domains

In the following graphic, each risk domain for this ZCTA is plotted on two continuous axes. The **X axis** is the percent population at elevated risk, and the **Y axis** is the domain risk score.

- Risk domains in the upper right indicate needing the most attention and/or intervention as both the risk score and the percentage of the population at risk are high.
- Domains in the lower left indicate needing the least attention and/or intervention.



More Context

The table and visualization above provide a snapshot of the risk domains. The tables below provide details on the types of social determinants of health measures that are impacting the risk levels for the population in your hospital's service area. These tables can help narrow the focus of what can be improved through community investment and interventions.

03864 (Ossipee)

Total Population 1,998

Economic Climate	
Principal Influencer	Income
Risk Score	3.4
Percent Population at Elevated Risk	37%
Median Adjusted Income	$4,262
Median Gross Income Per Person After Housing	$1,224

Food Landscape	
Principal Influencer	Affordability
Risk Score	3.5
Percent Population at Elevated Risk	50%
Median Food Budget	$418
Food Illiteracy Rate	8%
Estimated Snap Eligible Homes	22%
Households Utilizing SNAP	2%
Healthy Food Balance	45%
Healthy Food Options Per 10k	10.01
Unhealthy Food Options Per 10k	45.05
Food Desert Indicator	No
Food Swamp Indicator	No

Digital Landscape	
Principal Influencer	Accessibility
Risk Score	4.0
Percent Population at Elevated Risk	97%
Population Not Using Broadband	73%
Lowest Broadband Monthly Cost	$70

Health Literacy	
Principal Influencer	Demographics
Risk Score	3.7
Percent Population at Elevated Risk	72%
% Population w/out Health Insurance	9%
Educational Attainment Index	0.51
% Pop > 25 with No High School Degree	8%
% Pop > 25 w/High School or GED	33%
% Pop > 25 w/some College	18%
% Pop > 25 w/College Degree	35%
% Pop > 25 w/Advanced Degree	6%
Health Environment Index	0.57

Housing Environment	
Principal Influencer	Crowding
Risk Score	3.3
Percent Population at Elevated Risk	29%
Med. Housing Cost	$1,190
Med. Housing Cost as % of Income	28%
Bedrooms Per Person	1.04
Rooms Per Person	2.13
Med. Household Size	2.51
Old Households	43%
Crowded Households	22%
Med. Household Mold Index	0.47
Med. Owner Housing Costs	$1,190
Med. Renter Housing Costs	NA
Rented Households	4%
Owned Households	96%
Med. Gross Rent as % of Income	NA
Households Lacking Kitchen	10%
Households Lacking Plumbing	10%

Social Connectedness	
Principal Influencer	Loneliness
Risk Score	2.8
Percent Population at Elevated Risk	0%
Social Detachment Index	0.49
Social Interaction Index	0.49
Social Network Density Index	0.54
Recreation Desert Indicator	No
Social Support Locations Per 10k	30.03

Transportation Network	
Principal Influencer	Prox. to Resources
Risk Score	3
Percent Population at Elevated Risk	39%
Median Vehicles Per Household	1.95
Public Transportation Index	0
Provider Desert Indicator	No
Pharmacy Desert Indicator	No
Providers Per 10k	74.42
Pharmacies Per 10k	20.02

Appendix B

Data Sources

Risk Data Sources

Category	Source	Date
Community Risk Data Sources	American Community Survey (ACS)	2021
	Broadband Now	2020
	CDC: Behavioral Risk Factor Surveillance System (BRFSS)	2019-2020
	CDC: National Immunization Surveys (NIS)	2019-2022
	CDC: National Environmental Public Health Tracking Network	2019-2021
	CDC: PLACES Data	2021
	Centers for Medicare & Medicaid Services (CMS)	2020
	Council for Community and Economic Research (C2ER)	2022
	Department of Homeland Security: Homeland Infrastructure Foundation-Level Data (HIFLD)	2020-2022
	Environmental Protection Agency (EPA)	2021
	Health Resources & Services Administration (HRSA) Area Health Resources File (AHRF)	2021-2022
	Institute of Museum and Library Services (IMLS)	2020
	Internal Revenue Service (IRS)	2019-2020
	Microsoft Airband Project	2020
	MIT Election Data and Science Lab (MEDSL)	2022
	SafeGraph	2021-2023
	Quarterly Census of Employment and Wages (QCEW)	2021

Community and Social Context

SocialScape Title	Description	Categorization	Source
Demographics	Describes population across geographies	N/A	American Community Survey (ACS)
Places Menu	Illustrates available number of Hospitals, Clinics, Pharmacies, Schools, Community Organizations, and Healthy and Unhealthy Food Options	Hospitals, Clinics, Pharmacies, Schools, and Community Organizations	SafeGraph, Department of Homeland Security (HIFLD)
Race	Provides a comparison of ethnic composition for state vs. national or county vs. state	National vs. State or State vs. County Comparison Ethnicities: Asian; Black; Hispanic; White; Other	American Community Survey (ACS)
Living Arrangements	Describes social cohesion by the living arrangements across age range and by age size	% of Population with living arrangement by age range: Living Alone; Living with Spouse/ Partner; Living with Parent; Living with Other Ages Range: <18, 18-34; 35-64; 65+	American Community Survey (ACS)

Economic Climate

SocialScape Title	Description	Categorization	Source
Economic Climate Risk Map	A measure of the economic conditions in a community that affect the ability of the residents to obtain appropriate health care	Describes financial risk faces within a geography as a measure of income	American Community Survey (ACS), Council for Community and Economic Research (C2ER)
Federal Poverty Level	Describes the number of people and the % of population living at various poverty levels	# and % at national poverty level: 0-1.0; 1.0-2.0; >2.0	American Community Survey (ACS)
Health Insurance	Provides comparative analysis between geographies and the breakdown of insurances by major categories, which are indicative of health care costs	Medicare, Medicaid, Commercial, and other	American Community Survey (ACS)

Health Literacy

SocialScape Title	Description	Categorization	Source
Health Literacy Risk Map	Measure that combines languages and community barriers, as well as education level	Analysis and fusion of languages and communication barriers as well as education level	American Community Survey (ACS), Quarterly Census of Employment and Wages (QCEW)
Educational Attainment	Provides comparative analysis across geographies on achieved education	% of population achieving certain level of education: No School; HS / GED; College; Advanced Degree	American Community Survey (ACS)
Languages Spoken at Home	Breaks down the language spoken at home across geographies	% of population that speaks various languages: English; Spanish; Asian; Other	American Community Survey (ACS)

Health Care

SocialScape Title	Description	Categorization	Source
Physicians per 10k Residents Map	Describes ratio of primary care physicians to population	Describes ratio of primary care physicians to population	Area Health Resources File (AHRF), American Community Survey (ACS)
Places Menu	Illustrates availability and accessibility of Hospitals, Clinics, and Pharmacies	Provides insight availability and accessibility of: Hospitals, Clinics, and Pharmacies	SafeGraph, Department of Homeland Security (HIFLD)

Transportation Network

SocialScape Title	Description	Categorization	Source
Transportation Network Risk Map	A measure of the adequacy of the transportation network to facilitate the populace accessing proper health care	Analysis and fusion of transportation access and proximity to resources including health resource location and vehicle ownership	American Community Survey (ACS), SafeGraph
Health Professionals	Articulates ratio of health care professional available to serve the population of interest	Provides breakdown of health care professionals within a geography: Physicians; Nurses; Social Workers	Health Resources & Services Administration (HRSA), Quarterly Census of Employment and Wages (QCEW), American Community Survey (ACS)
Health Care Utilization	Describes important health care statistics	Comparative statistics across geographies for: Medicare Costs, Preventable Stay Rate, ED Visit Rate, # of LTC Facilities	Health Resources & Services Administration (HRSA)

Food Landscape

SocialScape Title	Description	Categorization	Source
Food Landscape Risk Map	Measure that described the food landscape of an area, taking into consideration affordability and accessibility	Analysis and fusion of food risk factors such as distance to unhealthy and healthy food options, food budget, and SNAP eligibility	American Community Survey (ACS), SafeGraph, Council for Community and Economic Research (C2ER)
Places Menu	Illustrates availability and accessibility of health and unhealthy food options.	Provides insights on availability and accessibility of: Healthy and Unhealthy Food	SafeGraph
Healthy/ Unhealthy Food Balance	Describes relative number of healthy and unhealthy food options in a geography	Relative concentration of healthy and unhealthy food options at the national, state, and county level	SafeGraph
SNAP Enrollment	Displays an estimate of the portion of the population eligible for supplemental nutritional assistance program enrollment compared to the size of the population enrolled	% of the population enrolled in SNAP compared to an estimate of the % of people eligible based on 125% of the FPL	American Community Survey (ACS)

Housing Environment

SocialScape Title	Description	Categorization	Source
Housing Environment Risk Map	A measure of the housing-related standard of living in a community	Analysis and fusion of risk factors such as housing, age, quality, and affordability	American Community Survey (ACS), Council for Community and Economic Research (C2ER)
Age and Cost of Housing	Describes relative age and cost of housing across geographies	Age of housing and cost of housing at the national, state, and county level	American Community Survey (ACS)
GRAPI: Gross Rent as a % of Income	Represents the portion of an individual's income that is spent on rent	% of rent as a percent of household income	American Community Survey (ACS)

Digital Landscape

SocialScape Title	Description	Categorization	Source
Digital Landscape Risk Map	A measure that describes the digital landscape of an area, taking into consideration affordability, accessibility, and digital literacy	Analysis and fusion of risk factors such as income, education, age, housing costs, broadband availability, quality, and affordability	American Community Survey (ACS), Council for Community and Economic Research (C2ER) Microsoft Airband Project, Broadband Now, Institute of Museum and Library Services (IMLS)

Community Assets and Resources

Community Asset Inventory

For the most complete listing of resources in our communities, please access 2-1-1.

211 NH is the connection for New Hampshire residents to the most up to date resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Simply call 2-1-1 or find them online at www.211NH.org. Multilingual assistance and TDD access is also available. For those outside of New Hampshire, call 1.866.444.4211.

211 NH

Changing the way New Hampshire finds help

2022 Huggins Hospital Implementation Plan Impact Evaluation

Huggins Hospital adopted an implementation plan in 2022. The results of this plan were reviewed during the Community Focus Groups in 2025.

The top health issues in 2022 were:

- Access to Care (including primary and specialty care)
- Access to Care (Mental Health Care)
- Social Determinants of Health Improvement

The Implementation Plan from 2022 included strategies such as the following:

- Improve access to primary care services during a time of increased demand and higher acuity
    - Improve internal processes to remove barriers to access
    - Evaluate resource needs
- Increase telehealth options for specialty care for both outpatient and inpatient care
- Develop a Huggins-specific plan to address the shortage of mental health resources in our local areas
- Advocate for patients through multiple forums to assist statewide efforts to improve access to mental health care
- Partner with Huggins Community Health Network members to provide shared services whenever possible
- Support other organizations that focus in mental health resources
- Continue navigation services offered by Huggins Hospital for those with medical needs as well as those with social service needs
- Develop strong referral resources to social needs in the local community
- Address gaps in services with members of the Huggins Community Health Network
- Collaborate with social service providers to develop a community-integrated healthcare system

With this Implementation Plan, Huggins Hospital:

- Developed dedicated internal Huggins Hospital teams to identify barriers to access to primary and specialty services scheduling and resources
- Removed barriers to access to care, including complex processes to register as a new patient
- Implemented a new Electronic Medical Record system to consolidate patient information and make access easier for both hospital staff and patients
- Expanded specialty and primary care services in the area, including oncology services
- Expanded the support services available through Huggins Hospital's Social Service Department for social service navigation
- Supported organizations in the community that are dedicated to health and overall wellbeing
- Implemented inpatient telehealth access to psychiatry resources
- Advocated for patients at the statewide level to offer more access and an ease of access to mental health resources
- Partnered with Huggins Community Health Network members to support advocacy for funding to support recruitment and retention of mental health workers in rural areas

A summary of comments regarding the 2022 Community Health Needs Assessment and Implementation Plan:

- Demand for services in primary and specialty care is higher than it was in 2019 but progress has been made and is noticed.
- Local access to substance use recovery supports has dwindled.
- There have been gains in progress toward more mental health resources with telehealth psychiatry and Rapid Response/Mobile Crisis.
- Access continues to be an issue for some people due to transportation issues.
- Housing issues are worse.
- Transportation is the same and there have been funding cuts that will likely exacerbate the issue.
- Income disparities seem worse.
- Access to healthy food seems to be the same.
- Isolation continues to be an issue.
- There have been improvements in access to care, especially cancer care.

2025 Implementation Plan

2025 Implementation Plan will be developed and approved before January 1, 2026

Huggins Hospital

Hard copies of this document may be obtained at Huggins Hospital:

HugginsHospital.org | 603.515.2073 | 240 South Main Street, Wolfeboro, NH 03894