

Appendix E-1

Huggins Hospital 2022 Community Needs Assessment Report



2022

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 at 603.515.2073 or via the hospital website <http://www.hugginshospital.org>.

Included in this Community Report

- Perspective/Overview**
- Participants
- Project Goals
- Community Input and Collaboration**
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- Community Engagement and Transparency
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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 2022.
- ✔ Starting on September 23, 2022, 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

Twenty-nine individuals from nineteen organizations participated in focus groups for their input into the community's health issues. An additional 391 community members submitted input through an online survey along with over forty Huggins Hospital employees participating in the online survey and in-person focus groups. The six-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for creating a plan to improve the health of the communities.

Project Goals

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the communities to instigate health improvement.

Community

Input and Collaboration



Durgin Bridge, Sandwich, NH

Data Collection and Timeline

In March 2022, 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, occurring in April and May 2022.
- Twenty-nine community members participated in focus groups for their perspectives on community health needs on April 12, 2022.
- Community members also participated in a survey to share their perspectives on community health needs from June 20 - August 15, 2022.

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)
Alton Family Medicine	All
Carroll County Coalition for Public Health	All
Eastern Lakes Region Housing Coalition	Low income
Wentworth Economic Development Corporation	Business, nonprofits, etc.
Food Pantry	Community
Governor Wentworth School District	Lower elementary pre-6 and families
Granite Visiting Nurse Association	Children, older adults
Huggins Hospital	All
Kingswood High School	All
Kingswood Middle School	All
Northern Human Services	All (mental health)
SeniorLink	Aging adults, individuals with disabilities
Starting Point	All
TriCounty Community Action Program	Social services
White Horse Recovery	Substance use disorder, mental health
Wolfeboro Family Medicine	All
Wolfeboro Fire-Rescue	First responders
Wolfeboro Pediatrics	Children
Wolfeboro Women's Health	Women

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


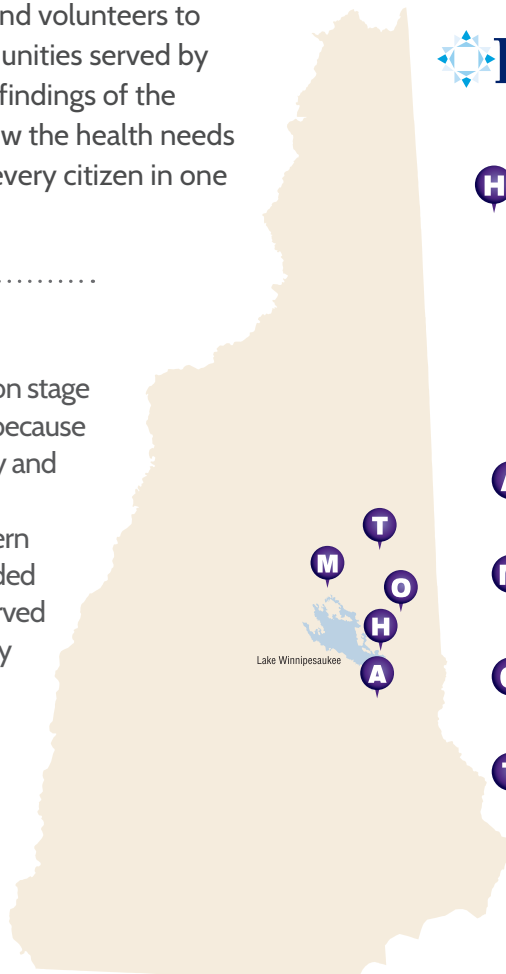
Input of medically underserved, low-income and minority populations was received during the focus groups and surveys. Agencies representing these population groups were intentionally invited to the focus groups.

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.



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Key Findings

Community Health Assessment



Most Significant Community Health Needs

The following needs were defined during the 2022 Community Health Needs Assessment process, including the community survey, focus groups and secondary data. We have also included the needs defined in the 2019 process. The following pages display the data collected and the processes and methods used to complete the Community Health Needs Assessment.

<i>Needs identified by Focus Groups:</i>	<i>Needs identified by Community Survey:</i>	<i>Areas for improvement identified by Secondary Data:</i>
<ul style="list-style-type: none"> • Mental Health care • Access to care • Social Determinants of Health (housing, financial insecurities) • Pandemic effects (isolation, exacerbated health issues) • Addiction treatment & prevention • More healthcare workers 	<ul style="list-style-type: none"> • Access to care • Mental Health care • Access to health insurance • Addiction treatment services • Exercise opportunities • Chronic disease care 	<ul style="list-style-type: none"> • Cancer incidence and deaths • Accidental (injury) deaths • Suicide • Mental health (care and access) • Access (insurance and care)

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

- 1 Access to Care - Specialty Care
- 2 Access to Care - Primary Care
- 3 Access to Care - Mental Health Services
- 4 Social Determinants of Health Improvement

The top three needs identified in the 2019 process included access to care (including affordability), addiction treatment and prevention services, mental health services.

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	50,466	1,399,122	333,934,112
Median Age	52.5	43.4	38.8
Median Household Income	\$67,320	\$77,879	\$64,730
Annual Pop. Growth (2021-2026)	0.38%	0.54%	0.71%
Household Population	22,560	557,262	126,470,675
Dominant Tapestry	Rural Resort Dwellers (6E)	The Great Outdoors (6C)	Green Acres (6A)
Businesses	3,088	67,388	12,013,469
Employees	28,645	771,036	150,287,786
Health Care Index*	103	112	100
Average Health Expenditures	\$6,438	\$6,960	\$6,237
Total Health Expenditures	\$145.2 M	\$3.9 B	\$788.8 B
Racial and Ethnic Make-up			
White	97%	91%	69%
Black	1%	2%	13%
American Indian	0%	0%	1%
Asian/Pacific Islander	1%	3%	6%
Other	0%	1%	7%
Mixed Race	1%	2%	4%
Hispanic Origin	2%	4%	19%

Source: ESRI

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

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

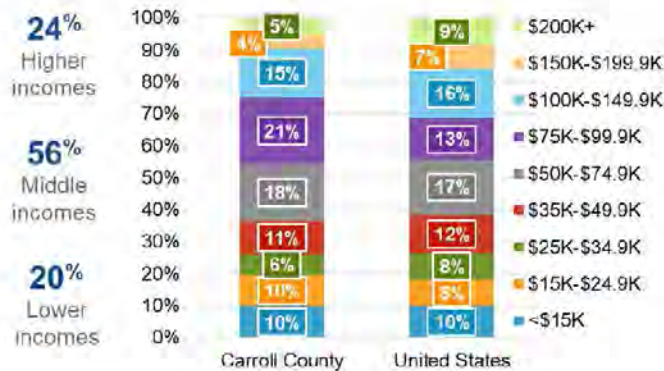
Demographics, cont.

Carroll County

Percent of Population by Age Group



Age 65+
27.7% - Carroll Co.
17.2% - U.S.



24%
Higher incomes

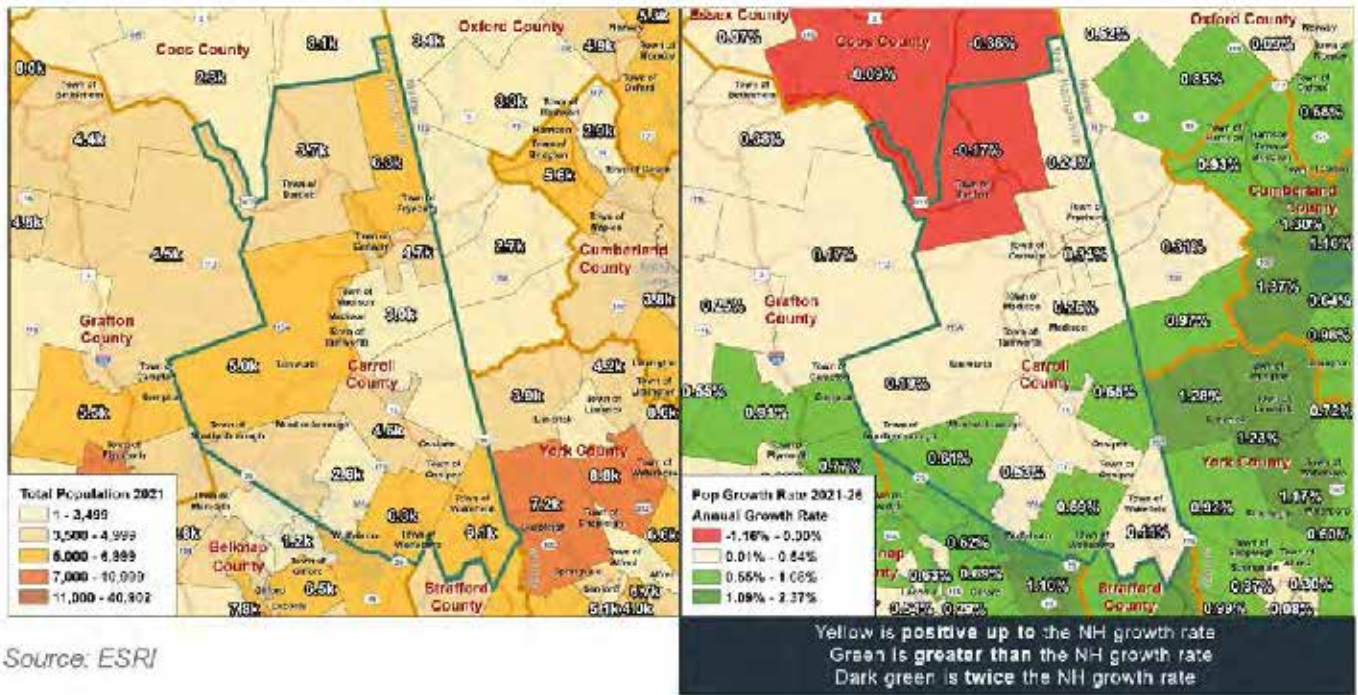
56%
Middle incomes

20%
Lower incomes

Source: ESRI

- The population of Carroll County is projected to increase from 2021 to 2026 (0.38% per year). New Hampshire is projected to increase 0.54% per year. The U.S. is projected to increase 0.71% per year.
- Carroll County had a higher median age (52.5 median age) than NH (43.4) and the U.S. (38.8). In Carroll County the percentage of the population 65 and over was 27.7%, higher than the U.S. population 65 and over at 17.2%.
- Carroll County median household income at \$67,320 was lower than NH (\$77,879), but higher than the U.S. (\$64,730). The rate of poverty in Carroll County was 7.5% which was higher than NH (7.0%) but lower than the U.S. (11.9%).
- The household income distribution of Carroll County was 24% higher income (over \$100,000), 56% middle income, and 20% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Carroll County was 103, indicating 3% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Carroll County was 97% White, 1% Black, 2% Hispanic Origin, 1% mixed race, and 1% Asian/Pacific Islander. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

2021 Population by Census Tract and Change (2021-2026)



Carroll County, New Hampshire

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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 Fryeburg and the Town of Wolfeboro have the majority of the population in the county.

Carroll County's population was projected to increase from 2021 to 2026, 0.38% per year. The majority of the census tracts in the southern part of Carroll County are projected to grow about twice as quickly as those in northern Carroll County. One decreasing census tract to note is that of the Town of Bartlett, at -0.17%.

Source: Esri

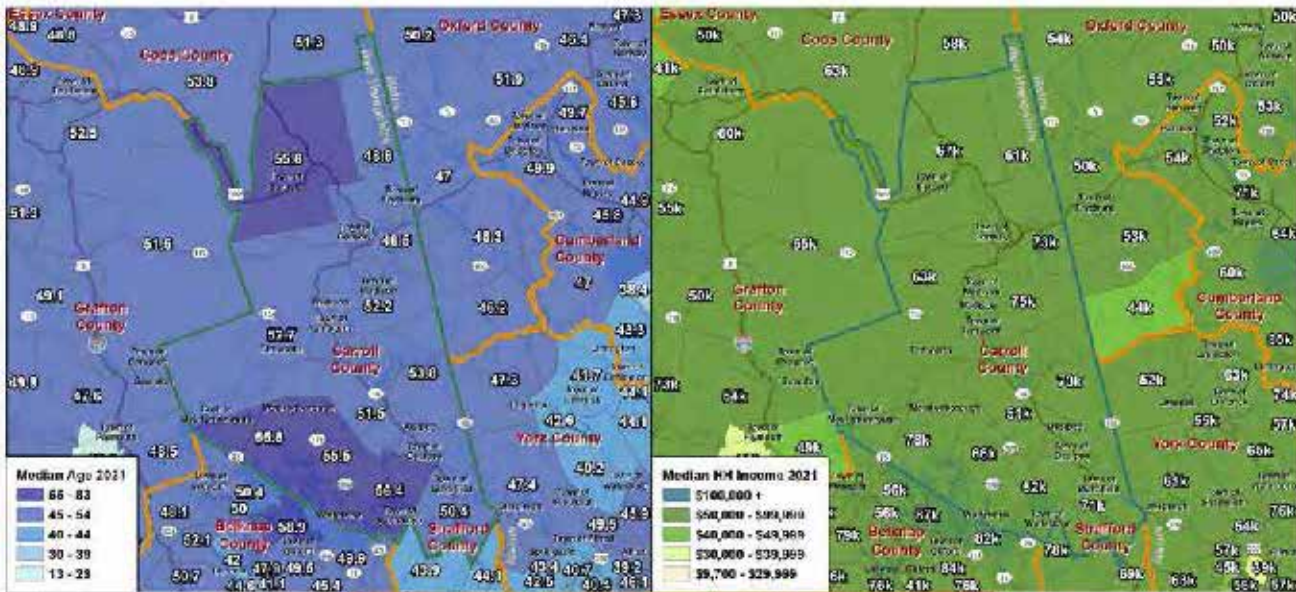
Business Profile

Carroll County, New Hampshire

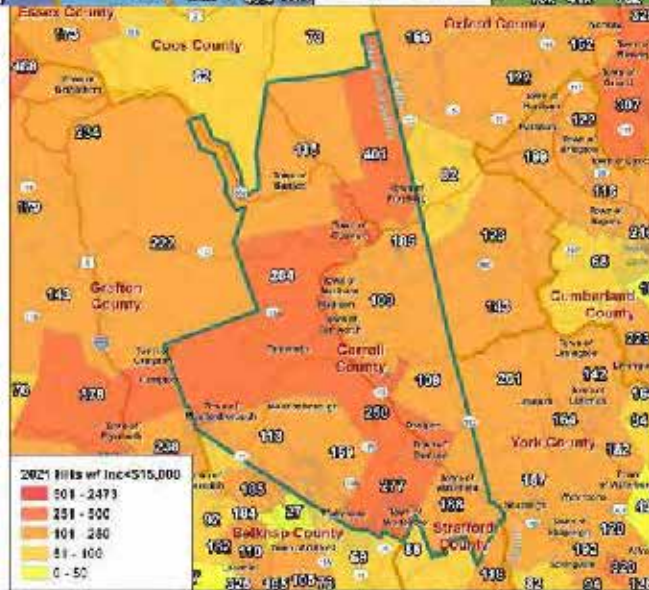
65.4% percent of employees in Carroll County were employed in:

- Accommodation & food services (25.4%)
- Retail trade (15.9%)
- Health care and social assistance (9.8%)
- Educational services (7.7%)
- Public Administration (6.6%)

2021 Median Age & Income



Source: ESRI



The top two 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 be different in the census tracts with a lower median age than those with a higher median age.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lowest income census tract was in Ossipee, with \$51K median in household incomes.

The lower map is the number of households making less than \$15,000 per year.

Demographics, cont.

Carroll County's 2020 poverty percentage was 7.5% compared to New Hampshire at 7% and the U.S. at 11.9%. The cost of living in Carroll County is lower than NH and the U.S.

Cost of Living

	Carroll County	New Hampshire	USA
Overall	101.6	105.4	100
Grocery	109.6	107	100
Housing	110.2	118.6	100
Median Home Cost	\$366,000	\$357,000	\$291,700
Utilities	122.3	120.5	100
Transportation	79.4	87.6	100
Miscellaneous	103.3	104.3	100

100 index = National Average

https://www.bestplaces.net/cost_of_living/county/New_Hampshire/Carroll

The total of all the cost-of-living categories weighted subjectively as follows: housing (30%), food and groceries (15%), transportation (10%), utilities (6%), health care (7%), and miscellaneous expenses such as clothing, services, and entertainment (32%). State and local taxes are not included in any category. The overall index for transportation costs, including gasoline, commuting, and auto insurance

Health Status

The Health of the Community - Secondary Data

Health Status Data

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 1st healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) New Hampshire strengths were low prevalence of non-medical drug use, low percentage of households with food insecurity, and low teen birth rate. New Hampshire challenges were high prevalence of excessive drinking, high prevalence of frequent physical distress, and low percentage of fluoridated water.

Comparisons Health Status Data

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic 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, and interviews. 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. Opportunities were denoted with red octagons, 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.

Comparisons of Health Status

In most of the following graphs, Carroll County will be blue, New Hampshire (NH) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

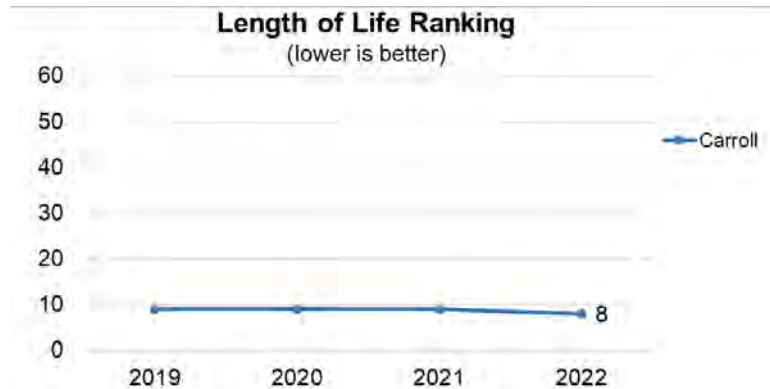
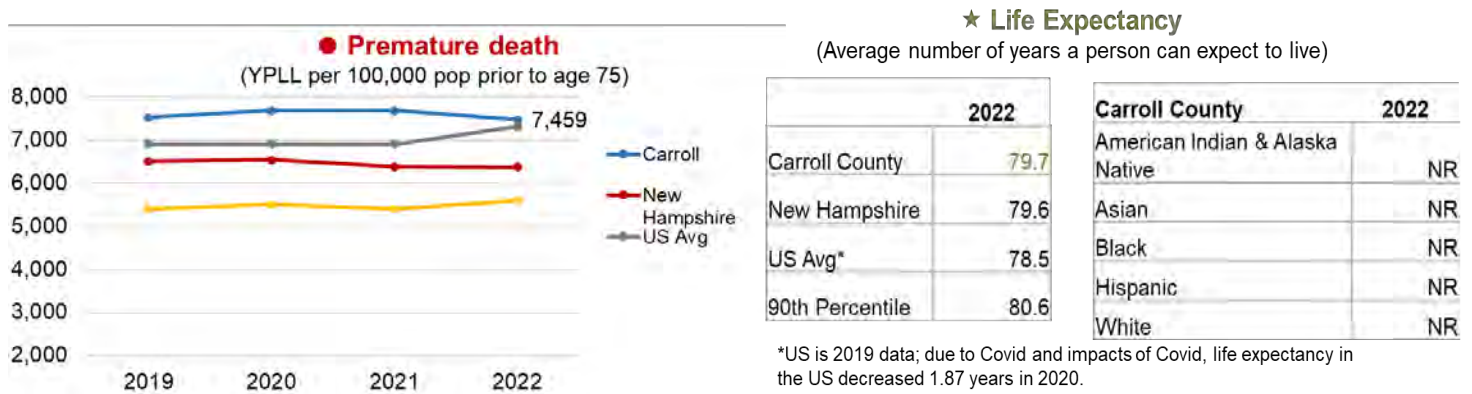
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Carroll County ranked 6th in health outcomes out of 10 New Hampshire counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Carroll County ranked 8th in length of life in NH. Carroll County lost 7,459 years of potential life per 100,000 population which was higher than both NH and the U.S.

Carroll County residents can expect to live 1.2 years longer than the average U.S. resident.



Source: Premature death and life expectancy - County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

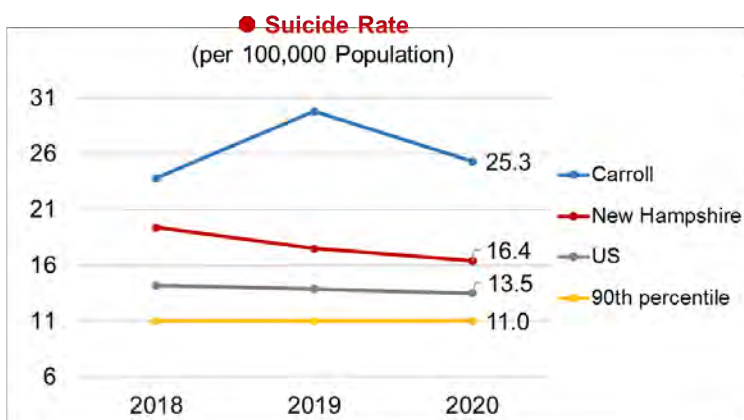
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Carroll County	New Hampshire	US
Heart Disease	136.6	146.5	168.2
Cancer	143.3	145.0	144.1
COVID-19*	116.3	40.9	85.0
Accidents (Unintentional Injuries)	65.2	58.1	57.6
Respiratory Diseases	46.8	33.4	36.4
Strokes	32.3	29.8	38.8
Suicide	25.3	16.4	13.5
Alzheimer's	21.2	26.1	32.4
Diabetes	15.9	19.2	24.8
Hypertension and Hypertensive Renal Disease	11.8	7.2	10.1
Influenza and Pneumonia	11.6	9.6	13.0
Parkinson Disease	10.9	10.7	9.9
Liver Disease	9.8	11.9	13.3
Nephritis, nephrosis	9.1	9.4	12.7

* Covid 19 Data from 2020

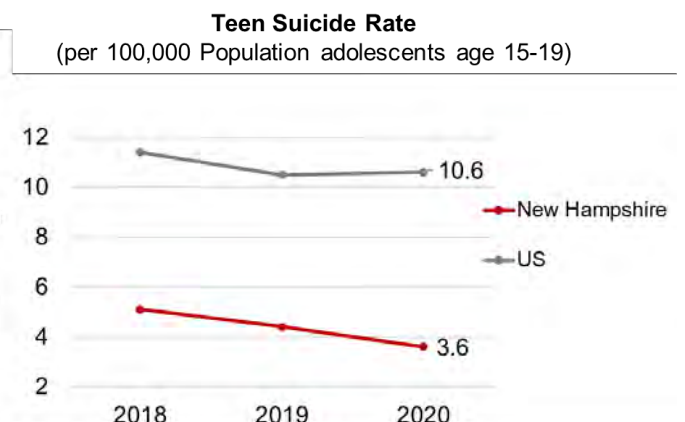
Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. Carroll County data from 2018-2020. US and NH data from 2020. Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than NH. The leading causes of death in Carroll County were cancer, heart disease, and Covid-19, followed by accidents, respiratory disease, strokes, suicide, Alzheimer's disease, diabetes, hypertension and hypertensive renal disease, the flu and pneumonia, Parkinson disease, liver disease, and nephritis and nephrosis.



Age-adjusted rates per 100,000 population.
Carroll County data from combined years
2018: (2016-2018)
2019: (2017-2019)
2020: (2018-2020)

New Hampshire, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.



Crude rates per 100,000 population.
New Hampshire data is from combined years
2018: (2017-2018)
2019: (2018-2019)
2020: (2019-2020)

US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

Although the suicide trend decreased in 2020, Carroll County's rate was still higher than NH and the U.S.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.



Photo Credit: HH

Length of Life STRENGTHS

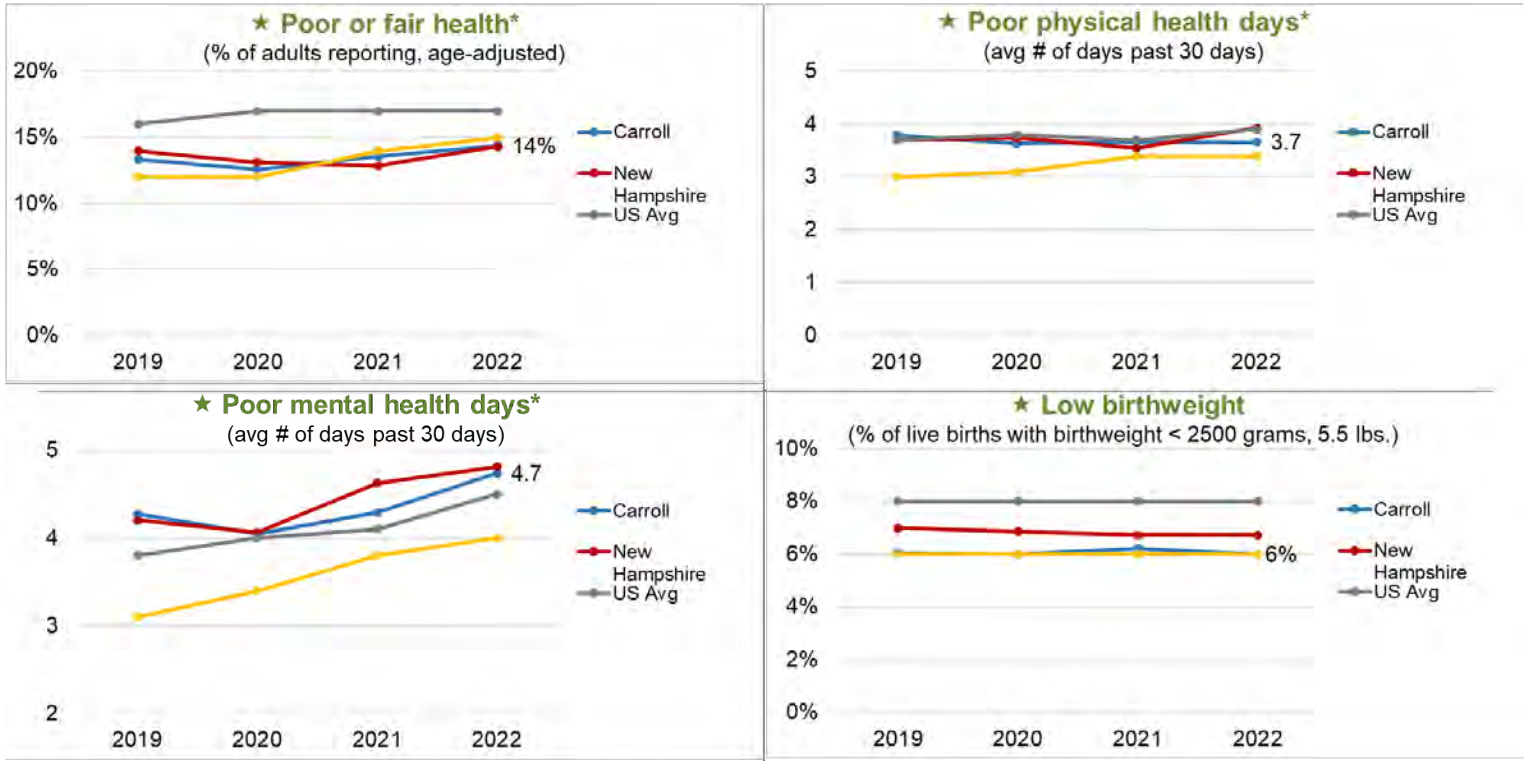
- Carroll County had a longer life expectancy than both NH and the U.S.
 - Carroll County had lower death rates attributable to heart disease, cancer, Alzheimer’s disease, diabetes, liver disease and nephritis than both NH and the U.S.
-

Length of Life OPPORTUNITIES

- Carroll County had higher death rates for accidents, respiratory diseases, suicide, hypertension and Parkinson disease than both NH and the U.S.
 - COVID-19 death rates indicate higher than NH and the U.S.
 - Carroll County had higher number of years of potential life lost prior to age 75 than NH and the U.S.
 - Although the suicide rate in Carroll County decreased from 2019 to 2020, it is still substantially higher than both NH and the U.S.
-

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 3rd in quality of life out of 10 New Hampshire counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
 Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- Carroll County had a lower percentage of adults reporting poor or fair health at 14% than the U.S., and the same as NH.
- Carroll County had a lower percentage of low birthweight babies at 6% than both NH and the U.S.
- Carroll County had a lower number of adults reporting poor mental health days at 4.7 than NH (4.8).
- Carroll County had a lower number of adults reporting poor physical health days at 3.7 than both NH and the U.S.

Quality of Life OPPORTUNITIES

- Although Carroll County performed the same or better than New Hampshire in quality-of-life measures, Carroll County had more poor mental health days than the U.S. average.

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 9th in health factors out of 10 New Hampshire counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Carroll County ranked 4th in health behaviors out of 10 counties in New Hampshire.

★ Adult obesity

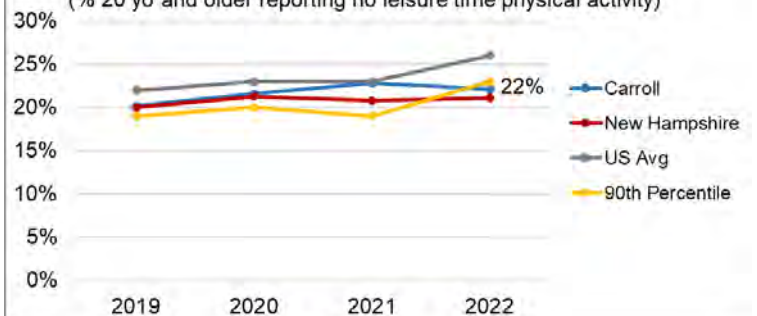
(% of adults that report a BMI of 30 or more)

2022	
Carroll County	29%
New Hampshire	32%
US Avg	32%
90th Percentile	30%

*Beginning with 2021 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2021 released data should not be compared to prior years.

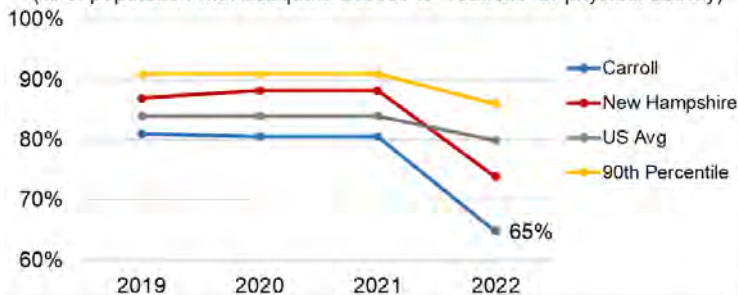
★ Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



● Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



★ Adult smoking

(% that report every day or "most days")

2022	
Carroll County	17%
New Hampshire	17%
US Avg	16%
90th Percentile	15%

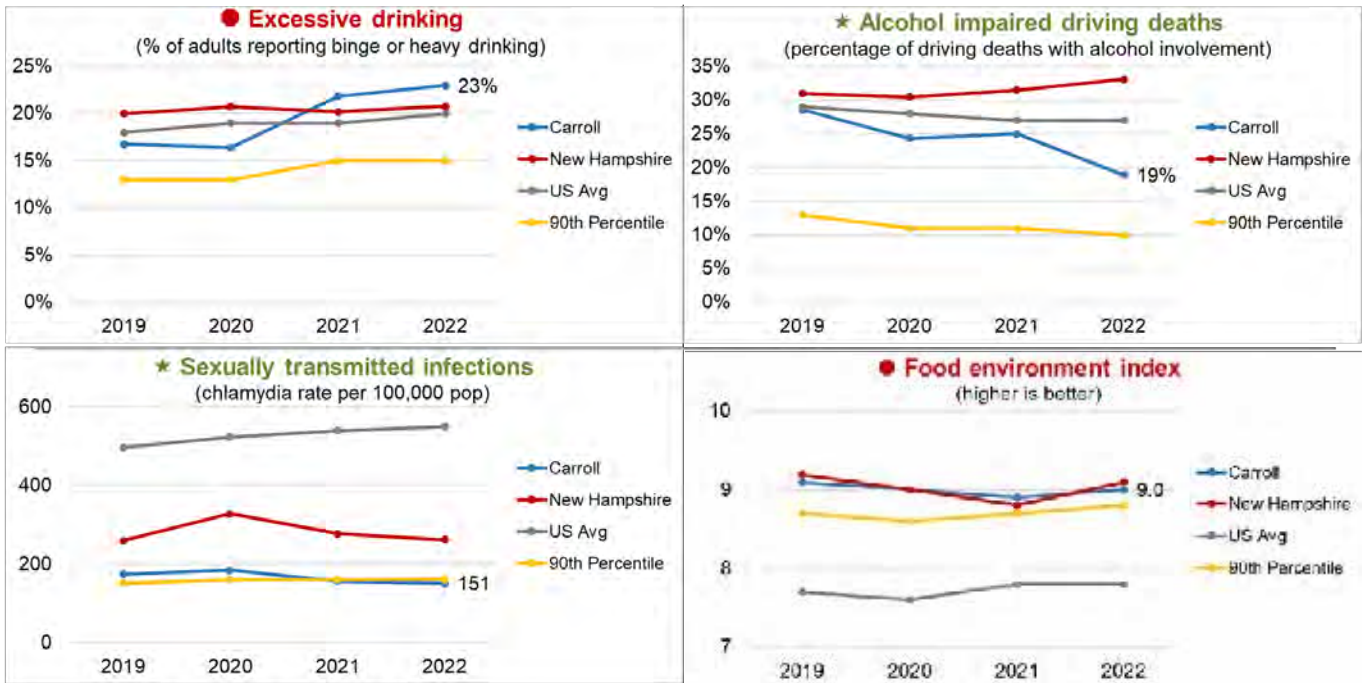
*Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2021. 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 - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Health Behaviors, Cont.



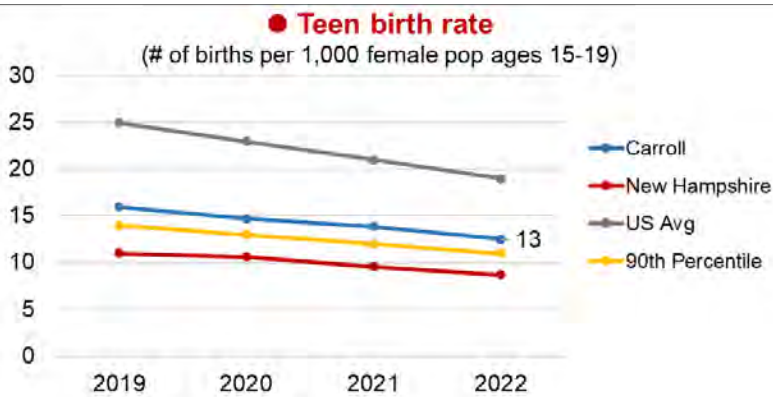
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

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.



Teen birth rate
 (# of births per 1,000 female pop ages 15-19)

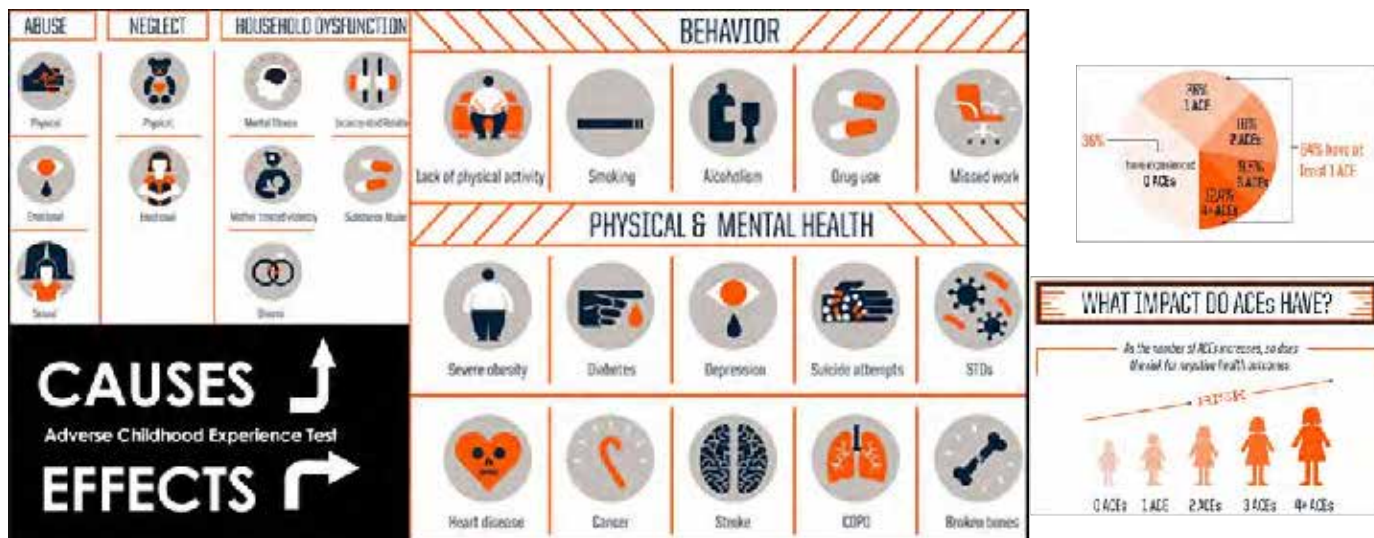
Carroll County	2021
Asian	NR
Black	NR
Hispanic	NR
White	NR

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
New Hampshire	58%	23%	20%

<https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&r2=31>

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Carroll County. However, New Hampshire had a higher percentage of youth with no aces and lower percentages of youth with 1, 2 or more ACEs.



Photo Credit: HH

Health Behaviors **STRENGTHS**

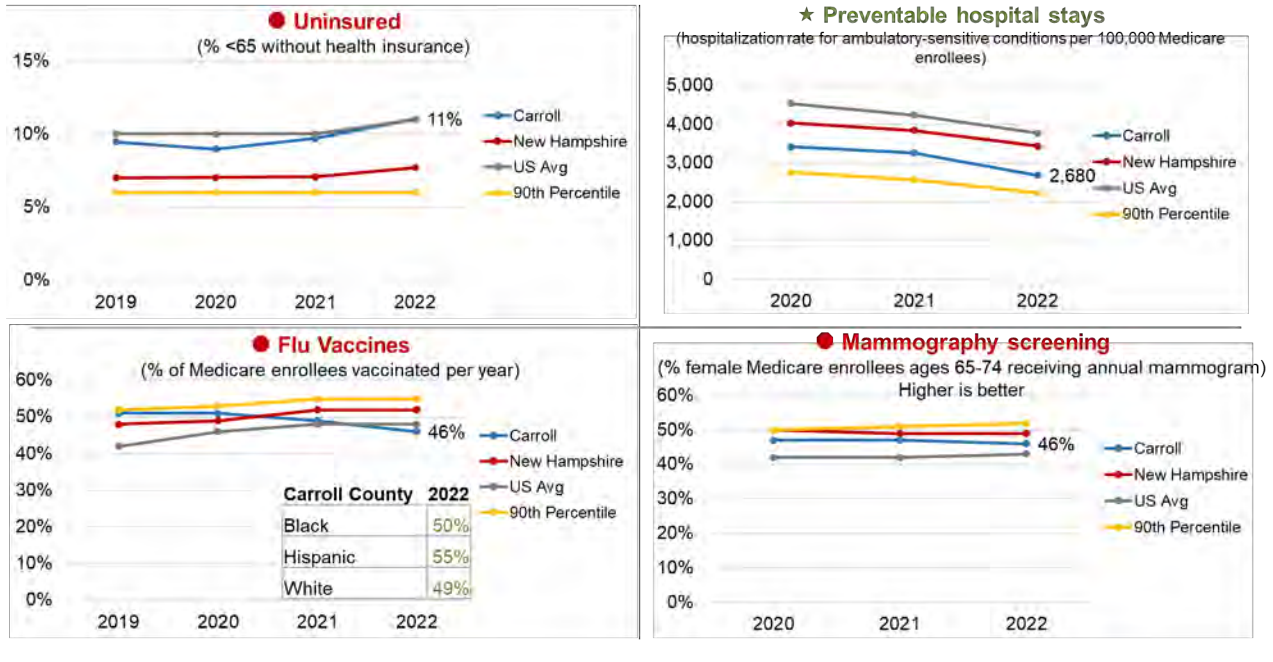
- Adult obesity in Carroll County was 29%, lower than both NH and the U.S. at 32%. The obesity trend had been decreasing in Carroll County. Obesity in New Hampshire and the U.S. continue to rise, putting people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was lower in Carroll County at 22% than in the U.S. at 26%, but higher than NH at 21%.
- Alcohol impaired driving deaths were lower in Carroll County (19%) than in NH (33%) and the U.S. at 27%.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Carroll County (151) than NH (263) and the U.S. (551).
- The food environment index was higher (better) in Carroll County (9.0) than the U.S. (7.8), but lower than the NH (9.1).
- New Hampshire had a higher percentage of youth with no aces and lower percentages of youth with 1, 2 or more ACEs.

Health Behaviors **OPPORTUNITIES**

- 17% of Carroll County smokes, higher than the U.S. at 16%, and the same as NH.
 - 23% of Carroll County reported binge or heavy drinking, higher than both NH and the U.S.
 - 65% of Carroll County had access to exercise opportunities compared to 80% of the US and 74% of NH.
 - Although lower than the U.S. (19), the teen birth rate in Carroll County (13) was higher than NH (9).
-

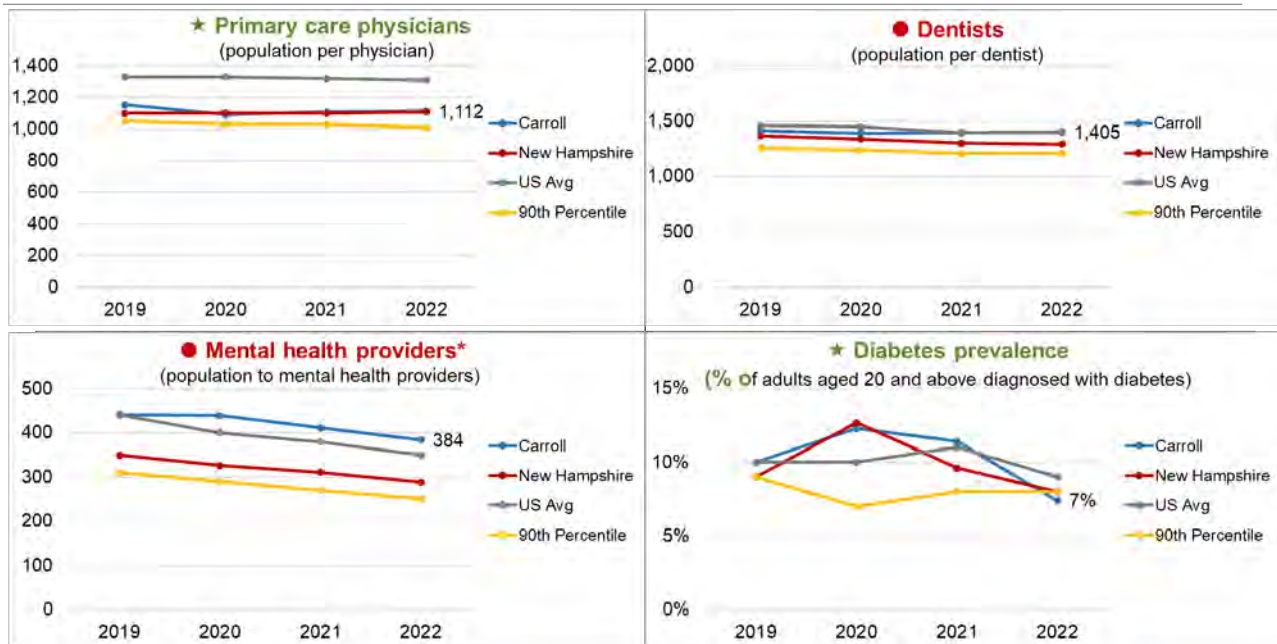
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Carroll County ranked 9th in clinical care out of 10 New Hampshire counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

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) CHR; CMS, National Provider Identification, 2021

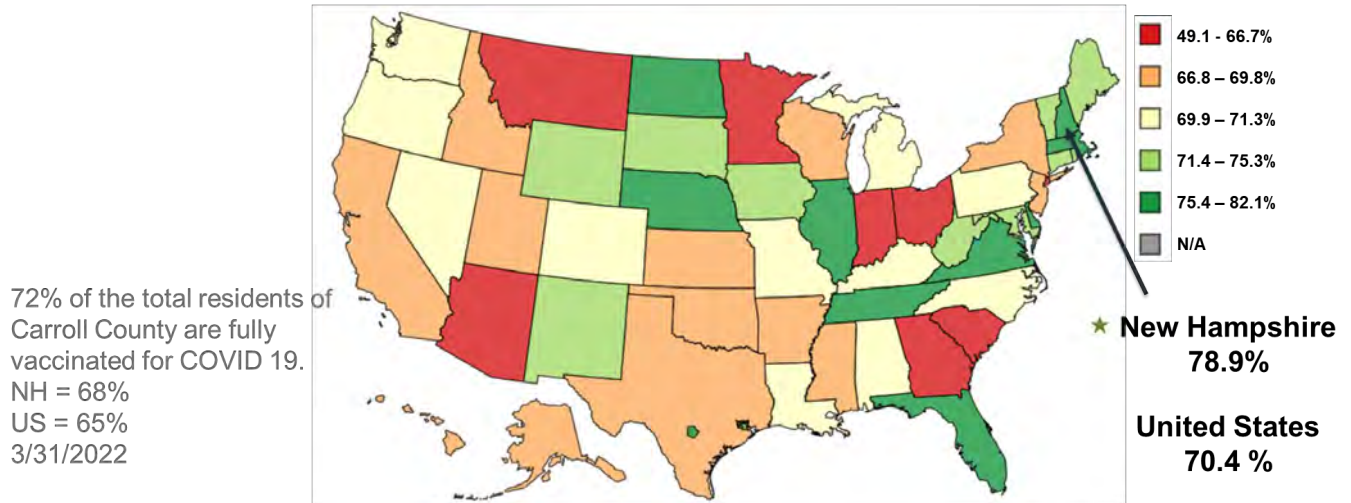
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Clinical Care, cont.

NH had a higher vaccination percentage among children 19-35 months old than the U.S.

Vaccination Coverage Among Children

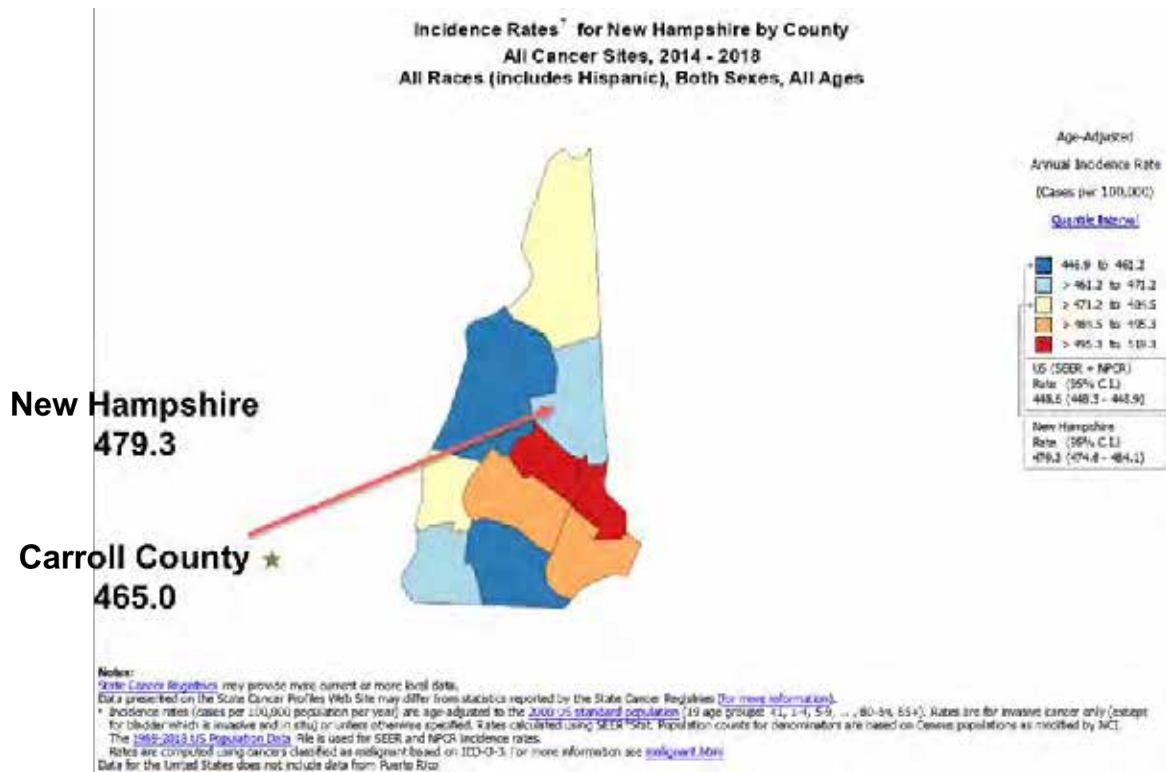
Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017



Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – NH Counties



Cancer incidence rates (cases per 100,000 population) were higher in Carroll County (465) than in NH, and the U.S. (479).

Clinical Care STRENGTHS

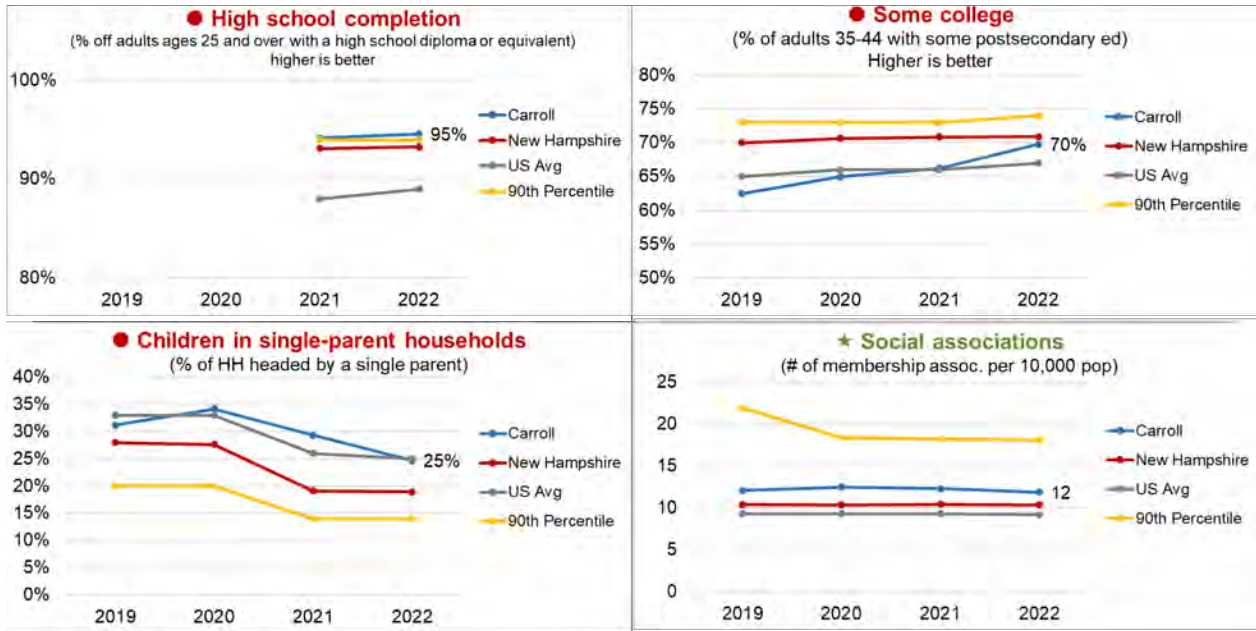
- Preventable hospital stays in Carroll County were 2,680 per 100,000 Medicare enrollees which was lower than NH (3,436) and the U.S. (3,767). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. *Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.*
- The percentage of adults with diabetes in Carroll County was 7%, lower than NH (8%) and the U.S. (9%).
- Mammography screening was higher in Carroll County at 46% than the US at 43%, but lower than NH at 49%.
- The population per primary care physician was at 1,112 in Carroll County, lower than the U.S. (1,310) though slightly higher than NH (1,111).
- The cancer incidence rate in Carroll County was 465 cases per 100,000 population which was lower than NH (479), and the US (449).
- The percentage of vaccination coverage among children 19-35 months was higher in NH at 78.9% than the U.S. at 70.4%. COVID-19 vaccinations were also higher in Carroll County than NH and the U.S.

Clinical Care OPPORTUNITIES

- The percent of Medicare enrollees with flu vaccines per year was lower in Carroll County at 46% than NH (52%) and the U.S. (48%).
- The population per dentists was 1,405 in Carroll County, higher than NH (1,295) and the U.S. (1,400).
- The population per mental health provider was 384 in Carroll County higher than NH (288) and the U.S. (350).
- The percent of population under sixty-five without health insurance was 11% in Carroll County, higher than NH (8%) 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 social and economic factors category. Carroll County ranked 9th in social and economic factors out of 10 New Hampshire counties.

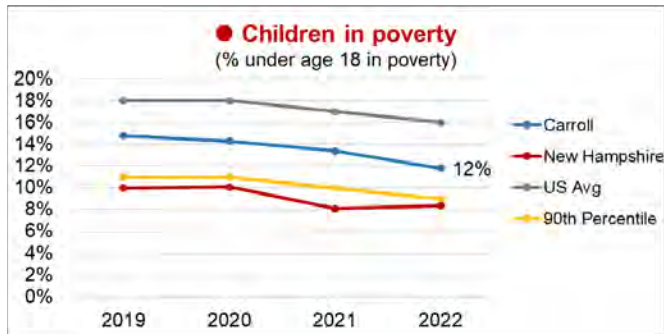


Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Source: Social associations - CHR; County Business Patterns, 2019

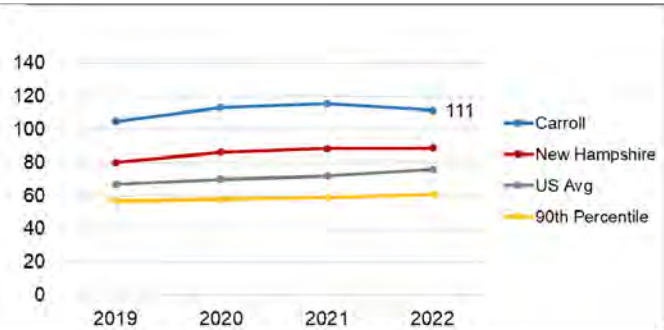


Children in poverty

(% under age 18 in poverty)

Carroll County	2022
American Indian & Alaska Native	NR
Asian	7%
Black	46%
Hispanic	27%
White	13%

27% of children are eligible for free or reduced-price lunches 2021-2022, compared to 21% for NH



Injury deaths

(Injury mortality per 100,000)

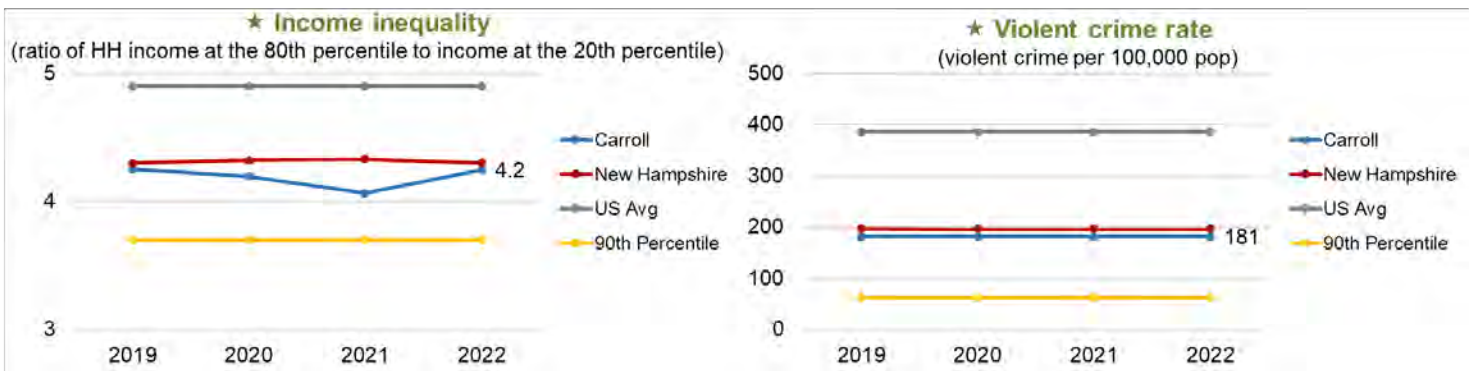
Carroll County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	NR
Hispanic	NR
White	NR

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.



Social & Economic Factors STRENGTHS

- The high school graduation rate was higher in Carroll County at 95% than NH (93)% and the U.S. (89%).
- 70% of Carroll County adults had some postsecondary education which was higher than the U.S. at 67%, but lower than NH (71%).
- The children in poverty rate was lower for Carroll County at 12% than the U.S. at 16%, but higher than NH (8%).
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Carroll County at 4.2 than NH at 4.3 and the U.S. at 4.9.
- 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.
- The poverty estimates for 2020 showed Carroll County at 7.5%, lower than the U.S. (11.9%) but higher than NH (7%).
- 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

Social & Economic Factors OPPORTUNITIES

- A higher percentage of Black children (46%) were in poverty in general.
- Injury deaths were higher in Carroll County at 111 per 100,000 population than NH (89) and the U.S. (76).
- The median household income in Carroll County was \$67,320, lower than NH at \$77,879 but higher than the U.S. at \$64,730.
- The percentage of children in single-parent households was 25% in Carroll County, higher than NH (19%) and the same as the U.S.

Physical Environment

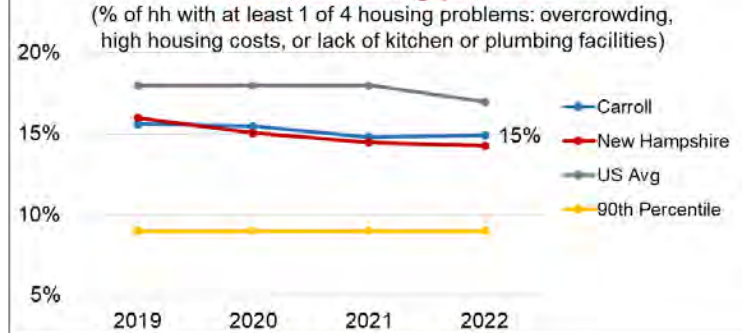
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Carroll County ranked 7th in physical environment out of 10 New Hampshire counties.

● Drinking water violations

	2020	2021	2022
Carroll County	Yes	Yes	Yes

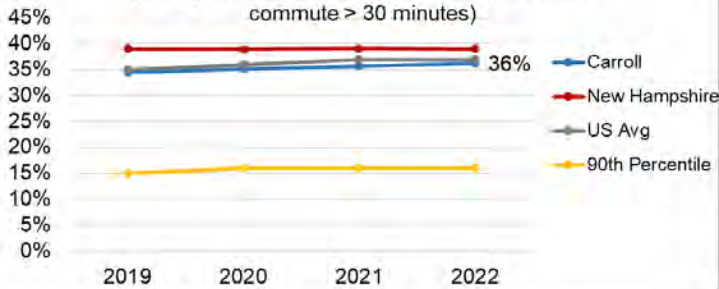
Source: EPA Safe Drinking Water Information System.

● Severe housing problems



★ Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



★ Broadband access

(% of households with broadband internet connection)

Carroll County	2022
Carroll County	89%
New Hampshire	89%
US Avg	85%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020
 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2018

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Physical Environment STRENGTHS

- Carroll County had a lower percentage of severe housing problems at 15% than the U.S. (17%) though slightly higher than NH at 14%.
- Broadband access was higher in Carroll County at 89% than the US at 85%, and the same as NH.
- 36% of workers in Carroll County who commute alone commute over 30 minutes, which is lower than both NH (39%) and the U.S. (37%).

Physical Environment OPPORTUNITIES

- Carroll County reported drinking water violations every year for the last three years.



Photo Credit: HH

Themes that emerged in this Process:

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. The service area has many assets to improve health.
-

Results of the CHNA

Community Health Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

The HH leadership team reviewed the community health information and used the criteria below to prioritize the health needs in the community.

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?

Most Significant Community Health Needs

The following needs were prioritized by the HH leadership team using all of the input from the community and the secondary data.

1. Access to Care – specialty care
2. Access to Care – primary care
3. Access to Care – mental health services
4. Social Determinants of Health improvement



Photo Credit: HH

Community Health Needs Assessment for Huggins Hospital's Service Area

Completed by Huggins Hospital in partnership with:

Stratasan





Photo Credit: Carroll County Resources

Appendix

- 1. Community Focus Group Summary**
- 2. Community Survey Summary**
- 3. Community Asset Inventory**
- 4. 2019 Implementation Plan Impact Evaluation**

Focus Groups Summary

Focus Groups

On April 12, 2022, twenty-nine people from nineteen organizations participated in focus groups for their input into the community's health issues. Below is a summary of their input. The full summary is included in the appendix.

The participants defined health as multidimensional, mental, physical, wellness, living conditions, wellbeing, resilience as well as an environment in which to thrive and have basic human rights.

They agreed that the health of the county depended on where people lived and there is health disparity. The health variances are based on economics, age, activity level, and resilience.

The biggest health issues in the communities were:

- Mental health – worsened during the pandemic, issues for tweens and teens, lack of mental health professionals
- Substance use disorder – drugs and alcohol, contributing to domestic violence and suicide.
- Delayed care – due to the pandemic, people delayed and avoided care. Diabetes worsened, complicated acute conditions occurred due to avoiding care. Cultural independence and message of “don’t go to health facilities” impacted care utilization.
- Access to care – Shortage of healthcare workers, access to primary care with long waits, cost of medications and insurance.
- Social determinants of health – poverty, food insecurity, inability to find housing, lack of transportation, unhoused population growing.
- Effects of the pandemic – isolation, loneliness, kids with maladaptive issues and no social skills, tired and burned out workforce.
- Disabilities – Falls at home, aging adults applying for disability, chronic diseases – heart disease, diabetes, high blood pressure, cancer, family issues.

Biggest health issues facing medically underserved and low-income were:

- Basic needs – housing, food, finances
- Education – health literacy, understanding health and vaccines
- Access – not everyone has access to technology, internet, computers, limited childcare, mental health access, limited access to medicine, accessing the ED instead of primary care.

Focus Groups Summary

Focus Groups

On April 12, 2022, twenty-nine people from nineteen organizations participated in focus groups for their input into the community's health issues. Below is a summary of their input. The full summary is included in the appendix.

1. How do you define health?

- Condition with many dimensions - mental, living conditions, wellness
- Overall wellbeing, absence of illness, presence of resilience
- Cycle where you are in the lifespan can change over time
- Environment that people thrive. Basic needs are met. Basic human rights
- Not just absence of disease but also access to transportation, no food insecurity, affordable housing options. Community resilience, infrastructure, economics. Can't thrive without all aspects of health
- Thriving children, engaged, happy organism indoor community

2. For the purposes of this Community Health Needs Analysis, the community is Carroll County, generally, how would you describe the community's health?

- Variable, pockets of disparity, depends on where you live. Social, economic status varies widely - some are super active and well off and then older adults dealing with chronic conditions. It's bipolar with those who live on the lake and those who live in a trailer without heat.
- Large population lacking resources who are scattered, and wealthy, well-educated people. Those with access to care and those in poverty. There's a big gap between the two. Really different health statuses.
- Unequal - cater to wealth through tourism and hide the unappealing aspects. However, want to see a network of support. The middle class are the doers.
- The pandemic colored everything. We're incredibly resilient, very resourceful Yankees

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

- Mental Health
 - Mental health worsened during the pandemic
 - 12–14-year-old girls on the line when responding to crisis calls. Will be interested in suicidal ideation in the YRBS survey data for 2020. Females in crisis increased compared males. Hearing how kids are using language and how they understand words. They throw around words in a much more casual way. Social media may be desensitizing them to the words. Social norms play a role. Kids are freer to say things. Kids dealing with anxiety and stress
 - Lack of therapists. People are willing to seek mental health treatment because it has been destigmatized, but now don't have staff. We're least prepared to take care of mental health

Focus Groups Summary, cont.

Focus Groups

- Substance Use Disorder
 - Drugs and alcohol - concerned about what we're seeing in the schools.
 - Domestic violence, substance abuse generational cycles. People didn't have access to services to get out of circumstances
 - Substance misuse, leads to suicide in older adults
- Delayed care
 - Diabetes worsened because people didn't seek care. Issues were there but have worsened
 - There is a trend of complicated acute conditions due to avoiding healthcare during pandemic. Six-month barrier to primary care
 - The health system hasn't been as proactive as we wanted. The message of "don't go to healthcare facilities" was heard and some are still not going
 - New England mentality-I don't need any help. Cultural independence
- Shortage of healthcare workers
 - Workforce issues, shortage of physicians & staff in general, left healthcare. If staff is not available to address the needs, then can't meet the needs of others. Focus needs to be on the workforce. Difficulty paying people to work in healthcare
 - Community mental health center staffing
- Social Determinants of Health – Poverty, Housing, Food Insecurity, Transportation
 - Poverty
 - Food insecurity
 - People's ability to find affordable housing, statewide
 - SDOH are concerns to older folks isolated - lack of transportation
 - Afraid homelessness will increase based on new tax assessments and returning to pre pandemic level of Medicaid and snap benefits. Can't afford their rent
 - Ability to afford medications
 - Climate change-farmers, loggers, tourist skiing season shortened, harvest season changing. lengthening summer season

Focus Groups Summary, cont.

Focus Groups

- Access to care
 - Lack of healthcare services, access to primary care. Fuses are short, people tired of complications and waiting for healthcare, wait times awful
 - Access to specialty care is limited. It is impossible to get appointments. Offices not taking new patients for specialty care. Endocrinology, psychiatric issues, huge issue
 - Lack of access to dental insurance
 - Cost of effective drugs for diabetes. Drug companies pulled back on their prose
 - Diet, access to healthy foods. Cheap foods
 - Formula shortage
 - DME footwear in particular shortages
 - Sleep apnea machines shortages
 - Have community care coordination here at Huggins, and it has been tremendous at decreasing barriers. Siloed and isolated population, organizations came together worked well together. Silos went away
- Pandemic Effects
 - Isolation-trapped at home. Kids have become maladaptive with no social skills. Exacerbated issues already there
 - Aging and loneliness
 - Parents w/school age kids, masks are off and kids are getting sick and not allowed to return to school puts more pressure on parents
 - Uncertainty around telehealth- is it a sure thing? what appointments can we use telehealth?
 - Workforce-tired, mental health issues themselves due to COVID fatigue
- Health and Disability
 - Falls at home
 - Isolation
 - Aging adults, increase in people applying for disabilities. Disability becomes a safety net and doesn't incorporate healing and recovery
 - Chronic diseases – high blood pressure, heart disease, diabetes, cancer
 - Family issues, neglect, avoidance, denial

Focus Groups Summary, cont.

Focus Groups

4. **What are the most important health issues facing various populations including medically-underserved, low-income populations?**
 - Basic Needs
 - Affordable housing, unhoused population -putting people up in hotels now, but how to comp
 - Food, good quality, food insecurity leads to obesity
 - Finances
 - Insecure transportation, fragmented services. Difficult to get to Conway
 - When in survival state, hard to think about other things
 - Education
 - Health literacy, need access to health information
 - Generational families-when kids sick, go to doctor. what they do. Don't have to think about it. Things get passed down
 - Flow of info for the group, lack of understanding of vaccinations. Politics plays a role in health – promote flu shots and vaccines
 - Immigrant population, getting information to them
 - Access
 - Not everyone has access to technology, internet, computers
 - Can't get home care in seniors' homes
 - Limited childcare
 - Limited mental health and medicine access
 - Lack of community – do we suffer from societal trend of not knowing our neighbors, families, social fabric has deteriorated? Affects health
 - Healthcare system trying to deliver care, so there's a mismatch. How to match up needs and services. Ex: access ED instead of primary care, limited specialty care
 - Life at Home
 - Serving record number of relatives taking care of kids, doubled in the last year
 - Children not seeing doctors, telehealth is great, but not for severe issues
 - Generations of a habit hard to break
 - Effects of COVID
 - Many neglected during pandemic
 - Prices increased, so many made decisions not to see doctors
 - Natural evolution of sending providers out to the home, reaching out and eliminating barriers. Preventative program keeps them out of the hospital, very popular and appreciated. Anyone who tested positive received info pulse oximeter
 - The clinics vaccine testing now come here for care

Focus Groups Summary, cont.

Focus Groups

5. What are the most important health issues facing various populations including minority populations?

- More minority here increases concerns about their health. Seasonal International workers. Brewster Academy and Summers see international seasonal workers.
- Mental health component from kids - adoption, cultural stress depression, culture, pull up by bootstraps, compared to other students, access to familiar foods, services they're familiar with. Emotional trauma of being different
- Language and cultural barriers – Indian families feel isolated by differences. Migrant populations have language barriers. Puerto Rican and Mexican populations have differences in culture. Asian population – fear of human trafficking.
- Massive gentrification during COVID, came here from cities
- Substance abuse, STD increases hopelessness
- When someone comes up with a plan – Not in My Backyard “ NIMBY”
- Have small pockets of ethnic minorities but don't have a handle on them. Seeing more refugee kids in schools
- Can't access Medicaid or SNAP
- Unknowingly intolerant, ignorant of other cultures. Issues with racism and discrimination, racism due to lack of exposures to minorities, racism in school systems. Regional high schools bringing different people together from all over, may get treated like a minority. Active white supremacist groups.
- What everyone else is dealt with

6. The community performed a CHNA in 2019 and identified priorities for health improvement,

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

What has changed most related to health status in the last three years?

- Physical Health
 - Having Wolfeboro Pediatrics being so consistent has been so positive. Still work to be done, but some have improved
 - Been some movement on healthy aging
 - Elderly were most compliant around vaccines

Focus Groups Summary, cont.

Focus Groups

- Mental Health / Addiction
 - Mental health worse, COVID added to it. Seeing it in kids,
 - So much silo-ing
 - Mental health now has mobile crisis unit, a crisis line rapid response
 - Improved public communication about health, addiction treatment, hear people talking about addiction more
 - Substance misuse community getting more money, moving in the right direction.
 - NH 1 of 4 states that didn't increase overdose deaths during covid. See lots of opportunity going forward.
- Housing
 - Expensive, less accessible
 - Hope House-transitional care housing 7 units, no lack of resources but a lack of connect the dots
 - People living in campgrounds
 - Transportation Mobility managers from the State. Could be an influx of money funds for housing but need to find areas who welcome affordable housing.
- Access to Care
 - Dental care access, dental health a concern for special education kids
 - Staff shortages
 - Glasses. Vision care during COVID went away
 - Social services becoming more available but need more inroads into undeserved populations. Big improvements
 - Early childhood development? Saw grassroots community groups come together during Covid pediatric practice here is great, engaged
 - After COVID, need more services, but now less people to provide the services
 - White Horse people works there with life experience est. recovery coaches in the ED peer support
 - Access to specialty care worse, endocrinology is a nightmare, rheumatology hard
 - White House open and expanded
 - SDOH underpinnings to all issues all related these items, overall awareness of SDOH has improved

Focus Groups Summary, cont.

Focus Groups

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

- Substance Use
 - Normalizing poor drinking behaviors, contributes to alcoholism in the community. Alcohol use is escapism, legal form of self-medication but a depressant. Rampant and glorified. A lot of alcohol bottles at the dump. Cultural acceptance of drinking during COVID
 - Fentanyl and meth increased opiate overdoses. Poly substance use
 - High school – THC, vaping, expansion of marijuana use. Kids think it's no big deal. Parents don't want kids to be stigmatized. Don't want to label the kids. Stress and anxiety escalated use of alcohol and drugs. Access to treatment for stress and anxiety has been limited so they self-medicate. Lost young people to overdoses
 - Denial that these things don't happen here. Because of tourism dollars. The whole tourism culture - "everything is wonderful"

8. What environmental factors have the biggest impact on community health?

- Water
 - Water good
- Community / Culture
 - Continued isolation, need to figure out how to bring people back to the community. Kids who haven't had socialization, don't know how to navigate social situations
 - Community has no idea what goes on here
 - Tempers now, fuses are short. Behavior now undercurrent of acceptance of bad behavior. Sense of entitlement and lack of accountability since COVID. Behaviors at school have dramatically worsened
 - Strong culture of outdoor activity, mountains, paths. Appeal of outdoor activities, lakes. Also makes it difficult to get around, though very physically active population across all ages
 - Social Media
 - Difficult to find reliable sources of information, trust of information
 - Libraries providing services-game nights, support, activities, information
 - Real pockets of segregation
 - Now seeing parents who don't know how to cook. Food from Dollar
 - General Exercise has really declined since Covid, gyms and tracks closed
 - Arsenic in wells, most people on well water
 - Lack of access to water. Can't get access. Close public beaches to public
 - Sporadic water issues and state not responsive

Focus Groups Summary, cont.

Focus Groups

- Lead Exposure
 - Lead concern in older houses
 - People likely to live with lead
 - Raising awareness
- Housing
 - Lack of housing and if available, they have issues. Rentals so difficult to find. Moving out further due to the cost. Also impacts their ability to access care and services. Waiting list for affordable housing
 - Don't have low-income housing and get into bad housing that leaves kids unprotected. Elderly also trying to get into housing
 - Families living in campgrounds.
 - Weather issues- cold, gray expensive, resource intense heating costs, snow control, vehicle maintenance. Natural environment super healthy have access to outdoors
 - Rural pockets of poverty, older communities lack accessibility for those with disabilities
- Outdoors
 - No sidewalks, nowhere to ride a road bike or running luring people here for outdoors but not that easy. lots of 1 hiking
 - Positive from pandemic found places to be outside
 - More dangerous to bike on the roads; don't respect riders anymore. In some ways, harder to exercise here than in the city. Must get access to Rail trails
 - Lyme disease, tick borne illness
 - Kids don't live in neighborhoods, live far apart
- Tourist Culture
 - Tourist culture beach protection. Seem to have resources, but execution fails
 - So many came during the pandemic it got crowded but now went back in North County. Not the south county lakes region. Lack infrastructure for people to more here. More people came to Lakes Region & didn't go back. WFH tele world. No breathing time anymore

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

- Health literacy
- World view baked in, confidence and trust. Resource for truth, big sources or truth alternative truths, science. Pandemic became so politicized and became barrier to doing what was best for health. People are so entrenched and afraid of getting kicked out of your group
- Dispersed throughout county. Sparsely populated. Disconnected areas barriers are endless

Focus Groups Summary, cont.

Focus Groups

- Lack of childcare - cost, workforce issues
- Geography, transportation. Rural never enough funding, don't have people to manage the grants
- Brought more focus to mental health and domestic violence. Balance the positive with the need to assess what didn't work in the last two years
- Huggins Community Health Network
- Stuffing, workforce Money
- Financial Education Access
- Access to medications, cost of medicine
- Regulations

10. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Technology
 - Inconsistent internet coverage. There are ways to reach people if they have internet
 - Exposed technological gaps. School closures exposed lack of internet; how many people couldn't access Zoom. Connectivity issues for home schools. ADHD did terrible at home school
 - Access to technology – pick up groceries, online groceries
 - Impact of COVID telecommuting found a location here. Pushed telehealth to people and forced people to receive a support it. Telehealth really helped customers + receive reimbursement. Video helped in so many ways. There are resources here but need to find them, advertise more. communication. Hospital-thanked God it was there testing and vaccine personal connections helped each other. Learning experience
 - Need alternative paths for young adults to prepare for the future, alternative ways of learning online
 - Vaccine microchips
- Food
 - Schools had food pick up, lunches
 - 68 hours of hunger magnified the disparities that were there all along. Would love to keep free breakfast and lunch at schools - makes it more acceptable stigma with free meals
 - Spotlight on resources communities had + how important they were
- Jobs
 - Low paying jobs who had to go to work and couldn't work from home, people who had to continue to go to work. Exposed low wages

Focus Groups Summary, cont.

Focus Groups

- Discovered important jobs. Essential workers so valued, pay increase
- Burnout of staff
- Volunteer organizations
- Isolation
 - Calls needing emergency services needed testing, needed vaccines, needed help at home
 - Older adult isolation, lack of access to internet and technology. Dump and run, nursing homes dropping patients at the hospital because they don't want to take care of them. Opened up the rules and telehealth silver lining, enabled people to receive care they wouldn't have received prior to COVID
 - Elevated anxiety, people who were pretty good at dealing with life were challenged, depression
 - Lack of access to healthcare and social support. Failure to have resources to help
 - More mental health issues who could have benefitted from VNA, but wasn't available due to staffing
 - Loss of social connectedness
 - Being so divisive, at odds with patients. No meeting in the middle, used to be able to talk, data supports your belief
 - Brought awareness of ways we can work together, good will. Seen some amazing things
- Information
 - Misinformation-CDC, state, news so politicized, not a lot of trust. Evidence-based guidelines. Gained and regained communities' trust
 - Ignorance frustrating, maddening. Understanding what was true and good information, blurred

11. If you had a magic wand, what improvement activity should be a priority for the counties to improve health?

- Youth
 - More childcare, and pay more to childcare workers
 - Enhanced recreation opportunities for kids. Kingswood Youth Center, expand afterschool and before school programs. Summer programs for whole day
 - Active support groups for parents with kids with issues. Peer groups for anything – brothers and sisters of kids with drug issues, grandparents raising kids. Significant work and funding for systems
 - 3 – 5-year-olds need support, lots of programs for 0-3 and 6-10. Huggins provides school

Focus Groups Summary, cont.

Focus Groups

- Access to services
 - Housing-lower cost, more rentals, affordable housing units second group
 - Hire mental health workers, mental health providers
 - Continue to grow care coordination & bring together resources
 - Take services to people-mobile care, food pantry. Public transportation for dental work, mobile services, beautiful teeth for kids
 - Transportation – more robust rideshare
 - Decrease cost of medicine
 - Open access to care all the time, no waiting lists. Immediate access, remove barriers
 - Get rid of EMR, paper record
 - More specialty providers. Pay medical specialties more to get more specialists like Endocrinologists. More support staff, more psychotherapists, more counseling for mental health. Change the way mental health is delivered – local, outpatient focused
 - More care coordination. One stop shop-see all providers you need. Blend funding streams, balance primary care and mobile care. Medicare negotiate drug prices
 - Provide training with desire
 - Community care coordination team natural extension to home visits, 10-15% of hard-core cases target those to receive home care and reimbursement. Generational issues – break some of those
 - Medicare negotiate drug prices
- Connection
 - People who live here access their own resources. Need to go back to the community. Small town America, huge campaign about getting to know your neighbor
 - Would love to see people break down silos and bridge those gaps
 - Universal home visits for anyone – kids, seniors
 - Don't have the capability to keep up with technology. Public private partnership with decision-makers and social service providers shared responsibility across groups. Individual orgs can't solve these issues
 - Remove the tribes getting more narrow in views, rid of divisiveness

Focus Groups Summary, cont.

Focus Groups

- 12. What population changes have you seen in the community in the last two and a half years?**
- 2000 gain from census in the county
 - People staying at their second home. Concerned that in 2 years, they'll go back to their urban life. Some made life changes, telecommuting or retired. Mid to older population coming here to live. Expectations that are hard to keep up with. Would be nice to see the data
 - Police calls increased
 - Need to get more specialties here, Oncology Infusion Centers
 - Med staff already maxed out. What if care spikes this summer? how to staff?

Survey Results

Survey

Huggins Hospital and Stratasan conducted an online surveys in Carroll County. 391 surveys were completed via online surveys from June 20, 2022, through Aug 15, 2022. Surveys were sent via email distribution lists and promoted through social media placement. Complete survey results are in the appendix.

Seventeen percent of respondents indicated their health was excellent, 63% good, 17% fair and 3% poor.

Q37. What are the top three most significant health issues in the counties?

1. Access to care (31.5%)
2. Mental health assistance (31.5%)
3. Access to health insurance (29.8%)
4. Substance use disorder assistance (21.4%)
5. More exercise opportunities (18.5%)
6. Chronic diseases (diabetes, cancer) (16.4%)

Q30. What are the top three social determinants of health issues that are impacting people's health? (Select up to three) Responsible, involved parents (36.1%)

1. Affordable health care (24.5%)
2. Chronic health issues (24.5%)
3. Affordable health insurance (24.5%)
4. Affordable dental care (19.3%)

Q33. Have you ever been told by a doctor you have any of these conditions, diseases or challenges?

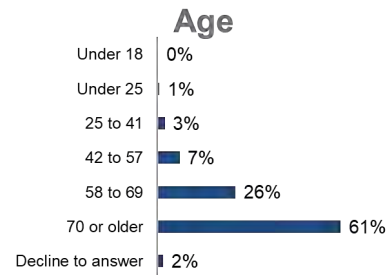
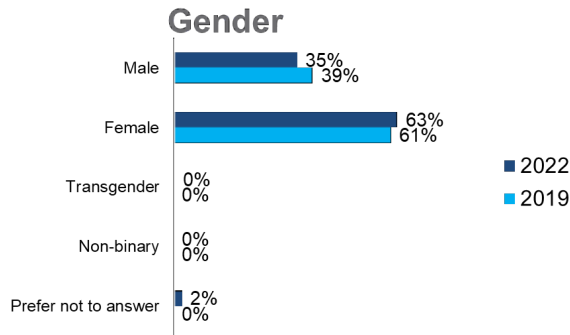
1. High blood pressure/hypertension (49.2%)
2. High cholesterol (41.6%)
3. Arthritis (40.0%)
4. Overweight or obese (24.0%)
5. Cancer (23.2%)
6. Heart disease (18.0%)
7. Diabetes (16.4%)
8. None (15.2%)
9. Other responses were less than 15%

Surveys

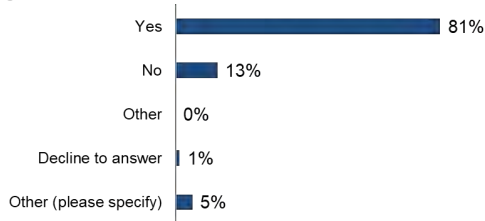
Community Survey

Huggins Hospital and Stratasan conducted an online surveys in Carroll County. 391 surveys were completed via online surveys from June 20, 2022, through Aug 15, 2022. Surveys were sent via email distribution lists and promoted through social media placement.

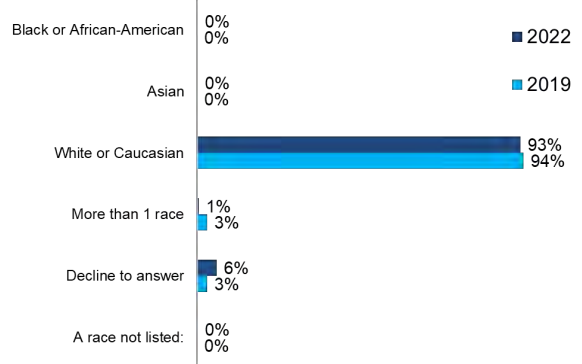
Demographics



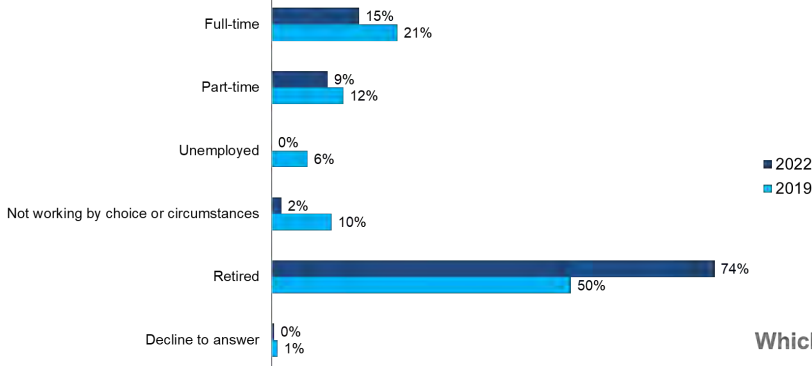
Do you live or work in Carroll County?



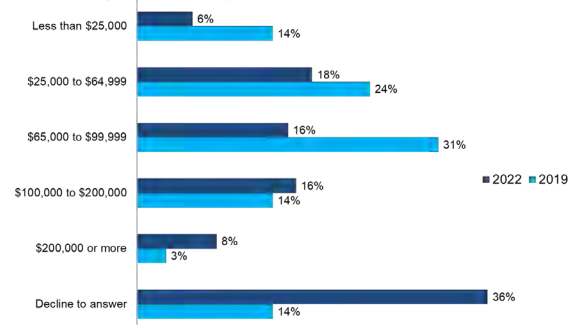
What is your race or ethnic background?



What is your current employment status?



Which of the following includes your annual household income?

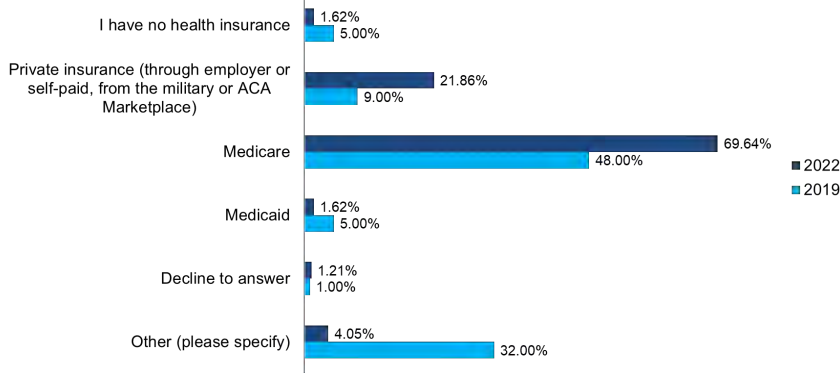


N=387 N=300 Q1: What is your gender?
 N=389 Q2: Which of the following ranges includes your age? N=390 Q3.
 Do you live or work in Carroll County?
 N=388 N=300 Q4: What is your race or ethnic background? N=182
 N=300 Q45. What is your current employment status? N=244 N=300
 Q46. Which of the following includes your annual household income?

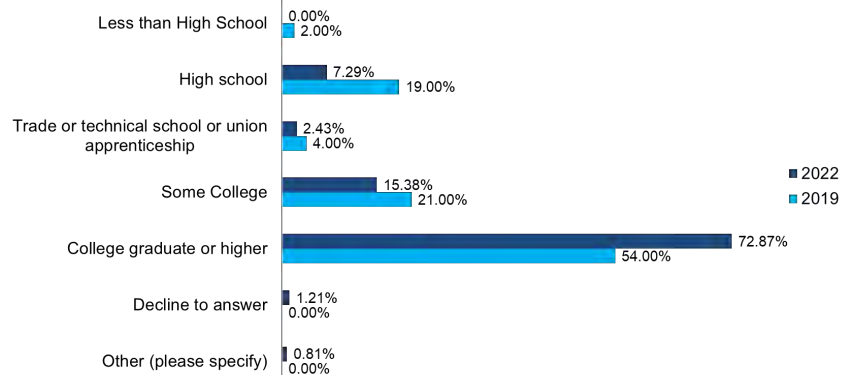
Surveys

Community Survey

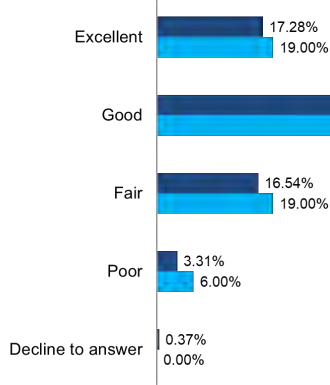
Which of the following best describes your health insurance situation?



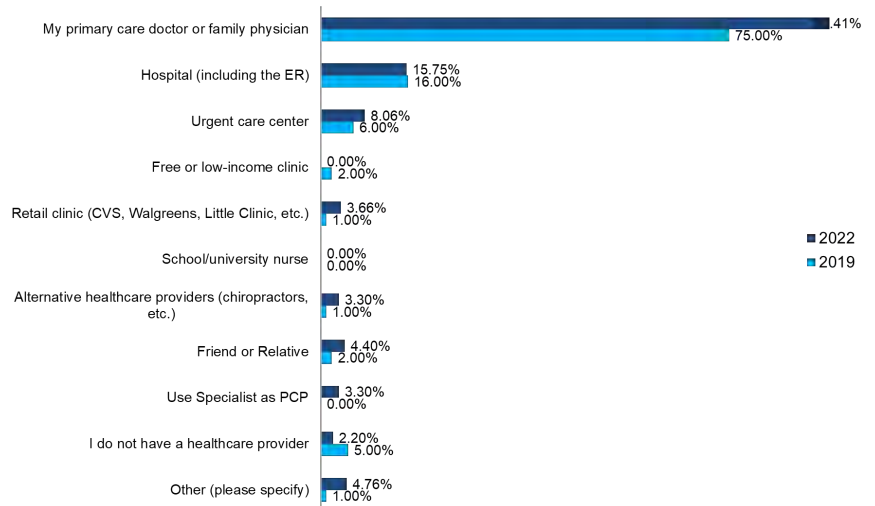
What is the highest level of education that you have completed?



Generally, how would you describe your health? Would you say it is...



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

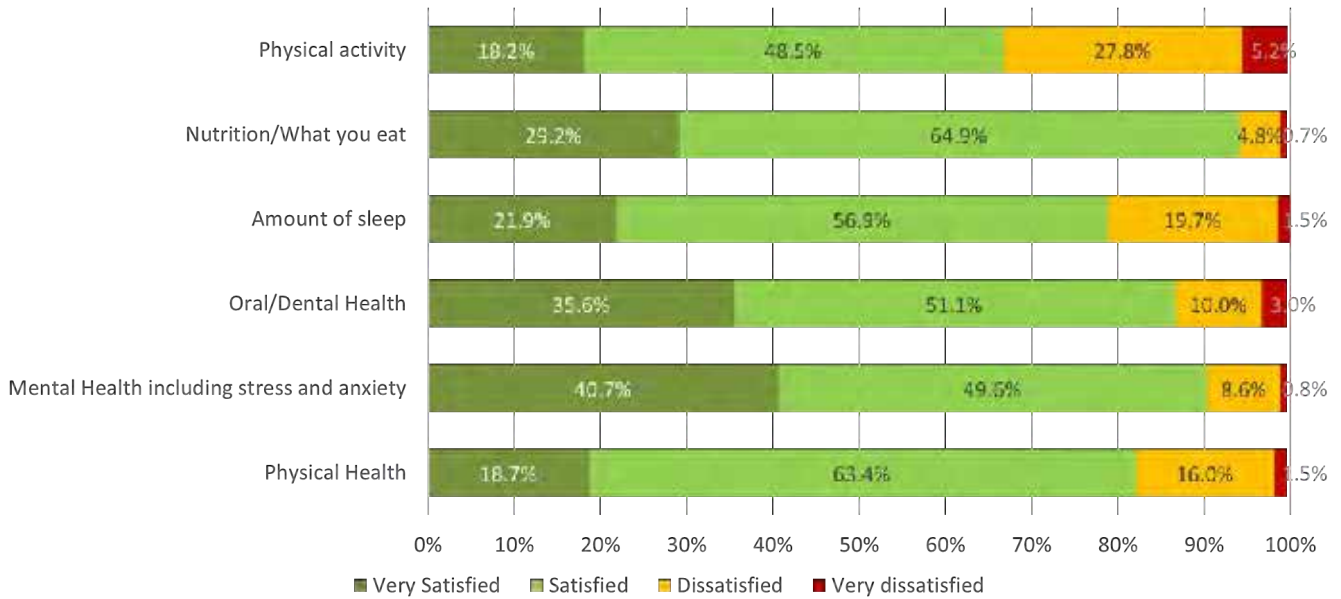


N=247 N=300 Q43. Which of the following best describes your health insurance situation? N=247 N=300 Q44. What is the highest level of education that you have completed? N=272 N=300 Q5. Generally, how would you describe your health? Would you say it is... N=273 N=300 Q7. If you have one person or group you turn to for basic healthcare needs, where do you go most often? (Select all that apply)

Surveys

Community Surveys

Generally, how satisfied are you with your...

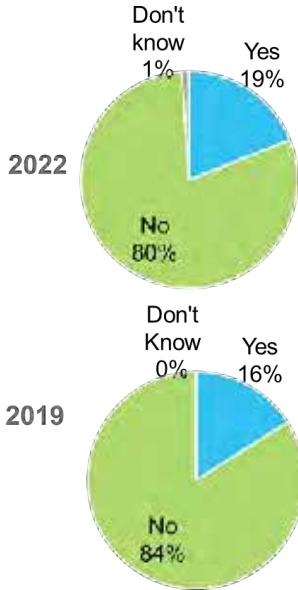


N=272 Q6. Generally, how satisfied are you with your...

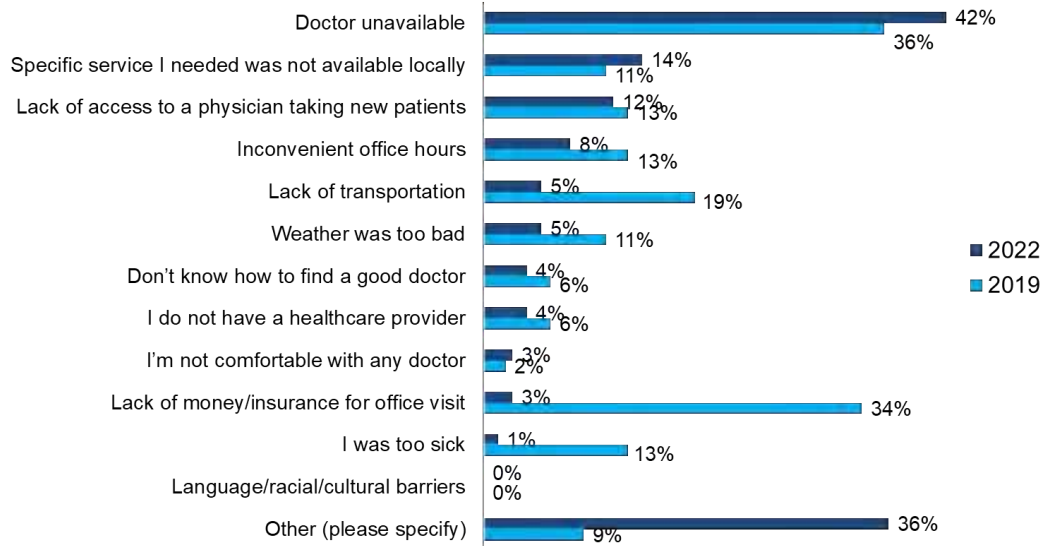
Surveys

Community Survey

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



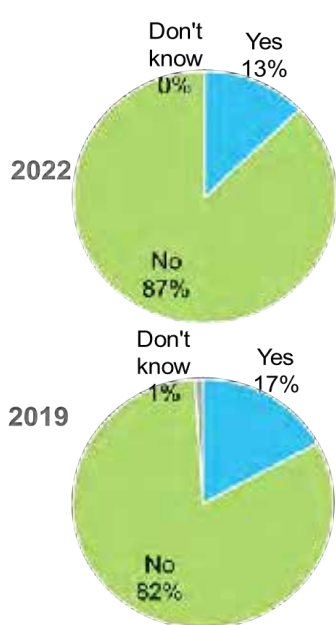
What are some of the reasons why you could not?



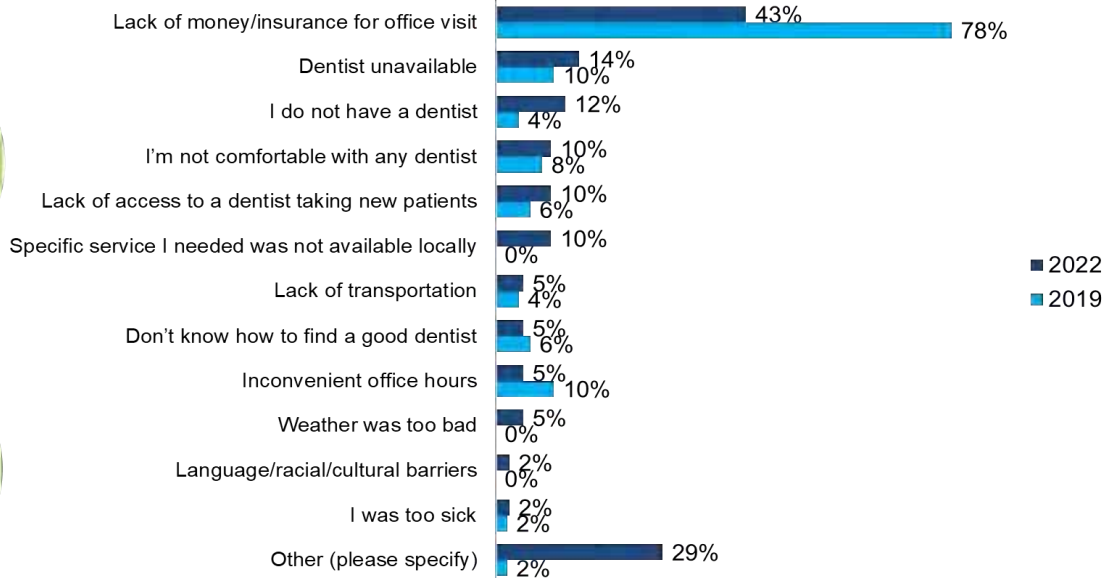
N=274 N=300 Q8. Was there a time in the past 12 months when you needed to see a doctor but could not?

N=77 N=47 Q9. What are some of the reasons why you could not see a doctor? (Select all that apply)

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?



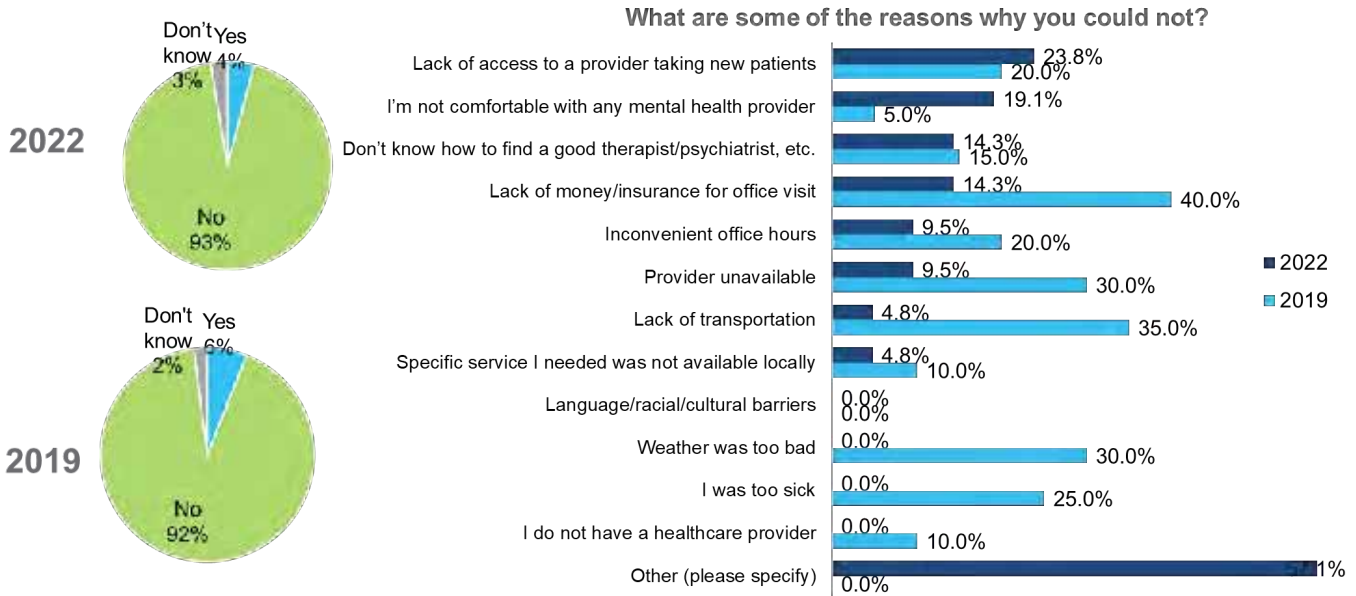
N=273 N=300 Q10. Was there a time in the past 12 months when you needed to see a dentist but could not?

N=42 N=51 Q11. If "Yes", what are some of the reasons why you could not see a dentist? (Select all that apply)

Surveys

Community Surveys

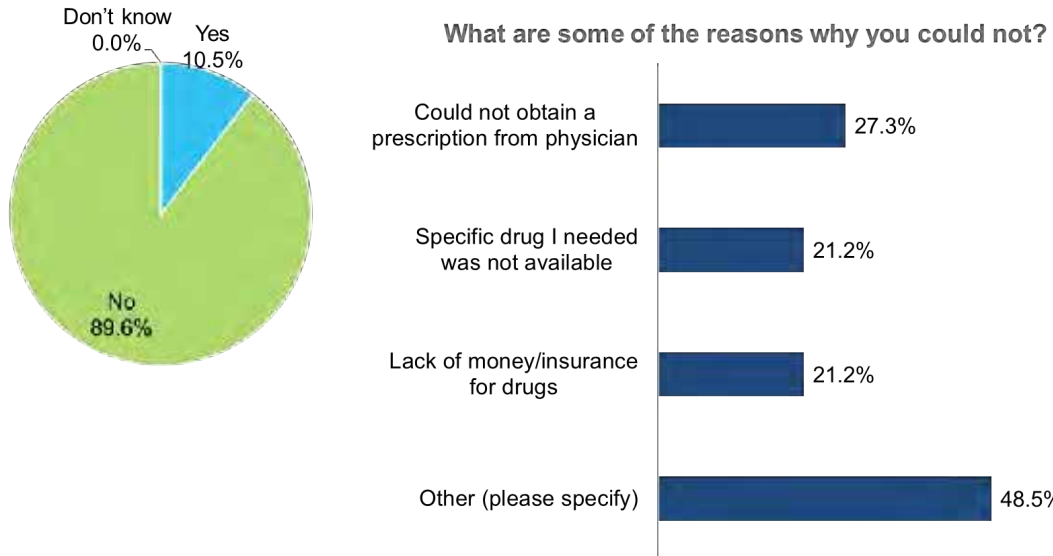
Was there a time in the past 12 months when you needed to see a mental health professional but could not?



N=268 N=300 Q12. Was there a time in the past 12 months when you needed to see a mental health professional but could not?

N=21 N=20 Q13. If "Yes", what are some of the reasons why you could not see a mental health professional? (Select all that apply)

Was there a time in the past 12 months when you needed medications but could not obtain them?



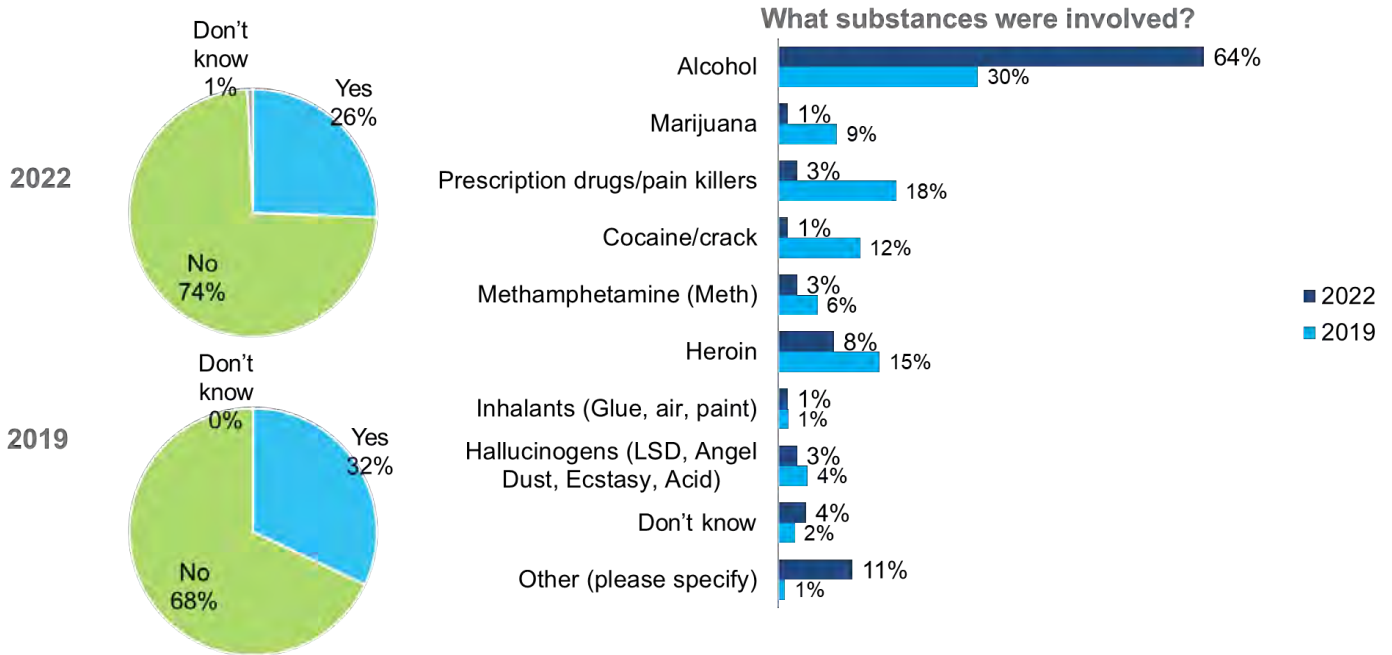
N=268 Q18. Was there a time in the past 12 months when you needed medications but could not obtain them?

N=33 Q20. If "Yes", what are some of the reasons why you could not obtain needed medications? (Select all that apply)

Surveys

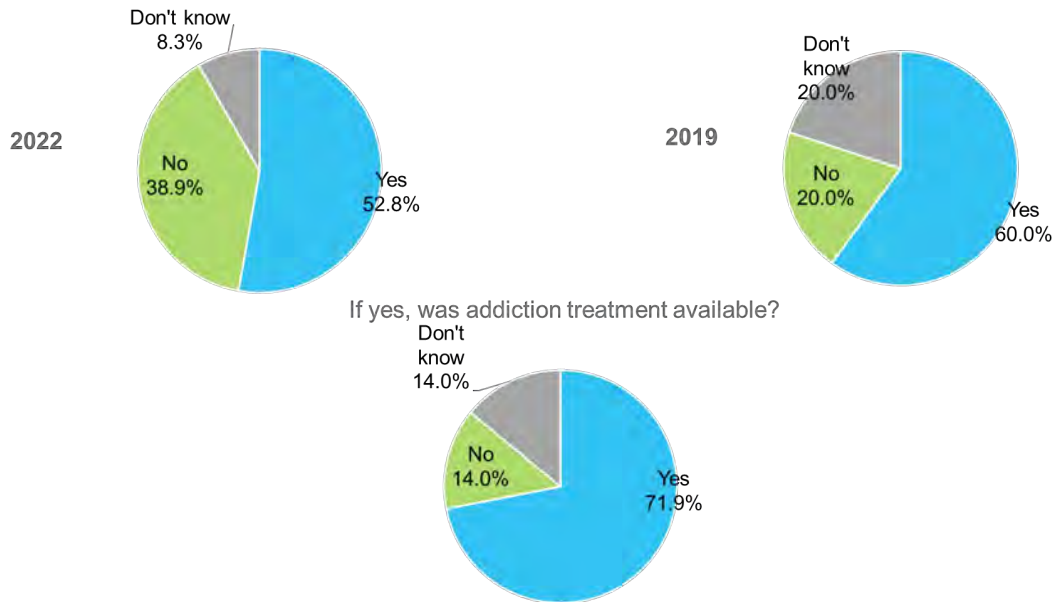
Community Surveys

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



N=270 N=300 Q14. Have you, a relative or close friend experienced substance use or addiction?
 N=72 N=96 Q15. If "Yes", what substance use or addiction was involved?(Select all that apply)

If yes, did the person search for or want treatment?

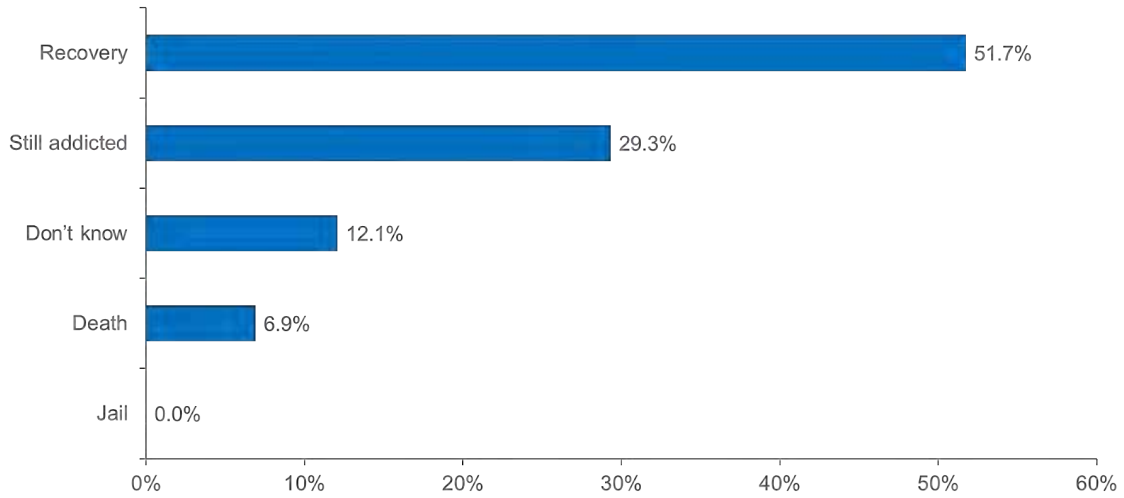


N=72, Q16. If yes, did the person search for or want treatment?
 N=57 N=96 Q17. If yes, was treatment available?

Surveys

Community Surveys

If yes, what was the result of the addiction?

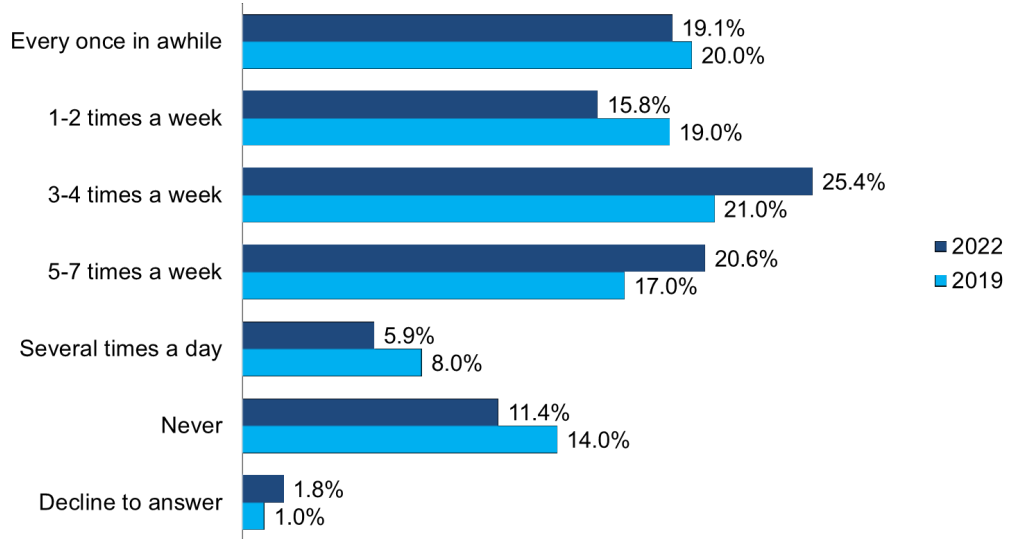


N=72, Q18. If yes, what was the result of the addiction?

Surveys

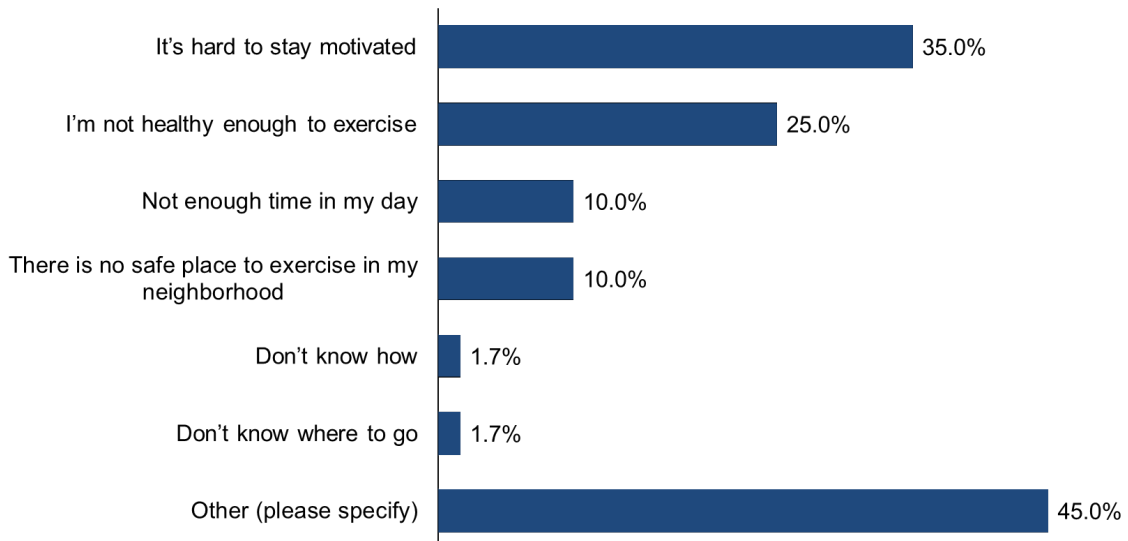
Community Surveys

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



N=272 N=300 Q20. During the past month, other than on 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.?

If "never", What are the reasons you have not participated in any exercise during the past month? (Select all that apply)



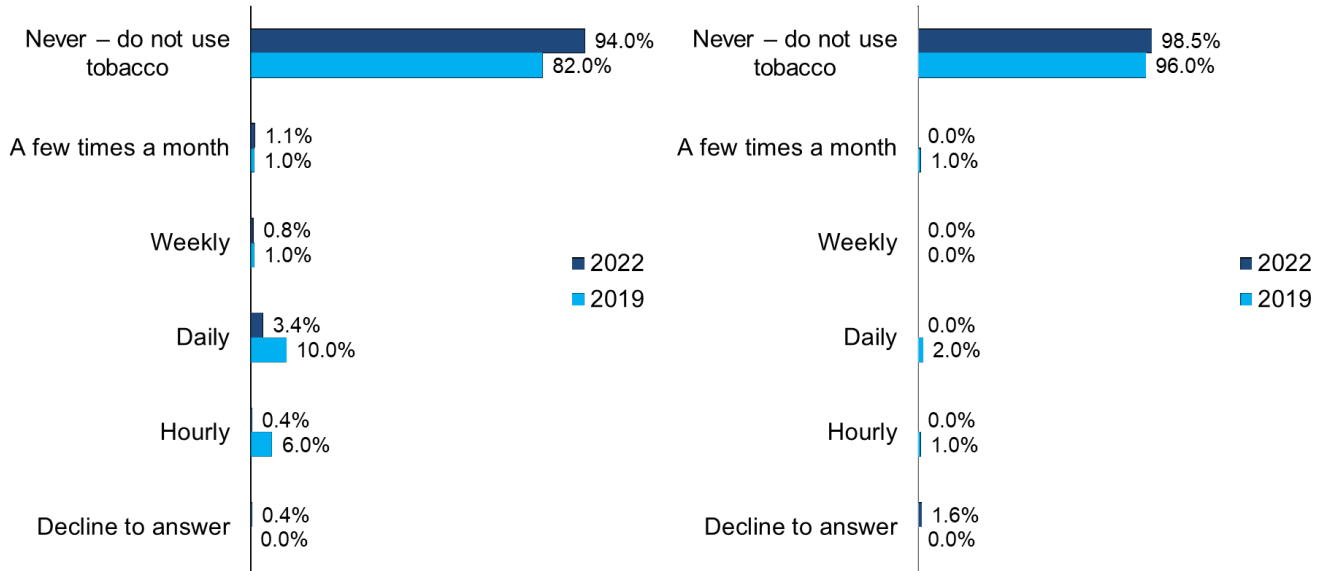
N=60 Q22. If "Never" was selected, what are the reasons you have not participated in any exercise during the past month?(Select all that apply)

Surveys

Community Surveys

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

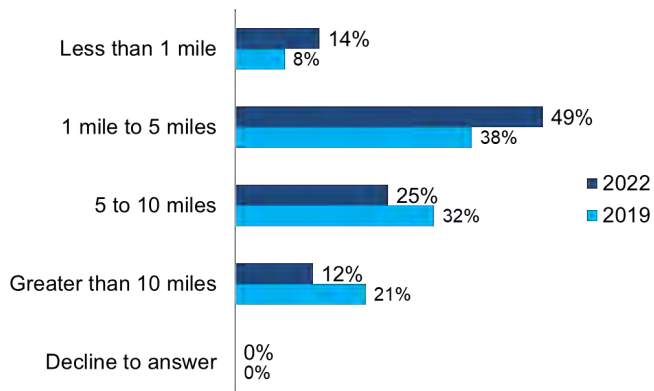
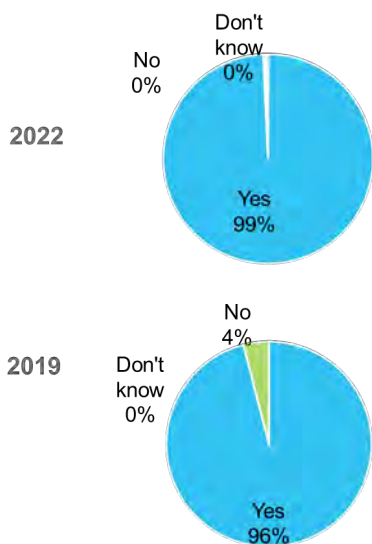
How often do you use e-cigarettes or vape, if you do?



N=268 N=300 Q23. How often do you smoke or use smokeless tobacco, if you do?
 N=258 N= 300 Q24. How often do you use e-cigarettes or vape, if you do?

Do you have access to healthy food?

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

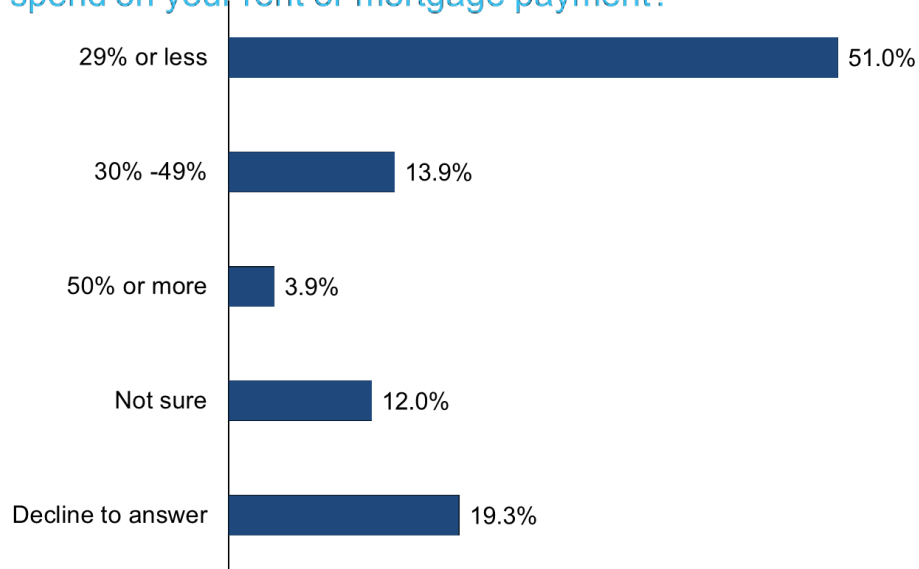


N=268 N=560 Q25. Do you have access to healthy food?
 N=273 N=557 Q28. How close in distance is the nearest store or market that offers fresh fruits and vegetables?

Surveys

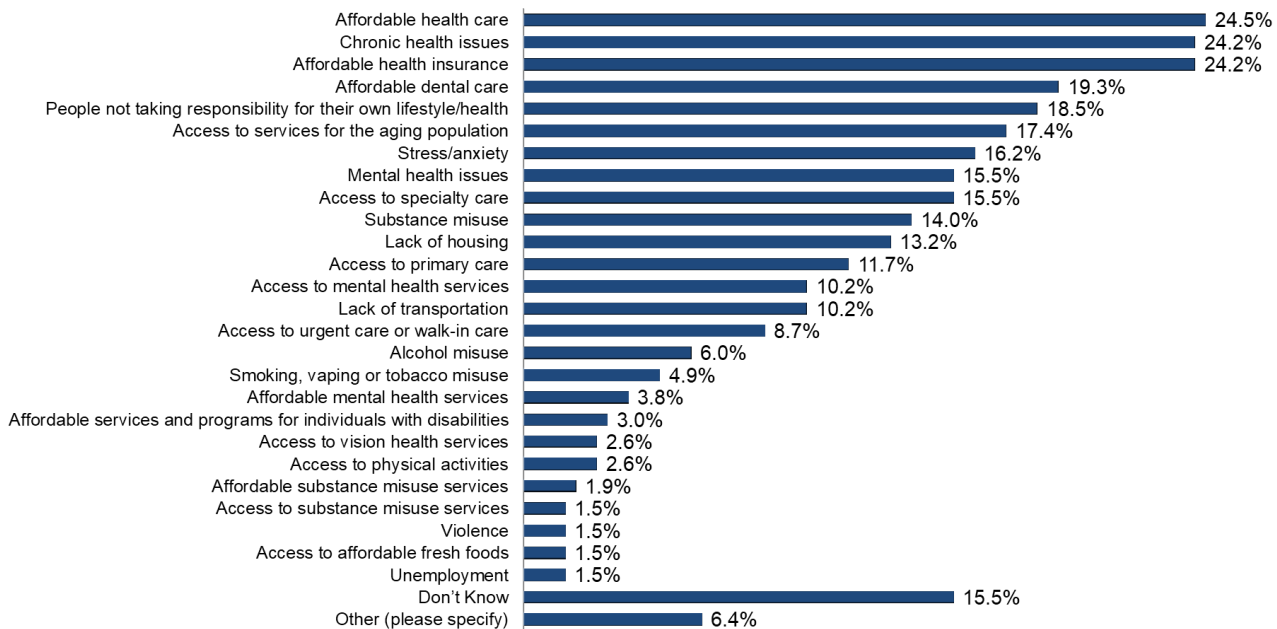
Community Surveys

Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?



N=259 Q29. Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?

What are the top three social determinants of health issues that are impacting people's health? (Select up to three)

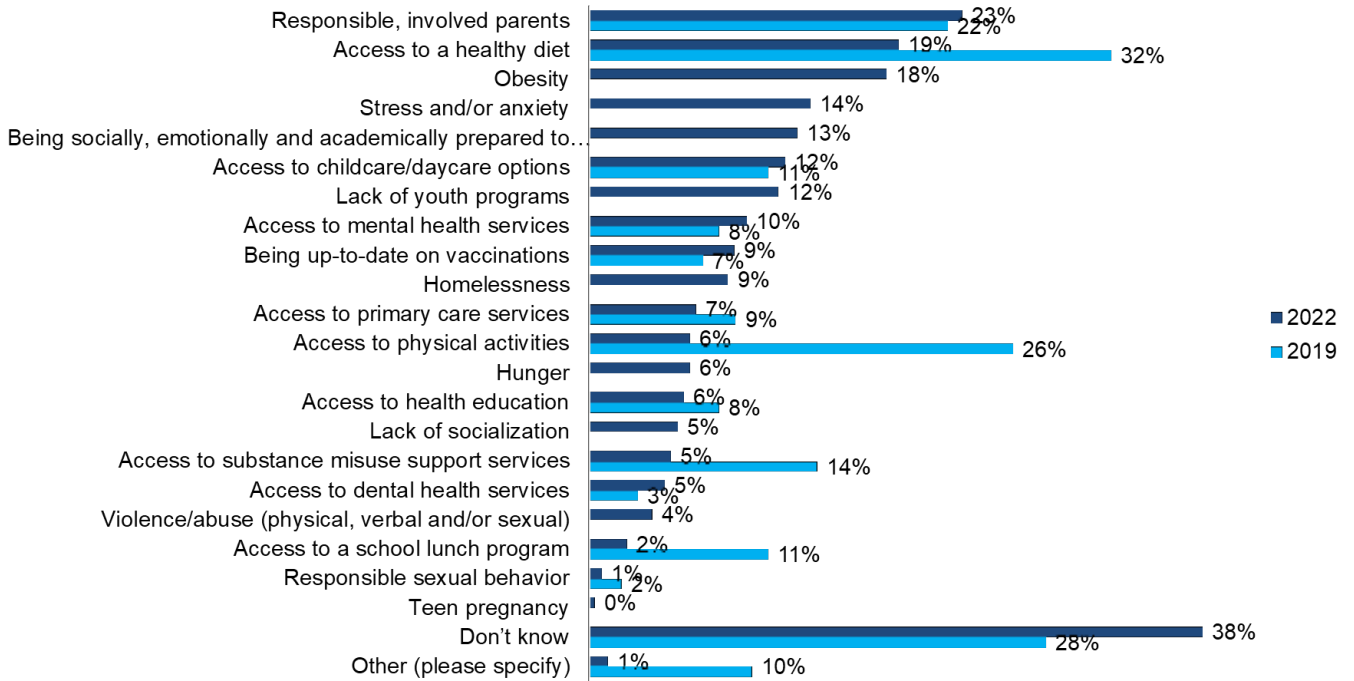


N=265 Q30. What are the top three social determinants of health issues that are impacting people's health? (Select up to three)

Surveys

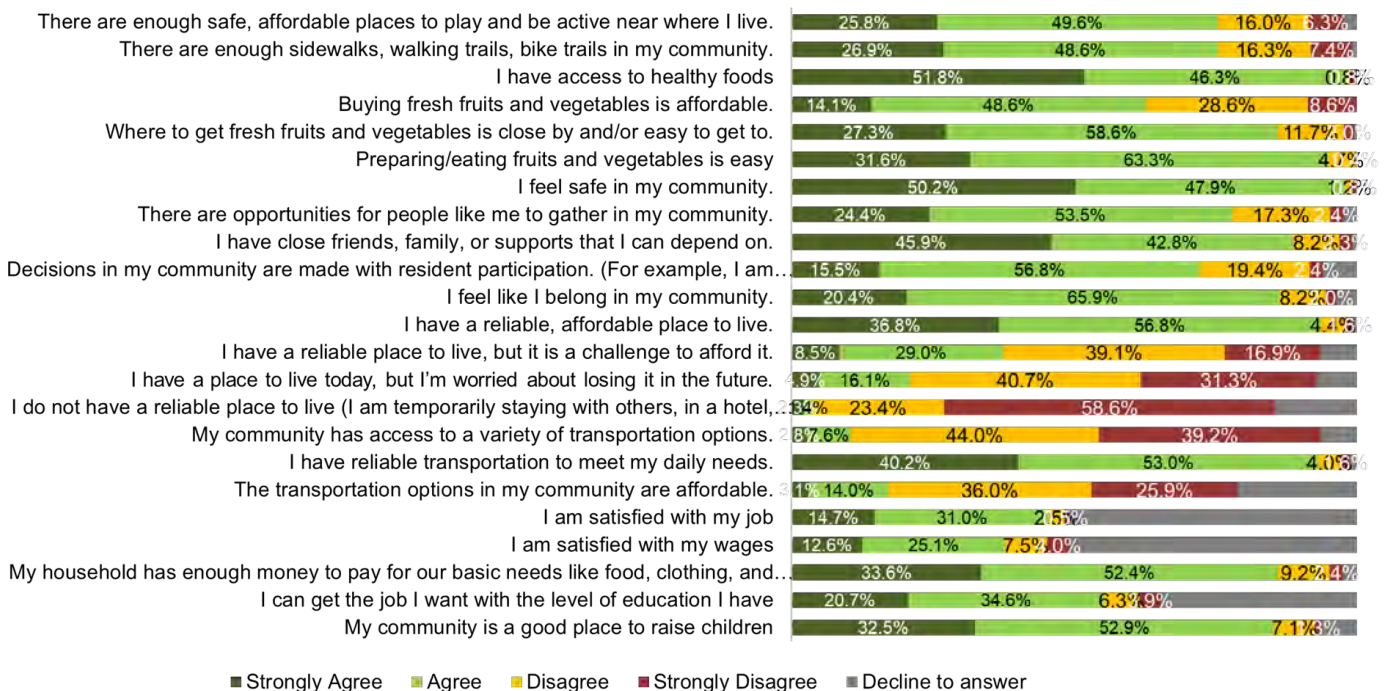
Community Surveys

In your opinion, what are the top 3 health concerns for children and youth in your community? (Select up to three)



N=258 N=300 Q31. In your opinion, what are the top 3 health concerns for children and youth in your community? (Select up to three)

Please tell us how much you agree or disagree with the following statements.

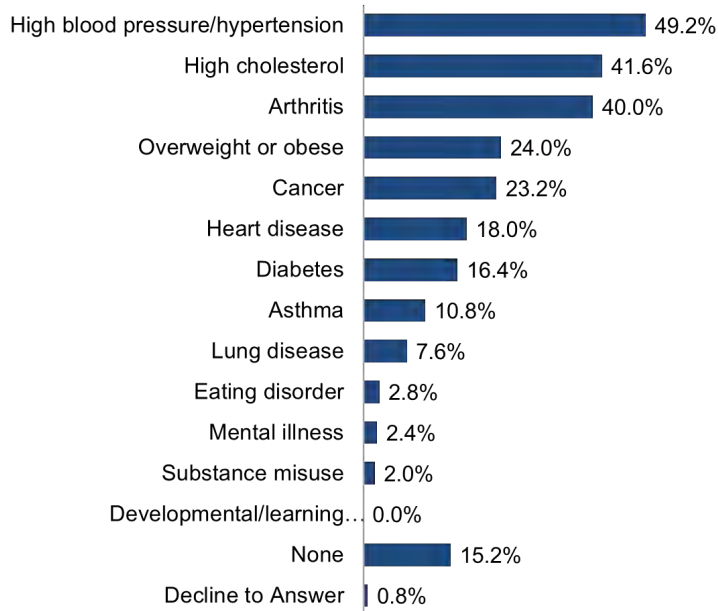


N=259 Q32. Please tell us how much you agree or disagree with the following statements.

Surveys

Community Surveys

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



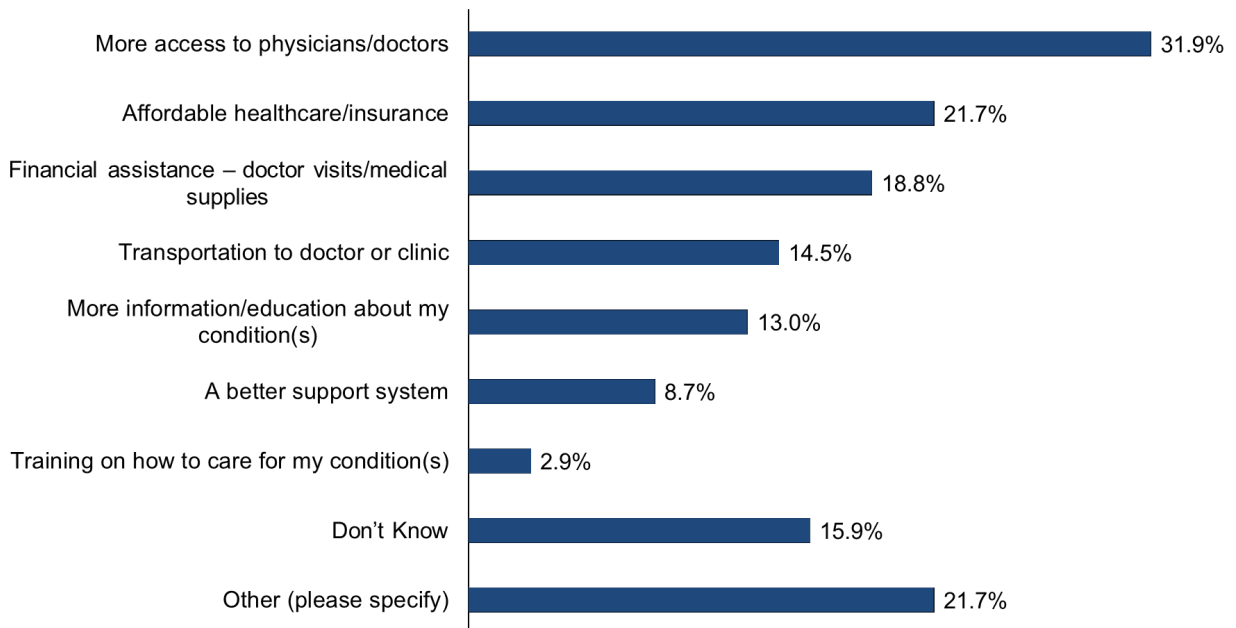
If yes, do you feel you have all that you need to manage your health condition(s)?



N=250 Q33. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (Select all that apply)

N=211 Q34. If yes, do you feel you have all that you need to manage your health condition(s)?

If no, what do you need in order to manage your health condition(s)?

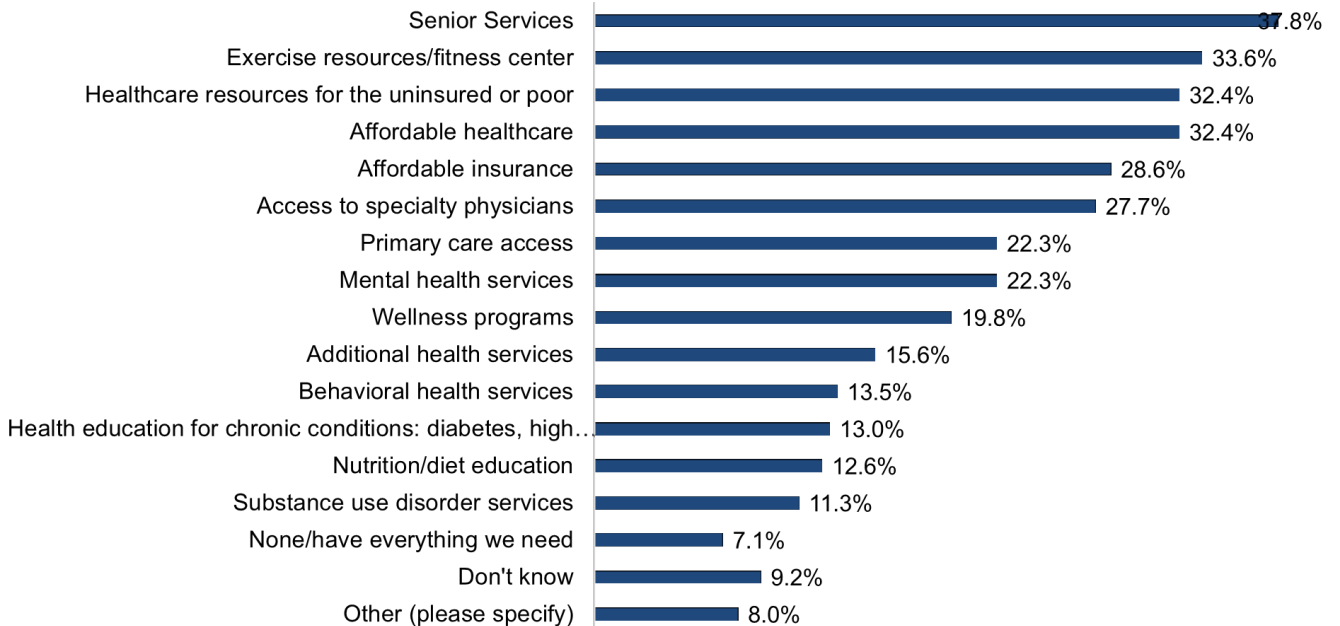


N=69 Q35. If no, what do you need in order to manage your health condition(s)? (Select all that apply)

Surveys

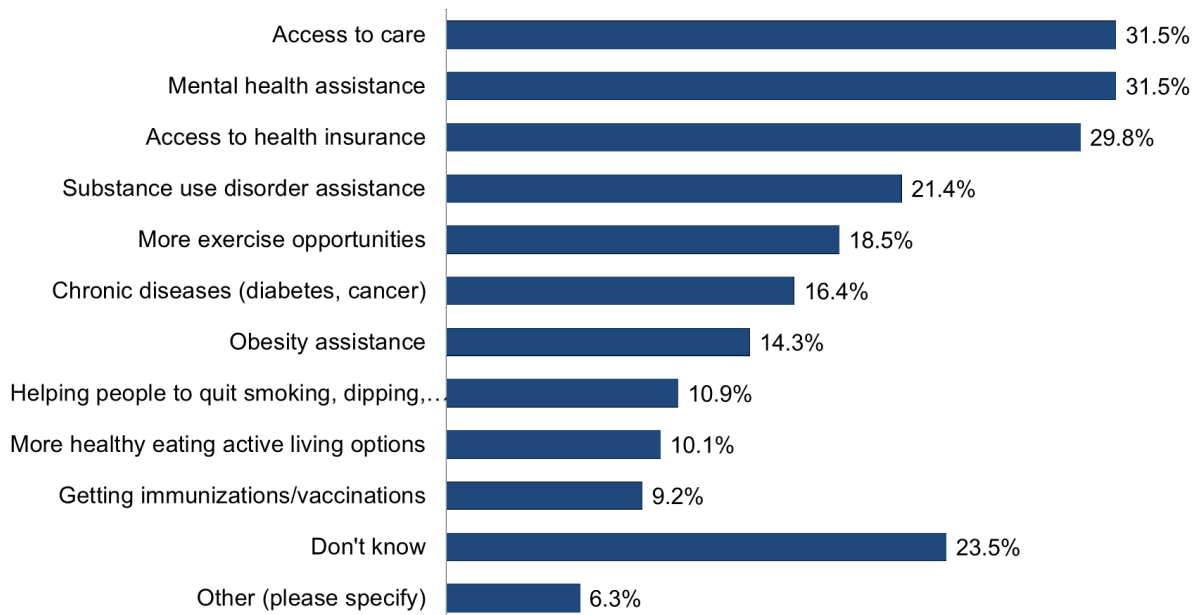
Community Surveys

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



N=238 Q36. What healthcare, health education or public health services or programs would you like to see offered in your community? (Select all that apply)

In your opinion, what are the top 3 health needs in your community? (Select up to 3)



N=238 Q37. In your opinion, what are the top 3 health needs in your community? (Select up to 3)

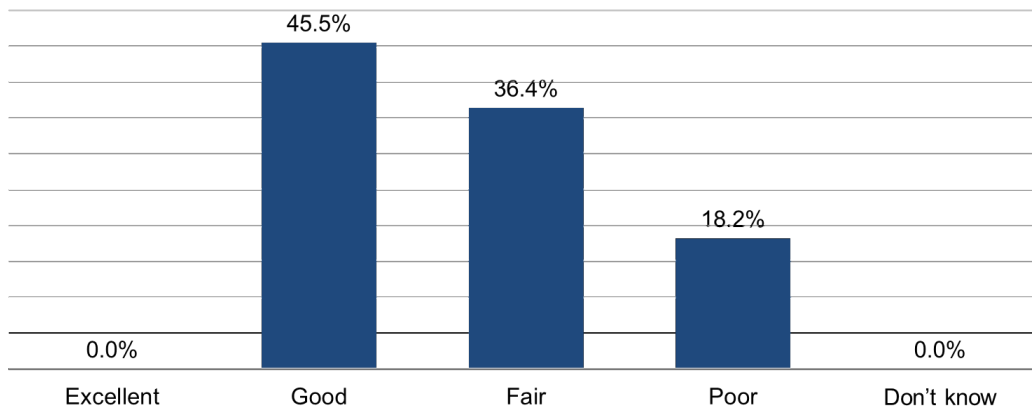
Surveys

Employee Surveys

Huggins Hospital and Stratasan conducted an online surveys of employees of Huggins Hospital. 26 surveys were completed via online surveys from June 20, 2022, through July 25, 2022.

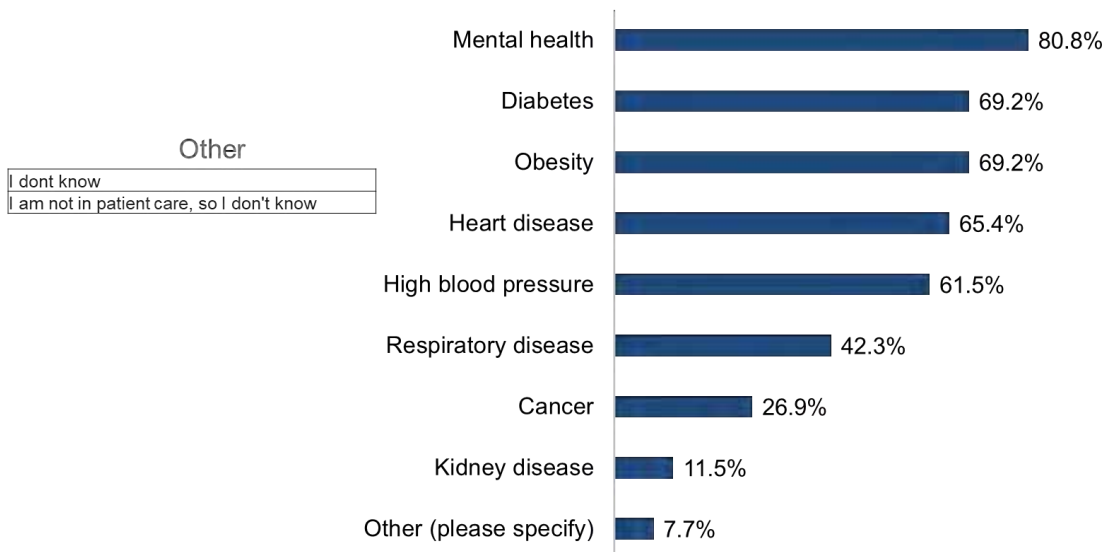
Demographics

Q1. How would you describe the overall health status of the citizens of Huggins Hospital's service area? Would you say it is...



N= 10 Q1. How would you describe the overall health status of the citizens of Huggins Hospital's service area? Would you say it is...

Q2. What are the most prevalent chronic diseases in your community? (Mark all that apply)



N=271 (2022), 499 (2019) Q2. What are the most prevalent chronic diseases in your community? (Mark all that apply)

Surveys

Employee Surveys

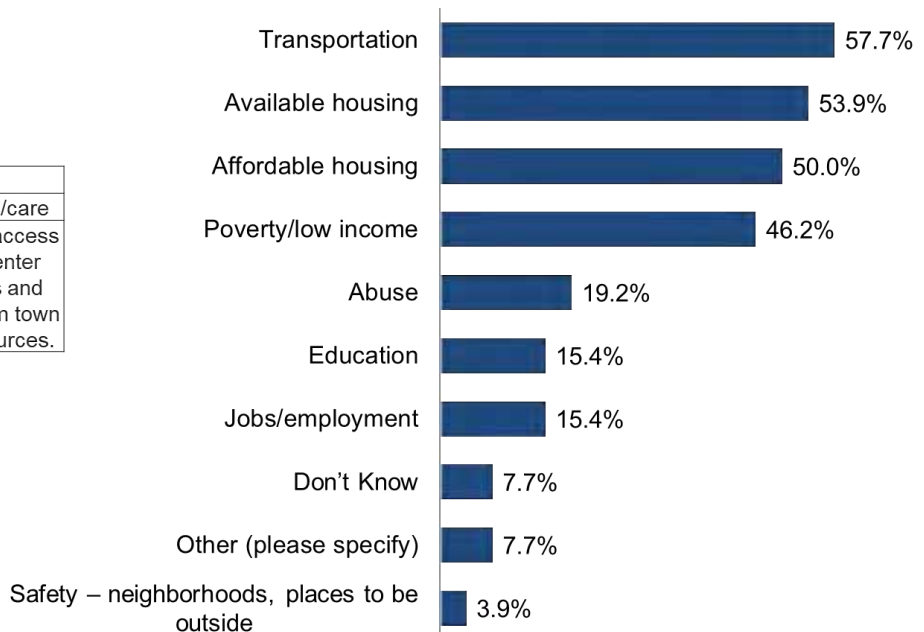
Q3. What are the top 3 issues in Huggins Hospital's service area that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.

Top Issues	2022 %'s
Access to mental health services	60.0%
Mental health issues	50.0%
Affordable health care	40.0%
Chronic health issues	30.0%
Access to specialty care	30.0%
Affordable health insurance	30.0%
Affordable dental care	30.0%
Access to urgent care or walk-in care	20.0%
People not taking responsibility for their own lifestyle/health	20.0%
Lack of transportation	20.0%
Substance misuse	10.0%
Access to primary care	10.0%
Affordable mental health services	10.0%
Smoking, vaping or tobacco misuse	10.0%
Other (please specify)	10.0%

N=10 Q3. What are the top 3 issues in Huggins Hospital's service area that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.

Q4. What are the top three social determinants of health issues that are impacting people's health? (Select up to 3)

Q4. Other
Lack of available in-home services/care
Available affordable housing with access to transportation. Wealthy in the center of Wolfeboro with all the resources and low income pushed further out from town away from hospital and other resources.

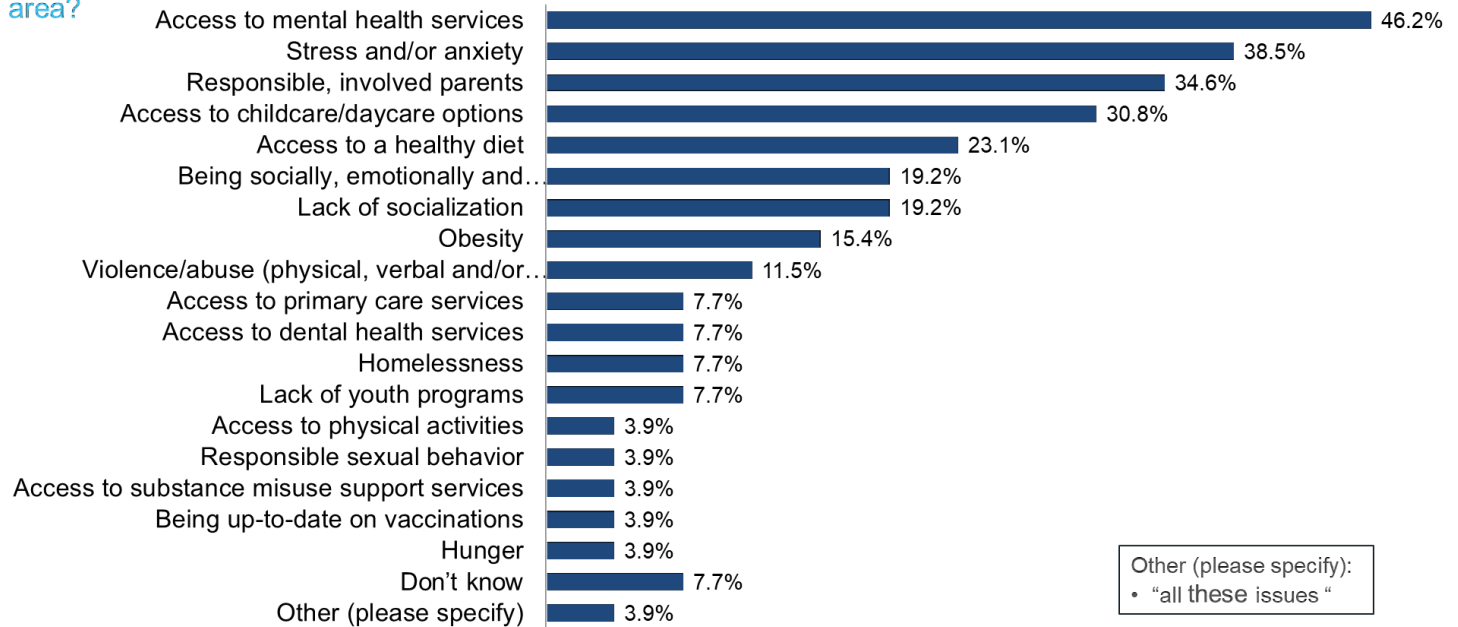


N=26 Q4. What are the top three social determinants of health issues that are impacting people's health?(Select up to 3)

Surveys

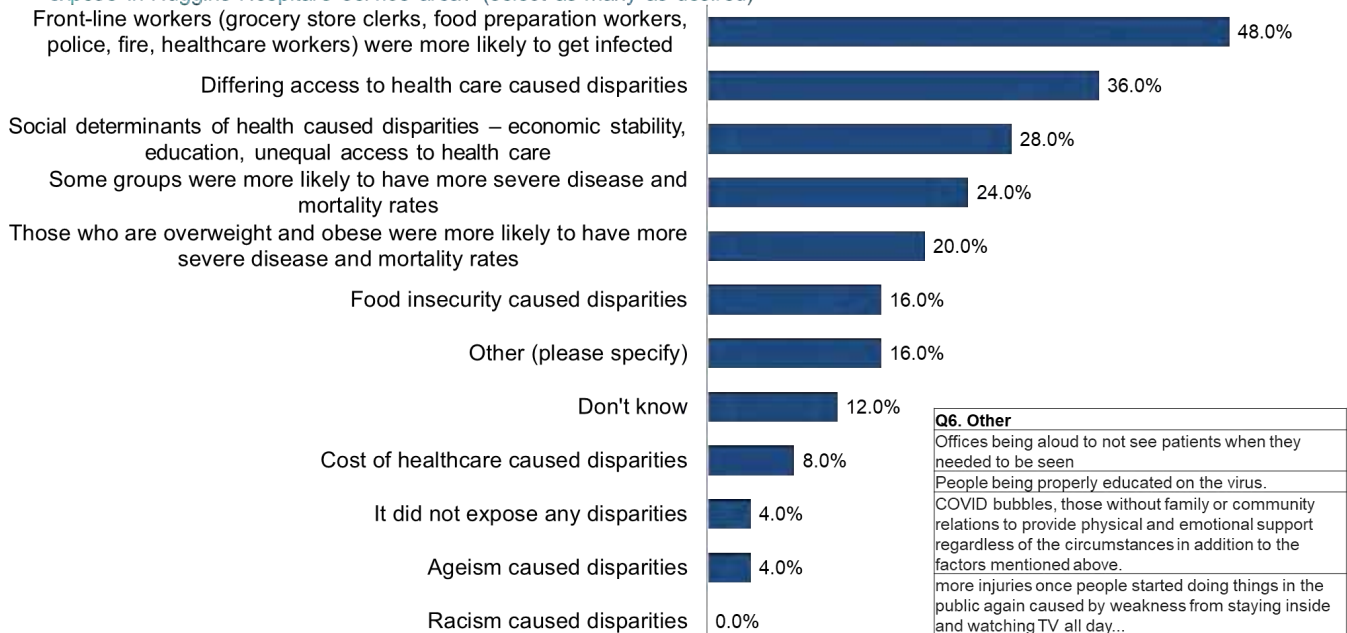
Employee Surveys

Q5. In your opinion, what are the top 3 health concerns for youth and children in Huggins Hospital's service area?



N=26 Q5. In your opinion, what are the top 3 health concerns for youth and children in Huggins Hospital's service area?

What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in Huggins Hospital's service area? (select as many as desired)

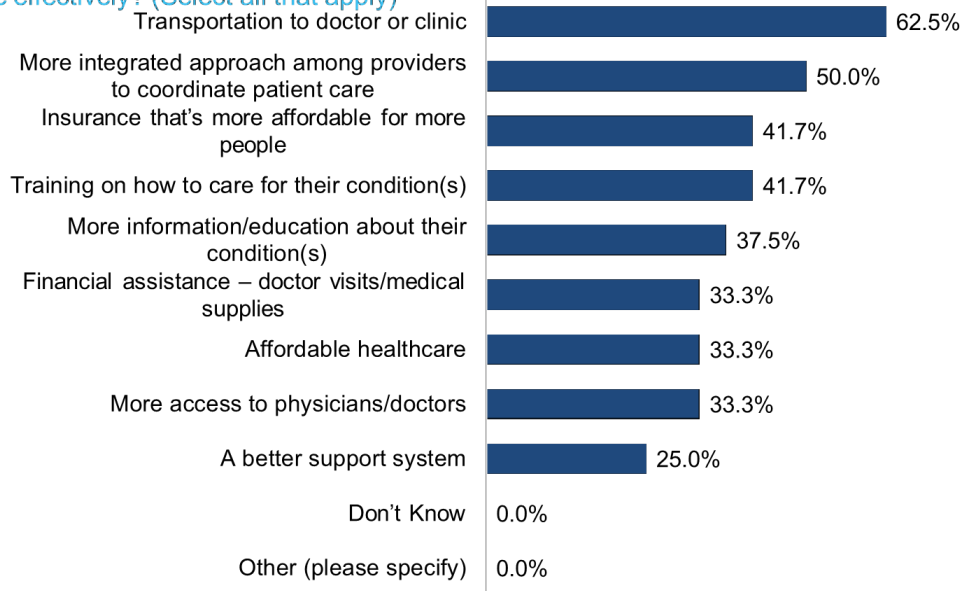


N=25 Q6. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in Huggins Hospital's service area? (select as many as desired)

Surveys

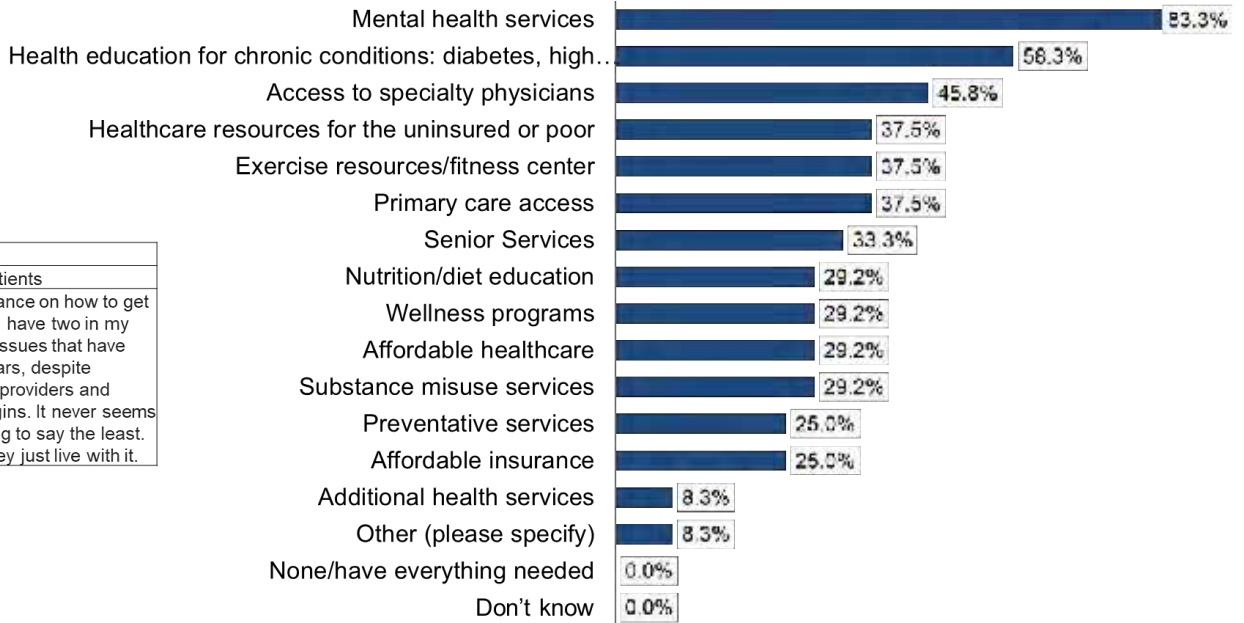
Employee Surveys

Q7. What, if anything, do you think the people in the Huggins Hospital service area need in order to manage their health more effectively? (Select all that apply)



N=24 Q7. What, if anything, do you think the people in the Huggins Hospital service area need in order to manage their health more effectively? (Select all that apply)

What healthcare, health education or public health services or programs would be most beneficial to Huggins Hospital's service area for Huggins Hospital to provide/offer? (Select all that apply)



Q8. Other
adequate staff to treat patients
Patient advocacy or guidance on how to get help getting a diagnosis. I have two in my family who have chronic issues that have been undiagnosed for years, despite multiple visits to different providers and specialists in and of Huggins. It never seems to go anywhere, frustrating to say the least. We have given up and they just live with it.

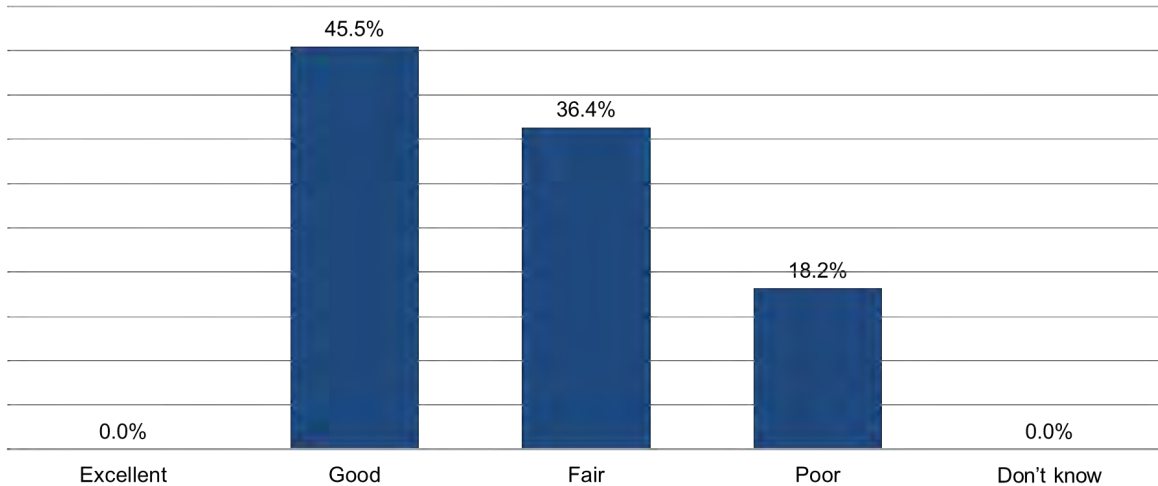
N=24 Q8. What healthcare, health education or public health services or programs would be most beneficial to Huggins Hospital's service area for Huggins Hospital to provide/offer? (Select all that apply)

Surveys

Provider Surveys

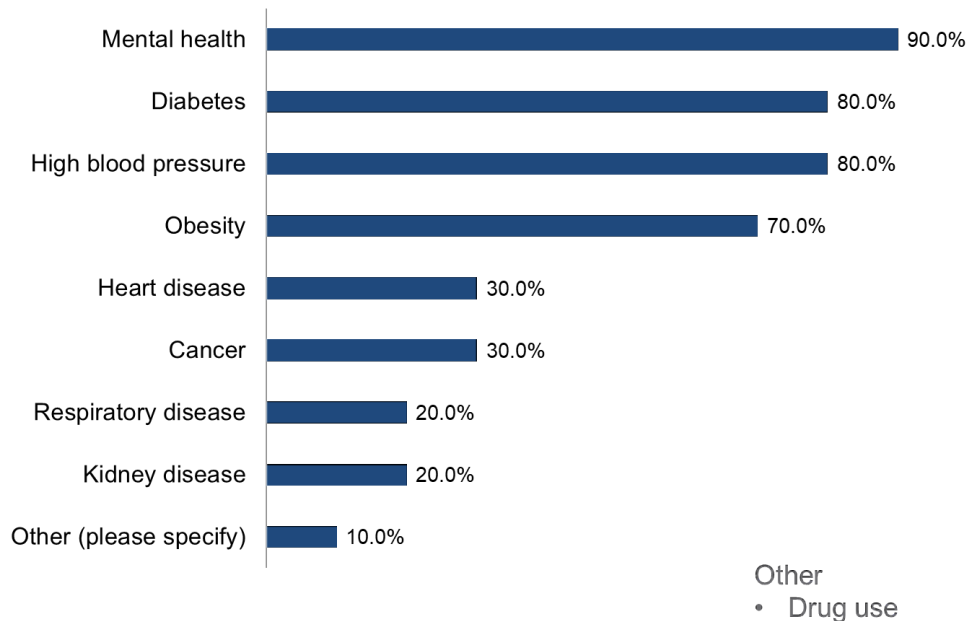
Huggins Hospital and Stratasan conducted an online surveys of medical providers in Carroll County. 10 surveys were completed via online surveys from June 20, 2022, through September 5, 2022. Surveys were sent via email distribution lists.

How would you describe the overall health status of the citizens of Huggins Hospital's service area? Would you say it is...



N=11 Q1. How would you describe the overall health status of the citizens of Huggins Hospital's service area? Would you say it is...

What are the most prevalent chronic diseases in your community?

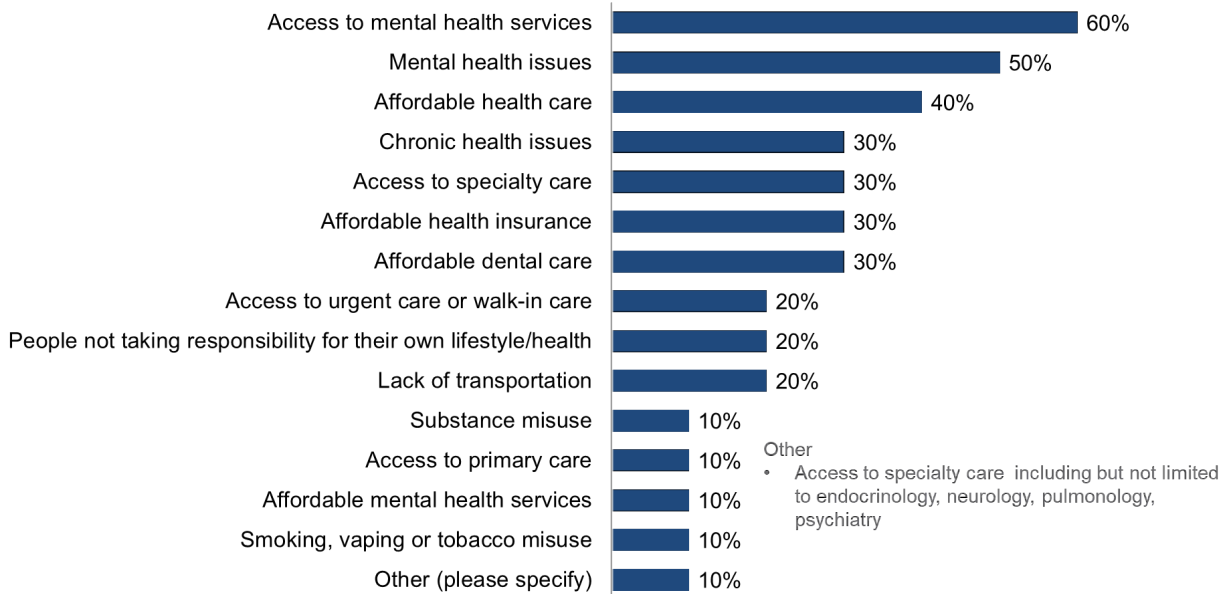


N=10 Q2. What are the most prevalent chronic diseases in your community?

Surveys

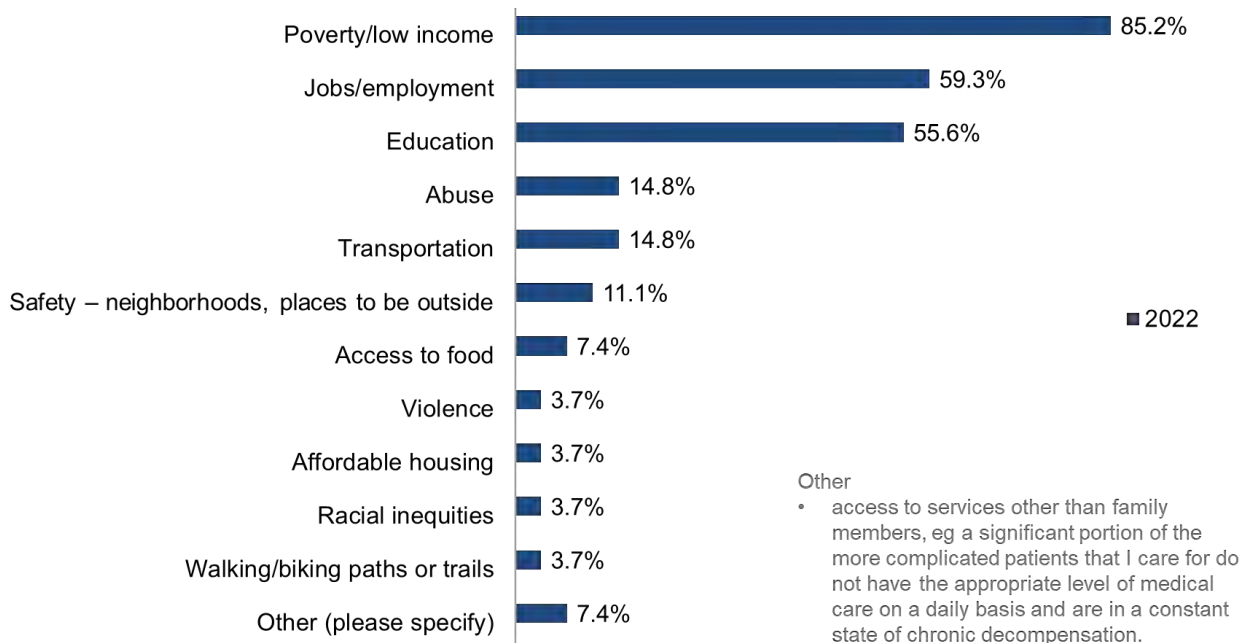
Provider Surveys

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



N=10 Q3. What are the top 3 issues in your community that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you

What are the top three social determinants of health issues that are impacting people's health?

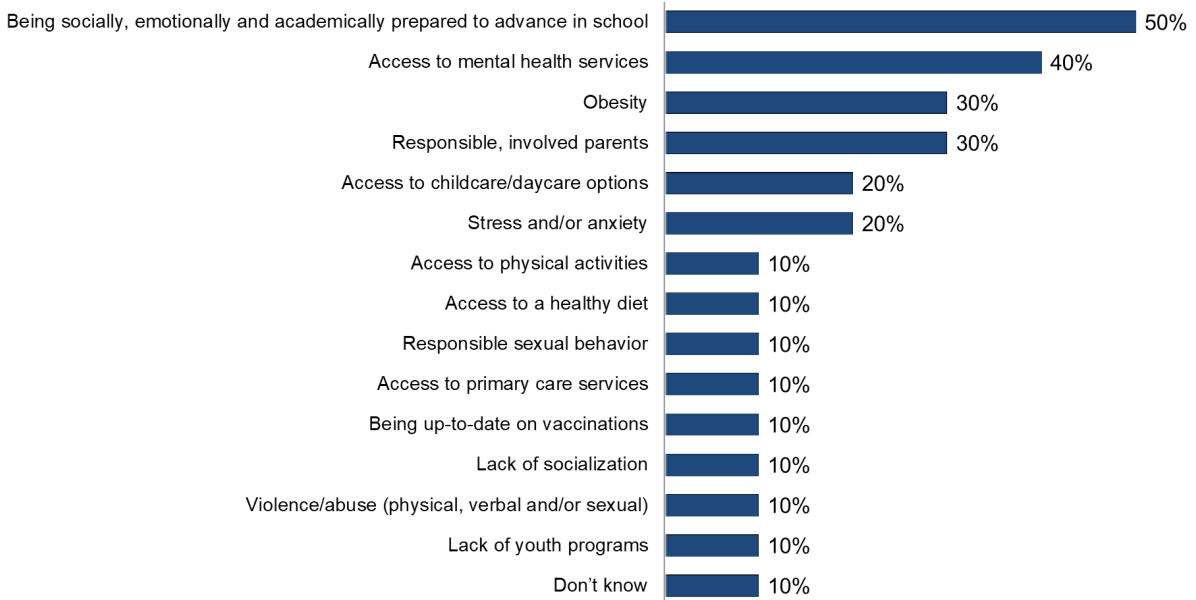


N=10 Q4. What are the top three social determinants of health issues that are impacting people's health? (Select up to 3)

Surveys

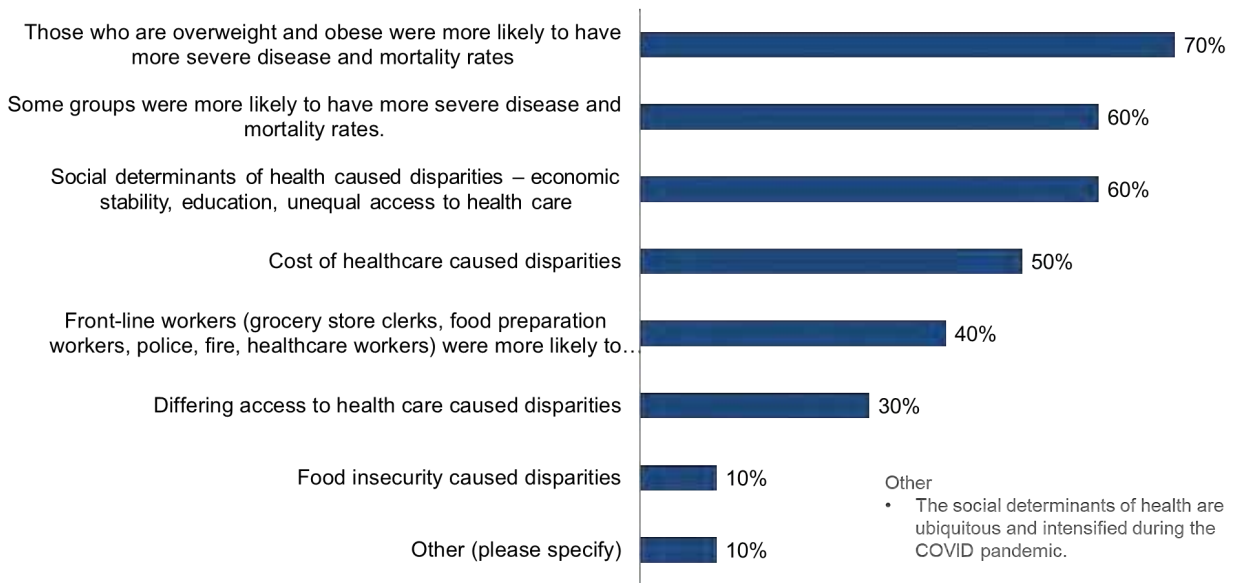
Provider Surveys

What are the top 3 health concerns for youth and children in your community?



N=10 Q5. In your opinion, what are the top 3 health concerns for youth and children in Huggins Hospital's service area?

What, if any, health disparities or inequities did the COVID-19 pandemic expose in your community?

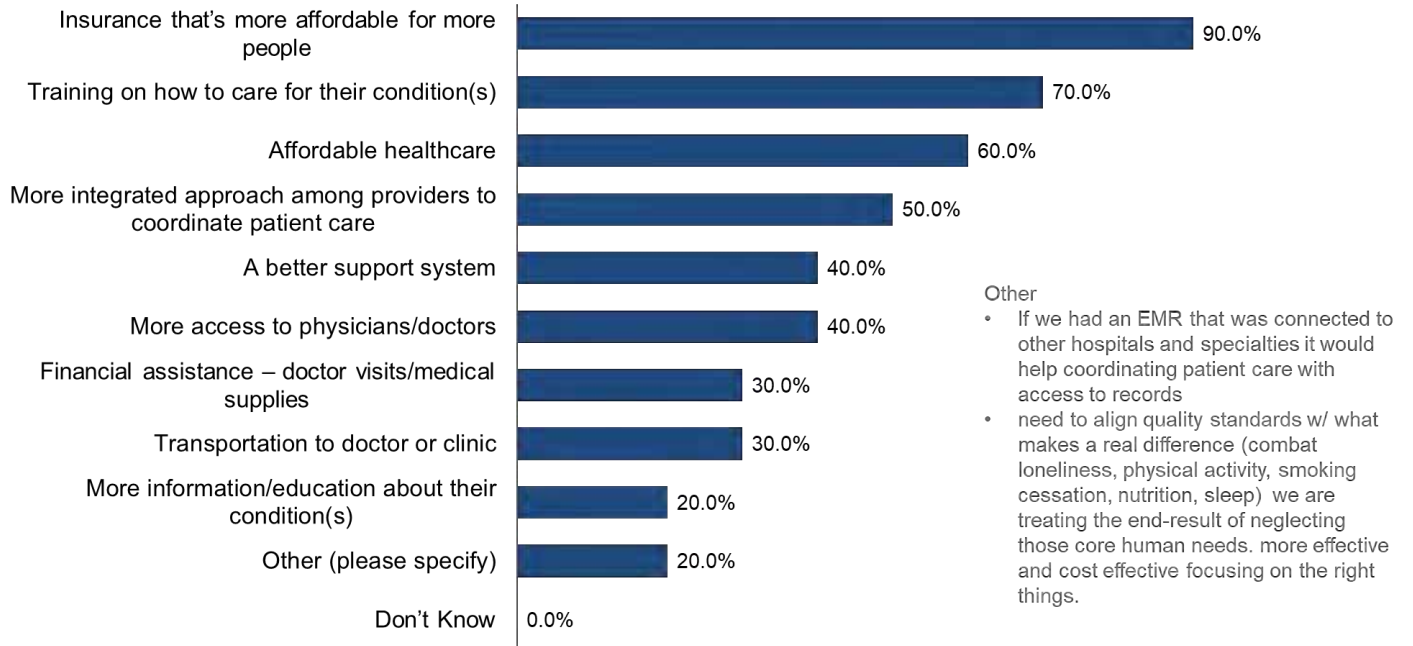


N=27 Q6. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community(Select as many as desired)

Surveys

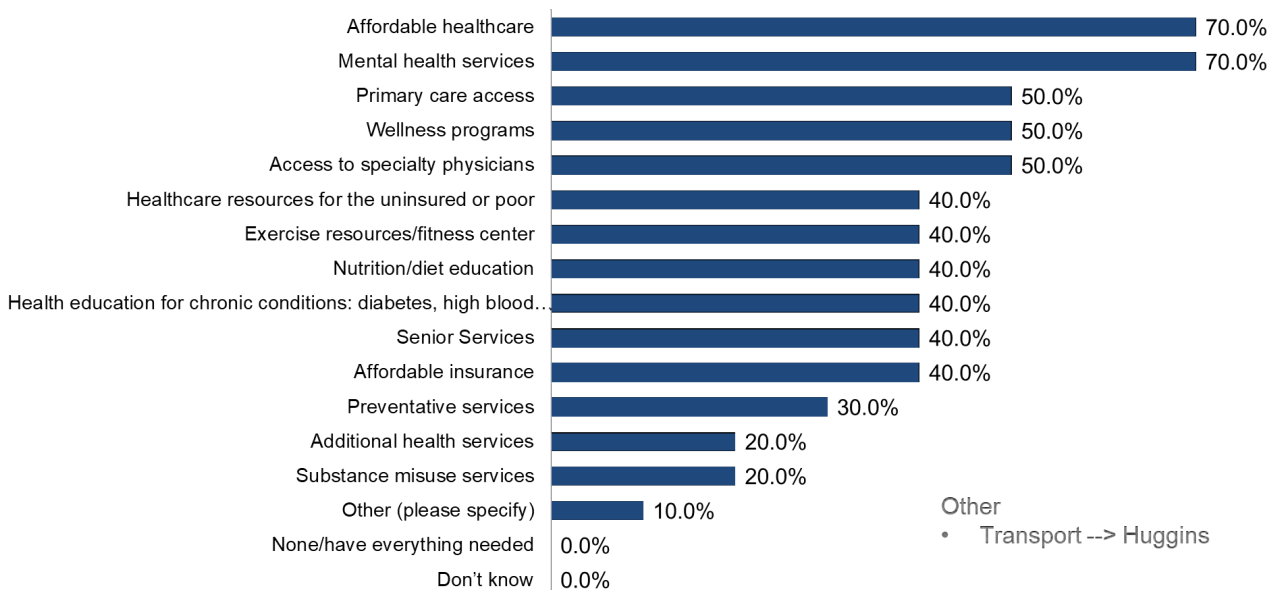
Provider Surveys

What If anything, do you think the people in the Huggins Hospital service area need in order to manage their health more effectively?



N=10 Q7. What If anything, do you think the people in the Huggins Hospital service area need in order to manage their health more effectively? (Select all that apply)

What healthcare, health education or public health services or programs would be most beneficial to your community for hospitals to provide/offer?



N=10 Q8. What healthcare, health education or public health services or programs would be most beneficial to your community for Huggins hospital to provide/offer?

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

Next Steps

2022 Implementation Plan

In the upcoming months, Huggins Hospital will be working in collaboration with Huggins Community Health Network Board members to define an Implementation Plan based on the 2022 Community Health Needs Assessment. The Implementation Plan will be approved by the Huggins Hospital Board of Trustees and added to this report to be posted online at www.hugginshospital.org and available in print through the hospital's Community Relations Department.



2019 Huggins Hospital Implementation Plan/Impact Evaluation

Huggins Hospital adopted an implementation plan in 2019. The results of this plan were reviewed during the Community Focus Groups in 2022.

The top health issues in 2019 were:

- Access to Care (including affordability)
- Mental Health, Addiction Treatment and Prevention Services
- Social Determinants of Health Improvement



The Implementation Plan from 2019 included strategies such as the following:

- Increase specialty and primary care services and access
- Increase Care Coordination services at Huggins Hospital
- Increase access to services that help navigate to social service resources
- Provide education regarding financial stability and its impact to overall wellbeing
- Develop MAT Program at Huggins Hospital
- Participate in multiple groups of the Medicaid 1115 Waiver, a program to transform NH behavioral health delivery
- 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 on substance misuse, mental health and behavioral health
- 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

With this Implementation Plan, Huggins Hospital:

- Developed and supported MAT programming and normalized the service into Huggins Hospital Emergency and Primary Care
- Expanded the Care Coordination team at Huggins Hospital
- Worked with Huggins Community Health Network to share information during the COVID-19 Pandemic
- Expanded specialty and primary care services in the area
- Expanded resource allocations to navigate patients through social service needs
- Supported organizations in the community that are dedicated to health and overall wellbeing
- Participated in the Medicaid 1115 Waiver wrap-up projects

A summary of comments regarding the 2019 Community Health Needs Assessment and implementation Plan:

- Huggins Hospital continues to make progress in coordinating care and social service resources for community members.
- Huggins Hospital continues to support patients with mental health needs as the industry has seen an increase in need throughout the COVID-19 Pandemic.
- The COVID-19 Pandemic made progress on the 2019 CHNA difficult. Huggins Hospital still maintained a strong focus on community, providing one of the first drive-up testing and hospital-based COVID-19 vaccine clinics in the state.

Community Health Needs Assessment

completed by Huggins Hospital in partnership with Stratasan



Huggins Hospital's Selected Initiatives and Implementation Plan 2022

Implementation Plan 2022

In order to be successful in improving the health of our community, Huggins Hospital involved care providers, community members, government, social service providers and businesses with a comprehensive Community Health Needs Assessment (CHNA). With their feedback in mind, Huggins Hospital has selected key elements of the CHNA and will 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 primary and specialty care)**
2. **Access to Care (Mental Health Care)**
3. **Social Determinants of Health Improvement**

Access to Care (primary and specialty care)	Access to Care (Mental Health Care)	Social Determinants of Health Improvement
<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Improve access to primary care services during a time of increased demand and higher acuity <ul style="list-style-type: none"> • Improve internal processes to remove barriers to access • Evaluate resource needs • Increase telehealth options for specialty care for both outpatient and inpatient care <p>Anticipated impact:</p> <ul style="list-style-type: none"> • Reduction in ED visits for non-emergency needs • Reduction in “new patient” waitlist • Increase in same-day access for primary care appointments • Addition of new specialty services based on community need <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • Telehealth providers • Process improvement <p>Collaborations anticipated:</p> <ul style="list-style-type: none"> • Medical Staff • Community members • Telehealth providers 	<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Develop a Huggins-specific plan to address the shortage in mental health resources in our local areas • Advocate for patients through multiple forums to assist statewide efforts to improve access to mental health care • Partner with Huggins Community Health Network members to provide shared services whenever possible • Support other organizations that focus in mental health resources <p>Anticipated impact:</p> <ul style="list-style-type: none"> • Reduction in ED visits and “holds” for mental health needs • Improved access to treatment, locally, for mental health needs <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • Staff focused on mental health • 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 • Local mental health organizations • State of New Hampshire 	<p>Strategy to address needs:</p> <ul style="list-style-type: none"> • Continue navigation services offered by Huggins Hospital for those with medical needs as well as those with social service needs • Develop strong referral resources to social needs in the local community • Address gaps in services with members of the Huggins Community Health Network • Collaborate with social service providers to develop a community-integrated healthcare system <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 care coordination and social service navigation resources <p>Resources proposed or needed:</p> <ul style="list-style-type: none"> • Huggins Community Health Network • Outpatient Social Service Navigation • 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