



2016

Huggins Hospital

Community Health
Needs Assessment

Carroll County, New Hampshire

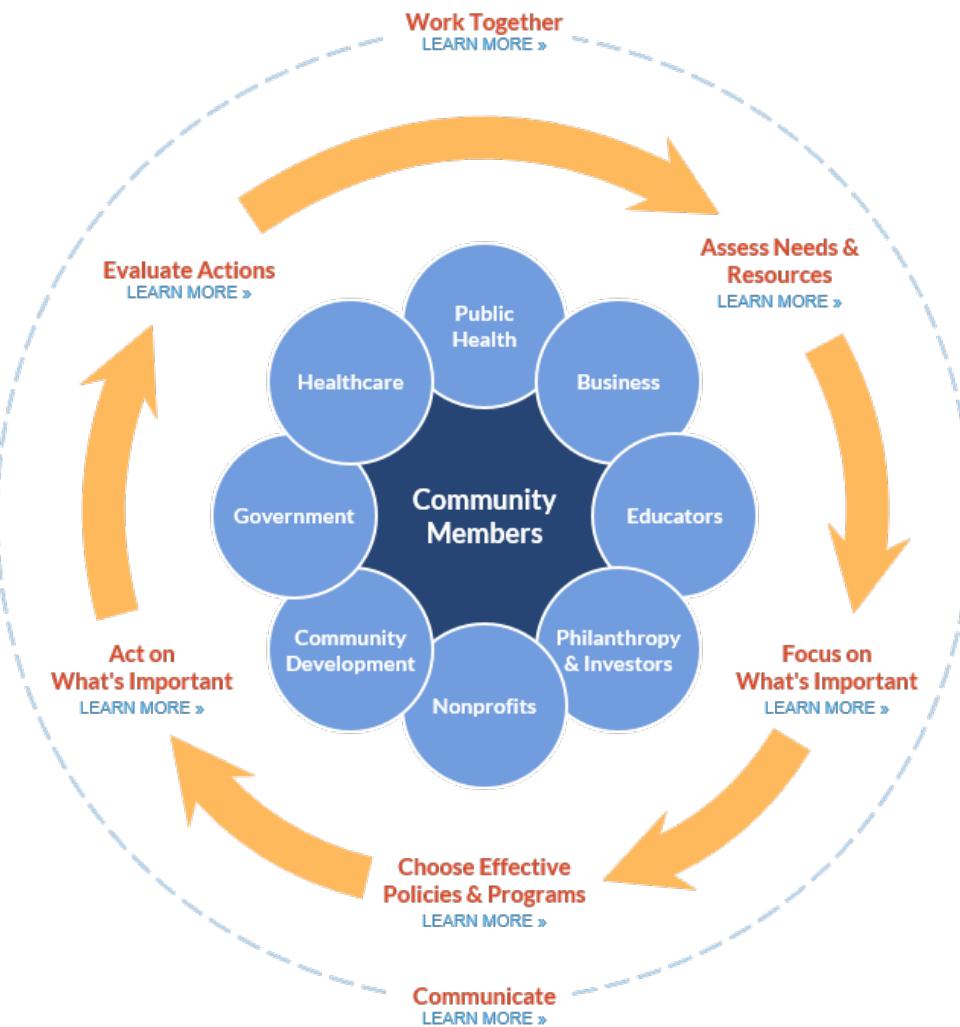
Hard copies of this document may be obtained at Huggins Hospital, 240 South Main Street, Wolfeboro, NH 03894 or by phone 603.569.7500 or via the hospital website <http://www.hugginshospital.org>.

Table of Contents

Perspective/Overview	03
Participants	04
Project Goals	04
Community Input and Collaboration	06
Data Collection and Timeline	06
Input of Public Health Officials	08
Input of Medically Underserved, Low-Income, and Minority Populations	08
Community Engagement and Transparency.....	08
Community Selected for Assessment	09
Huggins Hospital Patients - 2015	09
Key Findings	10
Information Gaps	10
Process and Methods	10
Demographics of the Community	11
Health Status Data	14
Survey Results, Health Status Comparisons	15
Community Survey Results	15
Health Status Comparisons	20
Prioritization of Health Needs	32
Prioritization Criteria	32
Community Health Summit Brainstorming – Focus Areas, Goals	35
Community Assets and Resources	41
Initiatives and Implementation Plan	42

Perspective/Overview

Creating a culture of health in the community



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

The Huggins Hospital Community Health Needs Assessment defines 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 Carroll County, New Hampshire. Huggins Hospital (Huggins) conducted a Community Health Needs Assessment (CHNA) in 2013. This 2016 assessment analyzes progress since the last assessment as well as defines new or continued priorities for the next three years.

Huggins Hospital engaged national leaders in CHNA, Stratasan, to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee provided the analysis of community health data and a community telephone survey. Stratasan also presented the data and analysis to the community during Huggins Hospital's Community Health Summit. The event provided an opportunity for community members and local health and safety agencies to determine significant health needs and goals for improvement.

- Huggins Hospital's Board of Trustees will approve and adopt this CHNA and an implementation strategy in 2016.
 - Starting on September 1, 2016, 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

Over sixty individuals from over forty community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Carroll County. 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.

Project Goals

- ① To implement a formal and comprehensive community health assessment process for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
- 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 to instigate health improvement in the community.

“ “We initiated the Community Health Needs Assessment with the goals to analyze changes in significant health needs and priorities from 2013’s Community Health Needs Assessment and collaborate with the community to address those needs,” said Jeremy Roberge, President & Chief Executive Officer at Huggins Hospital. “It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents and visitors.”

“We utilized the information we gathered from public health data and community stakeholders to set priorities for significant health issues Huggins Hospital could address through our Implementation Plan. We hope other community organizations will join us,” added Monika O’Clair, Senior Director of Communication & Community Relations at Huggins Hospital. “The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins.”

”



Community

Input and Collaboration



Data Collection and Timeline

In February, 2016, Huggins Hospital contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Carroll County, New Hampshire. Huggins Hospital sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in April and May of 2016.
- 300 community surveys were conducted from April 27 through May 13, 2016. The phone numbers used for dialing were purchased from Marketing Systems Group. The numbers were dialed at random. The completed surveys include 257 landline surveys and 43 cell phone surveys.
- A Community Health Summit was held on May 26, 2016 with 45 community stakeholders attending. The audience consisted of healthcare providers, the Carroll County Coalition for Public Health, businesses, law enforcement, EMS, government representatives, human services, not-for-profit organizations (hospitals, home health, mental health, substance abuse, elderly services) and other community members.

Participation in the Community Health Summit creating the Carroll County Community Health Needs Assessment and Improvement Plan:

Organization	Population Represented (kids, low income, minorities, those w/o access)
Abundant Blessings Homecare	Senior care/ stats affect aging
Brewster Academy	Employees and their families, students
Carroll County Coalition for Public Health	All, substance misuse prevention, emergency preparedness
Central NH VNA & Hospice	Medical social worker - all
Central NH VNA	Pediatrics
Community Members	
Curtis Quality Care, LLC	Elderly/skilled rehab
Doran Independent Insurance	Families, young and old/health, life, LTC
Genesis Healthcare - Wolfeboro Bay	long-term care, rehab, dementia
Huggins Hospital	all
Huggins Hospital board member	All
Memorial Hospital	All, hospital, outpatient practices, homecare, schools
Mountain View Community	Elderly/skilled rehab
Northern Human Services	All ages, genders w/ mental health prevention needs
Service Link Carroll County	Aging, disabled, all populations
Sifonia Family Services, NH	Alcohol & drug treatment
State Representative	
State Representative	
Town of Wolfeboro	Selectmen Board
Tri-County Transit	
Tuftonboro Resident	
UNH Cooperative Extension	low income youth, adults, seniors, nutrition
Wakefield Welfare	
WEDCO	Economic developent
White Horse Addiction Center	Adult addiction/substance use
White Mountain Medical Center	Priary care practice
Wofeboro Bay Center	long-term care, rehab, dementia
Wolfeboro Area Chamber of Commerce	Businesses including non-profits
Wolfeboro Fire Department	Emergency services/town
Wolfeboro Planning Board	
Wolfeboro Police Dept	All
Wolfeboro Welfare	

In many cases, several representatives from each organization participated.

Input of Public Health Officials

At the Summit held on May 26, 2016, Emily Benson, Carroll County Coalition for Public Health Advisory Council Coordinator, presented information and priorities from the Public Health perspective.

The Carroll County Coalition for Public Health is focusing on the following priorities areas in the 2016-

- Early Childhood and Parental Support
- Mentally Healthy Families (including addiction free families)
- Aging with Connection and Purpose, and
- Emergency Preparedness Across the Life Span

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

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

Input of medically underserved, low-income and minority populations was received during the community survey and Community Health Summit. People representing these population groups were intentionally invited to participate in the process.

Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. 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. We also hope you will join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on our website at www.hugginshospital.org or by contacting Huggins Hospital.

The Carroll County Coalition for Public Health produced Carroll County 2020: Community Health Improvement Plan 2016-2019. You can access this report online at www.C3PH.org. Huggins Hospital was involved in this assessment and plan.

Additionally, Memorial Hospital in North Conway, NH, also located in Carroll County, produced a Community Health Needs Assessment in 2016.

All three of these assessments had community involvement and contain excellent community health information and improvement plans.

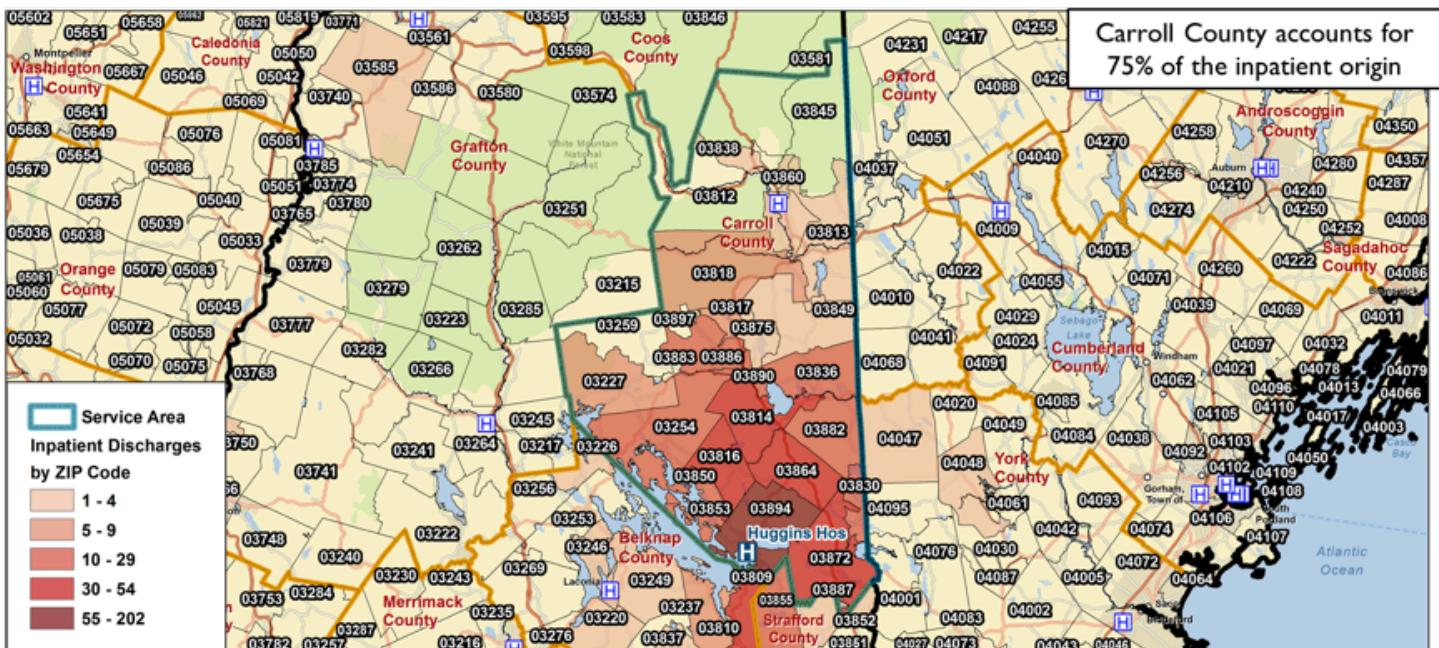
Community

Selected for Assessment

Huggins Hospital's patient information provided the basis for the geographic focus of the CHNA. The map below shows where Huggins Hospital's patients live; most inpatients came from Carroll County (75%). Therefore, it was reasonable to select Carroll County as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in Carroll County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Huggins Hospital draws its patients. 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.

Huggins Hospital Patients - 2015



Key Findings

Community Health Assessment

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 of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English) were not represented in the primary data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community telephone surveys
- Community Health Summit

Secondary methods included:

- Public health data - death statistics, county health rankings
- Demographics - population, poverty, uninsured
- Psychographics

Carroll County has a large seasonal population with seasonal, part-time homes and vacation populations. Census data includes primary residence information.



Huggins Hospital Community Health Summit 2016



Huggins Hospital Community Health Summit 2016

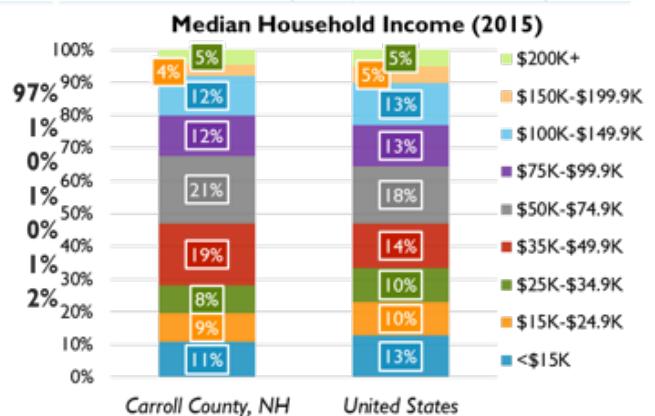
Demographics of the Community

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

	Carroll County	New Hampshire	USA
Population (2015)	48,935	1,345,926	318,536,439
Median Age (2015)	Older 50.5	42.4	37.9
Median Household Income (2015)	Lower HH Inc. \$52,472	\$64,044	\$53,217
Annual Pop. Growth (2015-20)	Growing slightly 0.15%	0.47%	0.75%
Household Population (2015)	21,884	535,613	120,746,349
Dominant Tapestry (2015)	Rural Resort Dwellers (6E)	The Great Outdoors (6C)	Green Acres (6A)
Businesses (2015)	3,400	67,028	13,340,415
Employees (2015)	29,280	750,144	158,567,719
Medical Care Index* (2015)	112	112	100
Average Health Expenditures (2015)	\$2,343	\$2,349	\$2,098
Total Health Expenditures (2015)	\$51.3 M	\$1.3 B	\$253.3 B

Racial and Ethnic Make-up

- White
- Black
- American Indian
- Asian/Pacific Islander
- Mixed Race
- Other
- Hispanic Origin

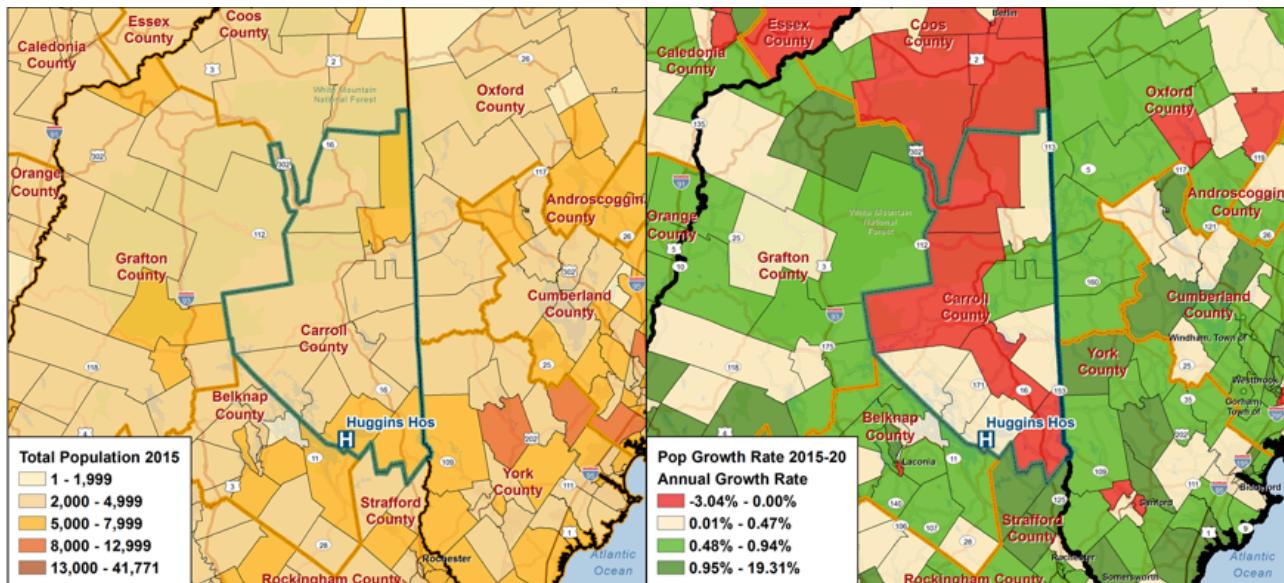


- Source: ESRI

Carroll County, New Hampshire

- The population of Carroll County was projected to increase from 2015 to 2020 (.15% per year), lower than the rate of NH at .47%, the U.S. at .75%.
- Carroll County was older (50.5 median age) than NH and the U.S. and had lower median household income (\$52,472) than both NH and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Carroll County (112 index) spent 12% more than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital services).
- The racial make-up of Carroll County was 97% white, 1% black, 1% Asian/Pacific Islander, 1% some other race, and 2% Hispanic origin (the total exceeds 100% due to Hispanic being an ethnicity rather than a race).
- The median household income distribution of Carroll County was 21% higher income (over \$100,000), 51% middle income and 28% lower income (under \$24,999).

2015 Population by Census Tract and Change (2015-2020)

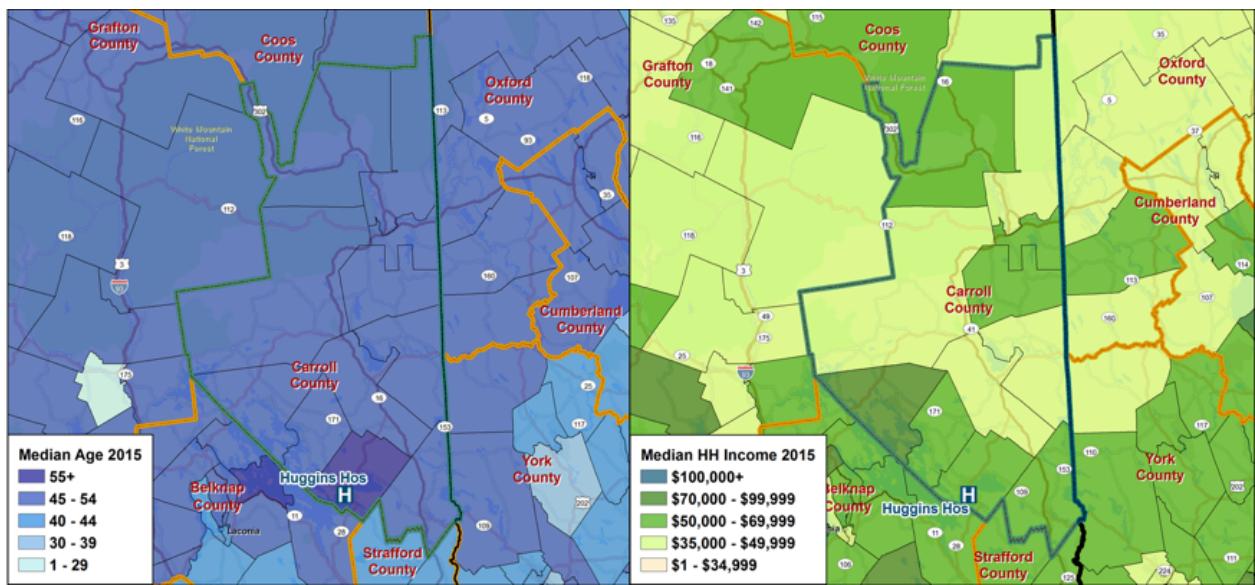


- Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were higher population census tracts, 5,000-7,999 in the large census tract in the upper northeast section of the county and in the two southernmost tracts, Wolfeboro and Wakefield. The remainder of the county is more rural with tracts containing 2,000 to 4,999 population.

The population was projected to grow in the two census tracts in the east of the county near Eaton, .48 to .94% up to twice the NH growth rate. There are five tracts growing .01% to the growth rate of NH, .47%. These tracts are Wolfeboro, Chatham, Effingham and Moultonborough. The remainder of the county was projected to decline in population.

2015 Median Age & Income



- Source: ESRI

These maps depict median age and median income by census tract. There was a tract with older population (55+ median age) in Wolfeboro. The remainder of the county's tracts had median ages between 45 and 54. There were four tracts with median household income (\$35,000 – 49,999) in Chatham, Ferncroft, Sandwich, and Freedom/Effingham. [¹] Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention. There is one higher median income (\$70,000 - \$99,999) tract around Moultonborough. The remainder of the county has a median income of \$50,000 to \$69,999, which includes Wolfeboro and Jackson.

The rate of poverty in Carroll County was 10.1% (2009-2013 data), which was above NH (8.7%) but below the US (15.4%). The poverty percentage was in the middle of the surrounding counties with the highest being Coos at 13.4% and the lowest being Rockingham at 5.5%.

Carroll County's unemployment was 3.6% compared to 2.9% for New Hampshire and 5.0% for the U.S. Unemployment decreased significantly in the last few years.

¹ The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Health Status Data

The major causes of death in Carroll County were cancer then heart disease, followed by accidents, chronic lower respiratory disease, stroke, Alzheimer's disease, suicide, diabetes, kidney, and liver disease. *Source: 2014 CDC*

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [1], Carroll County ranked 4th healthiest county in New Hampshire out of the 10 counties ranked (1= the healthiest; 10 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Carroll County were adult smoking, adult obesity, uninsured and injury deaths. The areas of strength were identified as lower physical inactivity, lower excessive drinking, lower sexually transmitted infections and teen births, lower population to primary care physician ratio, low preventable hospital stays, higher mammography screenings, higher graduation and some college percentages, lower unemployment, lower children in poverty and lower income inequality.

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 the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There are several lifestyle gaps that need to be closed in order to improve health in Carroll County. For additional perspective, New Hampshire was ranked



Photo Credit Huggins Hospital

¹ The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

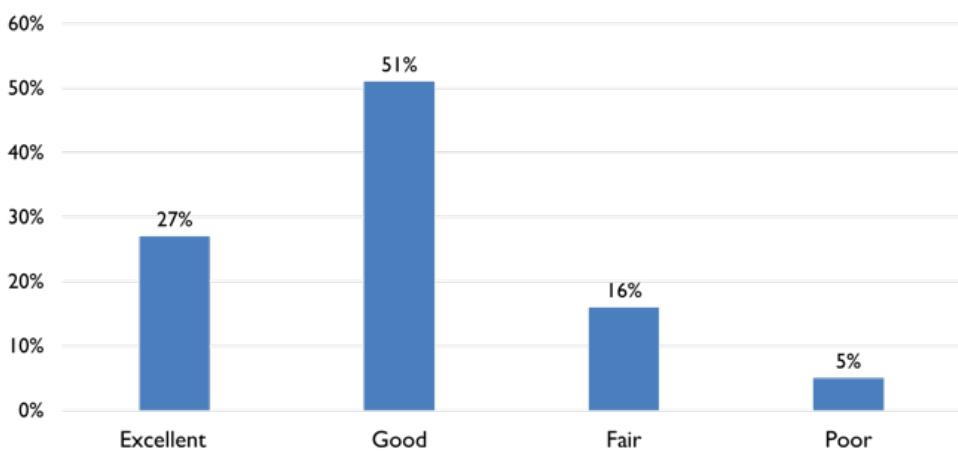
Survey Results, Health Status Comparisons

Survey Results

Three hundred random households were surveyed via telephone and cell phone to obtain input into the health needs of the county. Since the survey was random, it represented the broad interests of the community. Low income, uninsured and minorities were represented. The survey skewed slightly female and older since no quotas were set.

Health Status

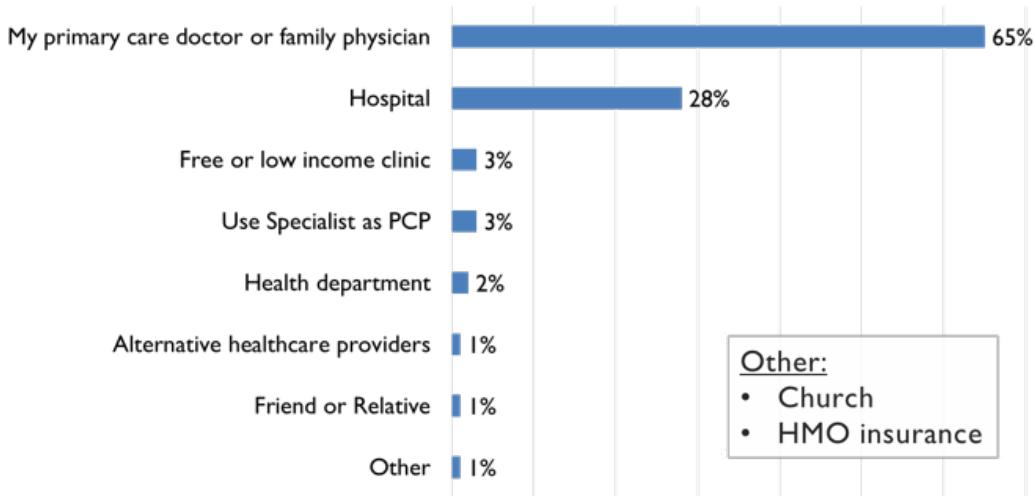
When asked to describe their health, the responses were:



78% responded excellent and good and 21% responded fair or poor.

Turn for Healthcare Needs

When asked where they turn for your basic healthcare needs, the responses were:

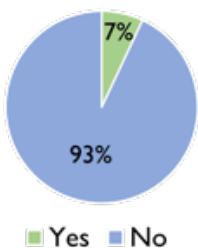


Most turn to primary care physicians for care followed by a hospital.

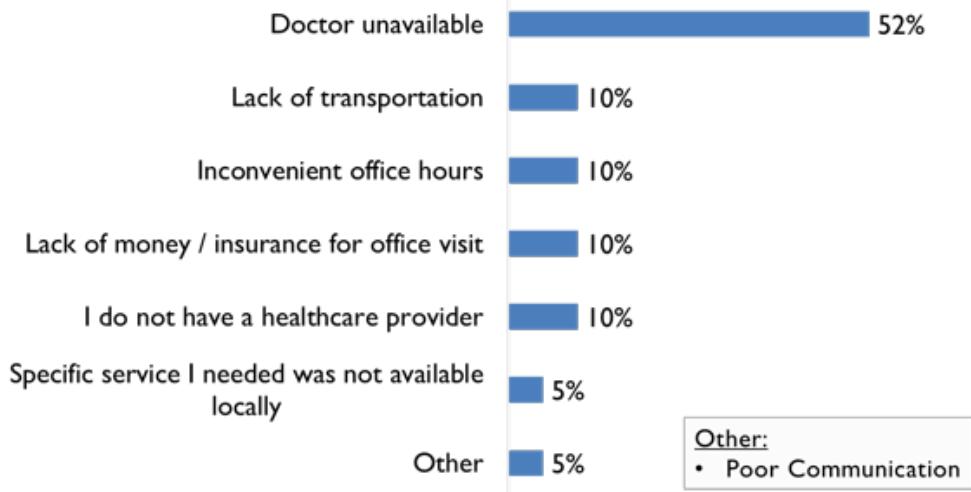
Access

Doctors

Was there a time you couldn't see a doctor?



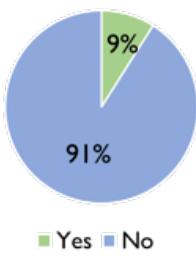
What are some reasons why you could not see a doctor?



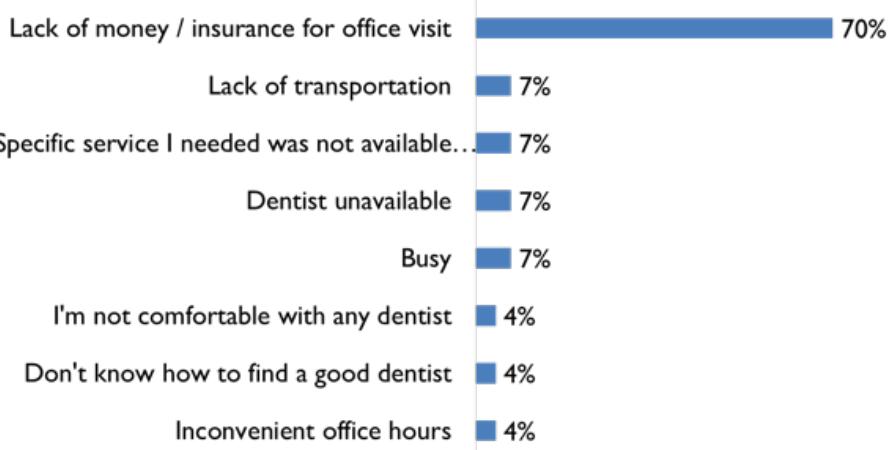
Only 7% indicated there was a time when they could not access a doctor. The primary reason was doctor was unavailable.

Dentists

Was there a time you couldn't see a dentist?



What are some reasons why you could not?



9% (27 responses) indicated there was a time they could not access a dentist.

Mental Health Professionals

Was there a time you couldn't see a mental health professional?



What are some reasons why you could not?

Specific service I needed was not available locally

50%
only 1 response

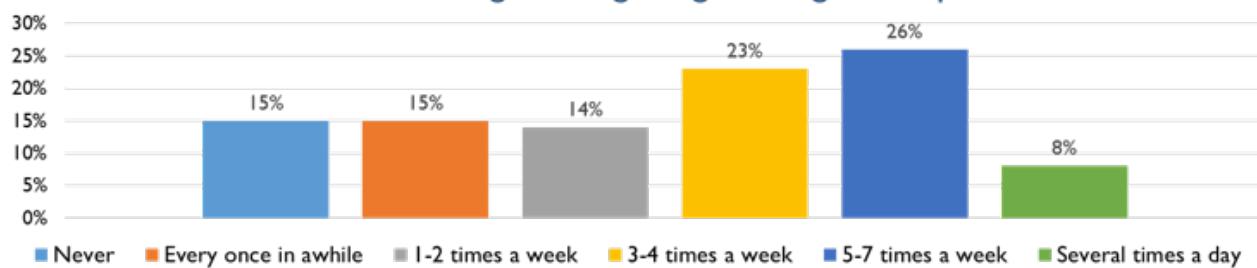
I do not have a healthcare provider

50%
only 1 response

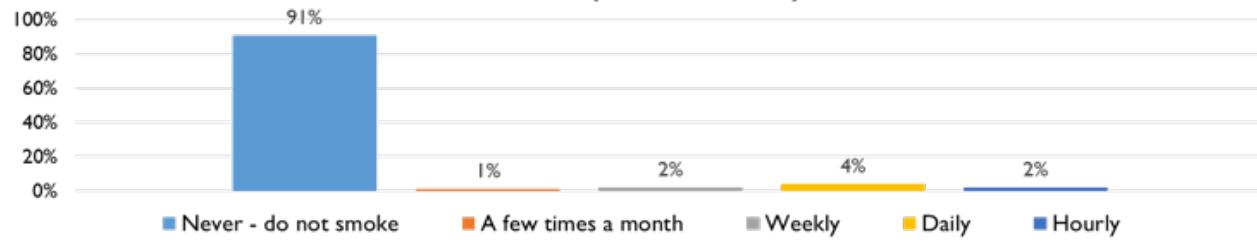
Only 1%, 2 responses, indicated there was a time they could not see a mental health professional.

Physical Activity and Smoking

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



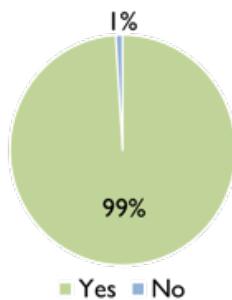
How often do you smoke, if you do?



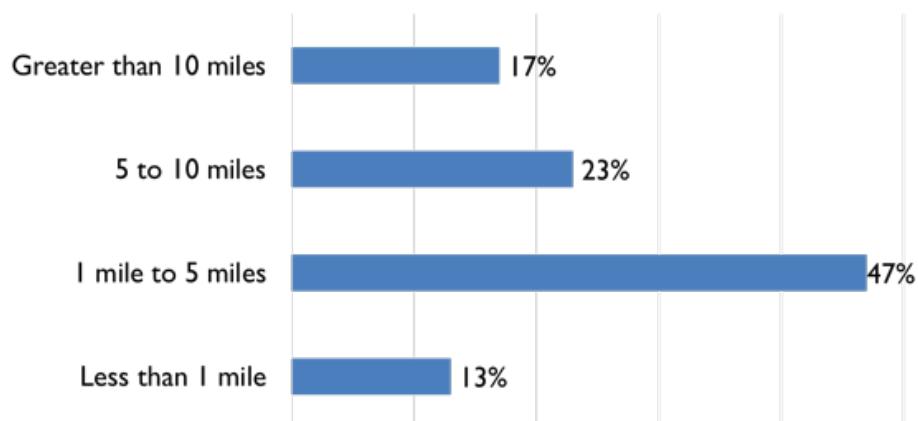
30% of the population does not exercise regularly, and 70% exercises regularly. Only 9% said they smoke.

Access to Healthy Foods

Do you have access to healthy food?



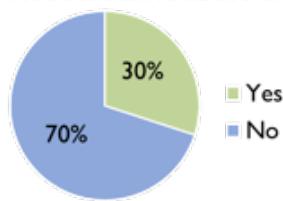
How close in distance is the nearest grocery store that offers fresh fruits and vegetables?



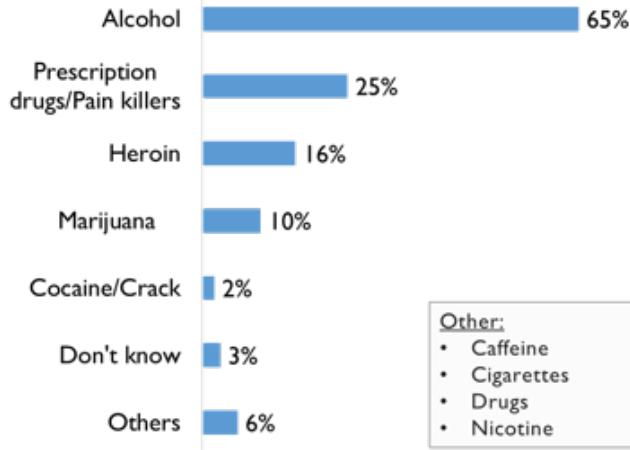
99% have access to healthy foods. 40% travel five miles or more to the grocery store with fresh fruits and vegetables.

Substance Abuse

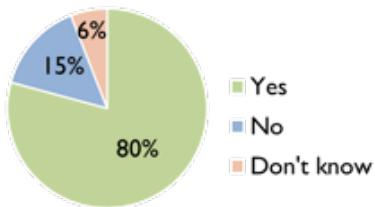
Have you, a relative or close friend experienced substance abuse or addiction?



What was the substance involved?



Was there treatment available?



30% have themselves, or have a close friend or relative that has experienced substance abuse or addiction. 15% responded there was not treatment available. The most common substance involved was alcohol followed by prescription drugs, then heroin.

Top three issues that impact health?

Respondents said the top issues that impact people's health are:

- Substance abuse (24%)
- People taking more responsibility for their own lifestyle/health (17%)
- Affordable healthcare (11%)
- Affordable health insurance (10%)

Top health concerns for children

The top health concerns for children were:

- Healthy diet (33%)
- Substance abuse (15%)
- Physical activity (15%)
- Responsible, involved parents (10%)

Disease prevalence

When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 80% responded affirmatively. The most prevalent issues were:

- | | |
|--|---|
| <ul style="list-style-type: none">• High blood pressure/hypertension (46%)• High cholesterol (34%)• Arthritis (32%)• Overweight or obese (24%)• Cancer (19%) | <ul style="list-style-type: none">• Diabetes (17%)• Heart disease (12%)• Asthma (11%) |
|--|---|

Respondents were also asked if they had everything they needed to manage their health conditions. 93% responded yes and 7% responded no. Of those that responded no, they stated they needed more access to physicians/doctors, financial assistance, affordable healthcare/health insurance and more information/education about their conditions.

Top Health Needs in the Community

The top health needs in the community, identified through the phone survey, were:

- | | |
|--|--|
| <ul style="list-style-type: none">• Substance abuse assistance (42%)• Access to health insurance (33%)• Access to care (27%)• Obesity assistance (20%)• More healthy eating, active living options (18%) | <ul style="list-style-type: none">• Mental health assistance (16%)• Help people to quit smoking (16%)• More exercise opportunities (13%) |
|--|--|

The survey skewed female and older, however the population is older. The other demographics of the survey mirrored the population, 95% white, educated, less educated, higher, middle and lower income.

Health Status Analysis and Comparisons

Information from County Health Rankings and America's Health Rankings was analyzed in Huggins Hospitals Community Health Needs Assessment in addition to the previously reviewed information and other public health data. This additional analyzed data is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending and community surveys. When data was available for New Hampshire, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths, and it's important to continue to focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the complete CHNA PowerPoint at www.hugginshospital.org. Opportunities were denoted with red stars and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data can be found in the source notes below the graphs.

Leading Causes of Death: Age-adjusted deaths per 100,000

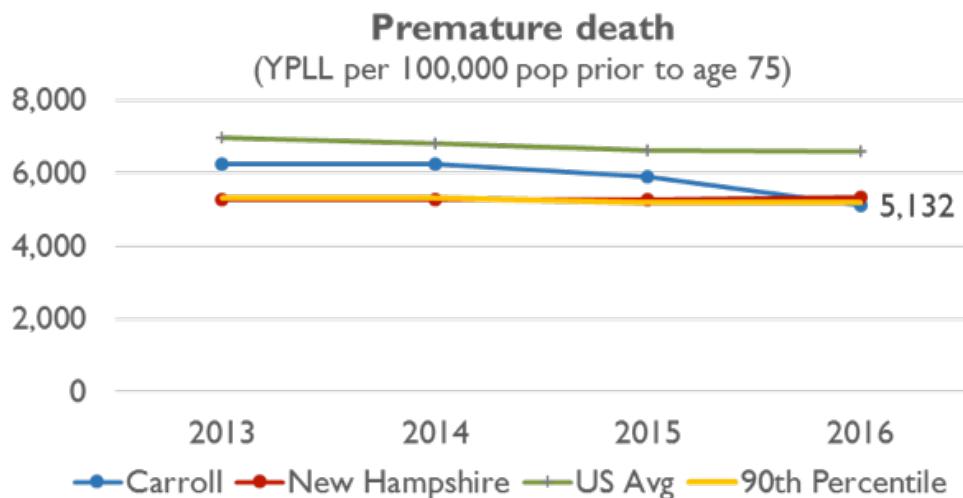
Cause of Death	Carroll Co (1999-2014)	New Hampshire (1999-2014)	US (2013)
Heart Disease	154.1	147.9	169.8
Cancer	175.7	160.4	163.2
Chronic Lower Respiratory Disease	39.8	41.3	42.1
Accidents	48.8	50.5	39.4
Stroke	38.5	28.9	36.2
Alzheimer's Disease	24.5	24.0	23.5
Diabetes	17.5	18.0	21.2
Influenza and Pneumonia	16.1	11.5	15.9
Kidney Disease	9.9	10.2	13.2
Suicide	17.8	17.8	12.6
Liver Disease	7.1	10.2	10.2

Source(s): CDC: 1999-2014 Final Data. In order to get enough data to display county rankings, multiple years must be used.

Red areas had death rates higher than NH. The leading causes of death in Carroll County and New Hampshire were cancer followed by heart disease. In the U.S., heart disease leads cancer. After heart disease and cancer, lagging behind are the other causes of death in Carroll County: accidents, chronic lower respiratory disease, stroke, Alzheimer's disease, suicide, diabetes, influenza and pneumonia, kidney disease and liver disease.

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 4th 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. Carroll County ranked 3rd in length of life.

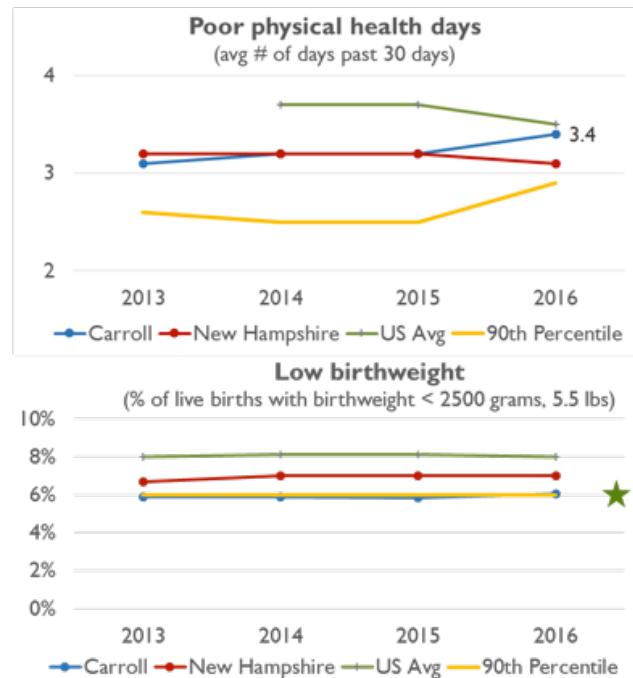
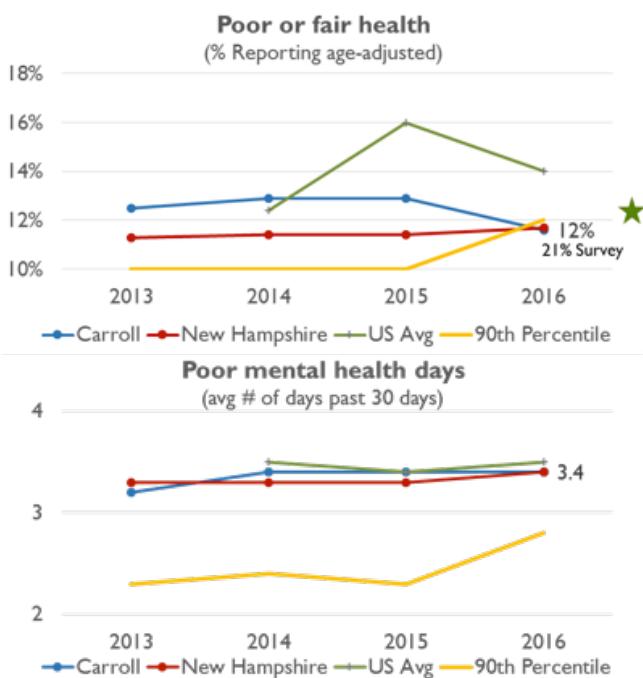


Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013

In most of the following graphs, Carroll County will be blue, New Hampshire red, U.S. green and the 90th percentile gold.

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 (5lbs 8ozs). Carroll County ranked 4th out of 10 counties for quality of life.



Source: Poor or fair health, poor physical and mental health days - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)

*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

Quality of Life STRENGTHS

- Years of potential life lost (YPLL) per 100,000 population prior to age 75, was lower in Carroll County, 5,132 years lower, than New Hampshire and the U.S.
- The percent of low birthweight babies, less than 5.5 pounds, was lower in Carroll County than NH and the U.S.

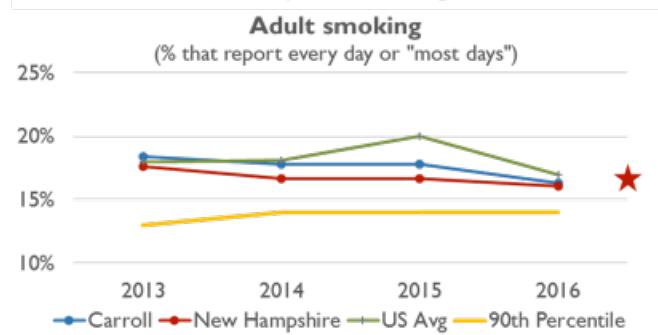
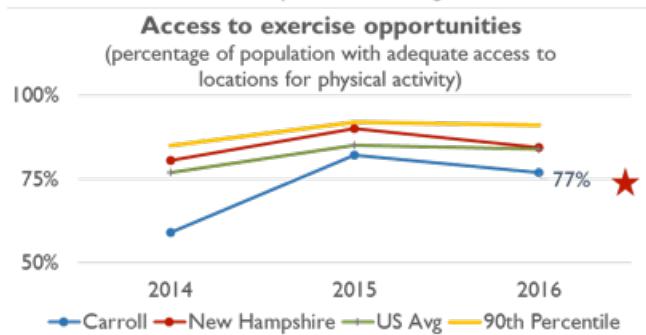
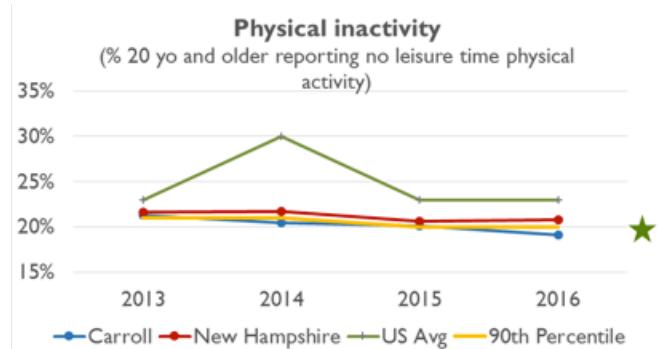
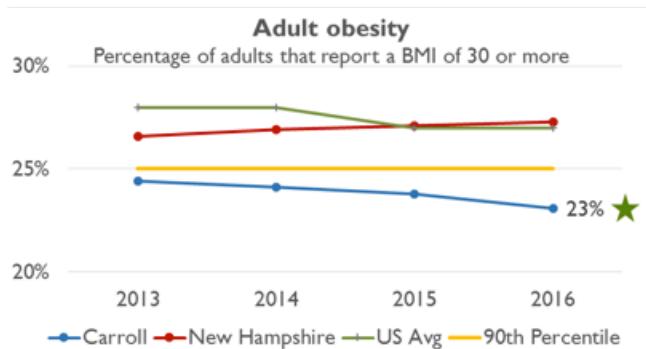
In the other quality of life measures, Carroll County's measures were between NH and the U.S.



Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social and economic factors, and physical environment. Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Carroll County ranked 1st out of 10 counties in New Hampshire for health factors.

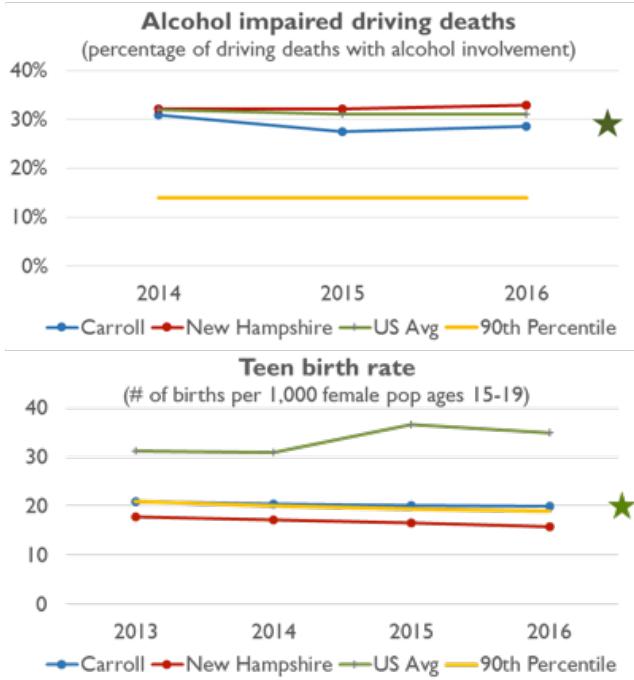
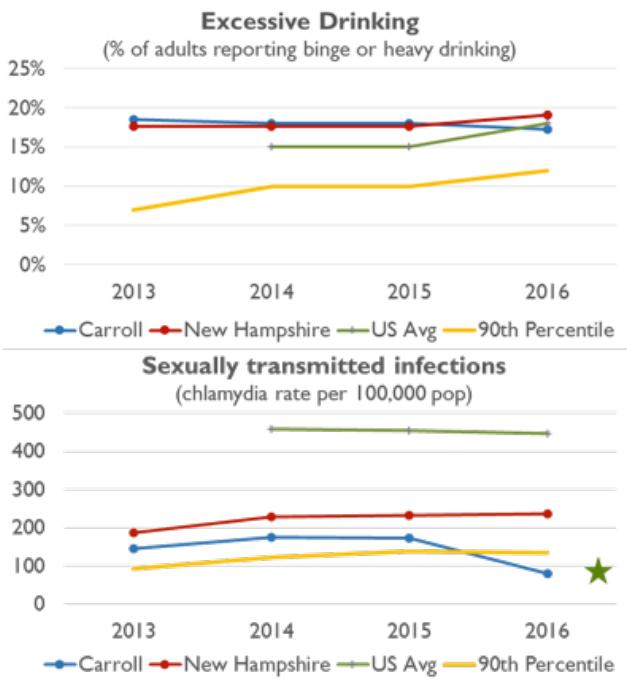
Health Behaviors



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013

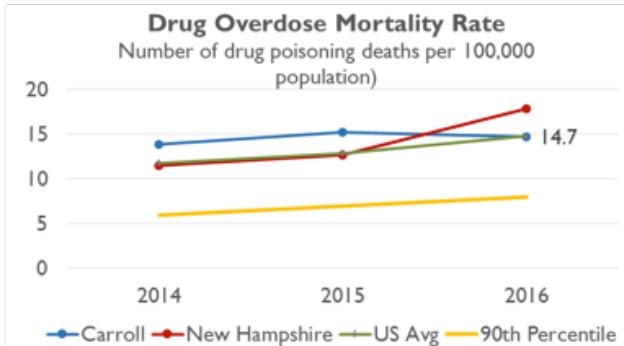
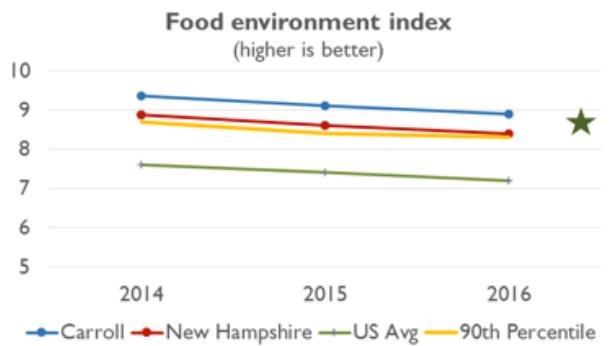
Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014

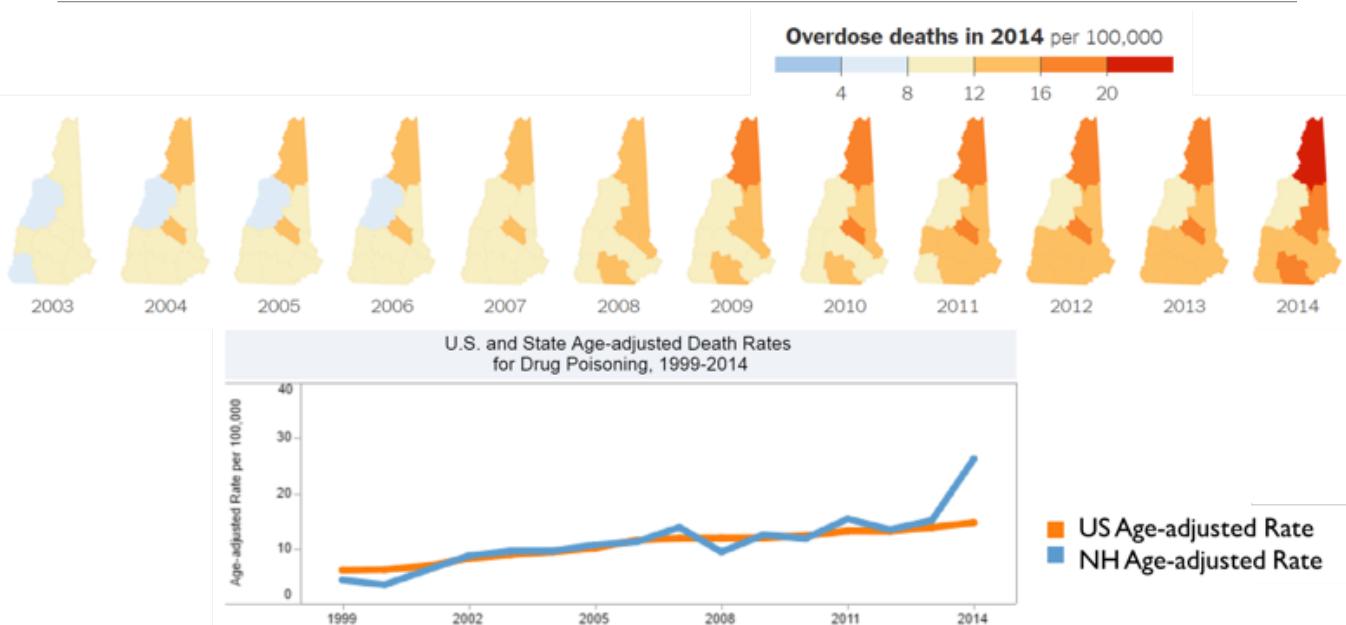
Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014

Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013



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.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013



Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

Health Behaviors STRENGTHS

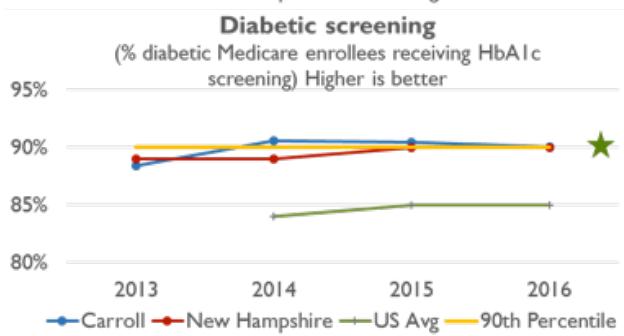
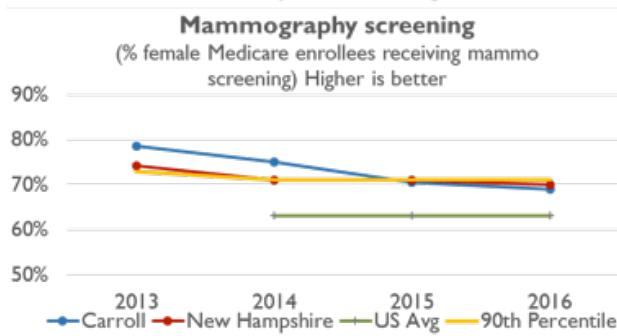
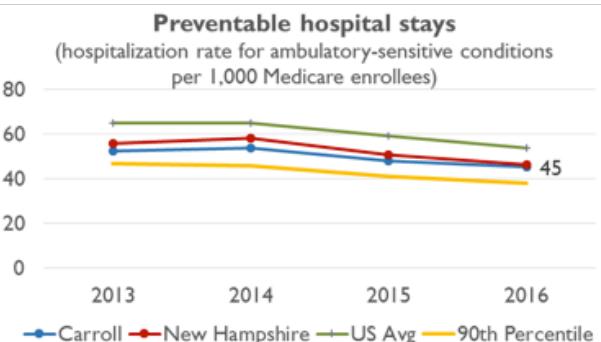
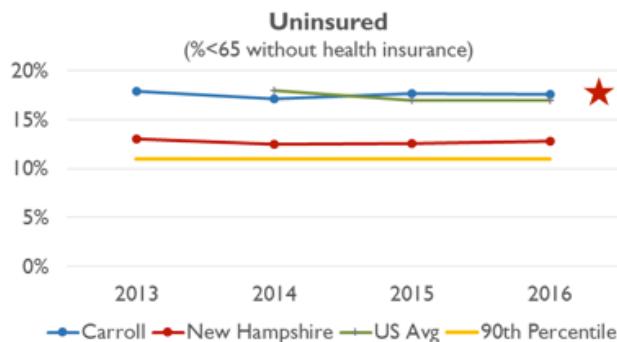
- Adult obesity, lower than both New Hampshire and the U.S., was above 20%. Carroll County was at the top ten percent of counties in the U.S. This measure is a strength for Carroll County, however obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can also cause complications in surgery and often leads to metabolic syndrome and type 2 diabetes. It is also a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate and others.
- Physical inactivity was lower in Carroll County than NH and the U.S. in the top 10% of counties in the U.S.
- The percentage of driving deaths with alcohol involved was lower than NH and the U.S.
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population was lower in Carroll County than New Hampshire and the U.S., and decreased since 2013's release.
- The teen birth rate in Carroll County was lower than the U.S. and slightly higher than NH which is below the top 10%.
- Excessive drinking was lower than NH and the U.S.

Health Behaviors OPPORTUNITIES

- Adult smoking in Carroll County was lower than the U.S. and similar to NH. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
- The percentage of the population with adequate access to locations for physical activity was lower in Carroll County than NH and the U.S.
- The food environment index was lower than NH and the U.S. The index is a blend of access to healthy food and food insecurity.
- Drug overdose deaths increased in Carroll County and NH in recent years to 16-20 per 100,000 of population in 2014.

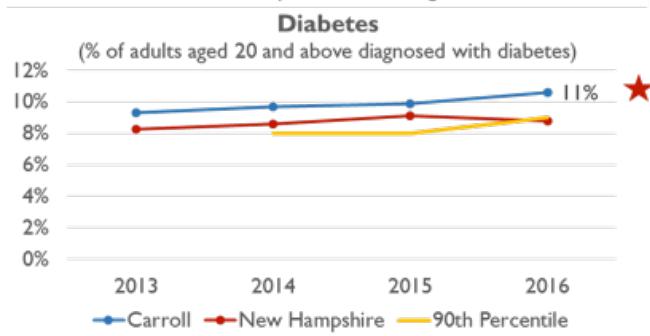
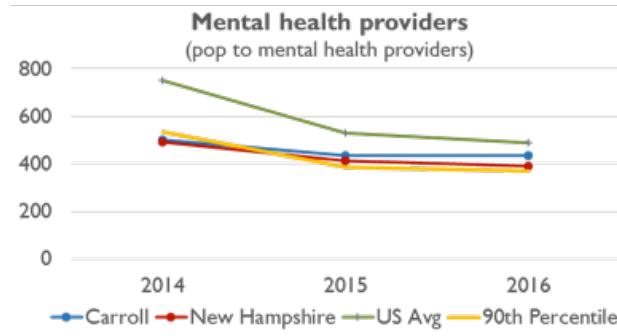
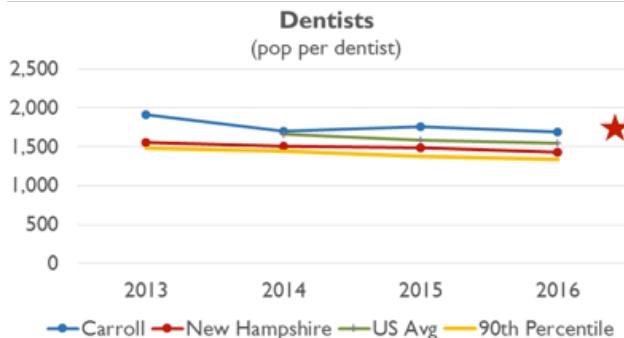
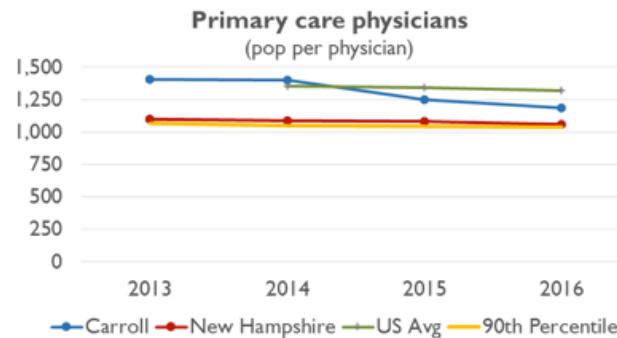
Clinical Care

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



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care , 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop 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, 2014

Source: Diabetes - County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Clinical Care STRENGTHS

- Preventable hospital stays in Carroll County, measured by hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees, was slightly lower than NH and lower than the U.S.
- The percent of diabetic Medicare enrollees receiving screening was higher in Carroll than NH and the U.S. and in the 90th percentile.
- Mammography screening was higher in Carroll than NH and the U.S.

Clinical Care OPPORTUNITIES

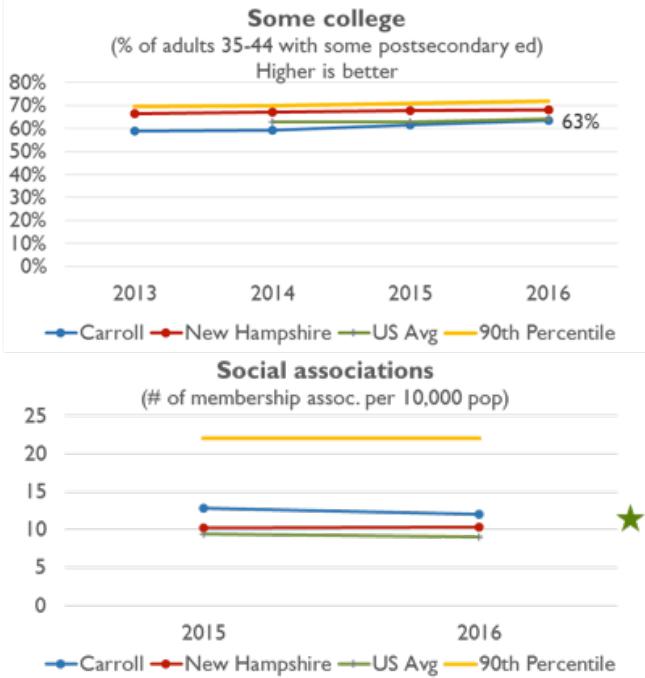
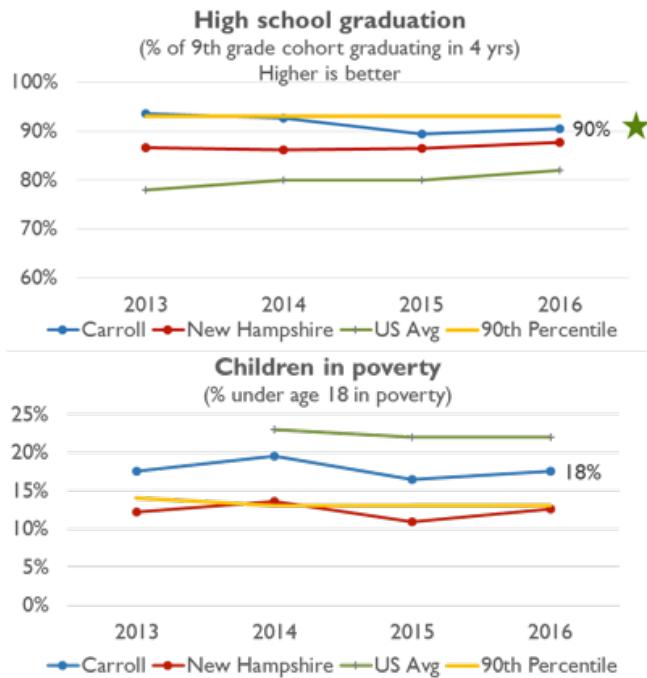
- The percent of population under sixty-five without health insurance was higher in Carroll County than NH and the U.S.
- Eleven percent of Carroll County had diabetes, which was higher than NH.
- The population per dentist was higher than NH and the U.S. The community survey indicated 9% could not find dental care.

Other indicators in the category were between NH and the U.S.



Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Carroll County ranked 5th out of 10 New Hampshire counties in social and economic factors.

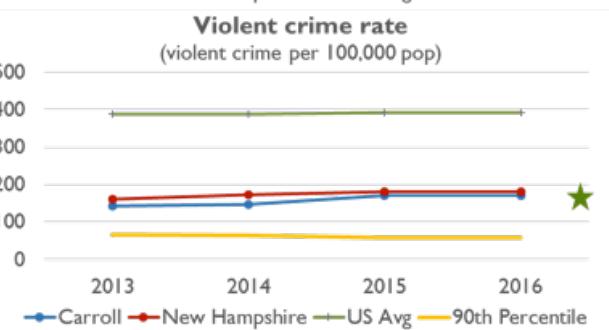
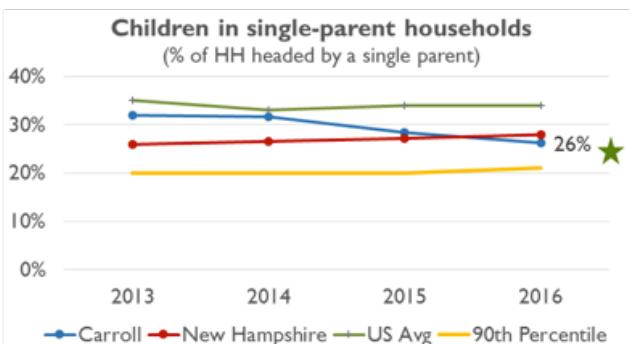
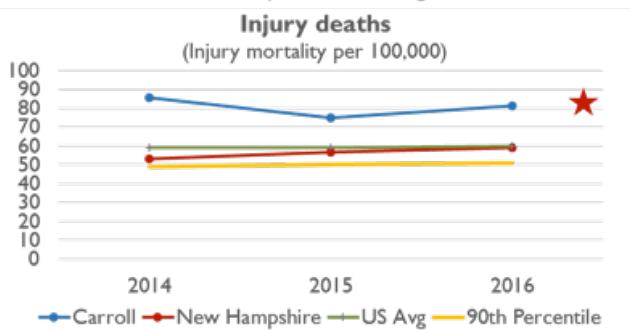
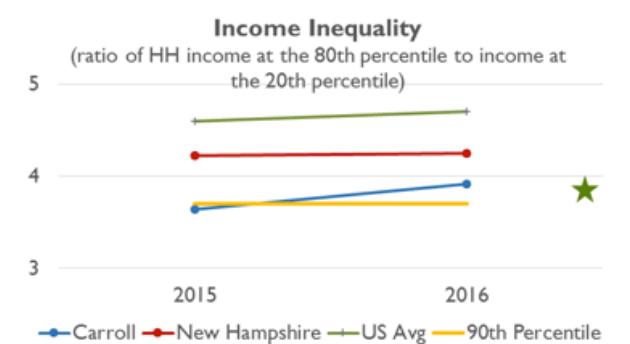


Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011-2013

Social & Economic Factors STRENGTHS

- High school graduation was higher in Carroll County than NH and the U.S.
- Social associations were higher in Carroll County than NH and the U.S. 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. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality, the ratio of household income at the 80th percentile to income at the 20th percentile, was lower in Carroll than NH and the U.S.
- Children in single-parent households declined in the past years and was below NH and the U.S.

Social & Economic OPPORTUNITIES

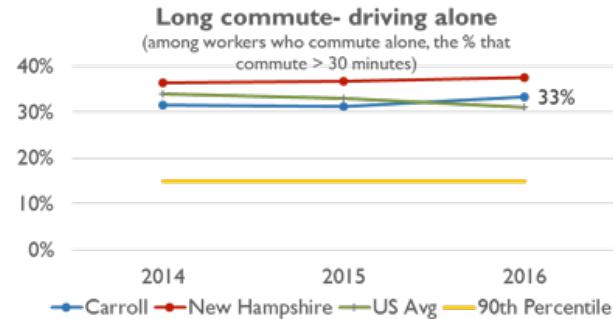
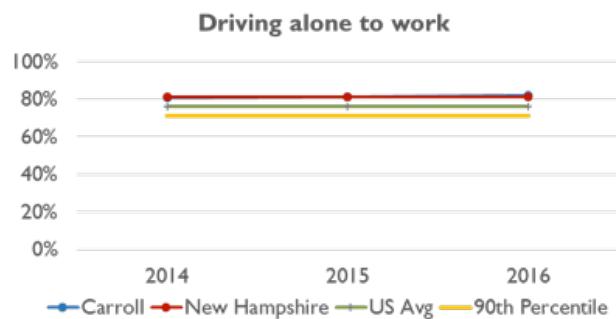
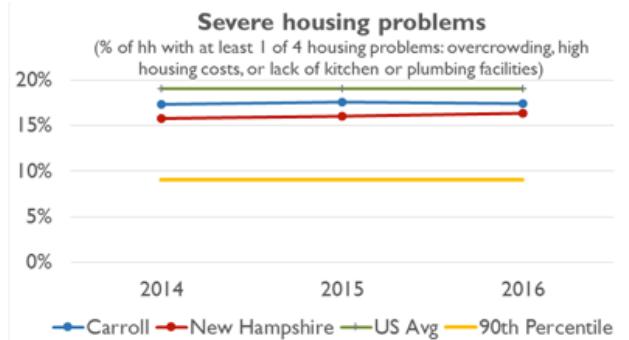
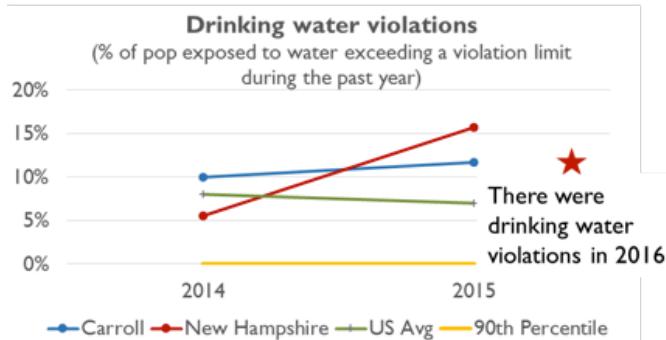
- The percent of adults with some college was lower than NH and similar to the U.S.
- The percentage of children in poverty was 18% in Carroll County, higher than NH but lower than the U.S.
- Injury deaths were higher than NH and the U.S.
- Lower median household income than NH and the U.S.



Huggins Hospital Community Health Summit 2016

Physical Environment

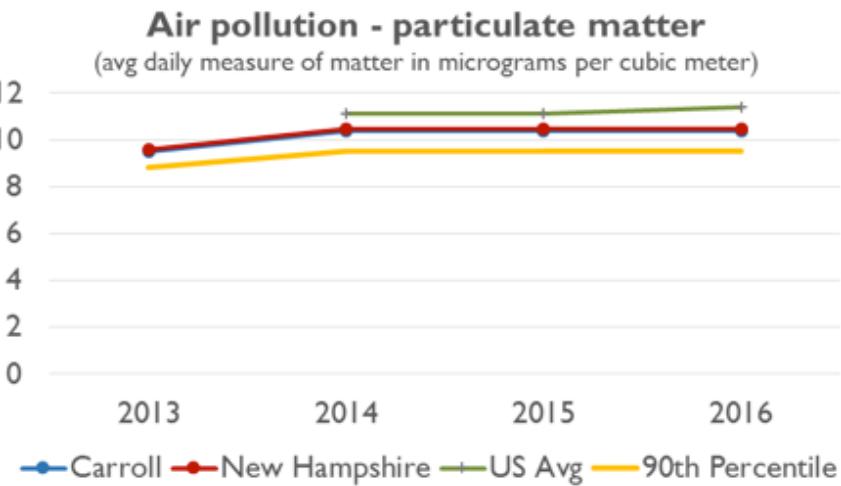
Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Carroll County ranked 5th out of 10 New Hampshire counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010

Physical Environment STRENGTHS

- Carroll County had fewer air particulate matter in micrograms per cubic meter than NH and the U.S.
-

Physical Environment OPPORTUNITES

- There were drinking water violations in Carroll County. These statistics are prior to the Flint, MI water crisis.

In the other metrics, Carroll County was between NH and the U.S.

There were four broad themes that emerged in this process:

- Carroll County needs to create a “Culture of Health” which permeates throughout the towns, businesses, schools, and community organizations to engender total commitment to health improvement for all community members.
 - There is a direct relationship between health outcomes and affluence (income and education) - the lower the income, the poorer the health outcomes.
 - While any given measure may show an overall good picture of community health, there are significantly challenged subgroups in Carroll County.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets already exist in the county to improve health.
-



Results from the Community Health Summit



Huggins Hospital Community Health Summit 2016

Prioritization Criteria

During Huggins Hospital's Community Health Summit, attendees identified and prioritized the most significant health needs in the community to be addressed in the next three-year period. The group used the criteria below to prioritize the health needs.

Magnitude/scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

The following needs were prioritized at the Community Health Summit. The groups brainstormed goals and actions to form the foundation of Carroll County's health initiatives. Using a nominal group technique, each attendee posted their ideas of the top three health needs at the front of the room. The group, as a whole, then voted to establish priority. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received in writing.

- 1 Substance abuse (42)
- 2 Mental Health (25)
- 3 Chronic diseases/prevention (19)
- 4 Access (16)
- 5 Senior/Aging Issues (12)
- 6 Obesity (12)

1. Substance Abuse (42)

- Substance abuse (4)
- Substance misuse (2)
- Addiction (2)
- Substance abuse cure
- Alcohol/drug addiction
- Alcohol and drug abuse
- Drugs and drug addiction
- Substance misuse – alcohol, drugs
- Alcohol and drug misuse across the lifespan
- Substance abuse services
- Drug abuse
- Drug abuse prevention
- Drug/alcohol issue
- Heroin
- Addiction to prescribed drugs, anti-depressant
- Access to drug abuse/recovery programs
- Drugs – low income
- Acceptance of culture of alcohol misuse
- Physicians' recognition and diagnosing alcohol misuse in patients
- Screening for substance abuse at PCP office by trained person/recovery coach
- Easy accessibility of opioid prescriptions and providers
- Access to mental health and substance abuse treatment

- Excessive drinking, drugs, lack of mental health facilities
- Lack of availability of detox – 1-5 days for heroin Opiates
- Drug treatment recovery
- Drug prevention and education training/instruction
- Residential treatment availability or long term recovery
- Substance misuse (behavioral health) alcohol, drug, prescription and street
- Substance abuse among young, pregnant moms, causing drug-addiction in newborns
- Substance abuse treatment/education
- Access to drug abuse counseling and medical care
- Health services, such as behavioral health to address smoking, drinking, substance abuse without increasing property tax to support these services/programs
- Drug rehab programs/services
- Substance abuse treatment programs for un/underinsured
- Begin ambulatory detox with PCP assistance to safely detox at home for substances

- Need for recovery coaches – CRSW (licensed recovery support worker) at hospital to screen and coach with overdose/refer to local substance abuse therapy
 - Substance abuse – urgent need county-wide, has economic social and financial burden to community, homelessness
- 2. Mental Health (25)**
- Mental health (6)
 - Behavioral health/mental health
 - Depression/anxiety – mental health, need that afflicts lower income community
 - People don't know where to get help – mental health, family services, health insurance
 - Lack of mental health services for all issues
 - Incorrect contact information for mental health people. Can't find help.
 - Mental Health services(3)
 - Lack of mental health care
 - Mental health services – increase emergency care
 - Mental health increase community-based care
 - Suicide prevention and awareness
 - Access to mental health facilities, Mental health support
 - Access to mental health for all ages
 - Access to mental health care
 - Mental health issues in people living in the community that are unaddressed
 - Mental Health – deterioration of mental health services in New Hampshire, upheaval in NH, lack of psychiatrist
 - Facilities and care for mental health problems
- 3. Chronic diseases/prevention (19)**
- Individual responsibility
 - Promote healthy lifestyles
 - Public education
 - Faith involvement
 - Combining and working together of all community agencies
 - Community involvement
- Significant severe disruption/negative consequences for entire family/community
 - Heart disease
 - Injury prevention
 - Accidental death (2)
 - Chronic disease/obesity
 - It would be nice to have daily walk in centers for treatment
 - Health maintenance overall
 - Wellness education
 - Diabetes (2)
 - Chronic health issues/sickness
 - Nutrition education for specific diseases and basic health
- 4. Access (16)**
- Lack of shelter (homeless)
 - Increase access to care for those uninsured and underinsured through state funded free transportation
 - Transportation
 - Transportation for the elderly – additional
 - Uniform electronic medical record, including prescription drugs to better track/identify population of prescription substance, increase communication among providers about patients
 - Clear and concise billing with no secret charges
 - Uninsured affects low income, homeless community
 - Access to healthcare
 - The cost of medical care is prohibitive even for the insured
 - Children in poverty lack access to healthcare
 - Access to affordable health/dental insurance
 - It is important to have adequate cancer treatment in southern Carroll County
 - Prenatal health/neonatal care

- Access to medication for patients (insurance companies, auth mandate prior)
- Uninsured and access to health care ability to pay for services they need
- Education about penalty for not having health insurance

5. Senior/Aging issues (12)

- Senior services
- Aging health issues
- Elder support
- Elder care
- Elder services
- Enough facilities to care for and house aging seniors

- Healthy aging
- Aging in place, respect for elders' wishes
- Affordable care for seniors to stay home
- Housing, in-home supports for elderly/disabled mainly low income
- Current reimbursement for post-acute care has been reduced/eliminated in some cases
- Increasing elders – need more elder services, high population of nursing home patients, healthy aging options

6. Obesity (12)

- Obesity (10)
- Obesity in the young as a start

Community Health Summit Brainstorming

Focus Areas and Goals



Huggins Hospital Community Health Summit 2016

The most significant health needs resulted in six categories. Groups brainstormed goals and actions around the most important health needs listed above. These suggested goals and actions have been organized below.

Substance Abuse

Goal 1 - Establish systematic drug education

Action 1 - Provide effective, age appropriate and systematic education at all levels

Action 2 - Engage medical community in identifying and screening for issue

Resources Needed:

- *Include mental health*
- *Utilize existing resources and expand to schools, church and community*
- *Identify best practice and use a collaborative process*
- *Utilize public health and governor's commission on alcohol/substance abuse*
- *Identify a community physician to champion*



Goal 2 - Prevention

Action 1 – Comprehensive state plan (over the counter drugs) including all aspects of society

Action 2 – Develop a system for the identification of people who are predisposed to drug misuse

Action 3 – Develop a program for pregnant women

Resources Needed:

- *Funding*
- *Trained personnel*
- *Facilities*
- *More professionals trained*



Goal 3 - Recovery

Action 1 – Develop strong community and access to programs that are treatment based

Action 2 – Develop a recovery infrastructure involving treatment centers, counselors, and follow-up care.

Resources Needed:

- *Reimbursement for treatment thru medical insurance*
 - *incentives treatment*
 - *More extensive treatment facilities with a continuum of care (i.e. inpatient, outpatient follow-up)*
-

Mental Health



Goal 1 - Increase access to psychiatric services especially acute care

Action 1 - Bring more psychiatrists into Carroll County

Action 2 - Advocate integration of mental health and primary care and pediatric physicians to refer to psych and APRNS.

Action 3 - Use suicide prevention programs that work

Action 4 - Link elderly population to mental health to reduce suicide risks

Resources Needed:

- *Partner with other counties*
- *1115 waiver*
- *Partner with existing programs*
- *Use programs like READ – Referral, Educate, Access to programs*
- *Get buy-in*



Goal 2 - Identify a potential facility to use

Action 1 – Gather a grass roots group to put a clear plan together

Action 2 – Identify possible facilities

Action 3 – Present to legislators

Chronic disease/prevention



Goal 1 – Diabetes/cholesterol/stroke all increase with obesity – more awareness and education needed

Action 1 – Create population change through early childhood/school-based programs with gardens as well as ways to increase outdoor, opportunities and decrease fear of natural environment

Action 2 – Increase activity in kids at school, decrease screen time



Goal 2 - Increase access to healthy foods

Action 1 - Sponsor community health clinic as part of food van

Action 2 - Bring community gardens to schools where people live

Action 3 - Mobile food van w/ SNAP eligibility

Action 4 - Use Carroll County farm property



Goals 3 - Affordable/transitional housing

Action 1 - Families in Transition already in process to address this issue

Action 2 - Increase education and awareness of challenges low income people face, poverty awareness workshops

Access



Goal 1 - Education and access to health insurance

Action 1 - Monthly insurance clinic to educate patients on what's available

Action 2 - Train providers how to bring awareness to patients regarding insurance options

Resources Needed:

- Media – radio, TV, social media



Goal 2 - Transportation

Action 1 - Develop regional transportation similar to Maine's RTP options

Action 2 - Transportation between healthcare facilities

Resources Needed:

- *Funding*
- *Cooperation with what is available (expanding) volunteers*



Goal 3 - Improve access to specialized care (prenatal, cancer, dialysis)

Action 1 - Collaboration with facilities that offer specialized care

Action 2 - Telemedicine – video chat with a specialist

Resources Needed:

- *Networking*
- *Transportation*
- *Education for patients*

Senior/Aging Issues



Goal 1 - Attainability of Homecare

Action 1 - Health monitoring in-home

Action 2 - Inform community/seniors about access/options

Resources Needed:

- *Town nurse*
- *Emergency services a.m. call*
- *Community churches or other might be able to fill gaps*
- *Consider surveying this community and service providers*



Goal 2 - Services and supports (meals, housekeeping, transportation)

Action 1 - Increase options/workforce

Action 2 - Agency /organization strategy to assess needs

Action 3 - Transportation – consider surveying this community and service priorities

Action 4 - Increase community engagement through assessment/exploring

Resources Needed:

- *Needs more consideration*
- *ServiceLink*
- *Find gaps*

Goal 3 - Advance Care Planning

Action 1 - Marketing targeting baby boomers

Action 2 - Consider messaging and action to support legislation and funding for sustainable action

Action 3 - Make sure local government and public know about needs/benefits, etc.

Obesity

Goal 1 - Raise awareness about obesity

Action 1 - Comprehensive list of community resources

Action 2 - Promote and market the list of resources

Resources Needed:

- Hospitals
- Public health
- Chamber
- Newspaper
- Schools
- Internet

Goal 2 - Reduce barriers to resources (time/cost/access)

Action 1 - Affordability – food, exercise

Action 2 - Use existing community services

Resources Needed:

- Dietician

Goal 3 - Education

Action 1 - Develop a strategy based on risk level of obesity

Action 2 - Social/emotional motivation

Huggins Hospital's Selected Initiatives and Implementation Plan 2016

Implementation Plan 2016

To successfully make our community healthier, it was necessary to have a collaborative venture which brought together care providers, citizens, government, schools, non-profit organizations and businesses around an effective plan of action. 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.

1. Chronic disease and obesity treatment and prevention
2. Healthy aging
3. Mental Health and Behavioral Health

Chronic Disease and Obesity Treatment and Prevention	Healthy Aging	Mental Health and Behavioral Health
<p>Strategy to address needs:</p> <ul style="list-style-type: none">• 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 <p>Anticipated impact:</p> <ul style="list-style-type: none">• More chronic disease patients accessing the care they need• Increase in coordinated care for those with chronic disease• Decrease in upward trend of obesity <p>Resources proposed or needed:</p> <ul style="list-style-type: none">• RN Care Coordinator for Primary Care• Increase in care providers• Funding for community initiatives• Community Education Campaign <p>Collaborations anticipated:</p> <ul style="list-style-type: none">• Public Health• Community organizations• GraniteOne Health affiliation	<p>Strategy to address needs:</p> <ul style="list-style-type: none">• 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 <p>Anticipated impact:</p> <ul style="list-style-type: none">• Decrease in EMS calls for falls (seniors)• Increase relationship-building for seniors in the community <p>Resources proposed or needed:</p> <ul style="list-style-type: none">• Senior Wellness Group program managed through Huggins Hospital• Senior health and wellness education• Staff to provide activities to seniors• Staff to provide Tai Ji Quan <p>Collaborations anticipated:</p> <ul style="list-style-type: none">• Public Health• Senior Groups in community	<p>Strategy to address needs:</p> <ul style="list-style-type: none">• 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• Develop continuum of care process within Primary Care offices• Support other organizations that focus in substance misuse, mental health and behavioral health <p>Anticipated impact:</p> <ul style="list-style-type: none">• Reduce ED visits and length of visits• Increase in coordinated care for those with mental health, behavioral health and substance misuse issues <p>Resources proposed or needed:</p> <ul style="list-style-type: none">• Social Worker in Primary Care offices• Funding for collaboration and support <p>Collaborations anticipated:</p> <ul style="list-style-type: none">• Public Health• Integrated Delivery Network (IDN) 7 participants• Local substance misuse organization

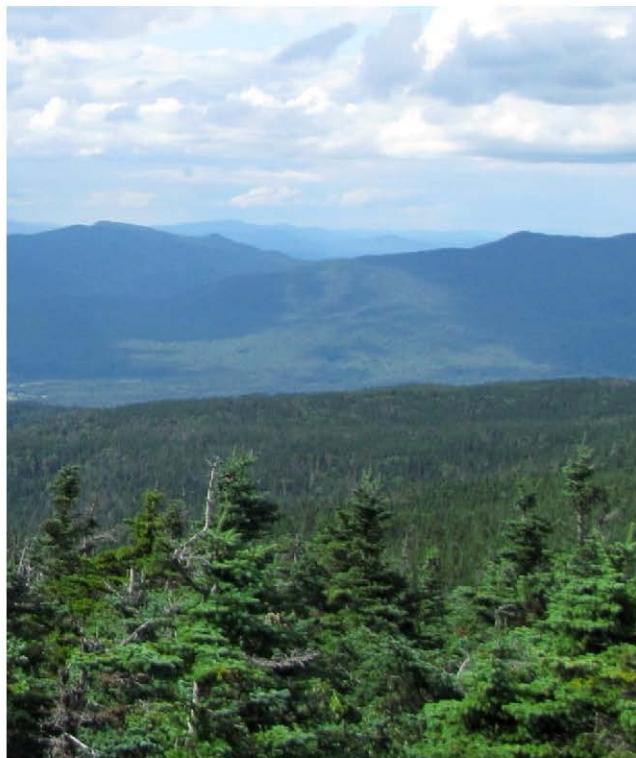
Community Assets and Resources

Community Asset Inventory

A separate document that includes lists of community assets and resources that can help improve the health of the community can be found on the hospital's website at http://www.hugginshospital.org/assets/pdf/Huggins_Community_Asset_Inventory_2016.pdf or can be printed by request to the hospital's Communication & Community Relations Department.



Community Asset Inventory
Community Health Needs Assessment
Carroll County, NH
May, 2016





2013 Huggins Hospital Implementation Plan/Impact Evaluation

Huggins Hospital adopted an implementation plan in 2013. The results of this plan were reviewed at the Community Health Summit.

The top health issues were:

- Behavioral/Mental Health
- Dental Care
- Obesity/Nutrition
- Diabetes
- Unintentional injury
- Elder Care
- Substance Abuse/Domestic Violence
- Access to Care
- Heart Disease

The Implementation Plan from 2013 was:

- Address gap in Health Insurance Coverage
- Improve access to Primary Care Providers
- Offer services to improve activity levels
- Offer services to improve heart health
- Offer services to for diabetes prevention and management
- Provide education for safety to prevent unintentional injury
- Provide access to domestic violence support in Wolfeboro area
- Support other organizations offering public transportation

With This Implementation Plan, Huggins Hospital:

- Employed Financial Assistance Counselors to help patients access health insurance and guide them through their options.
 - Hired more primary care providers resulting in an improvement to the primary care provider and patient ratio.
 - Built a new Primary Care facility in Alton, NH to make more patient appointment availability.
 - Continued exercise programs and weight management education for the community.
 - Continued to offer specialty services in cardiac care through a clinical relationship with Catholic Medical Center of Manchester, NH.
 - Developed a new evidence-based diabetes program through the CDC.
 - Educated the community about injury prevention through Falls Prevention programs.
 - Provided space for Starting Point, a domestic and sexual violence support organization, within the hospital.
 - Financially supported local transportation.
-

2013 Huggins Hospital CHNA and Implementation Plan Written Comments

At the community health summit, a worksheet asking for written comments was distributed to all participants. Written comments received were:

- Glad it included unintentional injury as a focus area
- The 2013 Plan, as I understand it, at both hospitals indicated need for increased mental health/behavioral health a priority. Neither hospital addressed it as a priority action because of lack of resources.
- Always ambitious, seems difficult to get a handle on it all.
- Should be measured (i.e. success or failure by year)
- More Community “follow-up” i.e. does our community know about the plan?



Photo Credit Stratasan

Community Health Needs Assessment

completed by Huggins Hospital in partnership with:

