



Fiscal Year 2019

Community Benefits Report

Huggins Hospital

Our Vision: Huggins will be the community's home for health and wellbeing.

Our mission is to empower the fulfillment of life through better health.



hugginshospital.org 603.569.7500
240 South Main St. Wolfeboro, NH

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/2018

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Huggins Hospital

Street Address 240 South Main Street

City Wolfeboro

County 02 - Carroll

State NH **Zip Code** 03894

Federal ID # 20223332

State Registration # 29

Website Address: www.hugginshospital.org

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

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

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

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

No IF YES, please attach the updated information.

Chief Executive: Jeremy Roberge 6035697507
jroberge@hugginshospital.org

Board Chair: Howie Knight 6035697507
jderosia@hugginshospital.org

Community Benefits

Plan Contact: Monika O'Clair 6035152088
moclair@hugginshospital.org

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

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

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Huggins Hospital's mission is to empower the fulfillment of life through better health.

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

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

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

The population served by Huggins Hospital consists of those towns that have been designated by the New Hampshire Department of Health and Human Services as being located in the Wolfeboro Hospital Service Area. The primary service area includes: Alton, Brookfield, Effingham, Freedom, Ossipee, Tamworth, Tuftonboro, Wakefield and Wolfeboro. Secondary service areas are parts of Barnstead, Gilford, Moultonborough and New Durham. These towns are located in Carroll County, Belknap County and Strafford County.

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

Huggins Hospital serves the general population. The community is rural in nature and has a seasonal population increase from approximately 40,000 full-time residents to about 120,000 residents in the summer tourist season. The area has also seen continuous growth in the senior population throughout the years and that demographic is projected to continue growing.

Section 3: COMMUNITY NEEDS ASSESSMENT

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

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

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

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

	NEED (Please enter code # from attached list of community needs)
1	100
2	500
3	600
4	509
5	501
6	602
7	101
8	400
9	370

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

	NEED (Please enter code # from attached list of community needs)
A	521
B	120
C	102
D	122
E	300
F	372
G	407

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

Section 4: COMMUNITY BENEFIT ACTIVITIES

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

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	6 3 E	\$47,914.44	\$59,893.05
<i>Community-based Clinical Services</i>	1 7 A	\$109,433.54	\$100,000.00
<i>Health Care Support Services</i>	7 1 6	\$109,200.00	\$112,476.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	1 B E	\$111,253.36	\$111,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	1 E 2	\$268,668.30	\$335,835.38
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Primary Care Services</i>	1 B 2	\$3,793,044.27	\$2,561,620.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	2 3 9	\$14,230.42	\$15,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	7 2 C	\$81,635.45	\$65,000.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	2 4 3	\$3,600.00	\$5,000.00
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	2 3 6	\$324,488.00	\$350,000.00
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	1 7 C	\$1,500.00	\$2,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	7 2 3	\$563,091.61	\$529,192.28

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --	\$1,511,143.54	\$1,511,000.00
<i>Medicaid Costs exceeding reimbursement</i>	-- -- --	\$1,309,345.65	\$1,309,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$122,541,010.00
<i>Net Revenue from Patient Services</i>	\$59,278,481.00
<i>Total Operating Expenses</i>	\$65,088,139.00
<i>Net Medicare Revenue</i>	\$23,206,973.61
<i>Medicare Costs</i>	\$24,718,117.15
<i>Net Medicaid Revenue</i>	\$7,857,725.95
<i>Medicaid Costs</i>	\$9,167,071.60
<i>Unreimbursed Charity Care Expenses</i>	\$563,091.61
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$7,767,810.47
<i>Total Unreimbursed Community Benefit Expenses</i>	\$8,330,902.08
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$8,330,902.08

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Huggins Hospital staff & Board of Trustees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Carroll County Coalition for Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Central NH VNA & Hospice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Healthcare consumers/patients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Eastern Lakes Region Housing Coalition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Genesis Healthcare - Wolfeboro Bay Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) White Horse Addiction Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Service Link	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) Northern Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Wolfeboro Economic Development Corporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Tri-County Community Action Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Town of Wolfeboro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) NH Office of Rural Health & Primary Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) Starting Point Services for Victims of Domestic & Sexual Violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Huggins Hospital analyzed community health data and conducted a community survey to begin the community needs process. Huggins Hospital also presented the data and analysis to the community during the hospital's Community Health Focus Groups. The groups provided an opportunity for community members and local health agencies to determine significant health needs and goals for improvement. Over sixty individuals from multiple community and healthcare organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of the community. The process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and who had special knowledge and expertise in public health. The participants helped provide direction for the Hospital to create a plan to improve the health of the community.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment
- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need



2019

Huggins Hospital

Community Health
Needs Assessment

New Hampshire

Hard copies of this document may be obtained at Huggins Hospital, 240 South Main Street, Wolfeboro, NH 03894
or by phone 603.569.7500 or via the hospital website <http://www.hugginshospital.org>.

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Perspective/Overview

Creating a culture of health in the community



Action Cycle Source Source: the Robert Wood Johnson Foundation's County Health Rankings website:
<http://www.countyhealthrankings.org/roadmaps/action-center>

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the communities served by Huggins Hospital.

2019 Community Health Needs Assessment

Huggins Hospital, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health survey to receive community input into the priorities and brainstorm goals and actions the community could take to improve health. This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Huggins Hospital.

- ✓ Huggins Hospital's Board of Trustees will approve and adopt this CHNA and an implementation strategy in 2019.
- ✓ Starting on September 28, 2019, this report was made widely available to the community via Huggins Hospital's website, www.hugginshospital.org, and paper copies are available free of charge at Huggins Hospital.

Participants

Three hundred forty-three individuals collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Carroll County and other communities served by Huggins Hospital. Over 40 people participated in focus groups, and 300 additional people participated in the community survey. The three-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.
- 2 To initiate 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 instigate health improvement.

Community

Input and Collaboration



Durgin Bridge, Sandwich, NH

Data Collection and Timeline

In May 2019, Huggins Hospital began a Community Health Needs Assessment for Carroll County and other 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, occurred in June 2019.
- 43 community members, not-for-profit organizations representing medically underserved, low-income, minority populations, the elderly, health providers, education providers, the state health department and local public health network participated in six focus groups for their perspectives on community health needs and issues on July 24, 2019.
- 300 landline, cell phone and online surveys were conducted from June 19 to July 15th, 2019.

Information Gaps

While this assessment was quite 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

Participation in the focus groups and creating the Community Health Needs Assessment and Implementation Plan:

Organization	Population Represented (kids, low income, minorities, those w/o access)	Participation
Community Action Program/NH Employment Program- CJS Developer	Un and under employed	Focus group
Carroll County Coalition for Public Health	Carroll County	Focus group & Implementation Plan
Carroll County Diabetes, Nutrition & Wellness	All	Focus group
Community Member, Wolfeboro Selectman	Wolfeboro and all	Focus group
Central NH VNA & Hospice	All, elderly	Focus group
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Board Member/Community	All	Focus group & Implementation Plan
Huggins Hospital	All	Focus group & Implementation Plan
Social Services	All	Focus group
Job Developer, SNHS OHT Employment	Un and under employed	Focus group
Northern Human Services	Mental Illness, developmental disabilities and related disorders	Focus group & Implementation Plan
Outpatient Provider Alton Family Medicine	All	Focus group
Town of Wolfeboro – Planning Department	All	Focus group
Rural Health/NH State Public Health Services	All	Focus group & Implementation Plan
ServiceLink - aging and disability resource	All	Focus group & Implementation Plan
White Horse Addiction Center	Substance addiction	Focus group
Wolfeboro Pediatrics	Children	Focus group

In many cases, several representatives from each organization participated.

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 our ongoing partners with Huggins Hospital in community health improvement. C3PH is a member of the Huggins Community Health Network Board and will be working with Huggins Hospital and the Network members to develop collaborative efforts toward the Community Health Needs Assessment's Implementation Plan.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups and surveys. Agencies representing these population groups were intentionally invited to the focus groups. Additionally, the community survey was conducted using landlines, cell phones and online to reach as many types of people as possible including low-income, medically underserved and minority populations. The community survey was representative of the community surveyed – by age, income, and education.

Community Engagement and Transparency

Many members of the community participated in the focus groups. 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 Carroll County and 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 impact each and every citizen in one way or another.

Huggins Hospital Study Area

Carroll County was the focus of the health data collection stage of the Community Health Needs Assessment process because many health rankings reports are determined by county and the majority of patients served by Huggins Hospital live within Carroll County. Northeastern Belknap and northern Strafford county community members were also included in collection of data through surveys as they are also served by Huggins Hospital. The community includes medically underserved, low-income and minority populations. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Huggins Hospital's Financial Assistance Policy.



- H HUGGINS HOSPITAL**
240 S. Main St.
Wolfeboro, NH 03894
 - **INTERNAL MEDICINE ASSOCIATES OF WOLFEBORO**
603.569.7588
 - **ORTHOPEDIC SURGEONS**
603.569.7690
 - **WOLFEBORO FAMILY MEDICINE**
603.569.7574
 - **WOLFEBORO GENERAL SURGERY**
603.569.7511
 - **WOLFEBORO PEDIATRICS**
603.569.7620
 - **WOLFEBORO WOMEN'S HEALTH**
603.569.7585
- A ALTON FAMILY MEDICINE**
27 New Durham Rd.
Alton, NH 03809
603.875.6151
- M MOULTONBOROUGH FAMILY MEDICINE**
984 Whittier Hwy.
Moultonborough, NH 03254
603.476.2216
- O OSSISPEE FAMILY MEDICINE**
3 Water Village Rd.
Ossipee, NH 03864
603.539.6996
- T TAMWORTH FAMILY MEDICINE**
577 White Mtn. Hwy.
Tamworth, NH 03886
603.323.3311

www.hugginshospital.org

Key Findings

Community Health Assessment



Most Significant Community Health Needs

The following needs were defined during the 2019 Community Health Needs Assessment process, including the community survey, focus groups and secondary data. We have also included the needs defined in the 2016 process. The following pages display the data collected and the processes and methods used to complete the Community Health Needs Assessment.

Needs identified by Focus Groups:

- Mental Health care
- Addiction treatment & prevention
- Access to care (transportation and financial)
- Health literacy support
- Aging issues (loneliness, caregivers, falls)
- Affordable housing
- Trauma exposed youth resources

Needs identified by Community Survey:

- Affordable health insurance
- Affordable health care
- Addiction treatment & prevention
- Mental Health care
- Affordable housing
- Transportation
- Personal responsibility for health

Areas for improvement identified by Secondary Data:

- Accidental (injury) deaths
- Cancer deaths
- Suicide
- Liver disease
- Mental health (care and access)
- Access (insurance and care)
- Children in poverty

The most significant health needs identified in the 2019 Community Health Needs Assessment process were:

- 1 Access to Care (including affordability)
- 2 Addiction Treatment and Prevention Services
- 3 Mental Health Services
- 4 Social Determinants of Health Improvement (Transportation/Housing)
- 5 Individual & Family Health Behaviors and Literacy
- 6 Healthy Aging

The needs identified in the 2016 process included substance use, mental health, chronic disease/obesity, access and aging issues.

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community Focus Groups
- Community Survey

Secondary methods included:

- Public Health Data – death statistics, County Health Rankings, cancer incidence
- Demographics and Socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

Demographics of the Community



The table below shows the demographic summary of Carroll County compared to New Hampshire and the U.S.

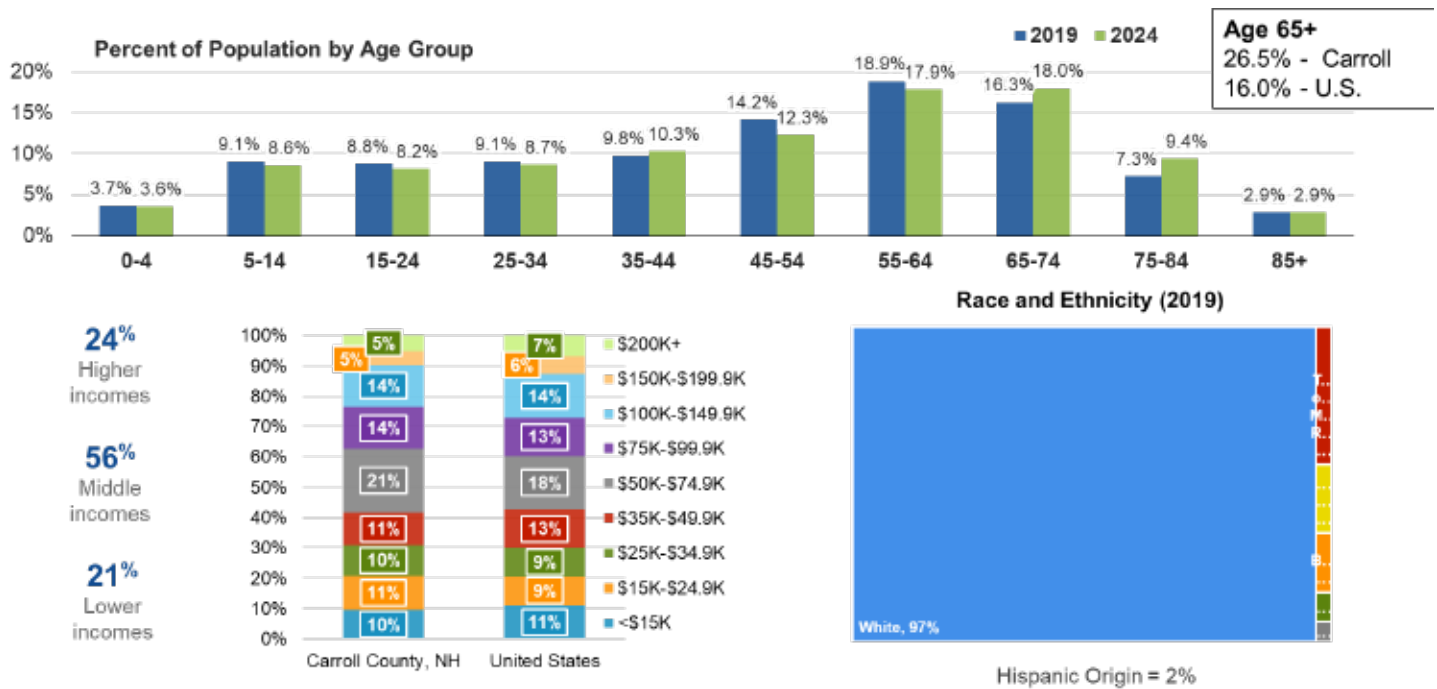
	Carroll County	New Hampshire	USA
Population	50,063	1,386,718	332,417,793
Median Age	52.0	43.1	38.5
Median Household Income	\$57,598	\$73,444	\$60,548
Annual Pop. Growth (2019-2024)	0.31%	0.55%	0.77%
Household Population	22,271	549,701	129,922,162
Dominant Tapestry	Rural Resort Dweller (6E)	The Great Outdoors (6C)	Green Acres (6A)
Businesses	2,939	65,557	12,112,147
Employees	28,226	763,132	150,271,675
Medical Care Index*	105	113	100
Average Medical Expenditures	\$2,098	\$2,258	\$2,005
Total Medical Expenditures	\$46.7 M	\$1.2 B	\$251.0 B
Racial and Ethnic Make-up			
White	97%	92%	68%
Black	1%	2%	13%
American Indian	0%	0%	1%
Asian/Pacific Islander	1%	3%	7%
Other	0%	1%	7%
Mixed Race	1%	2%	4%
Hispanic Origin	2%	4%	19%

Source: ESRI

*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

Demographics cont'd

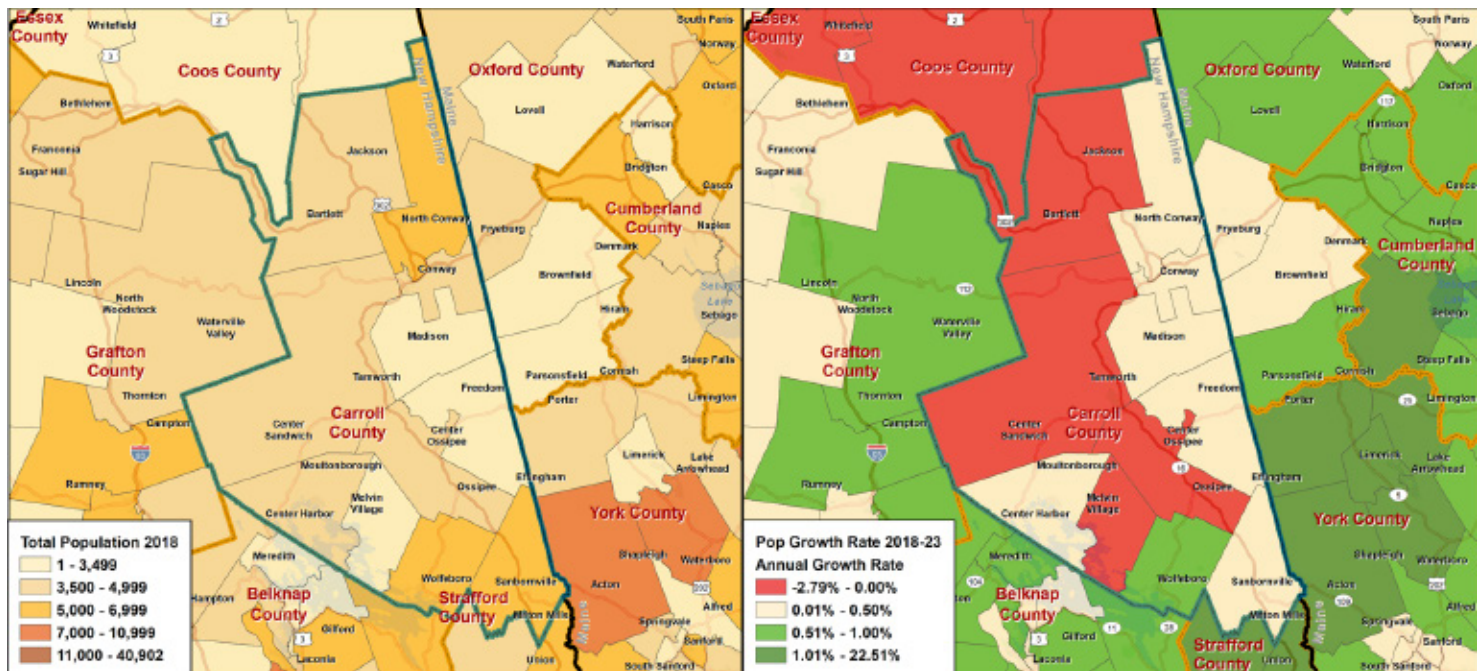
Carroll County, New Hampshire



- Source: ESRI

- The population of Carroll County is projected to increase from 2019 to 2024 (0.31% per year). New Hampshire is projected to increase .55% per year. The U.S. is projected to increase 0.77% per year.
- Carroll County had a higher median age (52.0 median age) than NH 43.1 and the U.S. 38.5. Carroll County percentage of the population 65 and over was 26.5%, higher than the US population 65 and over at 16%.
- Carroll County had lower median household income at \$57,598 than NH (\$73,444) and the U.S. (\$60,548). The rate of poverty in Carroll County was 9.3% which was higher than NH (7.7%) and lower than the U.S. (13.4%).
- The household income distribution of Carroll County was 24% higher income (over \$100,000), 56% middle income and 21% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Carroll County was 105, indicating 5% more spent out-of-pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits). NH's medical care index was 113, 13% higher than the U.S.
- The racial and ethnic make-up of Carroll County was 97% white, 2% Hispanic Origin, 1% black, 1% mixed race, and 1% Asian/Pacific Islander. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2018 Population by Census Tract and Change (2018-2023)



Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

The census tracts in the north in North Conway and in the South including Wolfeboro and Sanbornville had the most population with 5,000 to 6,999 in the census tracts.

Carroll County's population was projected to increase from 2018 to 2023 at 0.3% per year. The eastern side of the county bordering Maine is projected to grow up to .5% while the western tracts are projected to decline in population with the exception of Center Harbor which is projected to grow up to .5%. The Wolfeboro tract is projected to increase between .51% to 1%, the fastest growing tract in the county.

Red is population decline.

Yellow is positive up to the NH growth rate.

Green is greater than the NH growth rate.

Dark green is twice the NH growth rate.

Business Profile

Carroll County, New Hampshire

66.6% percent of employees in Carroll County were employed in:

- Accommodation & food services (25.5%)
- Retail trade (17.0%)
- Health care and social assistance (11.2%)
- Educational services (7.1%)
- Manufacturing (5.8%)

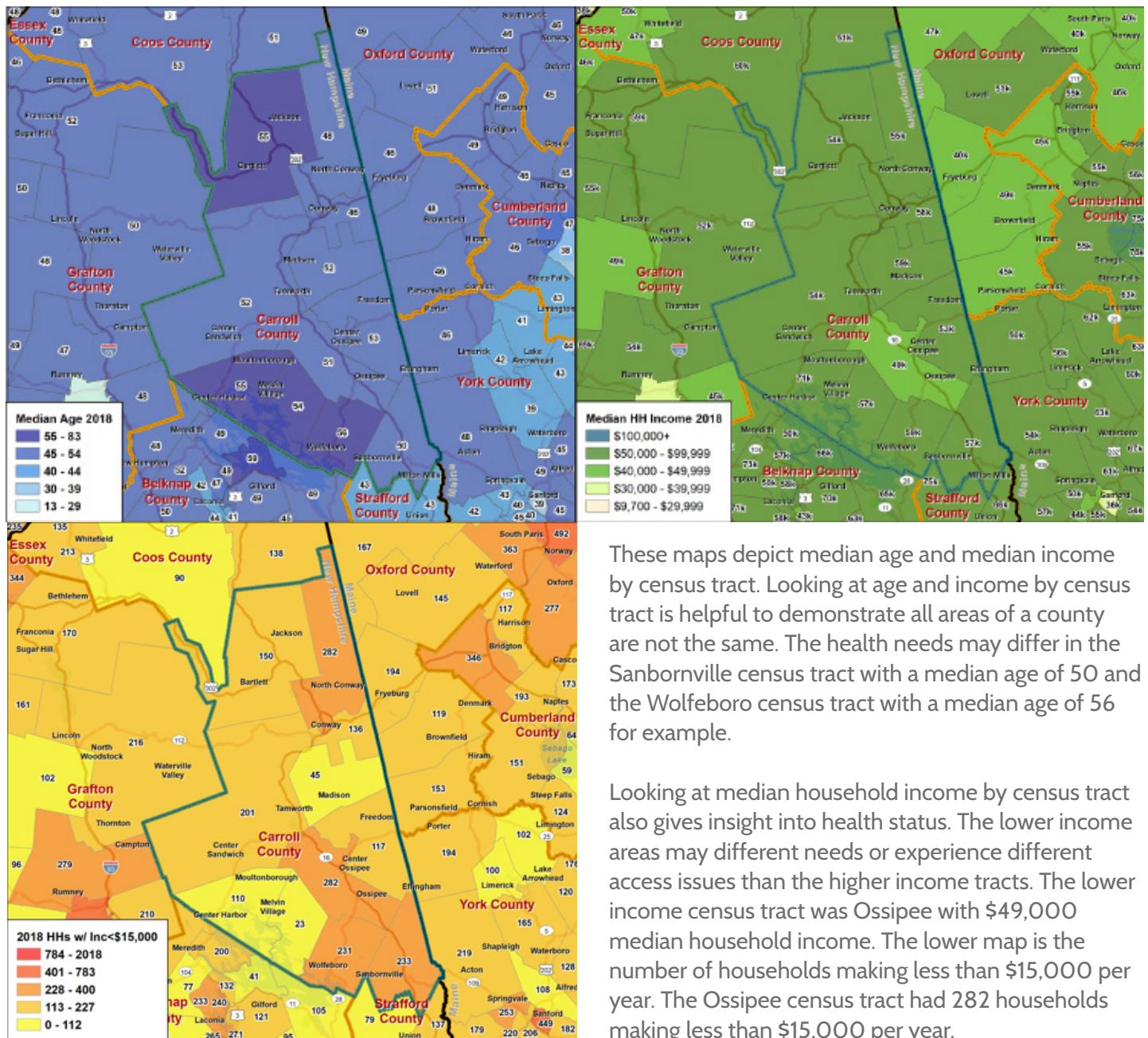
Source: Esri

A few important business profile notes:

Retail, accommodation and food service jobs offer health insurance at a lower rate than manufacturing, healthcare, public administration and educational services. Also, Carroll County loses 1,106 net commuters per day commuting out of the county for work, with 5,299 commuting out of the county and 4,193 commuting into the county.

Source: US Census Bureau, American Community Survey (2009-2013)

2018 Median Age & Income



These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may differ in the Sanbornville census tract with a median age of 50 and the Wolfeboro census tract with a median age of 56 for example.

Looking at median household income by census tract also gives insight into health status. The lower income areas may different needs or experience different access issues than the higher income tracts. The lower income census tract was Ossipee with \$49,000 median household income. The lower map is the number of households making less than \$15,000 per year. The Ossipee census tract had 282 households making less than \$15,000 per year.

Additionally, Carroll County's May 2019 preliminary unemployment was 2.6% compared to 2.4% for New Hampshire and 3.6% for the U.S., which is a large decline in unemployment since 2014. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.



Health Status

The Health of the Community - Secondary Data

Health Status Data

The leading causes of death in Carroll County were cancer then heart disease, followed by accidents (unintentional injuries). Other major causes of death in Carroll County included respiratory diseases, stroke, Alzheimer's disease, suicide, diabetes, liver and kidney disease. *Source: 2017 CDC (see chart below)*

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin, Carroll County ranked 6th healthiest County in New Hampshire out of the 10 counties ranked (1= the healthiest; 10 = unhealthiest), 8th for health outcomes and 4th for health factors.

County Health Rankings suggest the areas to explore for improvement in Carroll County were: higher adult smoking, higher adult obesity percentage, higher percentage of uninsured, lower percentage of adults with some college, higher percentage of children in poverty, higher rate of injury deaths. The areas of strength were identified as higher food environment index, lower physical inactivity, lower excessive drinking, lower sexual transmitted infections rate, lower teen birth rate, lower population to primary care physicians, lower preventable hospital stays, higher mammography screening, higher flu vaccinations, higher high school graduation percentage, lower unemployment and lower air pollution. .

When analyzing the health status data, local results were compared to New Hampshire, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Carroll County's results were worse than NH and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in New Hampshire and eventually the Nation, Carroll County must close several lifestyle gaps. For additional perspective, New Hampshire was ranked the 6th healthiest state out of the 50 states. (Source: 2018 America's Health Rankings) New Hampshire strengths were low infant mortality rate, low levels of air pollution and low prevalence of diabetes. New Hampshire challenges were high drug death rate, high prevalence of excessive drinking, and low per capita health funding.

Leading Causes of Death: Age-Adjusted Death Rates per 100,000

Cause of Death	Carroll County	New Hampshire	US
Heart Disease	129.3	149.7	165.0
Cancer	157.9	153.5	152.5
Accidents (Unintentional Injuries)	77.7	62.9	49.4
Respiratory Diseases	39.4	43.0	40.9
Strokes	34.0	28.9	37.6
Alzheimer's	26.5	24.8	31.0
Diabetes	14.5	19.2	21.5
Influenza and Pneumonia	10.2	13.1	14.3
Suicide	21.7	18.9	14.0
Kidney Disease	7.3	9.4	13.0
Liver Disease	11.9	9.1	10.9

*Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. Carroll County data from 2015-2017 combined. NH, US data from 2017. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.*

Comparisons of Health Status

Looking more closely at accidental deaths, the primary injury mechanism was poisoning followed by falls, then motor vehicle traffic. Carroll County was higher in all three of these than NH and the U.S.

Accidental Death Injury Mechanism	Carroll County	New Hampshire	US
Fall	17.7	15.1	9.4
Motor Vehicle Traffic	15.1	6.8	11.5
Poisoning	38.0	34.9	20.1

Comparisons of Health Status

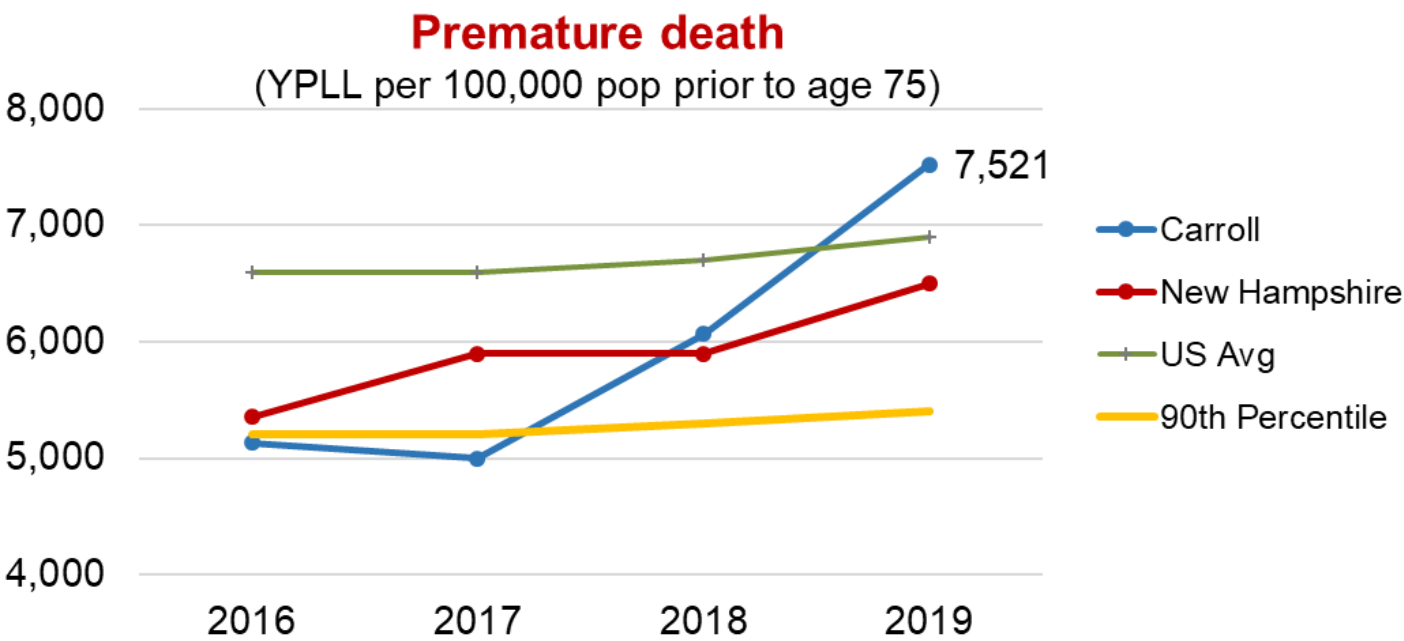
Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. If a measure was better than New Hampshire, it was identified as a strength, and where an indicator was worse than New Hampshire, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. It is important to also pay attention to trends in the data. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

In most of the following graphs, Carroll County will be blue, New Hampshire (NH) will be red, U.S. green and the 90th percentile of counties in the U.S. gold. * indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Carroll County ranked 8th in Health Outcomes out of 10 New Hampshire counties.

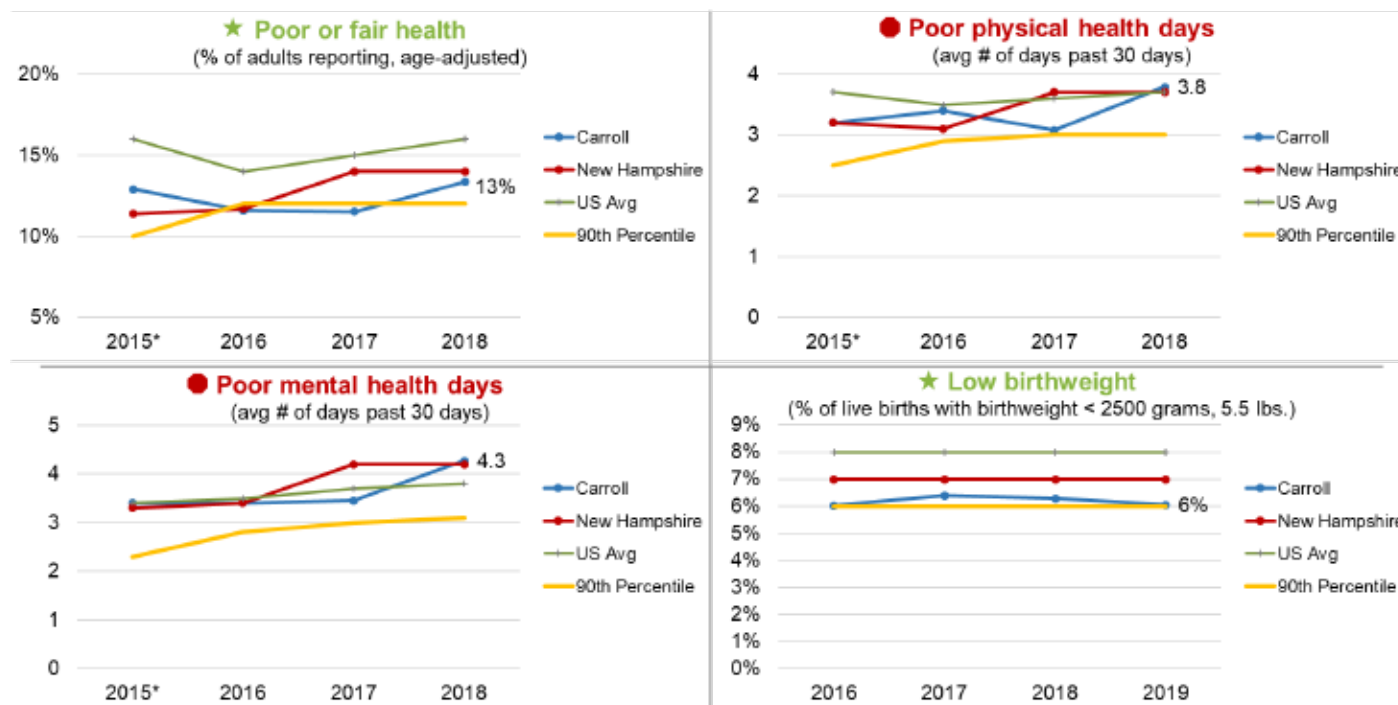
Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Carroll County ranked 9th in length of life in NH. Carroll County lost 7,521 years of potential life per 100,000 population which is higher than NH and the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2015-2017

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Carroll County ranked 7th in New Hampshire for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings; National Center for Health Statistics – Natality files (2011-2017)

Quality of Life STRENGTHS

- Carroll County had a lower death rate for heart disease, respiratory diseases, diabetes, influenza and pneumonia and kidney disease than NH.
- Carroll County had a lower percentage of adults reporting fair or poor health than NH and the U.S. at 13%
- Carroll County had a lower percentage of low birthweight babies at 6% than NH and the U.S., equal to the 90th percentile of counties in the U.S.

Quality of Life OPPORTUNITIES

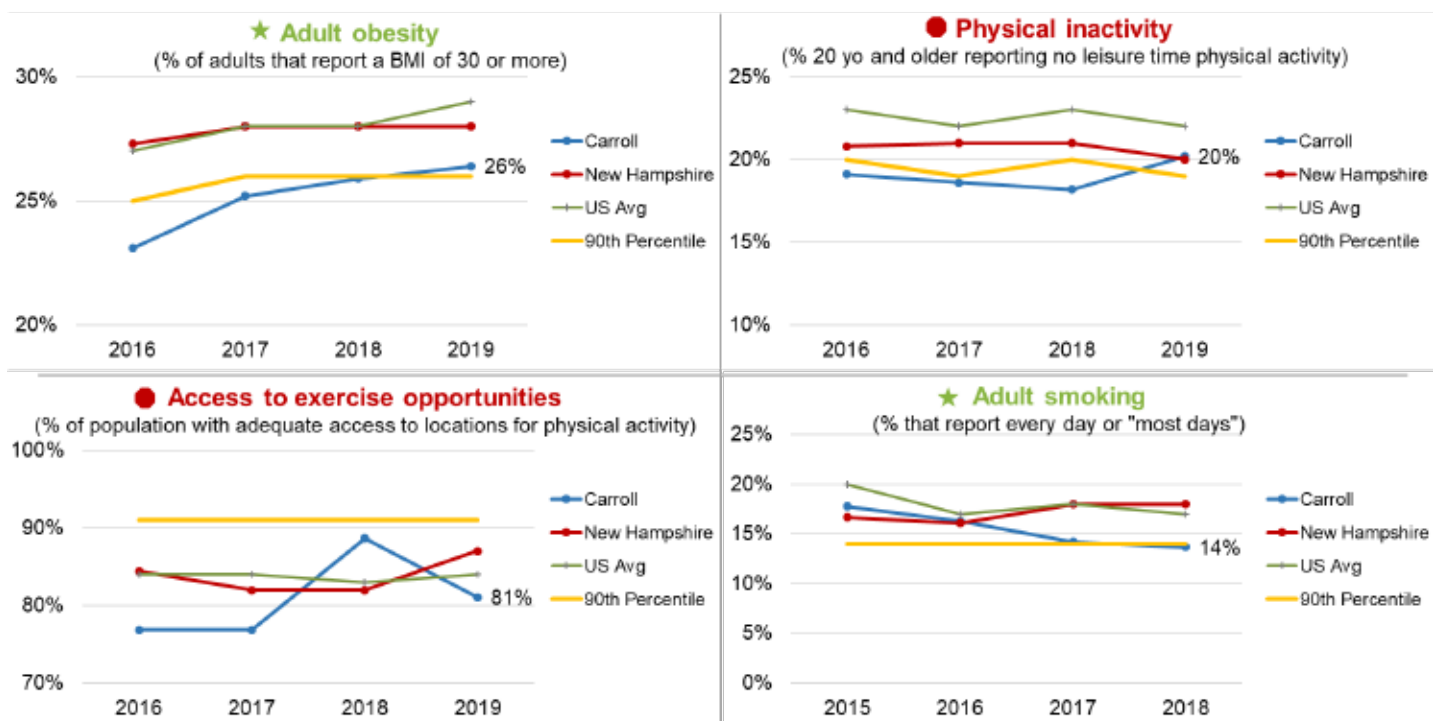
- Carroll County had higher years of potential life lost prior to age 75 per 100,000 population at 7,521 than NH and the U.S.
- Carroll County had a higher death rate for cancer, accidents (unintentional injuries), stroke, Alzheimer's disease, suicide and liver disease than NH.
- Carroll County had a higher average of poor physical health days than NH and the U.S.
- Carroll County also had the same average number of poor mental health day as NH, which is higher than the U.S.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Carroll County ranked 4th out of 10 New Hampshire counties for health factors.

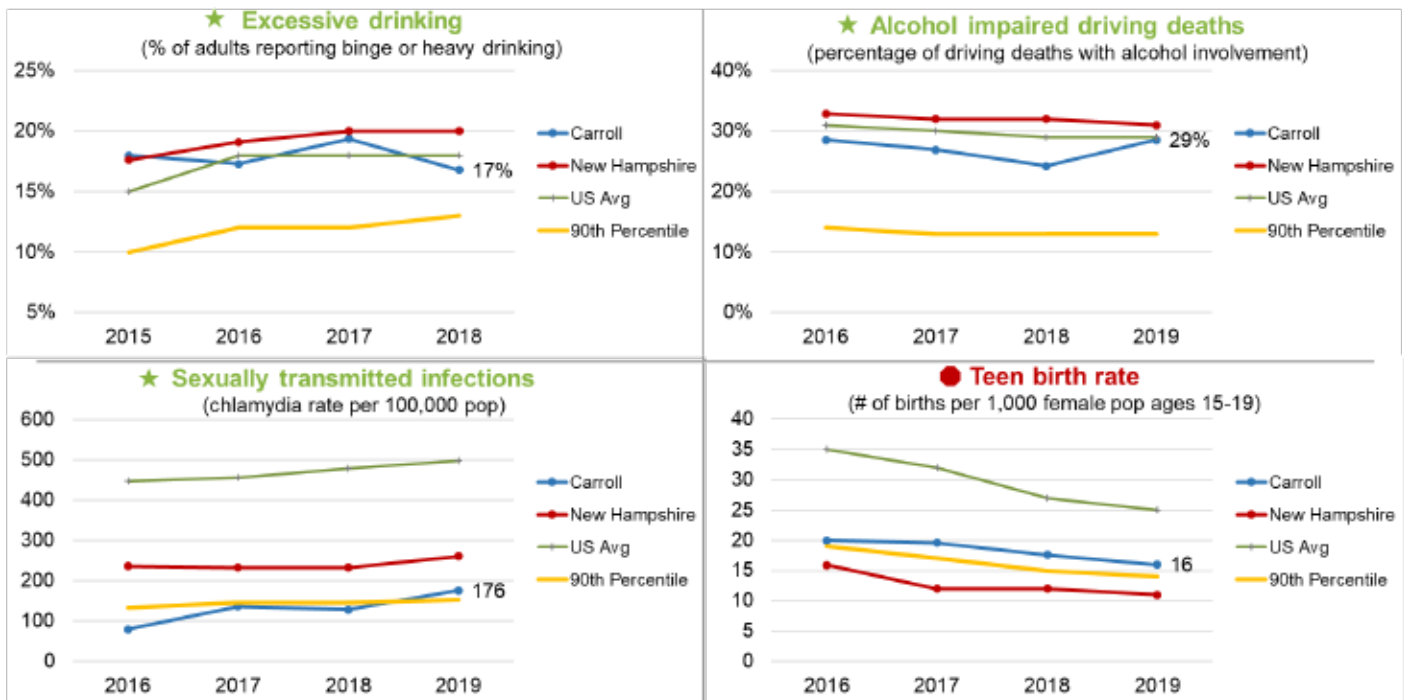
Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Carroll County ranked 1st out of 10 counties in New Hampshire.

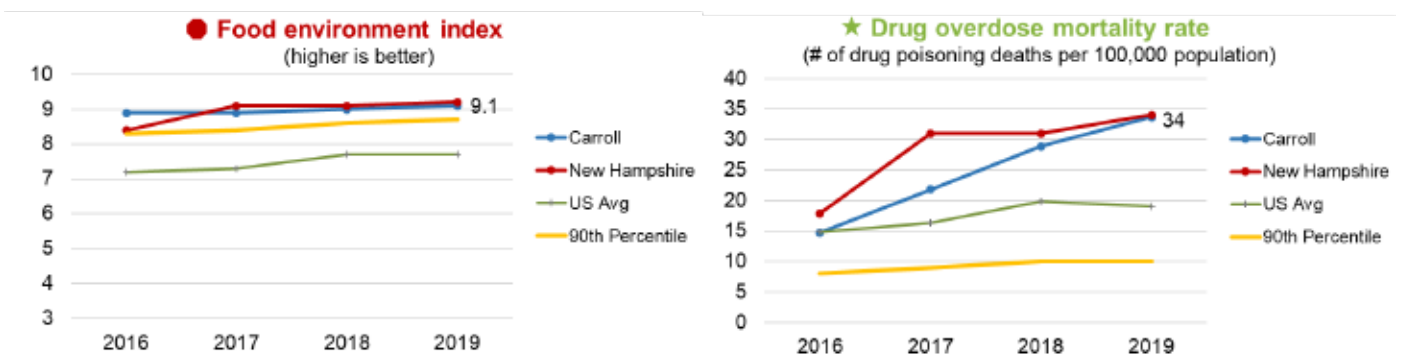


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

Health Behaviors cont'd



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2011-2017



Source: Food environment: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016; Drug overdose rate: CDC WONDER mortality data, 2015-2017

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Health Behaviors cont'd

Health Behaviors STRENGTHS

- Adult obesity in Carroll County was lower than NH and the U.S. at 26%. However, the obesity trend has been increasing in Carroll County. Obesity in New Hampshire and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension, heart disease and more.
- Physical inactivity was the same in Carroll County at 20% as in NH at 20% and lower than the U.S. at 22%.
- Carroll County was in the 90th percentile of all counties in the U.S. for adult smoking with 14%. However, smoking is known to cause cancer and other health complications.
- 17% of Carroll County reported binge or heavy drinking, lower than NH at 20% and the U.S. at 18%.
- Alcohol impaired driving deaths were lower in Carroll County at 29% than in NH at 31% and same as the U.S.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Carroll County at 176 than NH at 261, and the U.S. at 497.
- The number of drug poisoning deaths per 100,000 population was 16 in Carroll County, higher than New Hampshire at 10 but lower than the U.S. at 19.

Health Behaviors OPPORTUNITIES

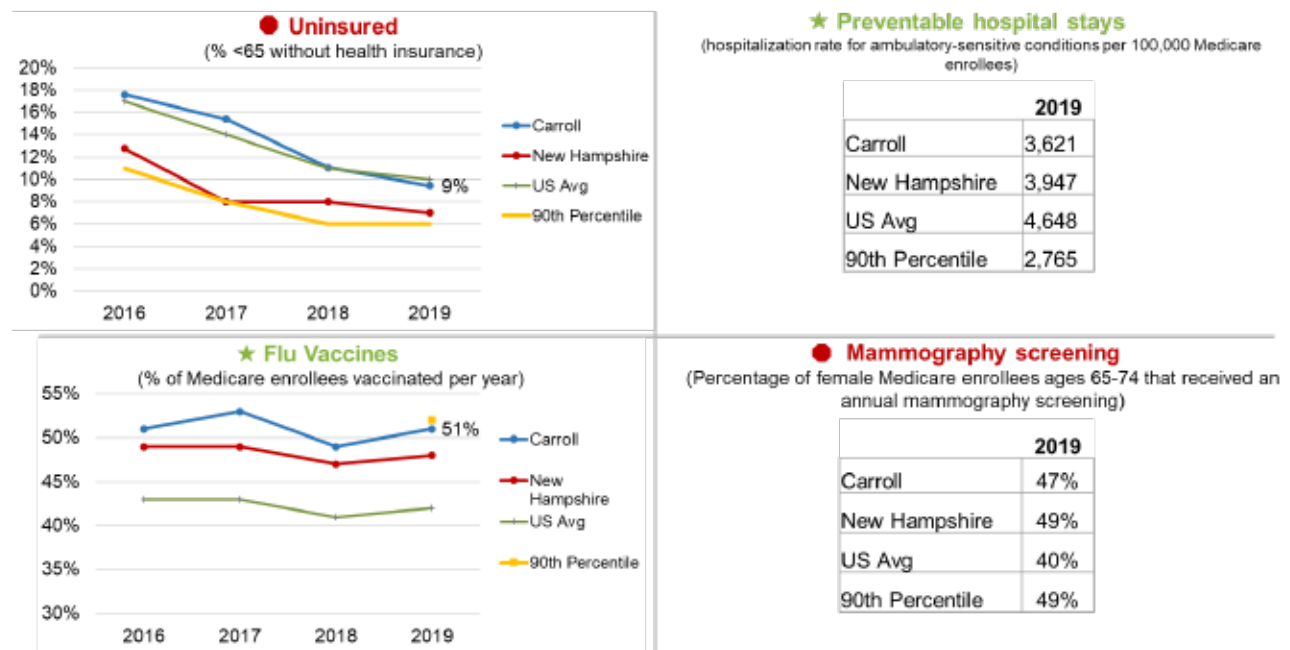
- Access to exercise opportunities in Carroll County was 81%, lower than NH at 87% and the U.S. at 84%.
- The teen birth rate in Carroll County was 16 births per 1,000 female population ages 15-19 and was higher than NH at 11 births, but lower than the U.S. at 25 births. The trend has decreased since 2016.
- The food environment index was lower in Carroll County at 9.1 than NH at 9.2, but higher than the U.S.



Carroll County ranks 1st out of the 10 counties in New Hampshire for Health Behaviors!

Clinical Care

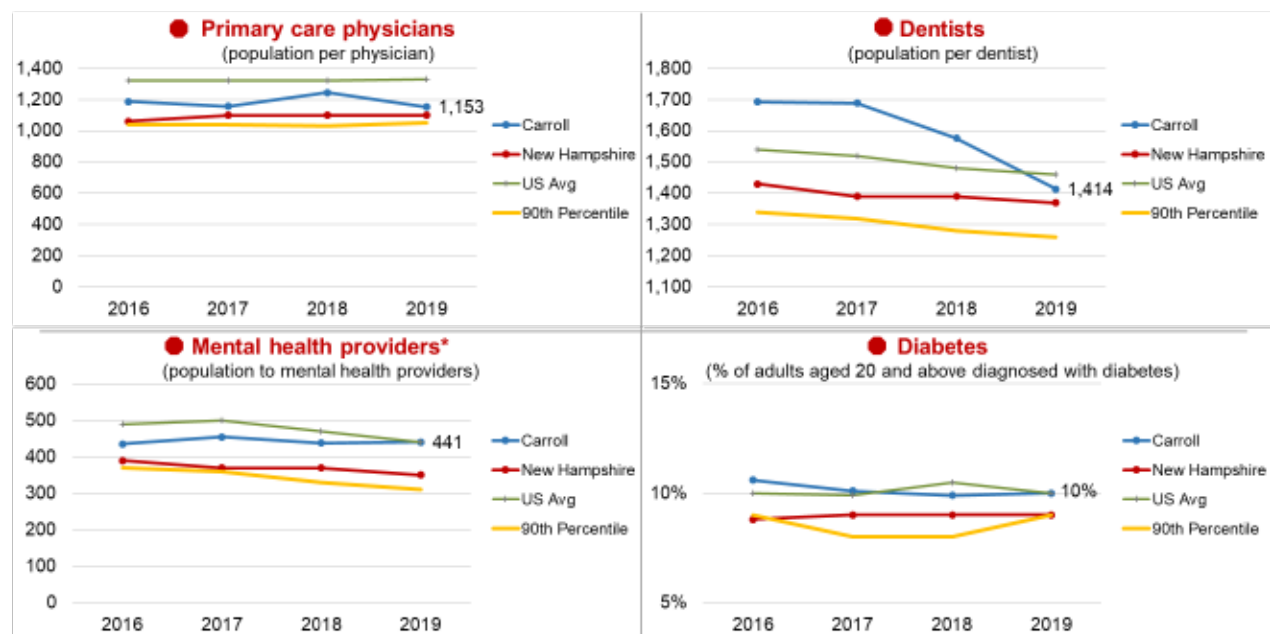
The Clinical Care ranking is made up of seven indicators, and account for 20% of the county rankings. Carroll County ranked 8th out of 10 New Hampshire counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening - County Health Rankings; CMS Mapping Medicare Disparities Tool, 2016

Source: Flu Vaccines - County Health Rankings; CMS Office of Minority Health's Mapping Medicare Disparities Tool, 2016



Source: Population to Primary Care Providers - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Population to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017

Source: Population to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2018

Clinical Care cont'd

Clinical Care STRENGTHS

- Preventable hospital stays in Carroll County were 3,621 per 100,000 Medicare enrollees which was lower than NH at 3,947 and the U.S. at 4,648.
- The cancer incidence rate in Carroll County was 450.0 cases per 100,000 population which was lower than NH at 479.7. It is important to note that cancer deaths are still a priority focus for Carroll County as the county has a higher rate of cancer deaths than NH and the U.S. While the incidences are lower, the death rates are higher.
- The percent of Medicare enrollees with flu vaccines per year was higher in Carroll County at 48% than NH at 43% and the U.S. at 42%.



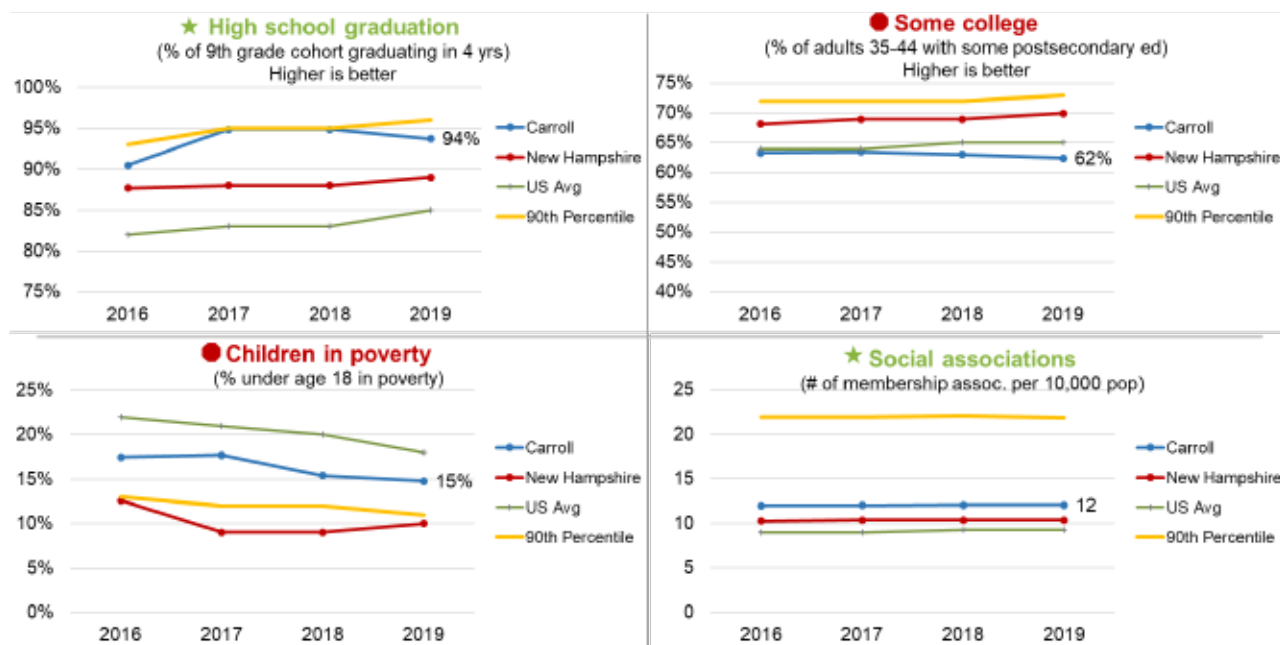
Photo of Huggins Hospital's Drive Thru Flu Shot Clinic which is free to anyone regardless of their ability to pay or insurance situation.

Clinical Care OPPORTUNITIES

- Mammography screening was lower in Carroll County at 47% than NH at 49% but higher than the U.S. at 40%.
- The percent of population under sixty-five without health insurance was 9% in Carroll County which was higher than NH at 7% but lower than the U.S. at 10%.
- The population per primary care physician was higher in Carroll County than NH but lower than the U.S.
- The population per dentists was higher in Carroll County than NH but lower than the U.S.
- The population per mental health providers was higher in Carroll County than NH and the same as the U.S.
- The percentage of adults with diabetes in Carroll County at 10% was higher than NH at 9% and the same as the U.S.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the category. Carroll County ranked 7th out of 10 New Hampshire counties for social and economical factors.

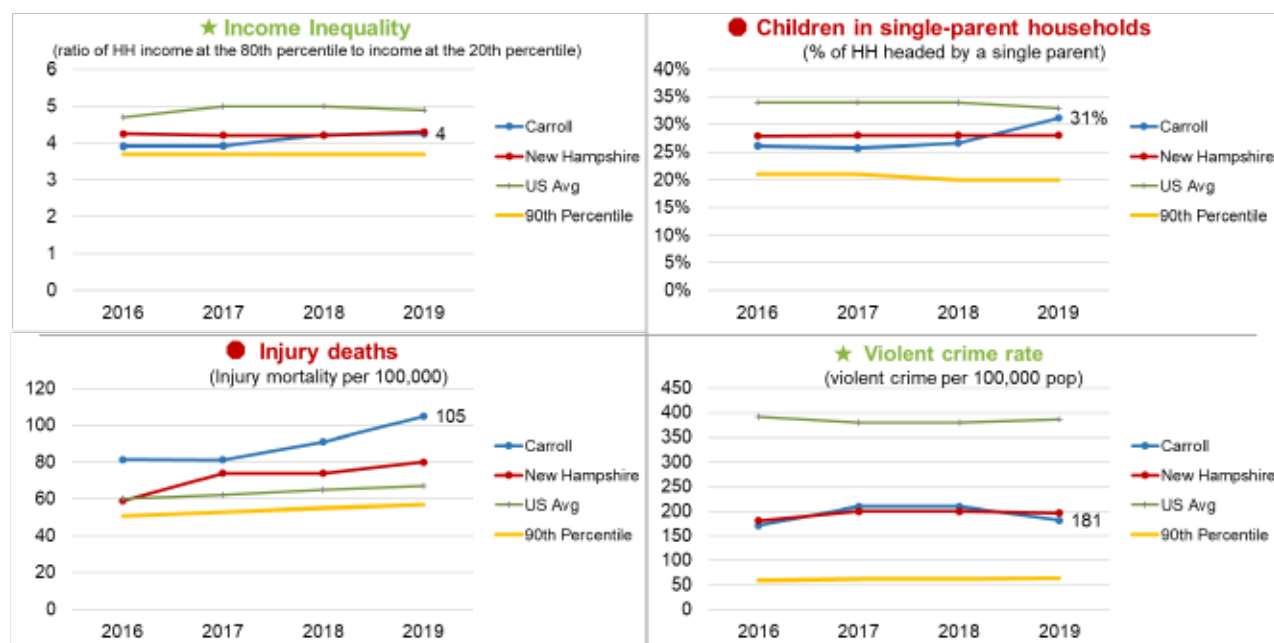


Source: High School graduation - County Health Rankings; NH Dept of Public Instruction, 2016-2017

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2017

Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017.

Source: Injury deaths - County Health Rankings; CDC WONDER mortality data, 2013-2017.

Source: Violent crime - County Health Rankings; Uniform Crime Reporting - FBI, 2014 & 2016

Social & Economic Factors cont'd

Social & Economic Factors STRENGTHS

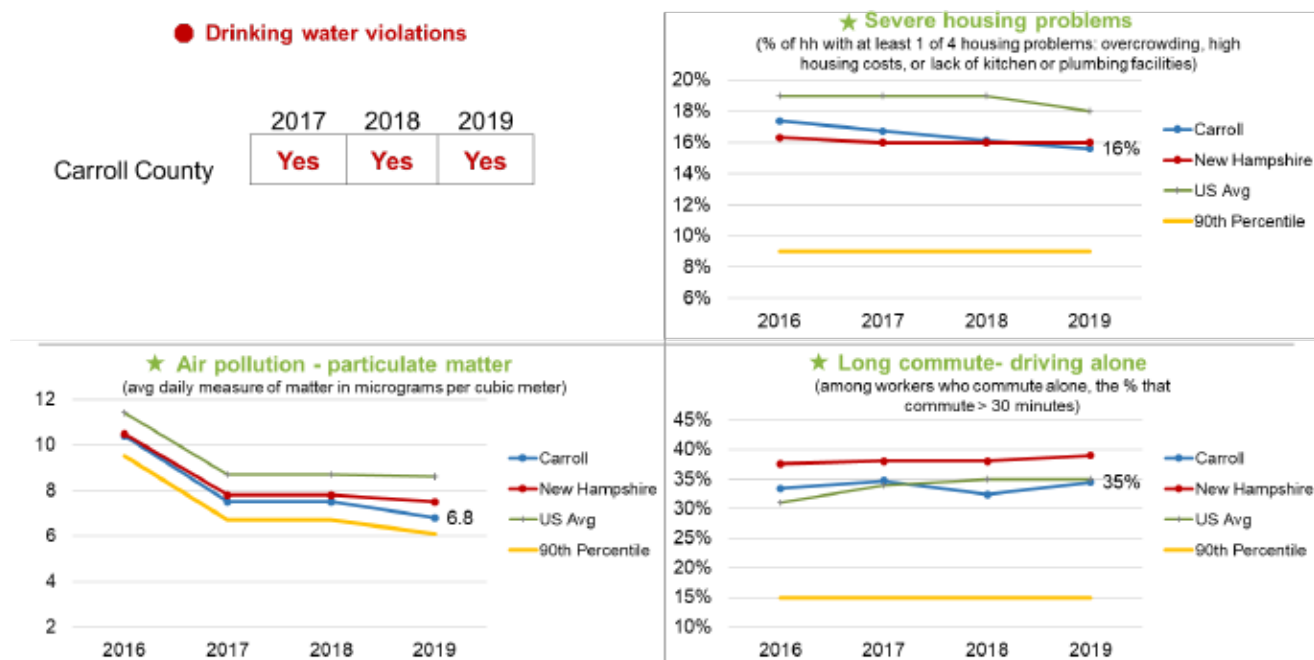
- The high school graduation rate was higher in Carroll County at 94% than NH at 89% and the U.S. at 85%.
- Social associations were higher in Carroll County at 12 memberships per 10,000 population than NH at 10 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was the same in Carroll County at 4.0 as in NH and lower than the U.S. at 5.
- The violent crime rate in Carroll County was 181 violent crimes per 100,000 population, which was lower than in NH at 197 and the U.S. at 386.

Social & Economic Factors OPPORTUNITIES

- 52% of Carroll County adults had some postsecondary education which was lower than NH at 70% and lower than the U.S. at 65%.
- The children in poverty rate was higher for Carroll County at 15% than NH at 10%, but lower than the U.S. at 18%. Carroll County has experienced a decreased rate of children in poverty since 2016.
- The percentage of children in single-parent households was 31% in Carroll County which was higher than NH at 28% but lower than the U.S. at 33%.
- Injury deaths were higher in Carroll County at 105 per 100,000 population than NH at 80 and the U.S. at 67, and the trend has continued to increase. Unintended injury deaths were comprised of poisoning, motor vehicle traffic deaths and falls. Carroll County had higher death rates in all three of these than NH. Unintentional injuries are comprised of firearm suicides, suffocation suicides, and firearm homicides.
- The poverty estimates for 2017 had poverty in Carroll County at 9.3% which is higher than NH at 7.7% but lower than the U.S. at 13.4%.
- The median household income in Carroll County was lower than NH and the U.S. at \$57,598.

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Carroll County ranked 3rd out of 10 New Hampshire counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2017.

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015.

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.

Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2014

Physical Environment STRENGTHS

- Based on the data collected, Carroll County had a lower percentage of severe housing problems as NH and the U.S. at 16%.
- For the air pollution metric, the average daily measure of matter in micrograms per cubic meter at 6.8 in Carroll County was lower than NH at 8 and the U.S. at 9.
- 35% of workers in Carroll County commute alone and commute over 30 minutes which was lower NH at 39% and same as the U.S.

Physical Environment OPPORTUNITIES

- Carroll County had drinking water violations in all three years since the last Community Health Needs Assessment report in 2016.



Whiteface Mountain

Community Input: Focus Group, Interviews, Surveys

Focus Groups and Interview Results

Thirty community stakeholders participated in two focus groups on July 24, 2019 for their input into the community's health. These stakeholders represent the broad interests of the community as well as low income, medically underserved and minority populations. Below is a summary of the 90-minute focus group discussions.

1. How do you define health?
 - State of wellness that lets us have quality of life
 - Being able to do the things we want to do
 - Overall wellbeing that includes social, physical and mental health
 - Hope and the ability to plan for the future
2. Generally, how would you describe the community's health?
 - Limited
 - Variable
 - Surprisingly tenuous
 - Disparate (some have really good health, and some are really struggling)
 - Unequally distributed based on economics and education
3. What are the most important health issues facing Carroll County?
 - Mental health
 - Substance misuse
 - Lack of access to care and transportation
 - Lifestyle – health literacy
 - Nutrition
 - Senior issues – chronic conditions and trying to stay in their homes
4. What are the most important health issues facing medically-underserved, low-income and minority populations?
 - Same as in question 3, but every issue is exacerbated
 - Literacy issues
 - Lack of insurance, can't get treatment
 - Cost of healthcare – high deductible plans
 - Lack of affordable housing
 - Toxic stress – jobs, transportation, financial strain
5. What are the most important health issues facing children/adolescents?
 - Homelessness
 - Mental health – anxiety, behavioral issues, anger
 - Adverse Childhood Experiences (ACEs), trauma
 - Neglect, abuse, family disfunction
 - Poor nutrition
 - Lack of exercise
 - Screens, computers, social media creating stress and lack of exercise
 - Drug use and vaping
 - Lack of structured activities
6. What are the most important health issues facing seniors?
 - Falls and accidental injuries
 - Living alone with no support or caregivers
 - Cost of medications and medical care
 - Isolation
 - Chronic conditions
 - Taking care of grand kids
 - Lack of care coordination

Focus Group Results cont'd

7. The community performed a CHNA in 2016 and identified the following priorities for health improvement:

- Substance use
- Mental Health
- Chronic disease/prevention
- Access
- Senior/aging issues

What has changed most related to health status in the last three years based on those priorities?

Better

- Younger population more open to mental health discussions and accessing care
- Handling mental health patients better
- Focusing more on chronic disease management in the last three years as well as prevention
- Taking steps on Medically Assisted Treatment for addiction locally
- More resources to address mental health and substance use/addiction

Worse

- Mental health – lack of treatment
- Lack of mental health facilities
- Toxic stress is worse
- Substance use is still a priority
- Access – no transportation
- Social determinants need more attention

8. What behaviors have the most negative impact on health?

- Smoking, tobacco use
- Drinking, drug misuse
- Willingness to engage in health culture and lifestyle
- Lack of willingness to seek help
- Injury deaths – seat belts, helmets, motor vehicle collisions, falls
- Eating healthy foods or not, overeating
- Stress, lack of coping skills
- Screen addiction

9. What environmental factors have the most negative impact on health?

- Ticks
- Lack of transportation
- Winter – homeless and power outages, ice and snow
- Low pedestrian access

10. What do you think the barriers will be to improve health in the communities?

- Transportation
- Insurance coverage
- Financial barriers – cost of medication, care and insurance
- Medication management
- Lack of health education
- Lack of formal education – not financially accessible to large part of the population
- Communication of services available
- Elderly living conditions

Focus Group Results cont'd

11. What community assets support health and wellbeing in our local communities?

- Food Banks
- Food pantries
- Meals on Wheels
- Elderly transportation volunteers
- Children's Center
- School systems
- Healthy Families Program
- Laconia Area Center
- Southern NH VNA
- ServiceLink
- Child Advocacy Center
- Lakes, walking trails, ski areas
- Parks, Recreation Center
- Organized sports
- Food Cooperatives
- Global Awareness Local Action
- Tamworth Dental Center
- School nurses
- LGBTQ support group
- White Horse Addiction Center
- Huggins Hospital – adding providers, expanding services
- Huggins Community Health Network
- Huggins Hospital's Adult Day Program
- Northern Human Services – mental health
- Senior Companionship Program
- 211 – one stop call for referrals
- End 68 Hours of Hunger
- CMT – linking physical and mental health EMR info
- Collaboration, people who care
- Churches
- Endeavor Center
- After school programs
- Kingswood Youth Center
- Hope House for transitional living
- Libraries
- Welfare offices
- Jail reentry program, life skills
- Great recovery community (AA, NA and more)

12. What improvement activities should be a priority for the county to improve health?

- Centralized, affordable, reliable transportation
- Single payer insurance
- More case management
- More medical specialists
- More pain management
- Affordable housing
- Childcare
- More caregivers
- More activities for seniors
- Youth retention
- Programming that focuses on adverse childhood experiences
- Education – health, resources available, cause and effect
- Lower cost of healthcare and insurance
- Telemedicine programs

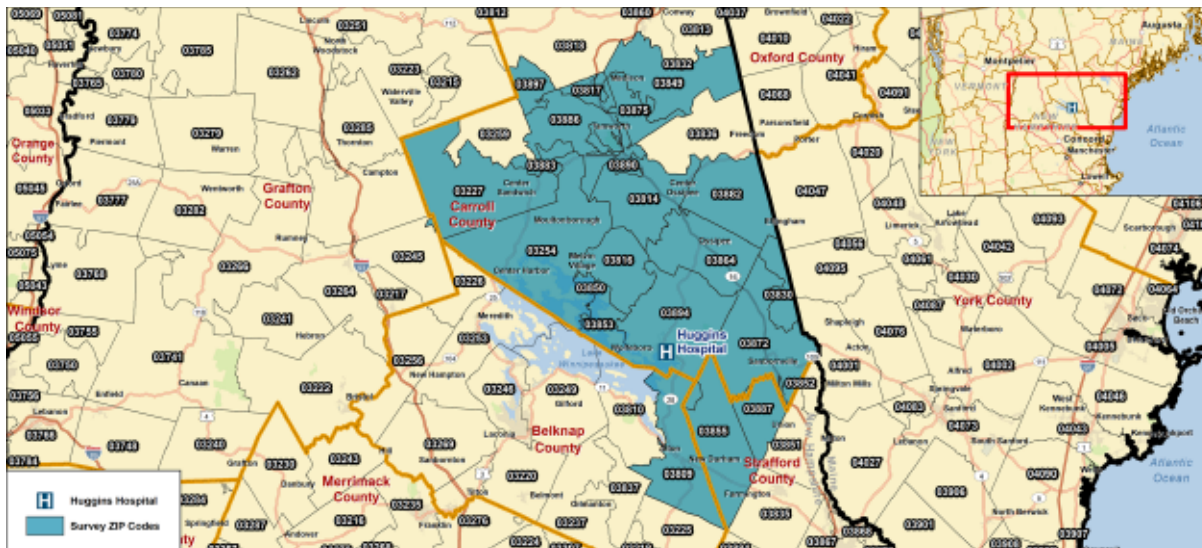
Community Survey

Survey Results

Survey Process

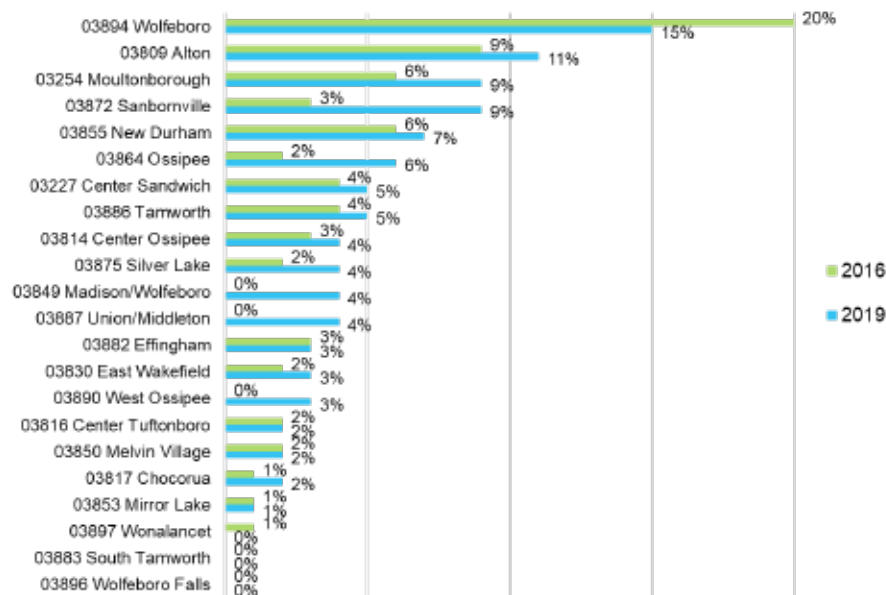
Huggins Hospital conducted a phone survey of 300 community members – 172 landlines, 21 cell phones and 107 web-based surveys. The survey focused on ZIP codes in southern Carroll County where Huggins Hospital proposes to focus implementation planning. The surveys were conducted from June 19 through July 15, 2019 by Wilkins Research Services and analyzed by Stratasan. Responses were compared to the previous 2016 phone survey. The 2016 survey covered all of Carroll County and was landline only.

Huggins Hospital Survey Area



Survey Demographics

Zip Code

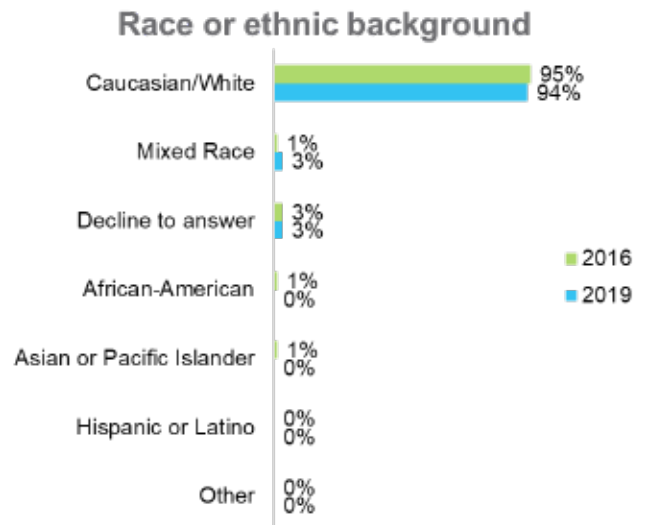
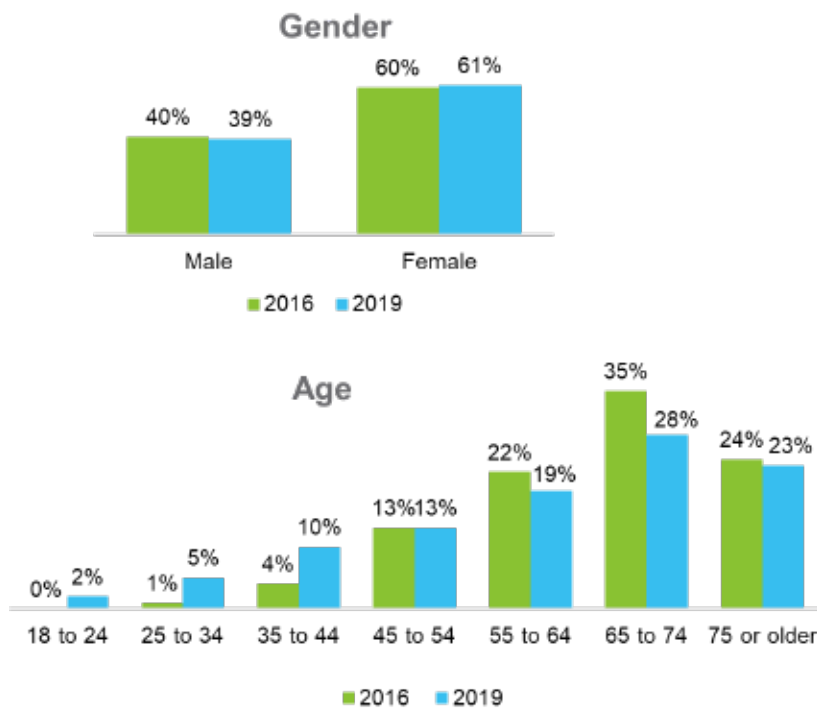


The 2019 survey captured more surveys in the ZIP codes outside of Wolfeboro.

Community Survey cont'd

Survey Demographics

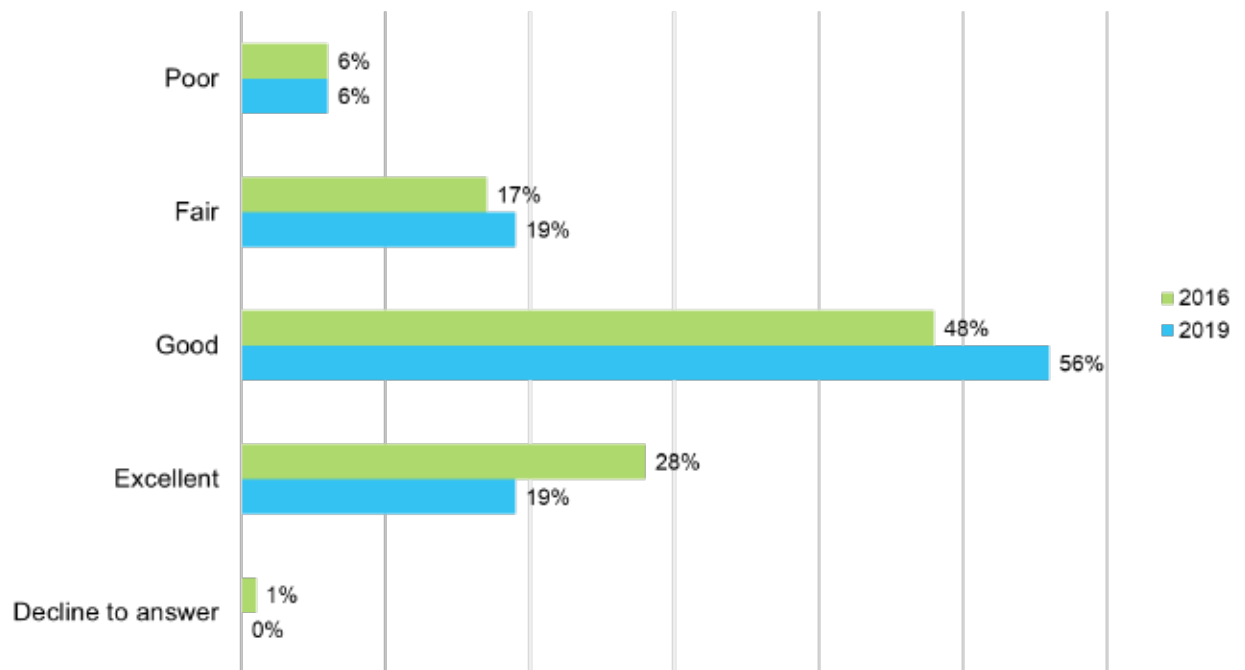
Gender, Age, Race or ethnic background



The survey skewed female. The race and ethnicity matches that of the community. The 2019 survey skewed older but captured more young population with 51% being 65 or over and 49% being younger than 65.

Health Status

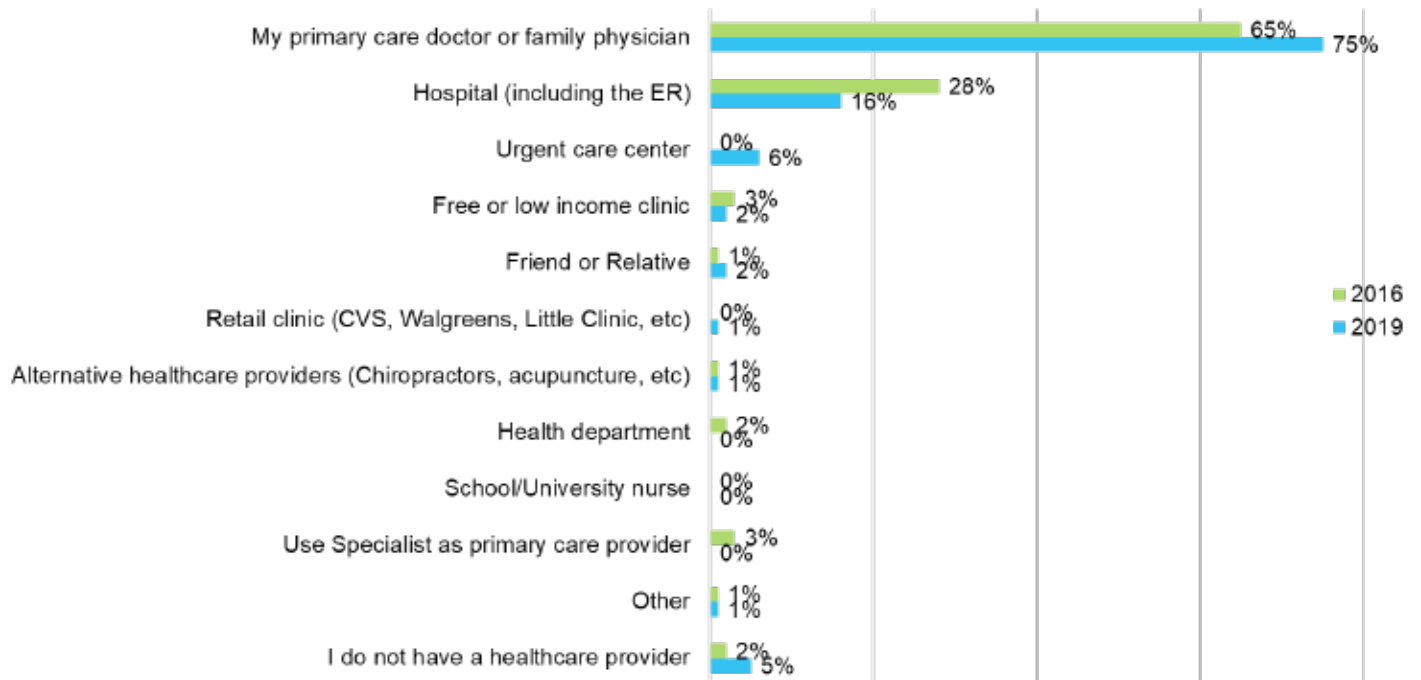
Generally, how would you describe your health?



Community Survey cont'd

Basic Healthcare Needs

If you have one person or group you turn to for basic healthcare needs, where do you go most often?



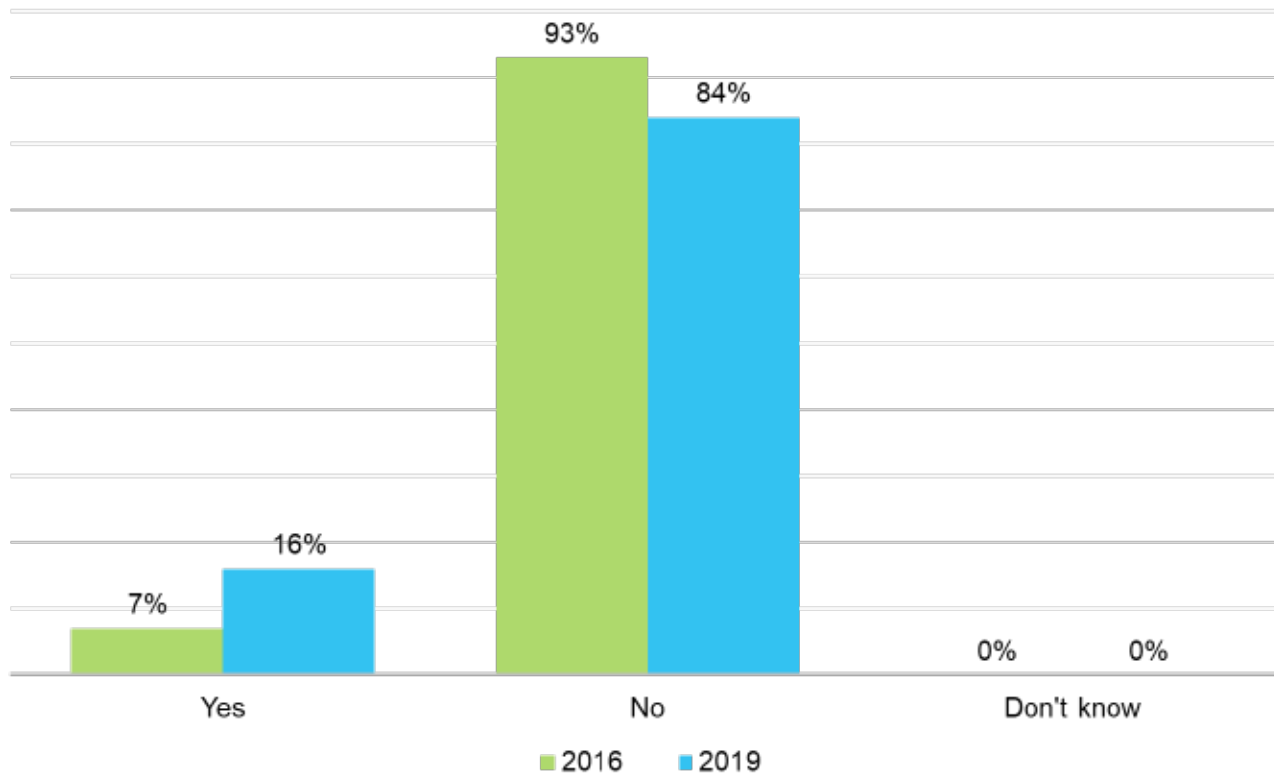
Most people get their basic health needs met through their family physician followed by the ER. Urgent Care appeared in the 2019 survey as an option.
N=300



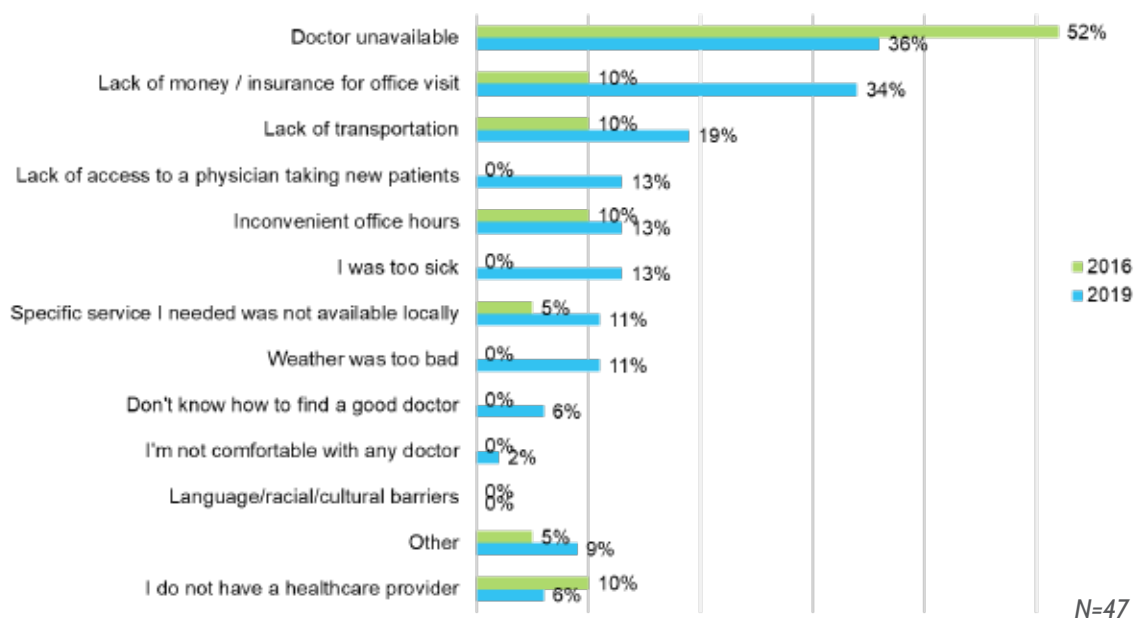
Photo of Huggins Hospital's Medical Staff in June of 2018.

Access to Care - Doctor

Was there a time in the past 12 months when you needed to see a doctor but could not?

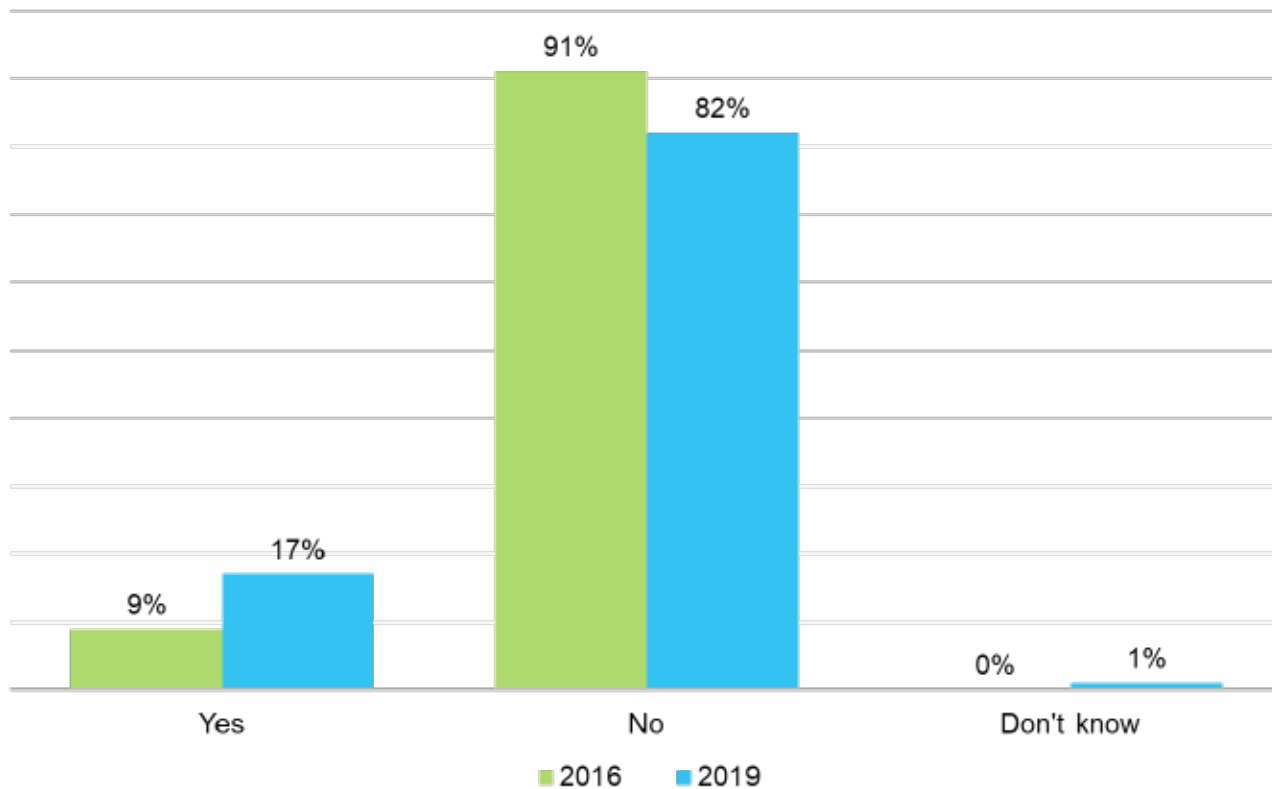


What are some of the reasons why you could not see a doctor?

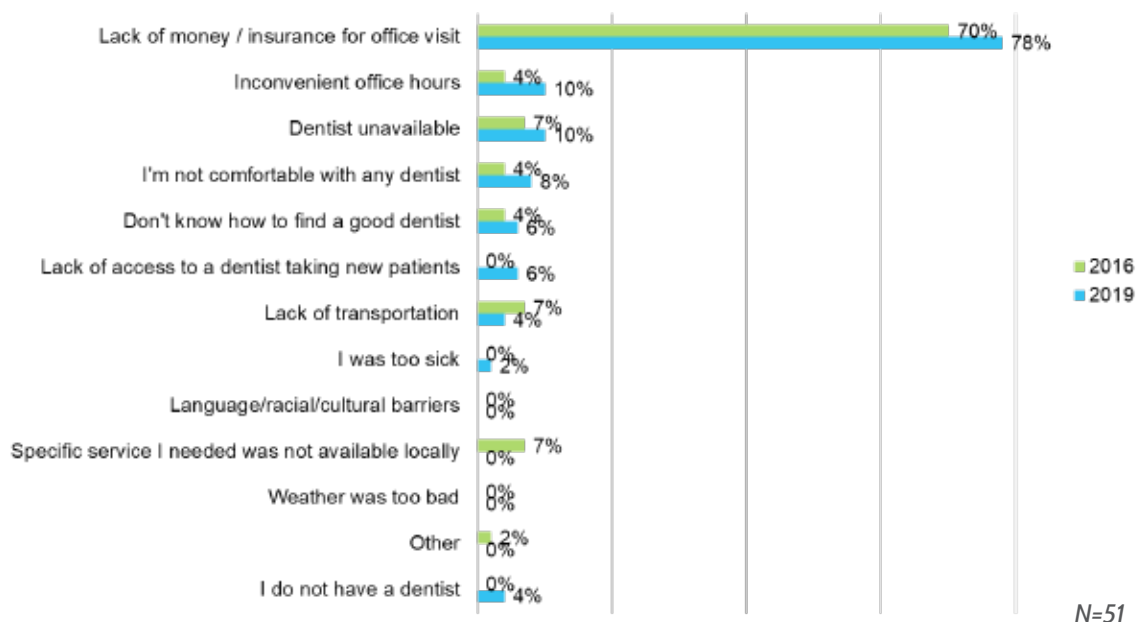


Access to Care - Dentist

Was there a time in the past 12 months when you needed to see a dentist but could not?

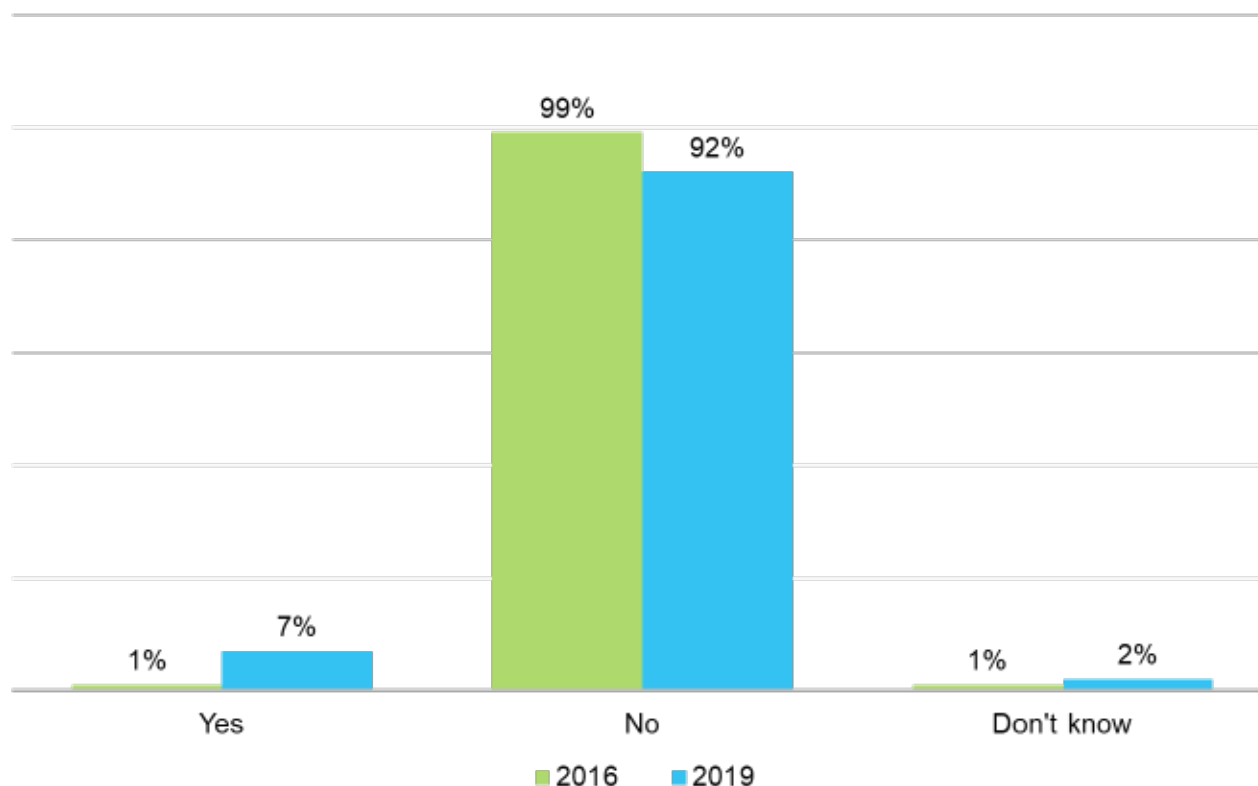


What are some of the reasons why you could not see a dentist?

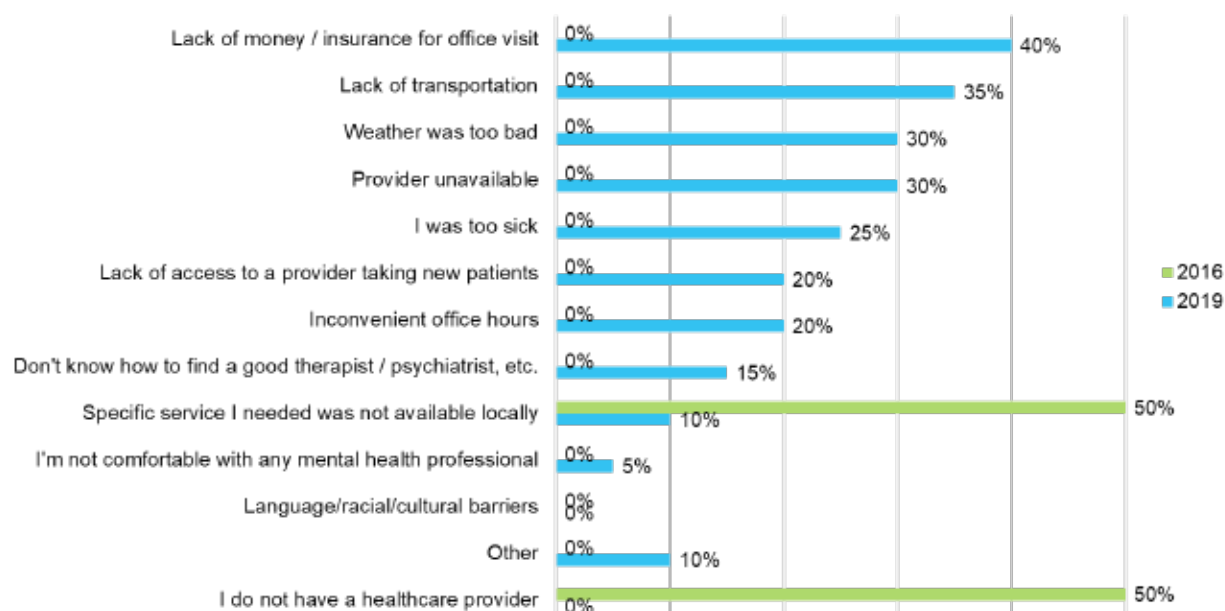


Access to Care - Mental Health Professional

Was there a time in the past 12 months when you needed to see a mental health professional but could not?



What are some of the reasons why you could not see a mental health professional?

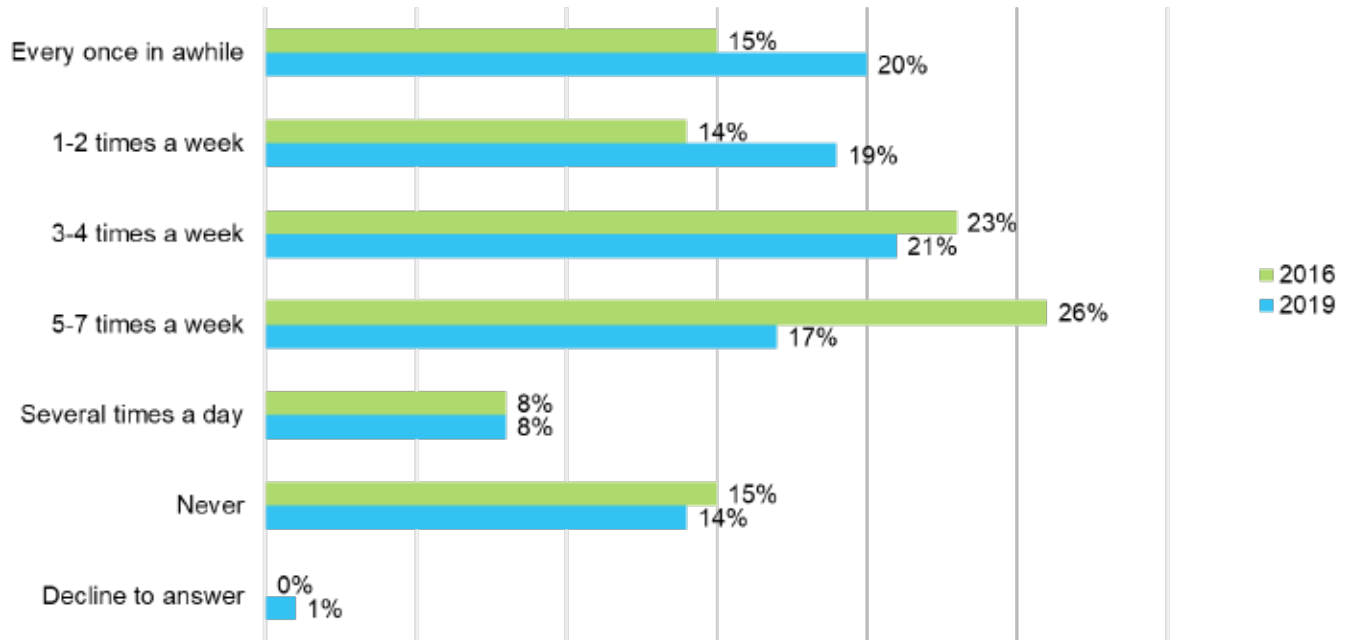


N=20

Community Survey cont'd

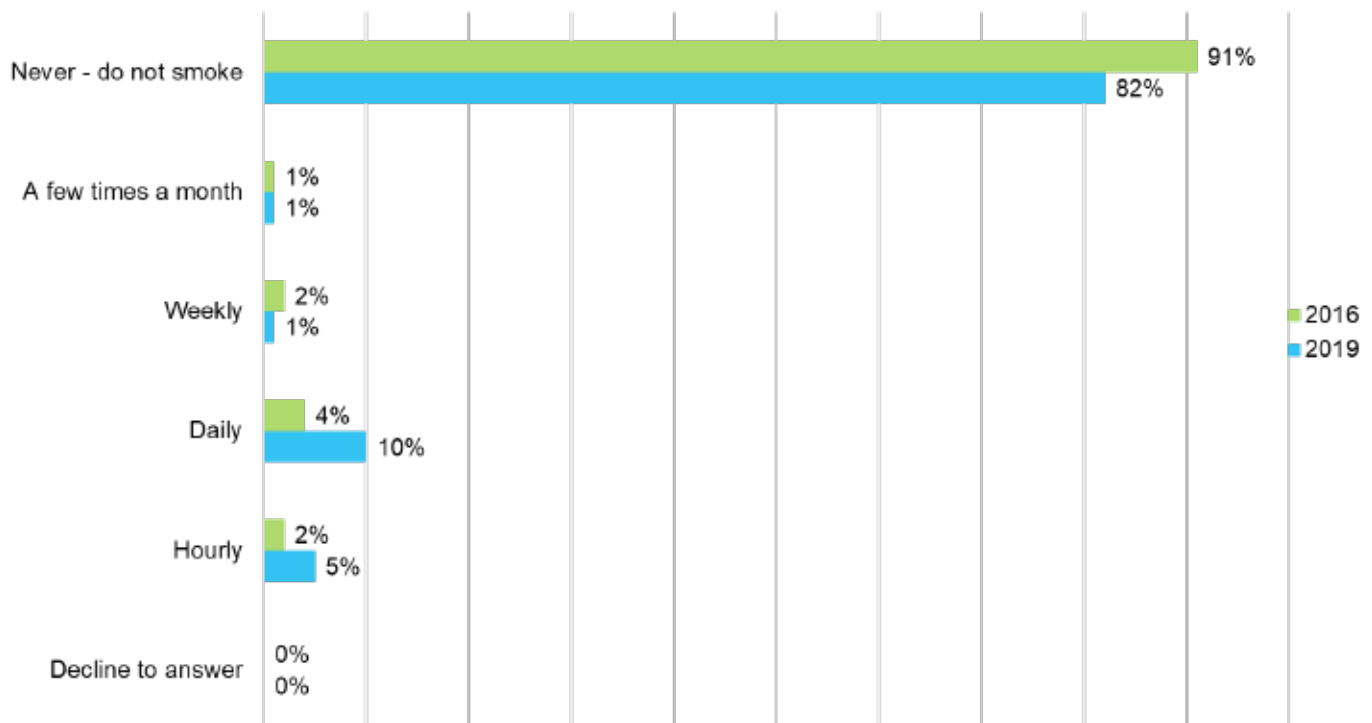
Activity

During the past month, other than your regular job, about how often did you participate in any physical activities or exercise, such as fitness walking, running, weight-lifting, team sports, etc.?



Smoking

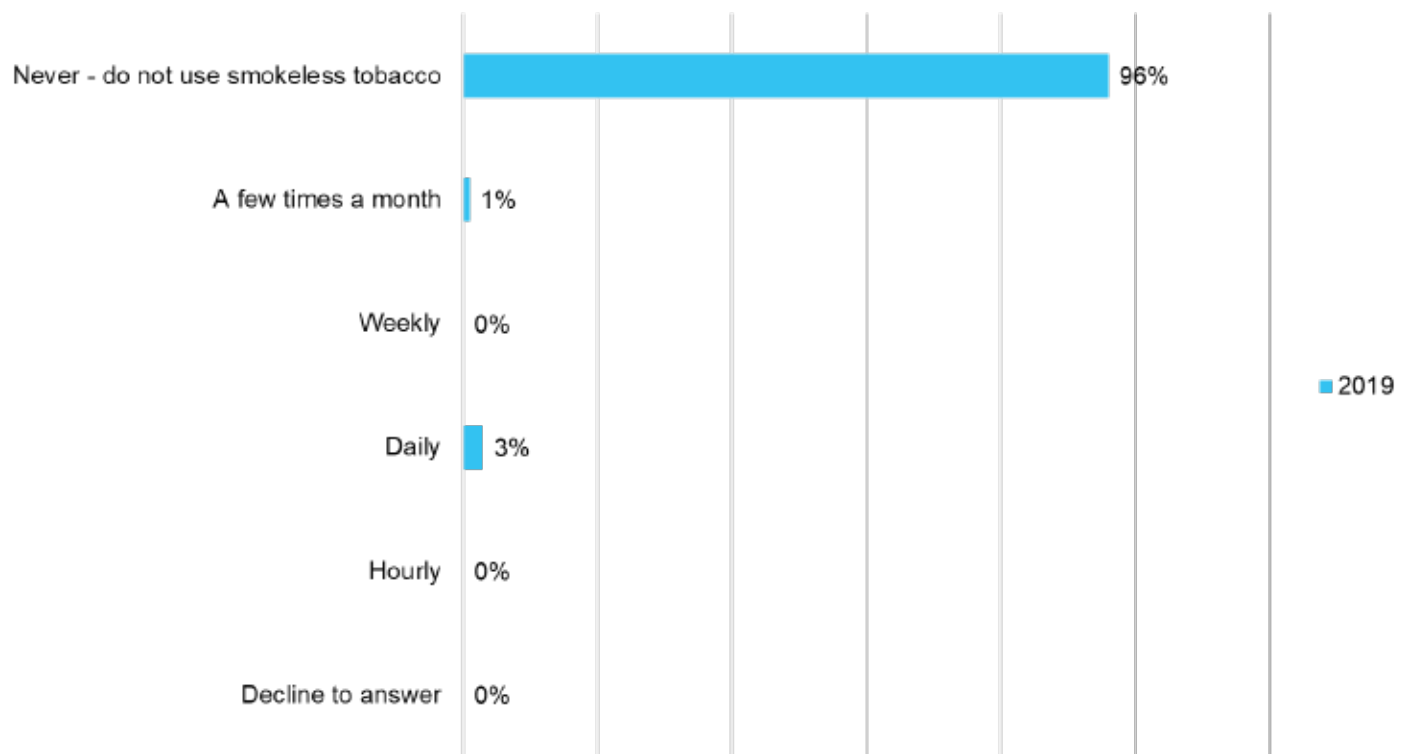
How often do you smoke, if you do?



Community Survey cont'd

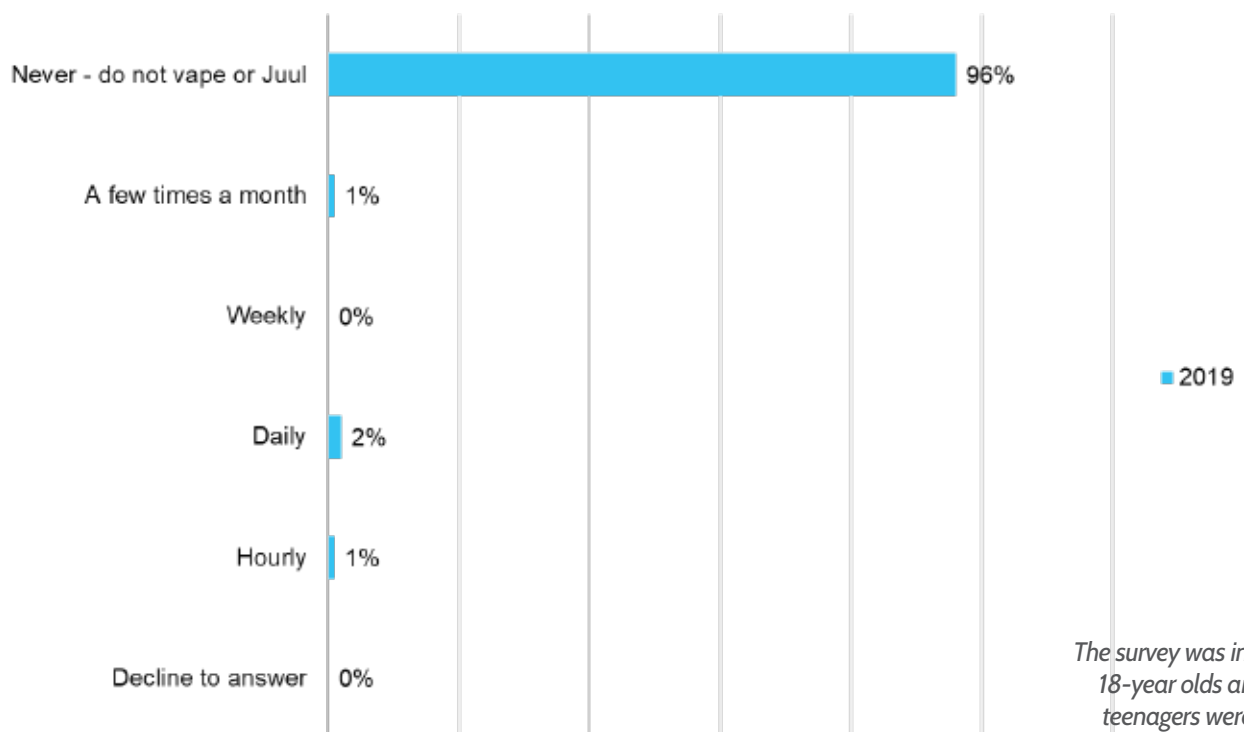
Tobacco

How often do you use smokeless tobacco, if you do?



Vaping

How often do you use e-cigarettes or vape, if you do?

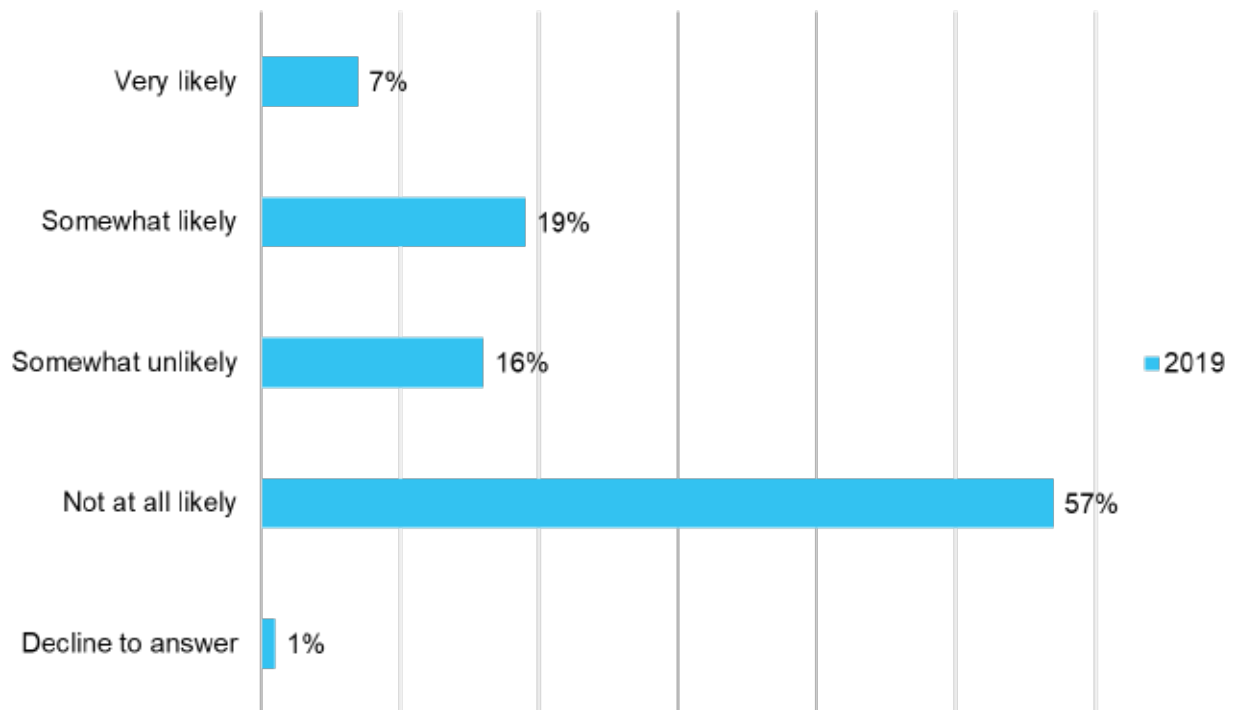


The survey was intended for 18-year olds and older so teenagers were excluded.

Community Survey cont'd

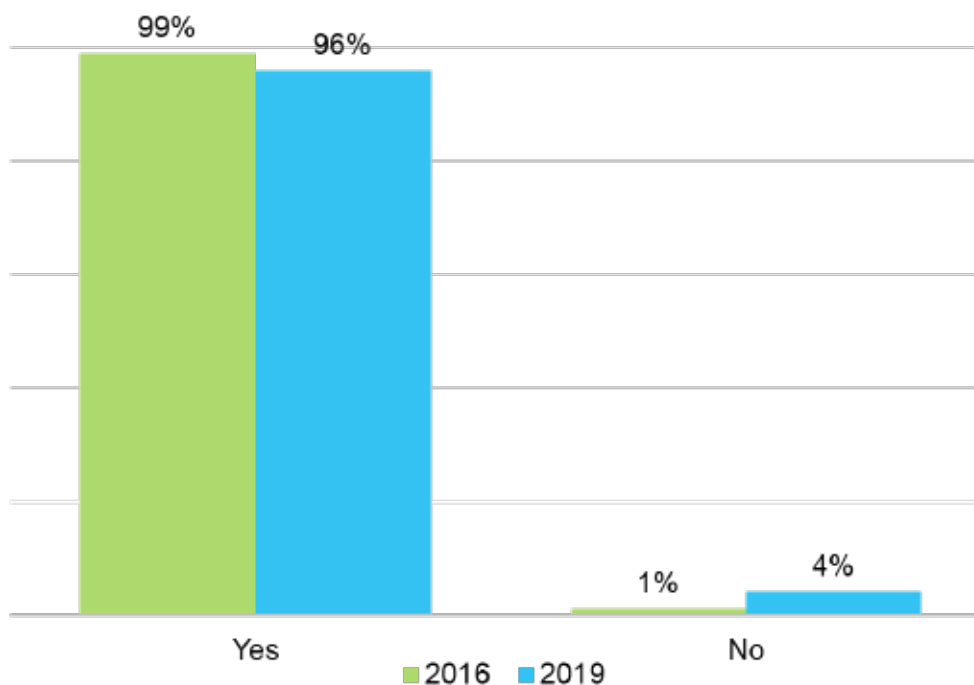
Telemedicine

How likely are you to utilize virtual physician care such as through the computer or your smart phone?



Food

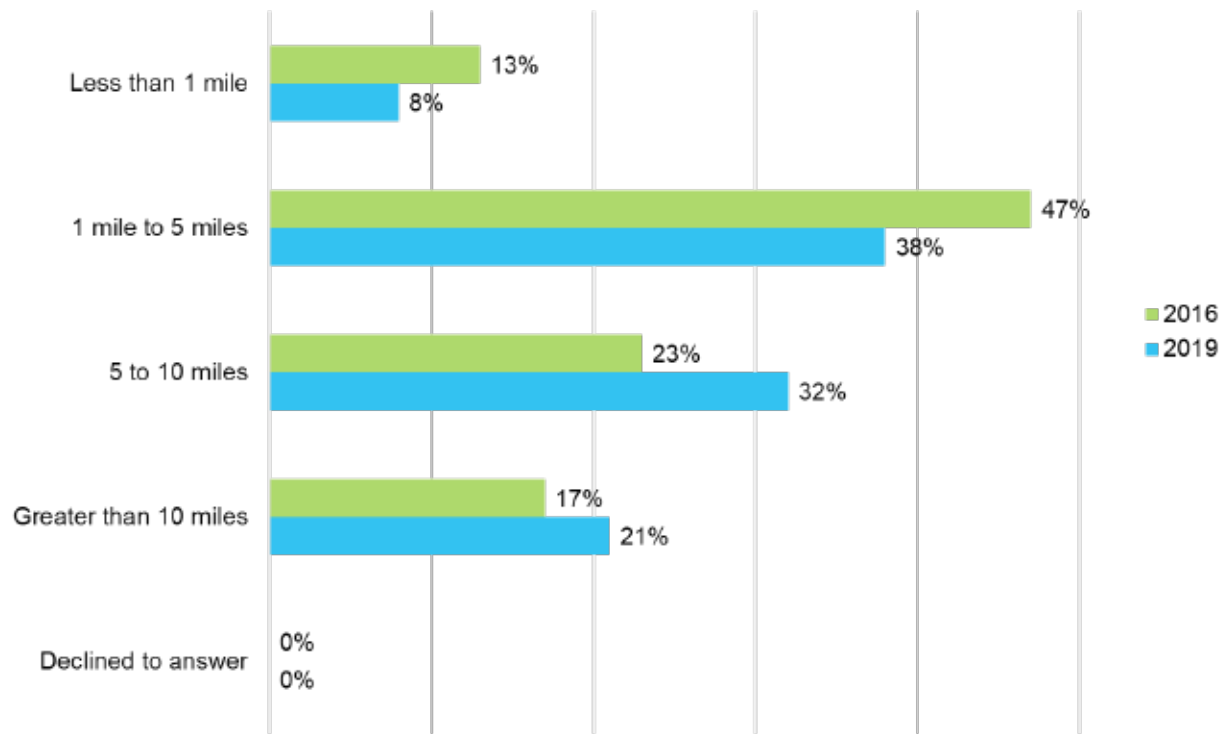
Do you have access to healthy food?



Community Survey cont'd

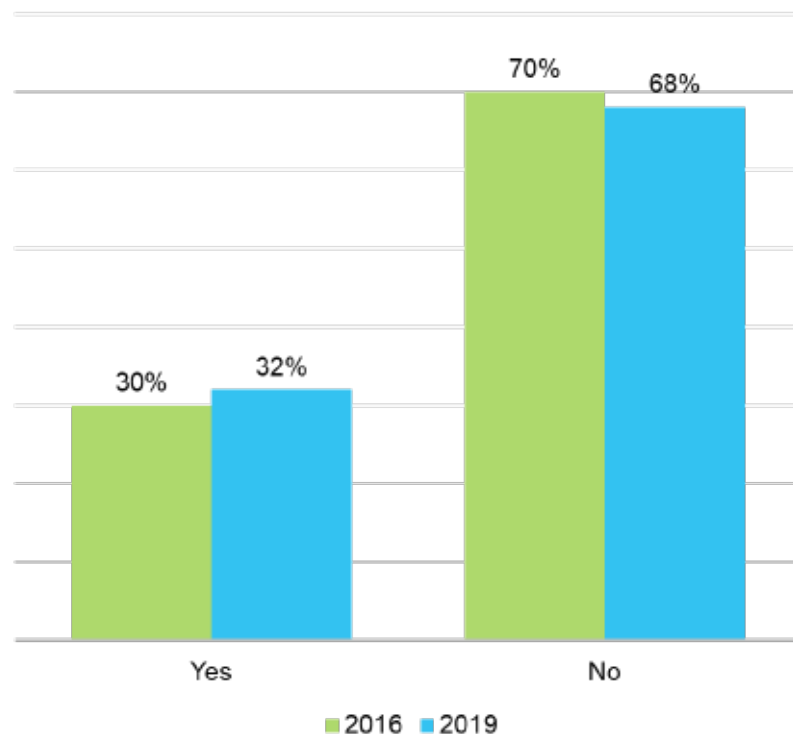
Food

How close in distance is the nearest grocery store that offers fresh fruits and vegetables?



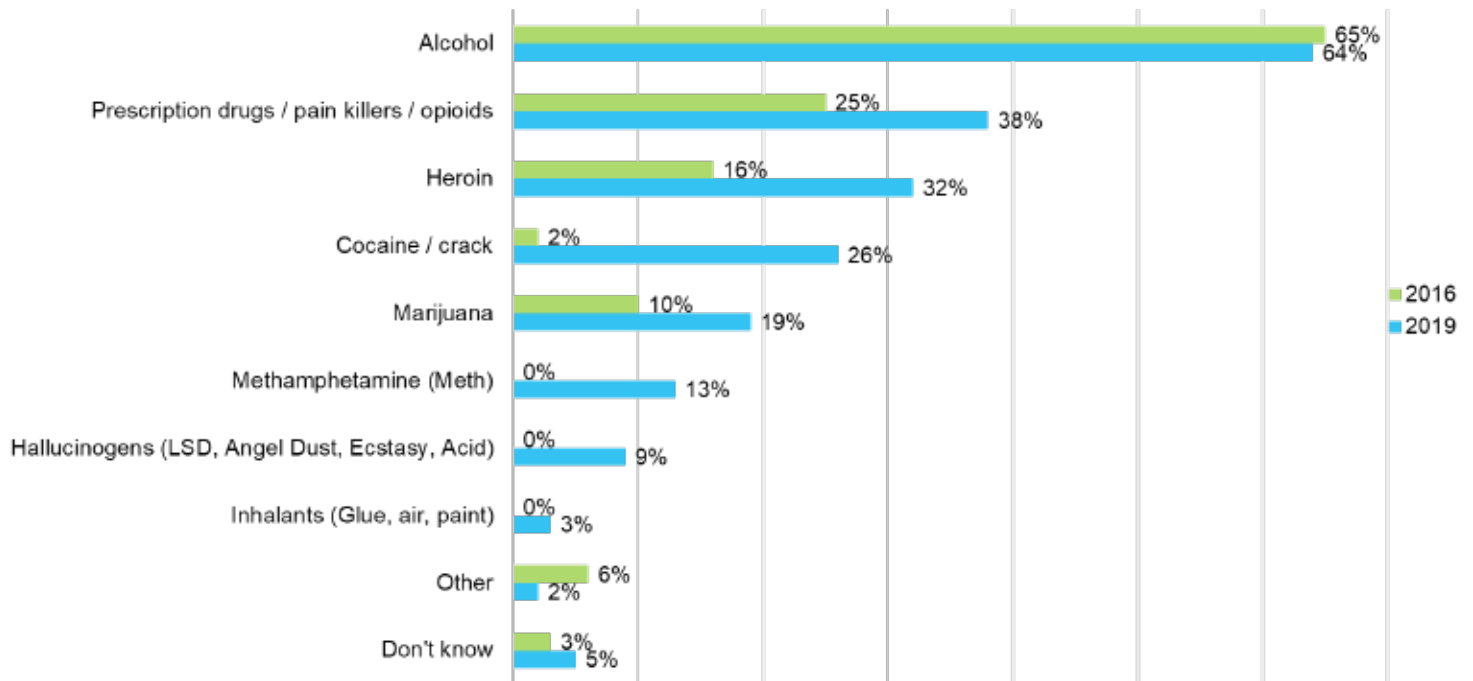
Substance Misuse or Addiction

Have you, a relative or close friend experienced substance abuse or addiction?



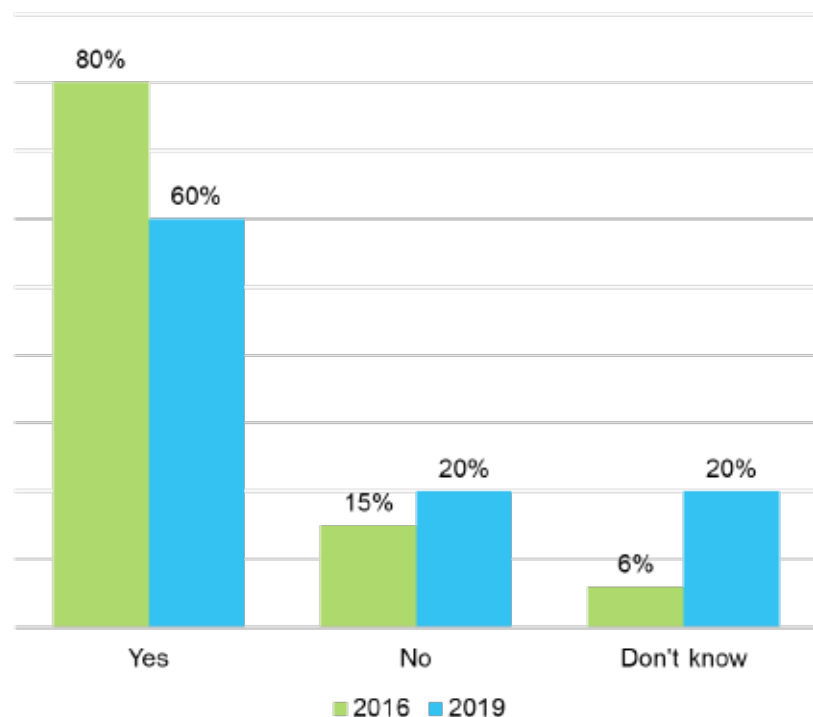
Substance Misuse or Addiction

What substance was involved?



Substance Misuse or Addiction

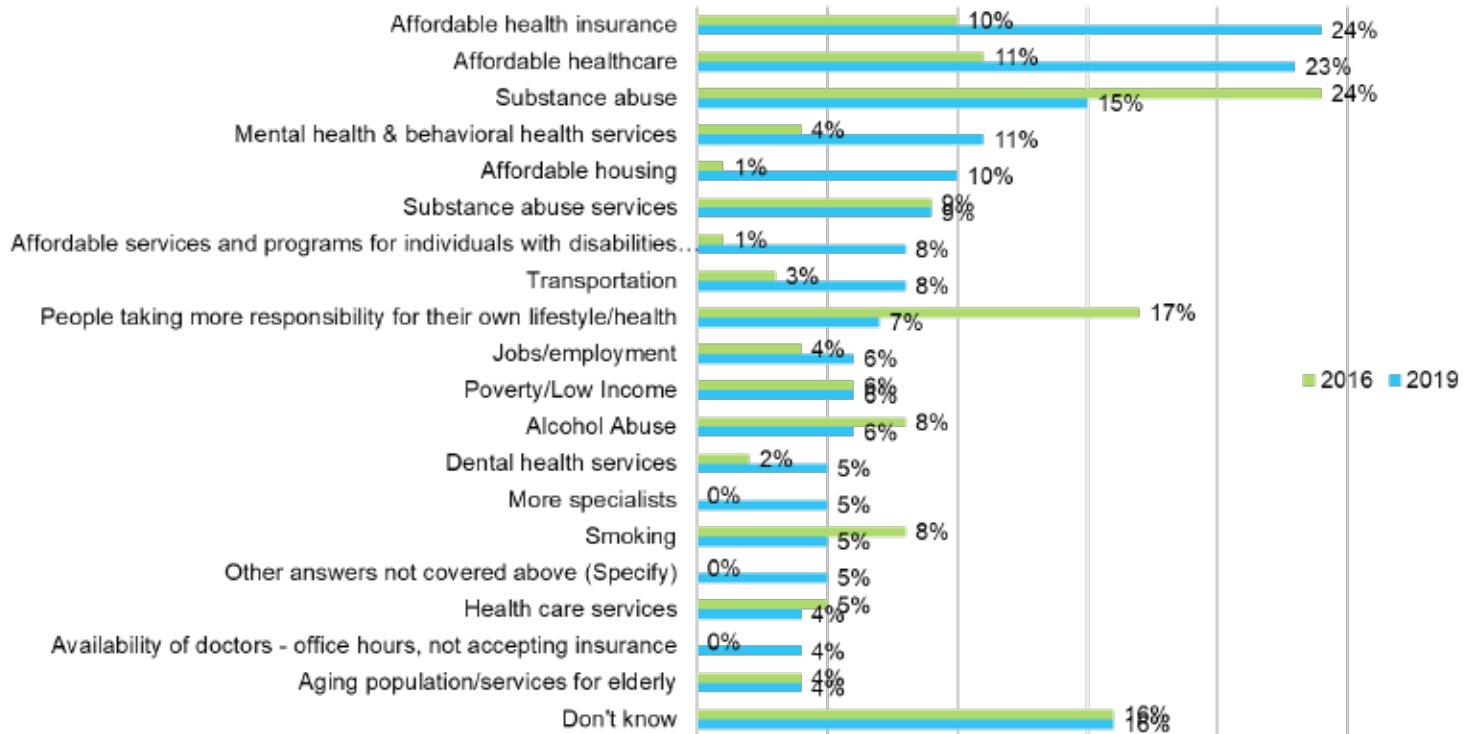
Was addiction treatment available?



Community Survey cont'd

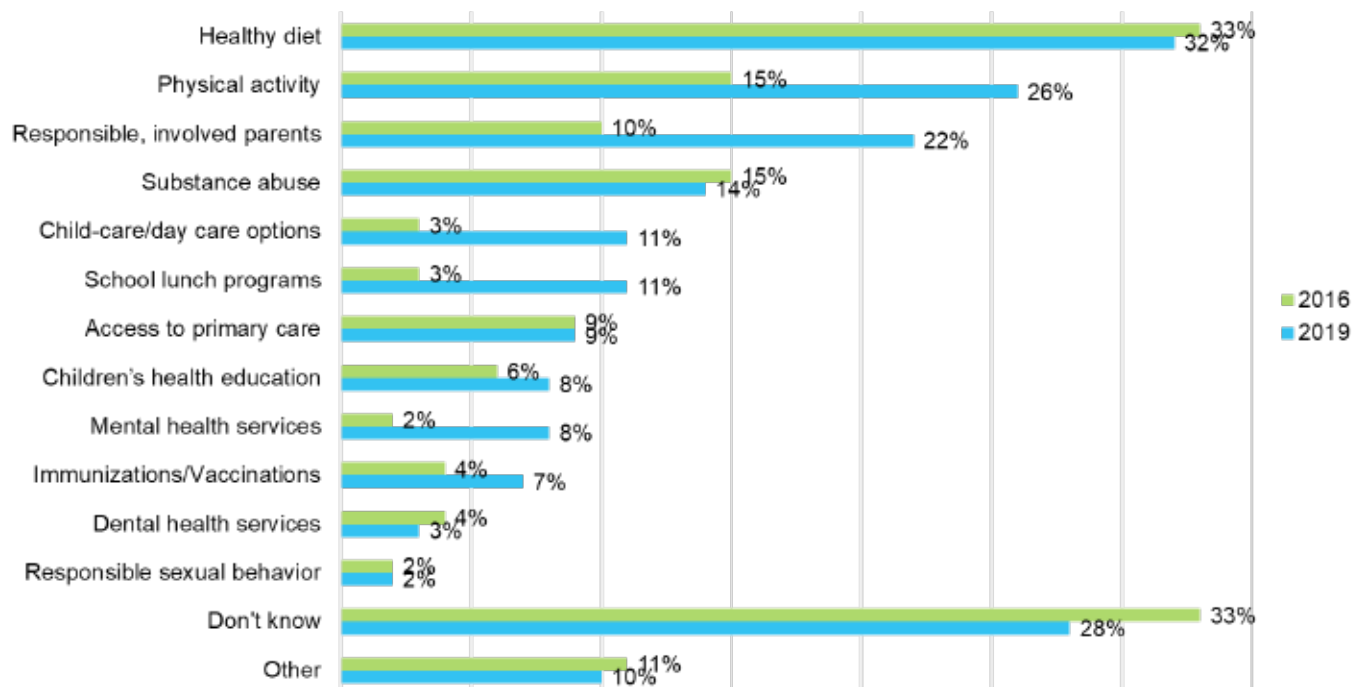
Issues that Impact People's Health

What are the top 3 issues in your community that impact people's health?



Health Concerns for Children

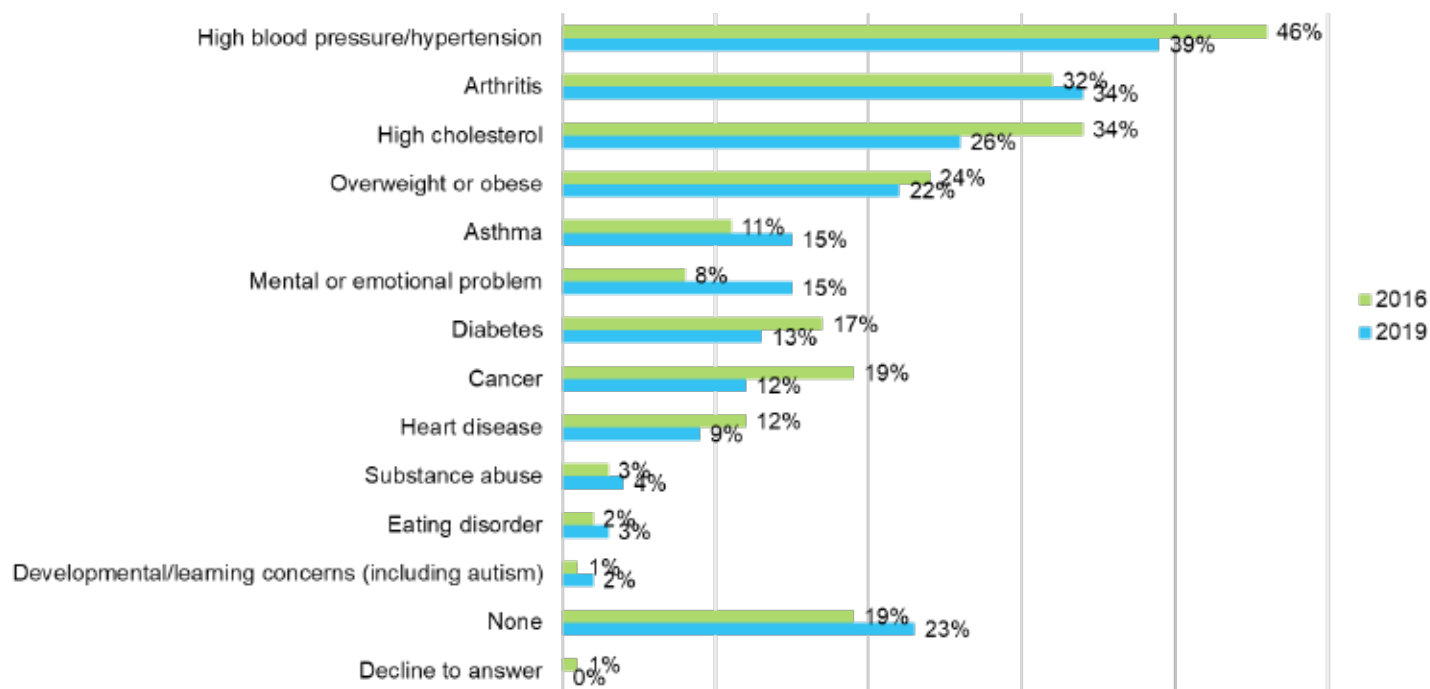
In your opinion, what are the top 3 health concerns for children in your community?



Community Survey cont'd

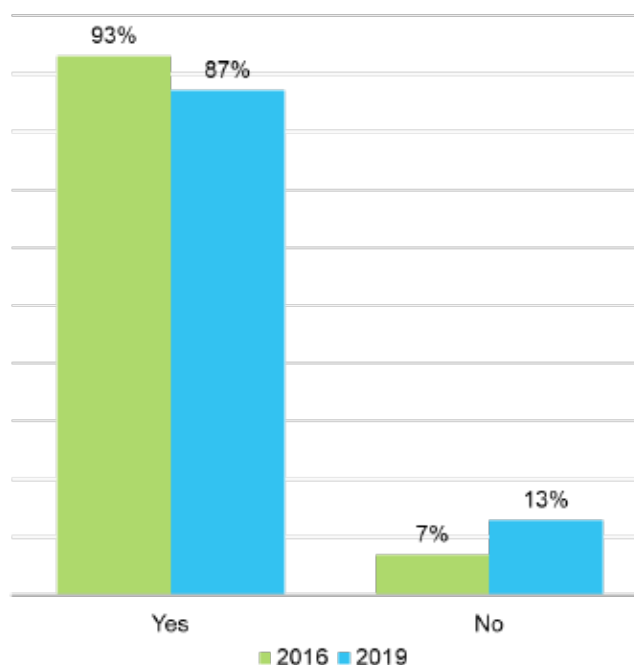
Health Conditions

Have you ever been told by a doctor you have any of these conditions, diseases or challenges?



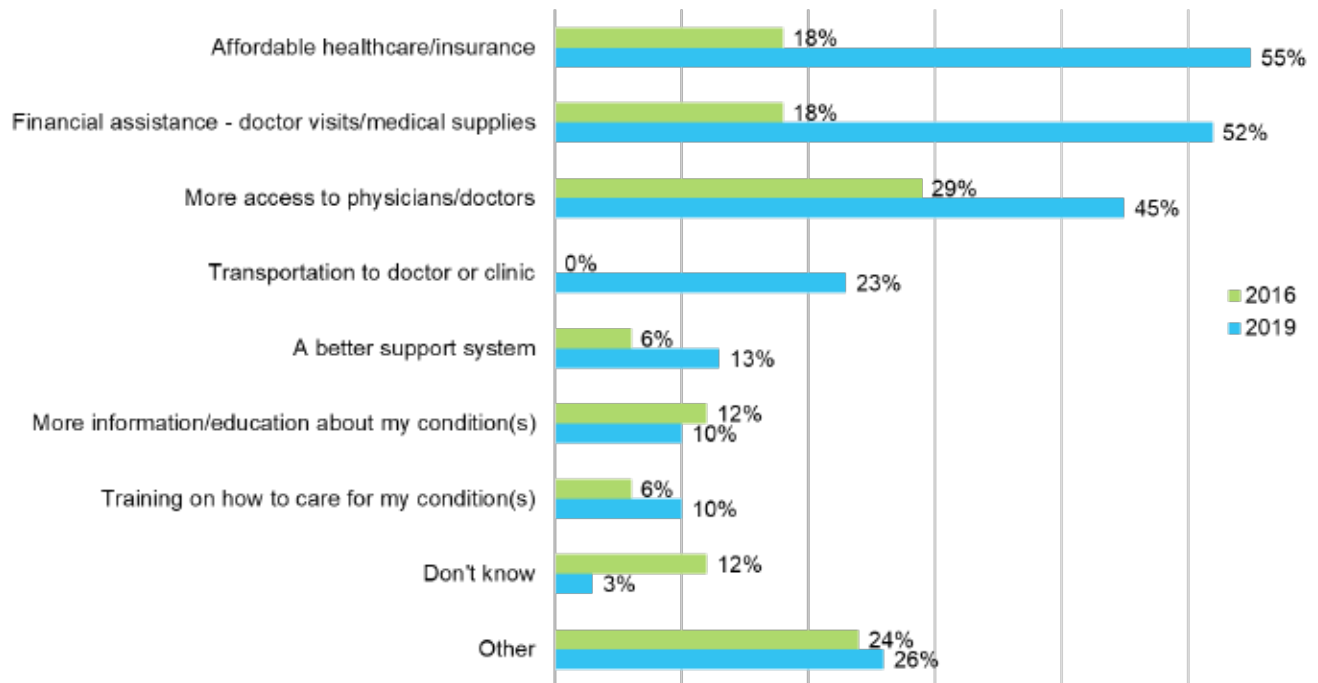
Managing Health Conditions

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



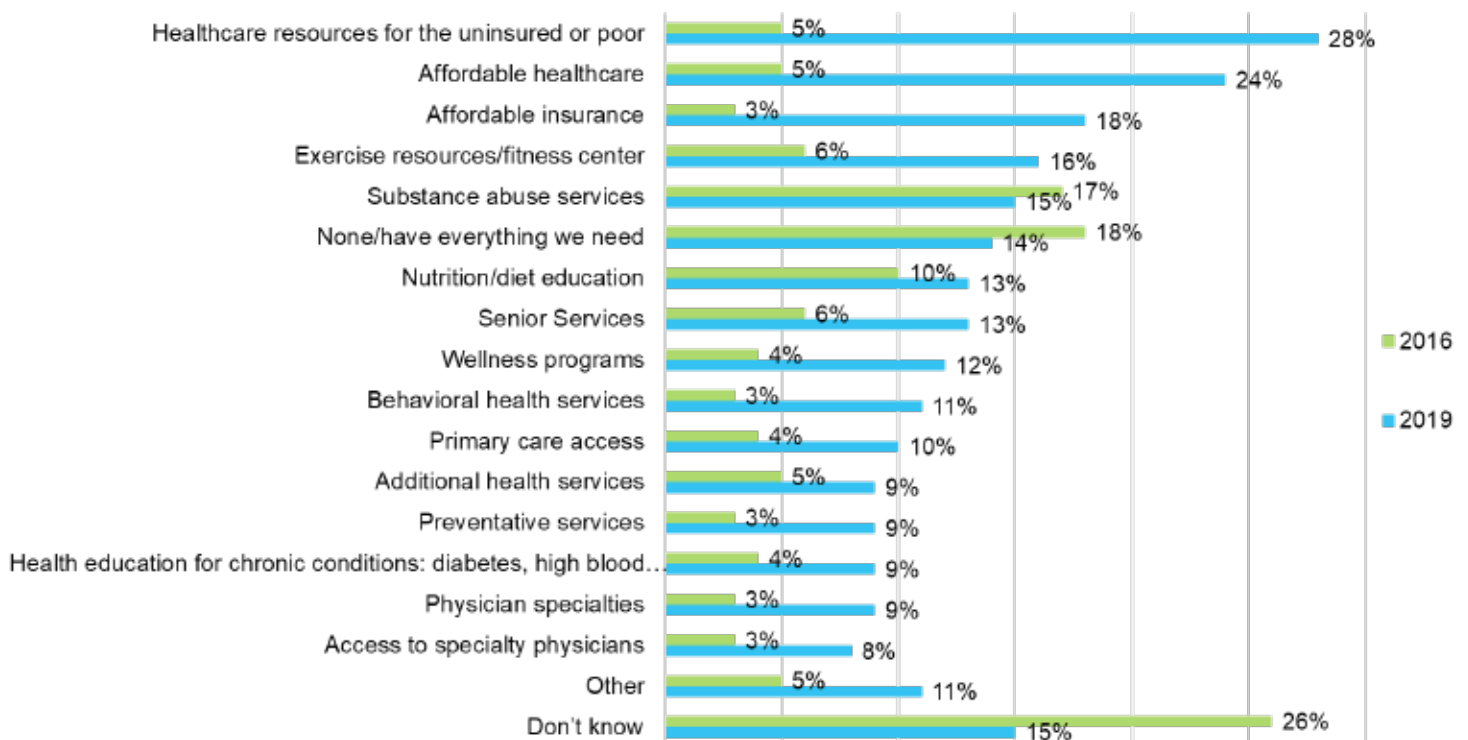
Managing Health Conditions

What do you need in order to manage your health condition(s)?



Desired Health Educations or Programs

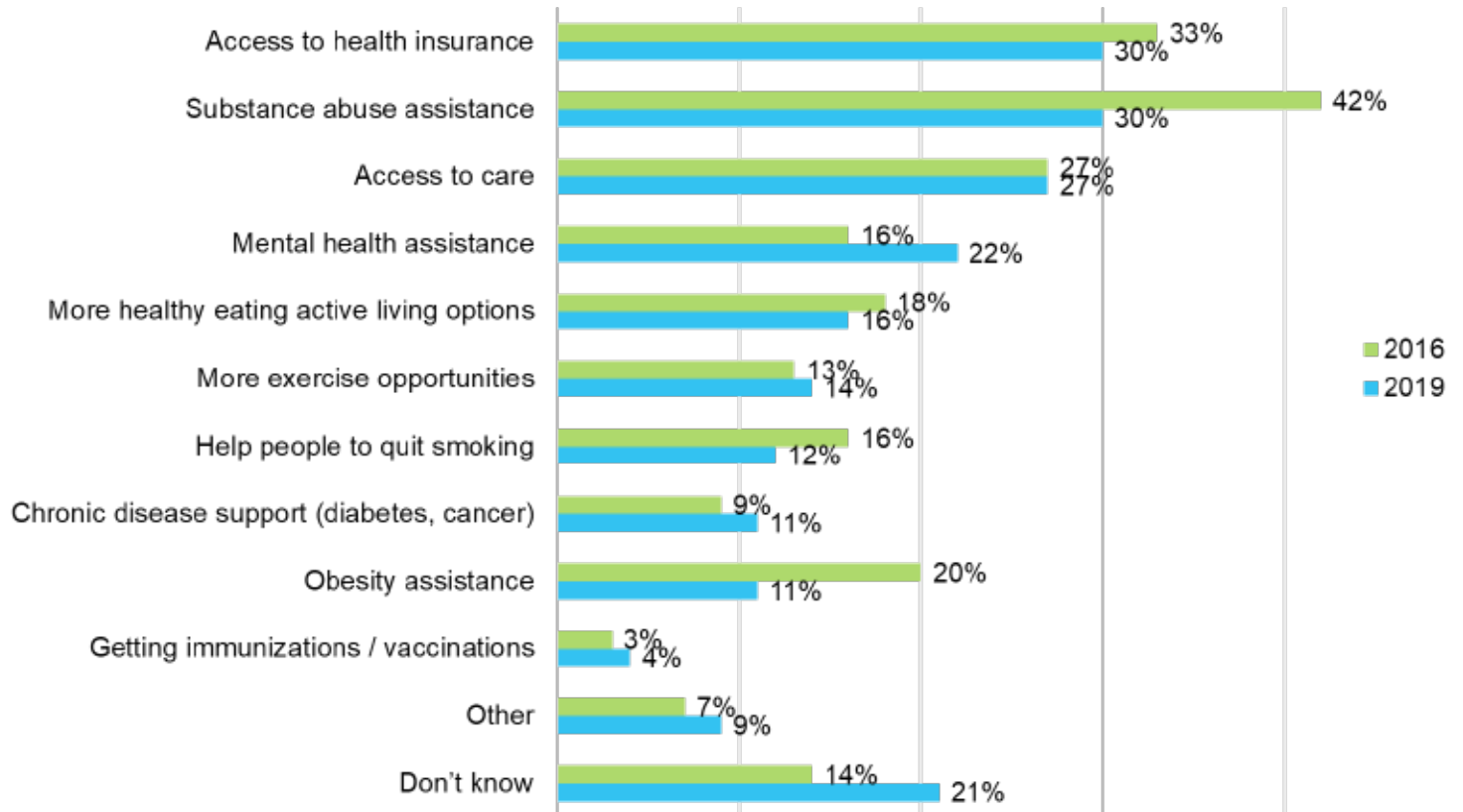
What healthcare, health education or public health services or programs would you like to see offered in your community?



Community Survey cont'd

Health Needs

In your opinion, which are the top 3 health needs in your community?



Community Assets and Resources

Community Asset Inventory

During the Community Focus Groups, members of the community and public health, mental health and physical health organizations listed a few resources that are available, currently, as community assets. For a more 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

2019 Implementation Plan

To develop the 2019 Implementation Plan (see next page for Plan), Huggins Hospital and members of the Huggins Community Health Network Board agreed on the priority issues that arose in the 2019 Community Health Needs Assessment. The Implementation Plan was approved by the Huggins Hospital Board of Trustees and added to this report which is available online at www.hugginshospital.org and in print through the hospital's Community Relations Department.



Huggins Hospital's Selected Initiatives and Implementation Plan 2019

Implementation Plan 2019

To successfully make our community healthier, it was necessary to have a collaborative venture which brought together care providers, citizens, government, social service providers and businesses around an comprehensive Community Health Needs Assessment. Huggins Hospital will now select key elements of the assessment and develop strategies and initiatives to address those elements.

Based on the results of this CHNA, Huggins Hospital selected three (3) of the identified significant health needs to address and focus on primarily.

1. **Access to Care (including affordability)**
2. **Mental Health and Addiction Treatment and Prevention Services**
3. **Social Determinants of Health Improvement**

Access to Care (including affordability)	Mental Health and Addiction Treatment and Prevention	Social Determinants of Health Improvement
<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Increase specialty and primary care services and access • Increase Care Coordination services at Huggins Hospital • Increase access to Huggins Health Neighborhood to help navigate people through their care journey • Provide education regarding financial stability and its impact to overall wellbeing <p>Anticipated impact:</p> <ul style="list-style-type: none"> • Reduced ED visits • Increase in people served by the Huggins Health Neighborhood • Increase in those accessing preventative care as opposed to acute <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • RN Care Coordinators • Increase in care providers • Funding for community initiatives • Community Education Campaign <p>Collaborations anticipated:</p> <ul style="list-style-type: none"> • Huggins Community Health Network • Financial Experts and Resources 	<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Develop MAT Program at Huggins • Participate in multiple groups of the Medicaid 1115 Waiver, a program to transform the NH behavioral health delivery system • Advocate for patients through multiple forums to improve the continuum of care • Partner with Huggins Community Health Network members to provide services to those in need • Support other organizations that focus in substance misuse, mental health and behavioral health <p>Anticipated impact:</p> <ul style="list-style-type: none"> • Reduced ED visits and length of visits • Improved access to treatment locally <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • Social Worker in Primary Care offices • Funding for collaboration and support • Integrated resources amongst Huggins Community Health Network members <p>Collaborations anticipated:</p> <ul style="list-style-type: none"> • Huggins Community Health Network • Public Health • IDN7 partners • Local substance misuse organizations 	<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Develop navigation services inside 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 <p>Anticipated impact:</p> <ul style="list-style-type: none"> • Seamless access from Huggins Hospital to social determinants of health resources and vice versa • Increase in social service resources <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • Huggins Community Health Network • Funding to fill gaps in services <p>Collaborations anticipated:</p> <ul style="list-style-type: none"> • Huggins Community Health Network • Public Health • Town Agencies • Community Members

2016 Huggins Hospital Implementation Plan/Impact Evaluation

Each Community Health Needs Assessment cycle, organizations must solicit feedback regarding how they addressed the needs in the previous report and implementation plan. Huggins Hospital adopted an implementation plan in 2016. The results of this plan were reviewed during the Community Focus Groups in 2019.

The top health issues in 2016 were:

- Substance misuse
- Mental Health
- Chronic diseases/prevention
- Access
- Senior/Aging Issues
- Obesity



The Implementation Plan from 2016 included strategies such as the following:

- Increase specialty and primary care services and access
- Develop Coordinated Care program in Primary Care offices
- Expand Community Education
- Expand programming through Rehabilitation team and services
- Support healthy activity initiatives in community
- Create Senior Wellness Group through Huggins Hospital to offer specific health information and social interaction for those 55+
- Identify seniors in need
- Provide activities for seniors in community (ie: line dancing, etc.)
- Develop program to educate seniors about how to age at home safely and about Advanced Care Planning
- Begin Falls Program - Tai Ji Quan
- Participate in multiple groups of the Medicaid 1115 Waiver, a program to transform the NH behavioral health delivery system
- Advocate for patients through participation in community forums and groups addressing mental health and behavioral health as well as substance misuse
- Support other organizations that focus in substance misuse, mental health and behavioral health

With this Implementation Plan, Huggins Hospital:

- Embarked on a Strategic Planning process to redefine the organization's vision, mission and initiatives based on the Community Health Needs Assessment findings and through collaboration with employees and community members
- Developed the Huggins Community Health Network to address gaps in services throughout the community
- Expanded specialty and primary care services in the area
- Expanded programs through the hospital's Rehabilitation teams
- Supported organizations in the community that are dedicated to health and overall wellbeing
- Provided classes at the local Senior Center
- Developed education and communication about how to age at home safely
- Participated in the Medicaid 1115 Waiver and added social services and care coordination to the Huggins teams

A summary of comments regarding the 2016 Community Health Needs Assessment and implementation Plan:

- Huggins Hospital has made a lot of progress in the field of Mental Health for their inpatients.
- Huggins Hospital is making progress toward coordinated efforts for substance use treatments and supports.
- Mental Health is still a major issue.
- There has been more focus on caring for the whole person - physical, mental, social - as opposed to just clinical care.

Community Health Needs Assessment

completed by Huggins Hospital in partnership with Stratasan

