



Community Health Needs Assessment

2020 Update



August 2020

Presented by



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Introduction

In 2020, HCA Healthcare purchased Frisbie Memorial Hospital (FMH) in Rochester, New Hampshire. HCA Healthcare is comprised of more than 180 hospitals and 2,000 sites of care in 21 states and the United Kingdom. As part of the purchase agreement, Frisbie Memorial Hospital agreed to update its 2018 Community Health Needs Assessment (CHNA) conducted by Crescendo Consulting Group (published, January 2019). Simultaneously in 2020, the world was battling a global pandemic with COVID-19 that disrupted the local community, the economy, and the healthcare system. One of the local impacts of the pandemic is that there have been changing, urgent, and emergent community challenges. In addition to supporting the HCA / FMH acquisition activities, the CHNA update serves as a timely review and revision of Rochester area prioritized needs and support for a refocus of FMH community outreach activities (if any).

The impact of the COVID-19 pandemic on the FMH community needs is most reflected in three ways:

- An increased emphasis on economic issues – job security, the affordability of health care and prescription medications, and food insecurity.
- Mental health and substance use needs are more acute. Even though mental health and substance use issues remain among the most highly prioritized needs, qualitative discussions emphasized that these needs are becoming even more significant due to general COVID-related stressors.
- Care coordination / navigation are elevated opportunities. Additionally, several interviewees mentioned that the role of care coordinators (or similar function) may be gaining in importance since they are often called upon to help motivate and provide other support for people living with chronic conditions.

Methodology

This update to the 2018 CHNA began by assessing the key observations and strategies outlined in the previous report and conducting quantitative and qualitative research with the goal of discovering new issues and measuring the relevance of old ones. To evaluate the latest perspectives and opinions of area stakeholders, interviews and focus groups were conducted with various representatives from Frisbie Memorial Hospital and the greater community.

Data was collected using the following sources:

- Strategic secondary research: updating demographics and publicly available prevalence rates
- Qualitative data gathered through virtual focus group discussions and one-on-one in-depth interviews with community stakeholders
- Input from patients and community members acquired through an online community survey
- Reanalysis and review of prioritized community needs

Top Community Needs

The 2020 CHNA Update reviewed the prioritized needs from the 2018 CHNA and updated the list of identified needs based on an integrated analysis of the most recent quantitative and qualitative research.

The list of prioritized needs in 2020 is very similar to the 2018 list as noted in the CHNA. However, please note that the magnitude of the needs, as described in the 2020 research, appears to be more acute.

The 2018 FMH CHNA identified top health needs based on in-depth quantitative and qualitative research, including secondary data sources and primary data sources such as community surveys, interviews and a discussion group in 2018. The 2020 process, as noted above, included a similar approach. Through this process, health needs for each time frame were rated and ranked.

Rank	2018 CHNA Need Identified	2020 CHNA Update Need Identified
1	Mental illness prevention and treatment	Mental illness prevention and treatment
2	Substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco	Substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco
3	Access to affordable health care and prescription medications	Access to affordable health care and prescription medications
4	Senior services	Senior Services
5	Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity	Economic issues such as job security, food insecurity, and nutrition
6	Health screenings (e.g., mammograms, diabetes)	Services for people experiencing homelessness – health care, as well as social services
7	Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors	Affordable quality child care
8	Access to dental health care	Veterans' services
9	Teen pregnancy	Health screenings (e.g., mammograms, diabetes)
10	Access to prenatal services	Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity

Quantitative Data Summary

The following section contains highlights from the 2020 quantitative data update. The appendices contain a large breadth of additional, updated data tables.

Frisbie Memorial Hospital's service area has experienced some minor demographic and population changes since its previous CHNA in 2018. **New data for the 2020¹ CHNA is incorporated in this updated report, with changes noted by arrows ↑↓.** An upward arrow (↑) indicates an increase from the 2018 report, a downward arrow (↓) indicates a decrease. If no arrow is present, there is no identified change.

Key Measures				
Measure	New Hampshire	Primary Service Area	Secondary Service Area	Total Service Area
Population	1,397,908↑	67,588↑	30,723↓	98,311↓
Median Age	43.2↑	41.9↑	45.2↓	42.8↓
Median Household Income	\$75,181↑	\$63,488↓	\$78,826↑	\$68,540↑
Percent Living in Poverty:	8.0%↓	10.4%↑	4.3%↓	8.6%↑
% White Population	91.6%↓	93.0%↓	96.5%↑	94.1%↓
Percent with bachelor's degree or Higher	37.0%↓	24.1%↓	31.3%↑	26.4%↓
Percent 16+ Unemployed (May 2020) ²	15.2%↑	15.4%↑	14.1%↑	15.0%↑
SOURCE: ESRI Data 2020, American Community Survey; Business Analyst Online, May 2020. Available at https://bao.arcgis.com/esriBAO/index.html#				

- Unemployment has risen in all areas of the state, in large part due to the COVID-19 pandemic.
- People in the Primary Service Area (PSA) tend to be slightly younger and have lower income than people in the Secondary Service Area (SSA) or in the New Hampshire average.
- The Primary Service Area has a much lower median age (41.9) than the Secondary Service Area (45.2).
- More people in the Primary Service Area (10.4%) live in poverty than do residents of the Secondary Service Area (4.3%)

¹ ESRI 2020 projections based on U.S. Census Bureau data.

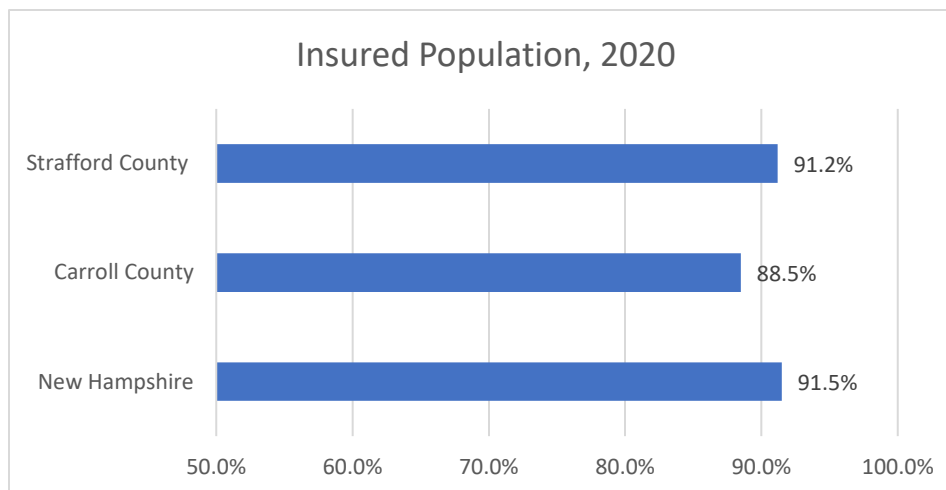
² Note: The official State of New Hampshire unemployment rate for June 2020 was down to 11.7% (see <https://www.nhes.nh.gov/elmi/statistics/documents/nr-current.pdf>).

Population Health Lifestyle Indicators

Population Health Lifestyle Indicators			
Measure	New Hampshire	Strafford County	Carroll County
Poor or Fair Health Status ³	11.4%↓	13.9%↓	12.9%↓
Preventable Hospital Stays ⁴	47	51	41
Physical Inactivity ⁵	20.5%↑	23.3%↑	20.1%↑
Heavy or Binge Drinking	18.4%↓	16.5%	19.6%↑
Tobacco Users (Smoking)	17%	19%	20%
SOURCE: The Behavioral Risk Factor Surveillance System (BRFSS)			

- Poor or fair health status has decreased slightly in all three regions; rates of physical inactivity have drifted upward.

Insured Population



SOURCE: ESRI Data 2020, American Community Survey

- Both Frisbie Counties have slightly lower insured rates than the state average.

³ Percent of adults reporting Poor or Fair general health status

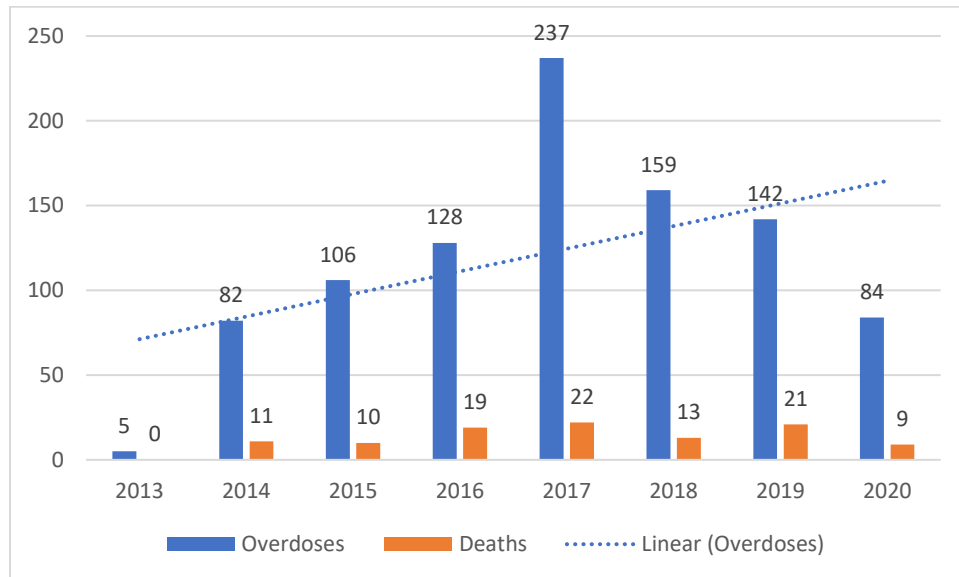
⁴ Number of Hospital Stays for Ambulatory Care Sensitive Conditions Per 1,000 Medicare Enrollees

⁵ Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

Substance Use

Opioid use remains a major health challenge in New Hampshire, with other forms of substance use entering the fold.

Drug Overdoses and Deaths, Rochester, 2013-2020



SOURCE: Rochester PD

- Rates for 2020 are current through July 15, 2020; projected out, the annualized numbers would be similar to 2018.
- In 2018, overdoses declined from their peak in 2017.
- Death rates in 2018 were similar to those in 2017, signaling overdose deaths are not a resolved issue.
- Although opioids remain a driving force in substance misuse, methamphetamine use continues to increase.⁶

⁶ Keene Sentinel, January 2020). Available at https://www.sentinel-source.com/news/local/methamphetamine-use-creeping-up-in-region/article_278afb87-3e95-5167-beab-369e12620210.html.

Qualitative Data Summary

Crescendo conducted virtual focus groups and one-on-one in-depth interviews with a diverse group of community stakeholders who provided their valuable perspectives on current community needs and concerns. The team at Frisbie Memorial Hospital shared with Crescendo the names and contact information for the select hospital staff, local non-profit and other organization leaders, as well as various key community members who have deep roots in the Primary Service Area and care about the health of its residents.



The discussion guides (see Appendices C & D) for both the community stakeholder one-on-one in-depth interviews and focus groups consisted of approximately 10 questions covering topics such as access, availability, delivery of services (e.g. chronic disease, mental health, substance misuse, preventative care, senior services, and others); housing, unemployment, and transportation; communications and information; and affordability of healthcare and basic needs. Interview duration varied by participant, but each lasted approximately 30 minutes. The focus groups were approximately an hour in length each.

Throughout the stakeholder interviews and focus groups, several key themes emerged and were reinforced from the most recent CHNA, including substance use disorders (specifically the opioid epidemic) and mental health, access to care, senior services, and food insecurity.

One major difference during this 2020 CHNA evaluation process is that the COVID-19 pandemic is affecting all stakeholders, their organizations, and the members of the community that they serve. This has affected access to services and funding for the organizations, exacerbated by an increase in the number of individuals needing support. A list of the top needs as noted in the qualitative research include the following:

- Substance Use Disorder and Mental Health
- Access to Care
 - Awareness of services
 - System capacity
 - Logistics of accessing the healthcare system (affordability, transportation, etc.)
 - Care coordination and patient motivation
- Senior Services
- Hunger, Food Insecurity, and Nutrition (and related economic issues)

Below is a more in-depth review of the top community needs noted in the qualitative research, including direct quotes from both interview and focus group participants.

Substance Use Disorder and Mental Health

The respondents frequently mentioned that the local opioid crisis is one of the primary problems in the community, and that this issue specifically creates others which affect the Primary Service Area.

Mental health issues were also frequently mentioned, as well as access to the necessary care for this patient population.

- “Many patients struggle with mental health issues that run concurrent with physical health issues. One of the most pressing issues is managing mental health symptoms and patient compliance with the top four health issues: diabetes, asthma, heart failure and COPD.”
- “Many don't know they have a diagnosable illness – they cover up, are embarrassed. Others are concerned about not being able to afford healthcare, meds, copays.”
- “More stresses due to pandemic and people turn to drugs and alcohol.”
- “Many suicides at the high school.”
- “One of the most pressing problems? Addiction, addiction, addiction. Mental health issues as well.”
- “Sometimes ER beds are filled with addicts, so other patients have to wait in the hallway.”
- “All of the factors that cause unhealthy lifestyle choices lead directly to a high rate of mental health.”
- “I definitely don’t see enough behavioral healthcare in the way of helping children.”

Access to Care

Access refers to various aspects of receiving healthcare, but it can generally be broken down into four primary areas:

1. Awareness: Awareness and education that help community members know that a particular health-related issue may require treatment or additional insight from a third-party. This would include knowledge of where to get treatment or additional insight from a third-party, if needed.
2. Capacity: Available system capacity – doctors, counselors, and other direct care providers – currently in practice and accepting patients to care for people with the variety of community health needs present in a particular area. This also includes convenient hours of operation and available appointment times.
3. Logistics: Patient’s ability to attain required services – transportation, financial capability, home support, continuity of care, and other issues.
4. Patient motivation and coordination of care. Care navigators, Community Health Workers, care coordinators, social workers, and others are sometimes helpful – especially with higher-risk patients – when trying to manage care for community members in need of services.

Awareness

Many people stated that individuals who need help don't know where to start. Others feel that schools can be a hub of trusted information and care, and by teaching children good behavior and good nutrition, they can bring the knowledge back to their families and break the cycle. Many pointed to the value of the first point of contact, such as the PCP and ER, and providing relevant information when people are discharged from ER. In addition, communicate where people go: library, public transit hubs, churches, shelters, ER, doctor's offices.

- "People don't know what they don't know."
- "Many potential chronically ill people do not know how to access proper care. This is very true of those living at poverty levels. Often those living with little income do not know how to access means-based healthcare supports and use ER care as their health care driving up costs and using inappropriate resources for their care."
- "Put more money into schools to help change generational poor health and financial stability, and engage the parents."
- "Schools are a great place to send info – information is more trusted coming from school. Information at community centers, health centers. Be careful about simply handing out a pamphlet - people may not be able to read it."

Capacity

Qualitative research participants largely agreed that primary care services in the Rochester area are reasonably well provided – capacity of primary care is adequate. However, some specialized medical care and behavioral health care remain a challenge especially to those living in more rural areas.

- "Routine healthcare – not hard. Mental and behavioral healthcare – struggle. People have to wait months and become desperate."
- "Opportunities for healthcare are around, but it's hard to get there, especially when bus service ended during COVID."
- "Agencies in each community can help but hours are limited, scope is limited. Social workers in PCP offices have a good handle of where to refer people, but there are waiting lists. Hard to find a therapist."
- "Need more dental centers."
- "The school system provides a lot of care for children. This is one of the reasons we see a lot of people pushing to get kids back in schools [during the pandemic], because they rely on the school system for a lot of identification and treatment and referral of all ailments."

Logistics (e.g., transportation, affordability of care, continuity of care)

Transportation to and from service centers was frequently cited as a major concern. Many of the respondents mentioned the need for one convenient place where people can get care, learn more about available healthcare resources, and secure help with completing forms and the intake process. Both availability and affordability of housing were addressed, and many cited the need for more places for certain populations, such as people with Alzheimer's and dementia requiring locked facilities and the homeless suffering from substance misuse.

- "Public bus doesn't get people where they need to go."
- "Access to mental health services is a huge issue. Get a big bus to do counseling, write prescriptions, etc."
- "Figure out a way to do intakes remotely and/or make them simpler. This is a big stumbling block for their families."
- "Mobile dental unit, mobile healthcare units."
- "Post ACA, coverage has been expanded."
- "Hard to place people when they need to leave the hospital."
- "Need a place for low income and transitional housing for homeless. Include a job skills training program, life skills, cooking skills, financial skills, etc. to make them employable and keep them healthy."
- "Access to affordable housing, no matter the financial situation. Not a large inventory for rentals or for sale."

Patient Motivation and Coordination of Care

Patient motivation and coordination of care refer to support mechanisms – hospital-based, community-based, or otherwise – that are in place to encourage, inform, and support healthful decisions by community members. Typically, these services are most needed by those with chronic illnesses or other conditions that require urgent or ongoing care. The research showed that community members value case managers, care coordinators, "navigators," and similar roles, and they indicate that there is a greater need for this capability.

- "Fund case managers that work with those experiencing chronic poverty. It takes up to a full year to connect clients with the full scope of means-based services available to them."
- "Ensure continuum of care and information across the community, i.e. after a woman has a baby at the hospital, what resources are available in the community to help after they leave the hospital?"
- "People are looking for a quick fix, not a solution to their problems."
- "I do think people are more willing to reach out for medical health vs behavioral. There is a still a huge mental health stigma, substance abuse stigma, which holds people back."
- "There is this mindset, this blue collar mindset, just suck it up."
- "Peer recovery support is a great need, it should expand."
- "Connect disparate issues, i.e. mental health and homelessness, getting a job, financial issues, better nutrition. Not a hand out, but a hand up."

Senior Services

New Hampshire's aging population combined with its low income status creates an increased need for medical care, and they tend to have transportation barriers to receive their care. Individuals suffering from Alzheimer's Disease or dementia require fulltime caregivers or a safe facility, and those caregivers have unique healthcare and financial concerns as well.

- "Need more dementia-related services. The Savvy Caregiver course has been a huge free resource, but it's no longer offered. A grant made it happen, so it didn't cost the hospital. A person left so it dropped."
- "People don't know how to access [FMH's inpatient gero-psych unit] and doctors don't think to refer their patients there."
- "Expand locked, secure memory facilities in area. People who have cognitive illnesses need more places to go where they can age without interruption."
- "Elderly don't know how to access internet resources."
- "Not enough resources for elderly and seniors because Medicare doesn't cover everything."
- "Financial help for Vietnam vets and their spouses. Spouses lose \$6,000 when the vet dies."
- "Need adult daycare. Provide a place where people could go during the day for respite care, whether they're mentally challenged or have Alzheimer's."
- "It's impossible to get assistance for caregivers."

Hunger, Food Insecurity, and Nutrition

Availability of and access to healthy food, as well as education came up frequently. There has been increasing concern about financial security throughout all income levels. However, those living at the lower income strata are more vulnerable to changing economic conditions – creating additional stress and health challenges given limited access to care due to lockdowns, reduced hours of operation, and other barriers.

- "Community barriers to food resources; a lot of food insecurity and this comes up a lot with peds population."
- "Many churches don't offer food pantries anymore."
- "Elderly have poor nutrition – cost of food and transportation."
- "Food pantry says that elderly can't get there due to transportation. There are food stamps for people that need them, but if income increases then food stamps go down."
- "New people who have never been to a food pantry before, but if one or both parents lost their jobs [due to COVID], they need help."

Community Survey Summary

Throughout July and early August 2020, FMH and Crescendo conducted a community survey in order to assess residents' perceptions of needs that require more focus and attention, high-level opinions about FMH, and sources of health-related information. Response to the survey was modest (N=91), yet directional results tend to support qualitative research results noted above. The following is a summary of survey results, and the complete set of Frequency Tables is contained in the appendices.

Prioritized Needs

The survey included a list of 40 community health-related or other community needs. Given the economic challenges related to the COVID-19 outbreak, social determinants of health issues were also included for evaluation. Categorizing the final list of needs as shown by survey results, the most commonly mentioned needs include the following:

- Mental health and substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco
 - Emergency mental health services
 - Counseling services for children
 - Counseling services for adults
 - Substance abuse prevention
 - Substance abuse treatment
- Social services and health care for people experiencing homelessness
- Child care
- Access to care / transportation to provider appointments
- Senior services / dementia care

A more detailed table of the top 10 needs noted in the survey is included below. Note, though, that the final list of prioritized needs is not solely the survey results, but the final list is informed by the survey, as well as the qualitative research and data analysis.

Note that the appendices contain a full set of frequency tables and other analyses.

Perceptions of Health-related Needs Requiring More Focus and Attention (Percent of Respondents)					
Community Need	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Net Score	Net Score Rank
Emergency mental health services	3.2%	6.3%	90.5%	2.87	1
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	3.1%	7.8%	89.1%	2.86	2
Drug and other substance abuse education, prevention, and early intervention services	1.6%	11.3%	87.1%	2.85	3
Counseling services for mental health issues such as depression, anxiety, and others for adults	4.7%	7.8%	87.5%	2.83	4
Drug and other substance abuse treatment and rehabilitation services	3.2%	14.5%	82.3%	2.79	5
Social services (other than healthcare) for people experiencing homelessness	1.7%	26.7%	71.7%	2.70	6
Affordable quality child care	8.2%	14.8%	77.0%	2.69	7
Transportation services for people needing to go to doctor's appointments or the hospital	1.7%	30.5%	67.8%	2.66	8
Healthcare services for people experiencing homelessness	1.6%	31.1%	67.2%	2.66	9
Long-term care or dementia care	6.7%	23.3%	70.0%	2.63	10

High-level Opinions About Frisbie Memorial Hospital

Overall experience of care opinions about Frisbie Memorial Hospital tend to be better, or as good as, the New Hampshire state and U.S. averages.⁷ As reflected in the CHNA community survey, the strong majority of survey participants indicate that FMH has high or very high quality providers and staff (as well as the overall opinion of care).

Measure	High or Very High Quality	Low or Very Low Quality
Frisbie Memorial Hospital Perception of the Overall System of Care	66.0	34.0
Frisbie Memorial Hospital Providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	76.0	24.0
Frisbie Memorial Hospital Staff (e.g., Nurses, Patient Care Technicians, Other Therapists)	78.3	21.7

Sources of Health-related information

Information about Healthcare Providers or Hospitals

When asked about sources of information about healthcare providers or hospitals, respondents overwhelmingly indicated that they seek the insight of family and friends, providers, and hospital websites. It is interesting to note that conventional media (e.g., newspapers, television, and radio) are the least common source of healthcare provider information.

What sources do you normally use to find out about healthcare providers or hospitals?	
<u>Source of Information</u>	<u>Percent Using to the Source</u>
Friends and relatives	73.5%
A physician or other healthcare worker	64.7%
A hospital's website	47.1%
Social Media	25.0%

⁷ Center for Medicare & Medicare Services, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), 2020. Available at <https://www.medicare.gov/hospitalcompare/profile.html#profTab=1&ID=300014&cmpriD=300014&dist=25&state=NH&lat=0&lng=0&cmpriDis=0.0&Distn=0.0>

What sources do you normally use to find out about healthcare providers or hospitals?	
<u>Source of Information</u>	<u>Percent Using to the Source</u>
Healthcare rating sites like HealthGrades or US News & World Report	23.5%
A physician's website	22.1%
Healthcare.gov	16.2%
Newspaper	1.5%
Television	1.5%
Radio	1.5%

Technology (e.g., patient portals, websites, etc.) may be a strong resource for FMH to communicate health information. In the FMH service area, information sources most commonly used for one's own health or to monitor one's own health include the direct care providers, a patient portal, online resources, and wearable technology (e.g., fitness trackers).

- Direct care providers have always been seen as the most frequently noted source of personal healthcare information.
- The use of patient portals have expanded nationally from approximately 28% in 2017 to 37%. **Patient portal use in the FMH service area is far higher than national averages.** The American Medical Association and Reuters Health report that 63% of adults who were insured and made a health care visit in the previous 12 months had not visited a portal during the preceding year.⁸
- Nearly 40% of survey respondents indicated that they use the Internet. These results are similar to National Institute of Health data that shows that 88% of patients seeking health-related information go most frequently to their medical provider or online sources.⁹

⁸ American Medical Association (May 2019). Available at <https://www.ama-assn.org/practice-management/digital/most-your-patients-still-aren-t-using-portal-here-s-why>; Reuters Health (January 2019). Available at <https://www.reuters.com/article/us-health-disparities-patient-portals/most-u-s-patients-not-using-online-medical-portals-idUSKCN1OX1HO>

⁹ National Institute of Health, Health Information National Trends Survey (March 2020). Available at <https://hints.cancer.gov/data/download-data.aspx>

What sources do you normally use to find out about your own health or to monitor your own health?	
<u>Source of Information</u>	<u>Percent Using to the Source</u>
A physician or other healthcare worker	67.6%
A patient portal	57.4%
Medical websites such as WebMD or Mayo Clinic	39.7%
A fitness tracker website like Fitbit or My Fitness Pal	32.4%
Friends and relatives	20.6%
A hospital's website	17.6%
A physician's website	16.2%
Telehealth resources such as a telehealth doctor or nurse, or virtual	11.8%
Healthcare.gov	8.8%

Conclusions

As noted above, the list of prioritized needs in 2020 is very similar to the 2018 list as noted in the CHNA. However, there was a general finding that the aggregate need for services is greater than it was in late 2018. Specifically, the order of the prioritized list of community needs is still led by mental health and substance misuse services, access to care, senior services, and others. However, due to environmental stressors directly or indirectly related to COVID-19, economic uncertainties, and ongoing access to care challenges, research respondents (supported by data) indicate that the urgency and/or the degree of need is greater than in late 2018.

Top Five Community Needs, 2020 CHNA Update
Mental illness prevention and treatment
Substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco
Access to affordable health care and prescription medications
Senior Services
Economic issues such as job security, food insecurity, and nutrition

Appendix A: Secondary Data Tables

Key Measures

Frisbie Memorial Hospital's service area has experienced population trend changes since its previous CHNA in 2018. **New data for 2020 is incorporated in this updated report, with trends noted throughout with arrows ↑↓.** An upward arrow (↑) indicates an increase from the 2018 report, a downward arrow (↓) indicates a decrease. If no arrow is present, there is no identified change.

Key Measures				
Measure	New Hampshire	Primary Service Area	Secondary Service Area	Total Service Area
Population	1,397,908↑	67,588↑	30,723↓	98,311↓
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Median Household Income	\$75,181↑	\$63,488↓	\$78,826↑	\$68,540↑
Percent Living in Poverty:	8.0%↓	10.4%↑	4.3%↓	8.6%↑
% White Population	91.6%↓	93.0%↓	96.5%↑	94.1%↓
Percent with bachelor's degree or Higher	37.0%↓	24.1%↓	31.3%↑	26.4%↓
Percent 16+ Unemployed (May 2020) ¹⁰	15.2%↑	15.4%↑	14.1%↑	15.0%↑
SOURCE: ESRI Data 2020, American Community Survey; Business Analyst Online, May 2020. Available at https://bao.arcgis.com/esriBAO/index.html#				

- Unemployment has risen in all areas of the state, in large part due to the COVID-19 pandemic.
- People in the Primary Service Area (PSA) tend to be slightly younger and have lower income than people in the Secondary Service Area (SSA) or in the New Hampshire average.
- The Primary Service Area has a much lower median age (41.9) than the Secondary Service Area (45.2).
- More people in the Primary Service Area (10.4%) live in poverty than do residents of the Secondary Service Area (4.3%)

¹⁰ Note: The official State of New Hampshire unemployment rate for June 2020 was down to 11.7% (see <https://www.nhes.nh.gov/elmi/statistics/documents/nr-current.pdf>).

Social and Physical Environment Factors

Social and environmental factors include “poverty status” and other factors that may impact poverty status.

Health needs related to poverty status may be elevated in the FMH service area compared with the state average.

Shown below, Strafford County and Carroll County have slightly higher rates of poverty than the New Hampshire state average. Housing, employment status, and education attainment can all impact poverty status of an individual. The rate of people living in substandard housing has risen across both counties as well as statewide since 2018.

Poverty Related Factors			
Measure	New Hampshire	Strafford County	Carroll County
% No High School Diploma	11.6%↓	13.1%↓	6.3%↑
% Living in Poverty	8.0%↓	10.0%↓	9.6%↓
% Under 18 in Poverty	10.2%↓	11.0%	13.4% ↑
% Living in Substandard Housing	30.9%↑	32.1%↑	30.%↑
SOURCE: ESRI Data 2020, American Community Survey.			

- Nearly one third of all New Hampshire residents live in substandard housing.
- While unemployment has risen substantially, poverty numbers are yet to correlate with joblessness. Overall, poverty rates are down from the 2018 CHNA. However, note that there is typically a lag effect between unemployment and poverty – especially during the time period when an economic stimulus (e.g., an additional \$600 per week for some receiving unemployment compensation).

Violent Crime Rate per 100,000 Population			
Measure	New Hampshire	Strafford County	Carroll County
Violent Crime Rate¹¹	198.1↓	235.8↓	181.5↓
SOURCE: Federal Bureau of Investigation, FBI Uniform Crime Reports			

- Strafford county experiences a higher rate of violent crime than Carroll County and the state average.

Physical Environment			
Measure	New Hampshire	Strafford County	Carroll County
Air Pollution – Particulate Matter¹²	5.4↓	5.7↓	5.2↓
Limited Access to Healthy Food¹³	28.8%	36.5%↑	25.6%↑
SOURCE: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network			

- Limited access to healthy food has gone up in both Carroll and Strafford Counties.
- The rates of access to healthy food in Carroll County are similar to that of the state average. Strafford County experiences higher rates of limited access.

¹¹ Per 100,000 Population

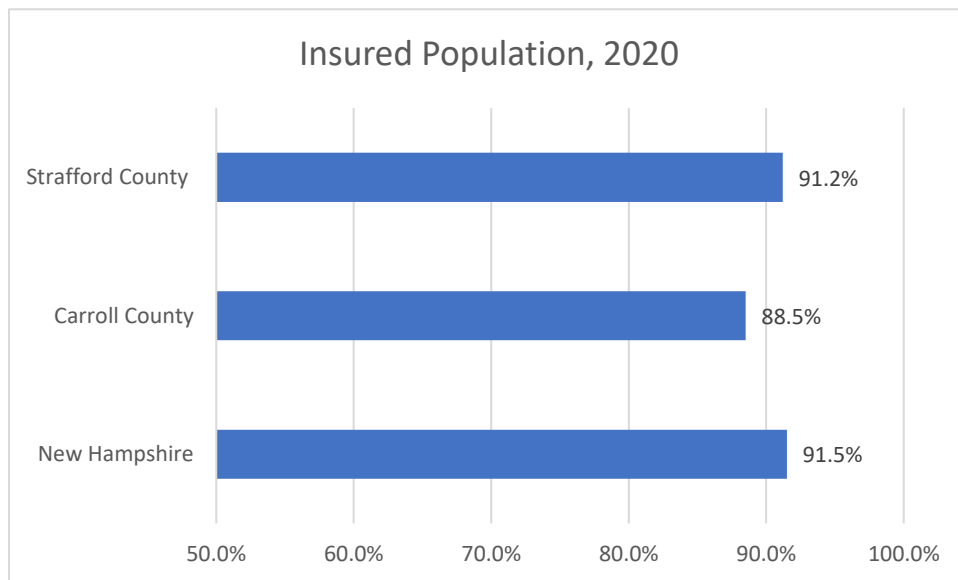
¹² Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

¹³ This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

Households in the Primary Service Area tend to spend less money on medical care and health insurance than the New Hampshire average.

Medical Expenditures (Average Annual Household Spending)				
Measure	New Hampshire	Primary Service Area	Secondary Service Area	Total Service Area
Physician Services	\$287	\$235↓	\$288↑	\$251↓
Dental Services	\$436↑	\$354↑	\$425↑	\$375↑
Eye Care Services	\$77↑	\$62↑	\$62↓	\$66↑
Hospital Room and Hospital Services	\$210↑	\$170↑	\$221↑	\$185↑
Nursing Home Care	\$15.12↓	\$11.84↓	\$14.76↓	\$12.70↓
Nonprescription Drugs	\$163↑	\$136↑	\$162↑	\$144↑
Medicare Prescription Drugs	\$128↓	\$107↓	\$113↓	\$114↓
Health Insurance	\$4095↓	\$3400↓	\$4051↓	\$3597↓
SOURCE: ESRI Data 2020, American Community Survey				

- Prices of prescription drugs have increased while process of non-prescription drugs have gone down.
- The average resident in the Frisbie PSA spends \$3,400 annually on health insurance, a decrease from the amount being spent during the completion of the 2018 CHNA.
- Hospital room and hospital service expenditures have increased.



SOURCE: ESRI Data 2020, American Community Survey

- Carroll County has a slightly lower rate of insured residents than Strafford County and the New Hampshire average.

There are fewer providers per 100,000 population in Carroll and Strafford Counties than in the New Hampshire average, reflecting relatively somewhat low system capacity. The Strafford County rate has fallen from 2018.

Access to Care			
Measure	New Hampshire	Strafford County	Carroll County
Primary Care Physicians	90.3↓	63.4↓	91.4↑
Dentists	70.9	67.0	59.2
Mental Health Providers	306.9↑	250.6↑	227.6↓
SOURCE: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File			

- The rate of mental health providers has risen in both Stafford County and New Hampshire.
- There is greater access to dental care statewide than in Strafford or Carroll Counties.

Health Status Profile and Disease Burden

Chronic diseases can increase long-term system demand for services. Elevated chronic disease rates in Strafford County highlight the priority of community needs – awareness, education, treatment, support – related to these conditions.

Strafford County has a slightly higher rate of chronic disease prevalence than the New Hampshire average except for asthma. Carroll County has a lower prevalence rate than the state for all chronic disease measures.

Chronic Disease Prevalence			
Measure ¹⁴	New Hampshire	Strafford County	Carroll County
Heart Disease	3.9%	4.6%	3.1%
High Blood Pressure	26.2%	27.6%	25.7%
Obesity	27.5%↓	29.5%↑	27.6%↑
Diabetes	7.9%	9.6%	7.2%
Asthma	14.7%	13.9%	11.3%
SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System			

- Obesity has risen in both Stafford and Carroll Counties, but fallen statewide.
- Obesity and high blood pressure are the most common forms of chronic disease prevalence in the selected geographies.

¹⁴ Percentage Total Population

Cancer rates in Strafford County are also relatively high – higher than the U.S. and New Hampshire averages for three of the more common forms of cancer. Carroll County residents have lower rates of breast, colon, and lung cancer compared to Strafford County and New Hampshire.

Cancer Incidence ¹⁵				
Measure	United States	New Hampshire	Strafford County	Carroll County
Breast	125.2↑	144.6↑	139.2↓	131.8↑
Colon	38.7↓	37.6↓	43.7↑	37.4↑
Lung	59.2↓	64.3↓	75.8↓	62.9↑
Prostate	104.1↓	108.5↓	100.8↓	109.0↓
SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System				

- Rates for colon, lung, and prostate cancer are down nationally and statewide – but colon cancer rates are up in Carroll and Strafford County, with lung cancers also up in Carroll County.
- There is little correlation in cancer prevalence rates between Carroll and Strafford Counties, suggesting different populations with different associated health risks.

¹⁵ Per 100,000 Population

Strafford County residents report slightly poorer health outcomes than Carroll County and the New Hampshire average. Correlatively, Strafford County has a slightly higher rate of preventable hospital stays.

Population Health Lifestyle Indicators			
Measure	New Hampshire	Strafford County	Carroll County
Poor or Fair Health Status¹⁶	11.4%↓	13.9%↓	12.9%↓
Preventable Hospital Stays¹⁷	47	51	41
Physical Inactivity¹⁸	20.5%↑	23.3%↑	20.1%↑
Heavy or Binge Drinking¹⁹	18.4%↓	16.5%	19.6%↑
Tobacco Users (Smoking)²⁰	17%	19%	20%
SOURCE: The Behavioral Risk Factor Surveillance System (BRFSS).			

- Poor or fair health status has declined in all three regions.
- Binge drinking rates have not changed substantially.

¹⁶ Percent of adults reporting Poor or Fair general health status

¹⁷ Number of Hospital Stays for Ambulatory Care Sensitive Conditions Per 1,000 Medicare Enrollees

¹⁸ Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

¹⁹ Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

²⁰ The percent of adults who are current smokers and have smoked at least 100 cigarettes in their lifetime

Substance Abuse and Mental Health

There is a higher percentage of people living with depression in Strafford County than in New Hampshire, with higher providers (per capita) to meet such needs.

Mental Health			
Measure	New Hampshire	Strafford County	Carroll County
Mentally Unhealthy Days	4.1↓	4.3↑	4.0↓
Adults with Depression ²¹	19.3%↑	21.6%↑	16.5%↑
Population per Provider	330:1	420:1	440:1
SOURCE: The Behavioral Risk Factor Surveillance System (BRFSS).			

- The rate of adults with depression has risen since the 2018 CHNA was completed.
- Strafford County reports a higher average number of mentally unhealthy days than Carroll County, and a higher rate of adults with depression.
- In Strafford County, the number of mentally unhealthy days has increased slightly from 4.2 to 4.3, and the number of adults with depression has risen from 20.4% to 21.6%.

²¹ Medicare Population

Risk and Protective Lifestyle Behaviors

Similar to New Hampshire (statewide) trends, many Strafford County and Carroll County residents are exhibiting high levels of risky behaviors.

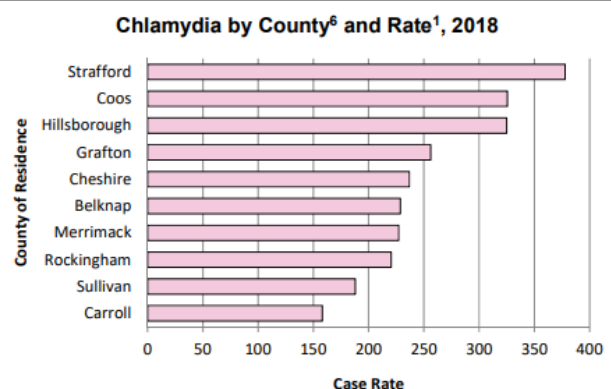
Risky Behaviors			
Measure	New Hampshire	Strafford County	Carroll County
Smokers	17%	19%	20%
Binge or Heavy Drinking	18.4%	16.5%	19.6%
Driving Deaths Involving Alcohol	32%	35%	24%
HIV Prevalence ²²	106.9↓	94.6↓	57.4↓
Uninsured Adults	8%	8.8%	11%
Uninsured Children	9%	9%	11%
SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System			

- HIV prevalence has gone down statewide.
- Binge or heavy drinking rates have not changed.
- Rate rates of uninsured adults are similar to those of uninsured children.

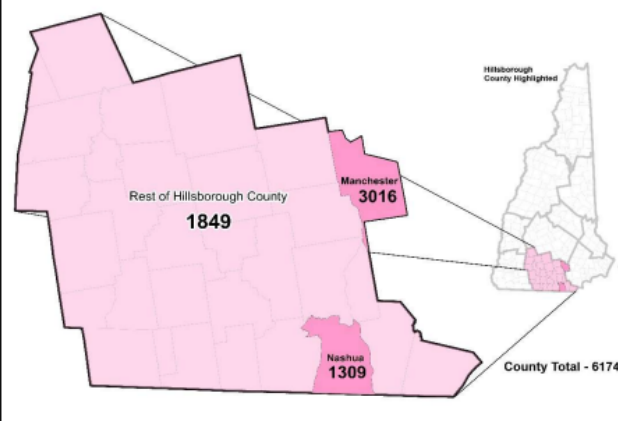
²² Ibid; Rate per 100,000 population

New Hampshire Infectious Disease Surveillance Section
STD/HIV Summary Report: Chlamydia
2014-2018

YEAR	2014		2015		2016		2017		2018	
	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
TOTAL	2316	174.3	3683	276.9	4048	303.2	3689	274.7	3639	271.0
SEX	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
Male	746	113.5	1197	181.8	1327	200.8	1258	189.2	1238	186.2
Female	1570	233.7	2486	370.0	2719	403.3	2430	358.5	2400	354.1
AGE-SPECIFIC	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
0-12	1	*	5	2.7	0	0.0	1	*	1	*
13-19	574	474.6	891	750.0	963	821.8	899	774.8	842	725.7
20-24	1029	1136.0	1611	1768.3	1789	1963.6	1630	1802.2	1582	1749.1
25-29	374	480.3	655	829.4	717	890.5	628	755.6	663	797.7
30-34	167	219.7	255	331.5	290	369.5	261	325.0	273	340.0
35-39	82	112.8	117	159.2	142	188.5	129	166.9	129	166.9
40-44	39	45.5	70	85.9	57	73.9	56	74.9	61	81.6
45-49	25	25.5	39	40.8	42	44.5	35	37.9	34	36.8
50-54	20	17.8	20	18.1	19	17.8	27	26.0	34	32.8
55-59	3	*	15	13.8	19	17.2	17	15.4	15	13.5
60+	2	*	5	1.6	10	3.1	6	1.8	5	1.5
RACE	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
White	1726	140.0	2505	203.6	2691	218.5	2398	194.1	2397	194.1
Black	103	461.9	128	558.9	160	671.9	165	668.1	176	712.6
Asian/Pacific Isl.	25	61.3	28	66.4	37	85.1	57	127.3	49	109.4
AmInd/AlaskNat	4	*	10	101.1	7	69.9	5	49.4	8	79.0
Other/Unknown ²	458	1966.4	1012	4110.6	1153	4404.0	1064	3801.0	1009	3604.5
ETHNICITY	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
Hispanic ³	117	256.9	159	337.1	162	325.1	171	326.2	208	396.8
HIV STATUS⁴	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
PLWHA ⁵	16	NC	15	NC	19	NC	25	NC	26	NC
COUNTY/CITY⁶	Cases	Rate ¹	Cases	Rate ¹	Cases	Rate ¹	Cases ²	Rate ¹	Cases ²	Rate ¹
Belknap	100	166.2	164	272.2	169	278.9	127	208.9	139	228.7
Carroll	42	88.7	74	156.4	93	196.2	80	166.4	76	158.1
Cheshire	169	221.6	230	302.5	211	278.7	184	242.2	180	237.0
Coos	26	79.3	70	216.6	60	188.0	64	202.3	103	325.6
Grafton	140	156.6	237	266.8	251	281.0	266	297.6	229	256.2
Hillsborough	848	209.4	1255	309.1	1458	357.6	1282	312.9	1331	324.9
Manchester	430	390.7	624	566.6	700	635.0	621	561.5	641	579.5
Nashua	165	190.1	283	324.9	288	330.0	277	316.1	296	337.7
Merrimack	281	190.5	436	294.9	424	286.2	380	254.7	339	227.2
Rockingham	394	130.9	695	230.0	772	254.0	722	235.7	675	220.3
Strafford	229	181.7	414	327.9	497	390.5	488	379.4	486	377.9
Sullivan	70	162.4	90	208.7	109	253.3	91	211.2	81	188.0



Chlamydia - Hillsborough County, 2014-2018



¹Cases excluded due to unknown sex assigned at birth in 2016 (2), 2017 (1), and 2018 (1)

²Cases excluded due to unknown county in 2014 (17), 2015 (18), 2016 (4), and 2017 (5)

- Strafford County has the highest rate of STI incidence in New Hampshire - Carroll County averages the lowest rates, highlighting the spectrum of population health within the Frisbie Service Area.
- The most recently available statewide report (2018) shows rates dropping.

Protective Behaviors			
Measure	New Hampshire	Strafford County	Carroll County
Mammogram Screenings²³	69.5%	63.2%	66.2%
Regular Pap Testing	67.3%	77.0%	79.7%
Colon Cancer Screenings	78.8%	63.2%	66.4%
SOURCE: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool			

- Protective screening rates in Carroll County are higher than those in Strafford County.
- Carroll County has a lower rate of uninsured than Strafford County, indicating insurance rates do not correlate to screenings.
- Trends from 2018 to 2020 are unavailable based on the most recently available data.

Teen birth rates have risen since 2018.

Teen Birth Rate ²⁴			
Measure	New Hampshire	Strafford County	Carroll County
Female Population, Age 15-19	45,852	5,619	1,257
Teen Birth Rate	16.6↑	14.5↑	20.2↑
SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System			

- Carroll County has a higher teen birth rate than Strafford County.

²³ CARES Engagement Network, Female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. Data extracted in 2020 based on the most recently available data.

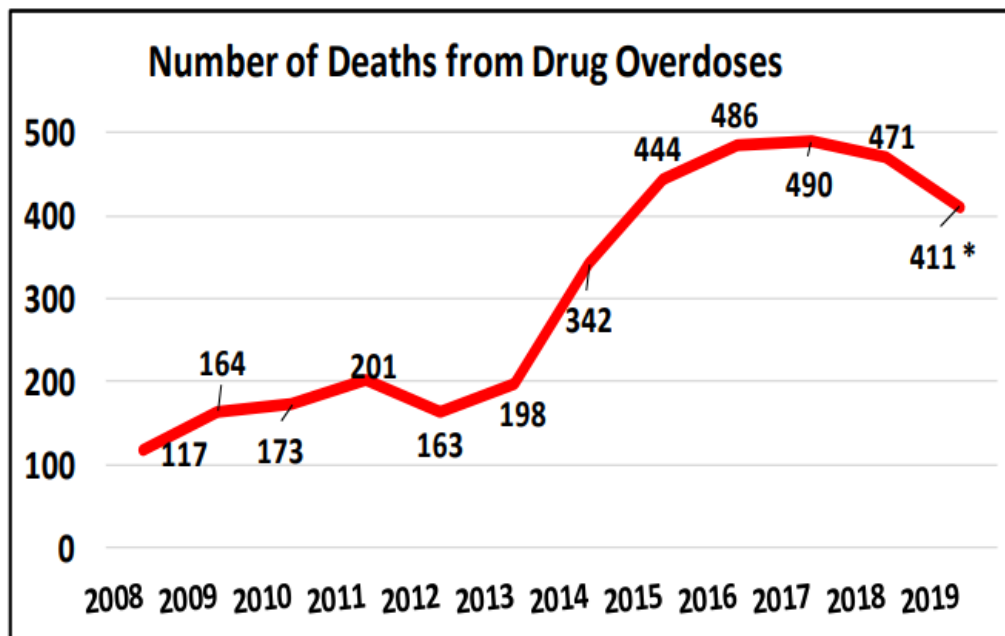
²⁴ Per 1,000 Female Population, age 15-19

Substance Use

Opioids remain major health challenge in New Hampshire, with other forms of substance use entering the fold.

Overdose deaths in New Hampshire are down. But many healthcare and substance use experts say that is due to an increase in stimulant use, notably methamphetamine, which is on the rise due to the relative difficulty of obtaining opioids. The most recently available data show a “leveling off” in the amount of overdose deaths in the Frisbie service area, though substance misuse and the health and healthy community problems that come with substance misuse are still major impediments in the area.

New Hampshire Drug Overdose Deaths, 2008-2019

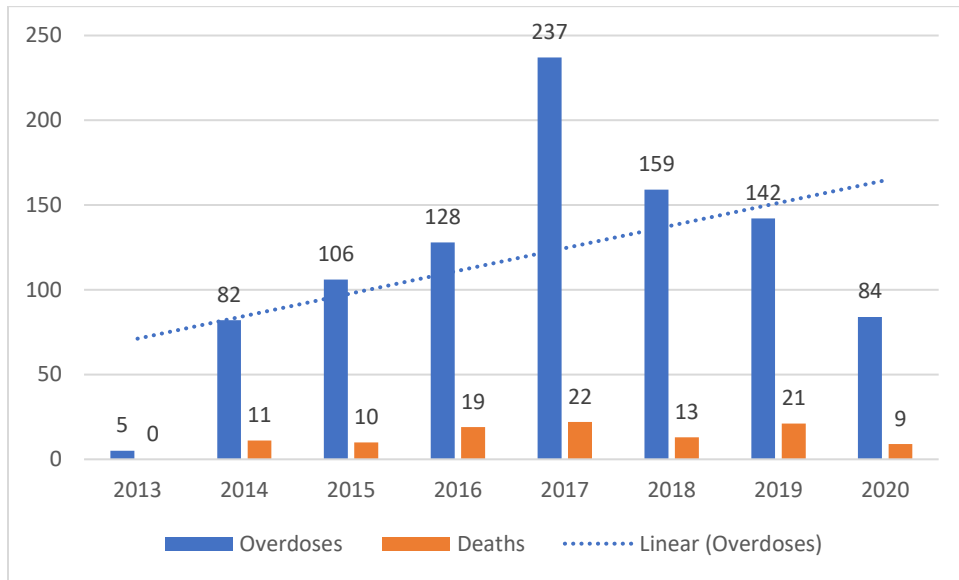


*411 represents the number of confirmed drug overdose deaths in 2019 plus the number of deaths that are 'pending toxicology'.

SOURCE: New Hampshire Department of Health and Human Services

- Overdose deaths appear to have peaked in 2017.
- Drug overdose death rates are still very high in New Hampshire.
- Though overdoses are down statewide, there is still a high occurrence of drug overdose.
- Methamphetamine abuse, reported to be on the rise in the Frisbie Service Area, is harder to quantify due to its less morbid consequences compared with opiates.

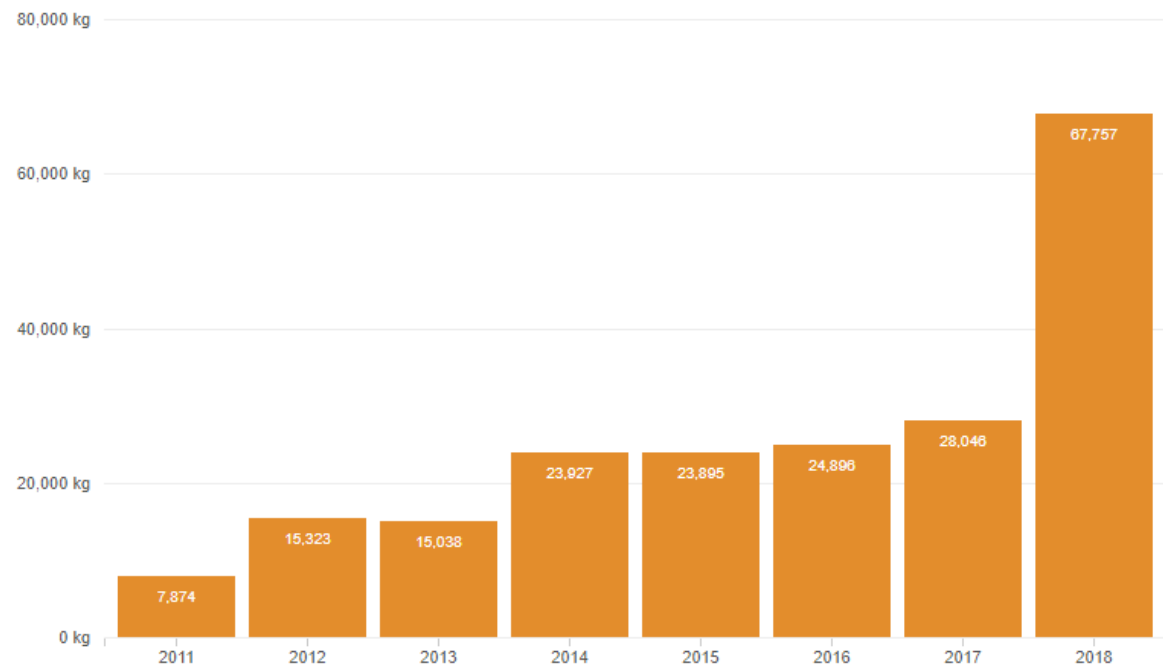
Drug Overdoses and Deaths, Rochester, 2013-2020



SOURCE: Rochester PD

- Drug overdose and death rates for 2020 are current through July 15, 2020, which project out to be similar to 2018 as projected overdoses would be about 158 and deaths would be approximately 17.
- In 2018, overdoses declined from their peak in 2017.
- Death rates in 2019 were similar to those in 2017, signaling overdose deaths are not a resolved issue.

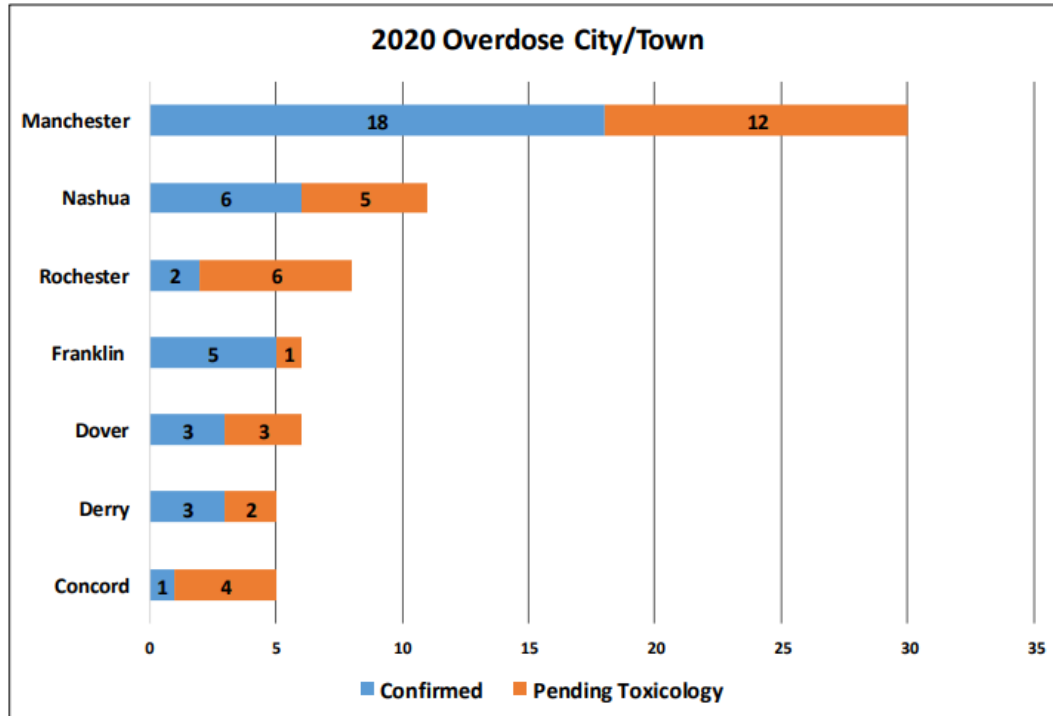
Methamphetamine Seizures, Nationally, 2011-2018



Source: National Emerging Threats Initiative, a High Intensity Drug Trafficking Areas program

- Seizure rates indicate a spike in meth consumption, which corroborate anecdotal evidence from Frisbie stakeholders about the growing methamphetamine problem in the region.

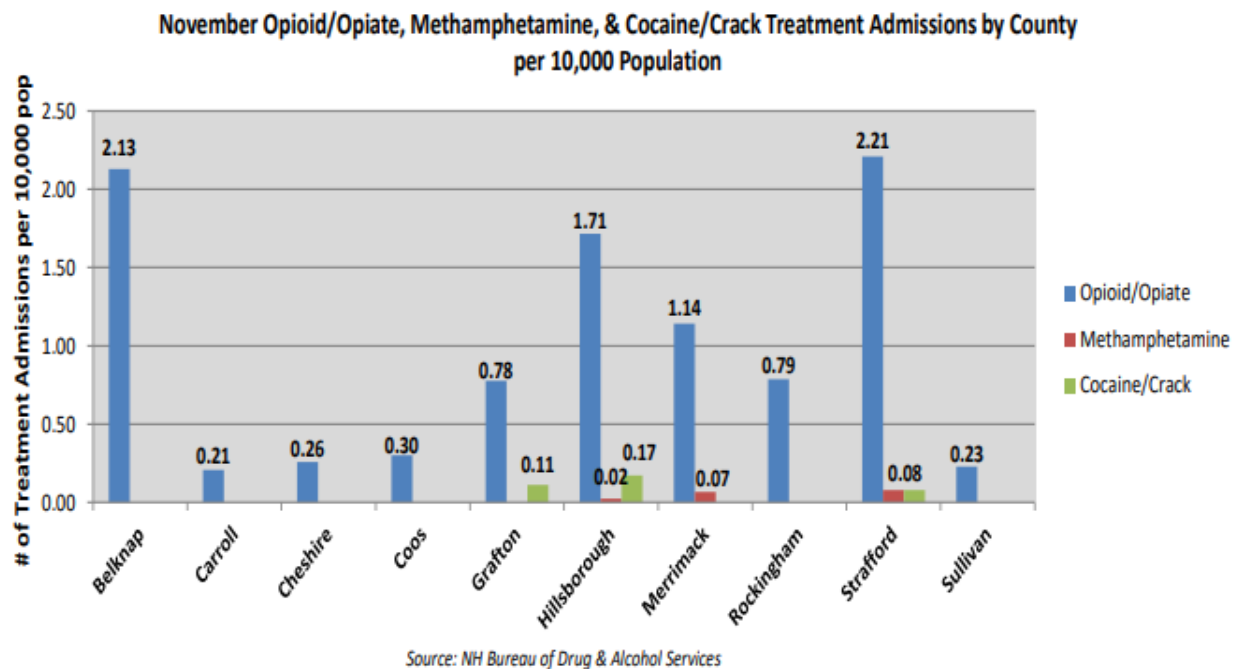
2020 Overdose Rates by Town, New Hampshire



SOURCE: New Hampshire Department of Health and Human Services

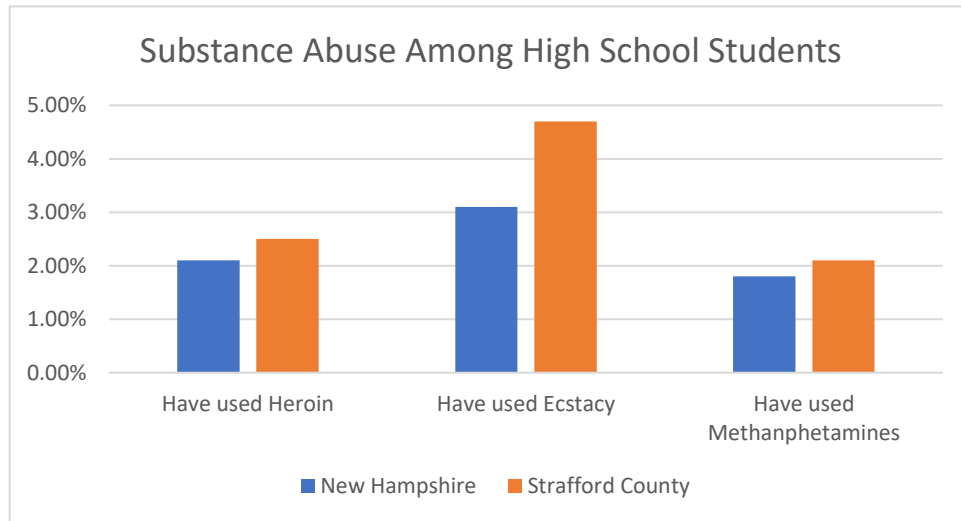
- Despite being the fifth largest city in New Hampshire, Rochester has the third highest crude rate of overdoses.

Strafford County hospital admissions due to opioid use is the highest in the state (though, as shown above, mortality tends to be lower than many counties).



- In November 2018, residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.21, followed closely by Belknap County with 2.13 admissions per 10,000 population.²⁵
- More males than females were admitted to treatment programs in November for opioid/opiate, methamphetamine, and cocaine / crack use.
- Methamphetamine treatment admissions decreased by 52% from October to November.
- Cocaine/Crack treatment admissions increased by 10% from October to November.
- Heroin/Fentanyl treatment admissions decreased by 10% from October to November.

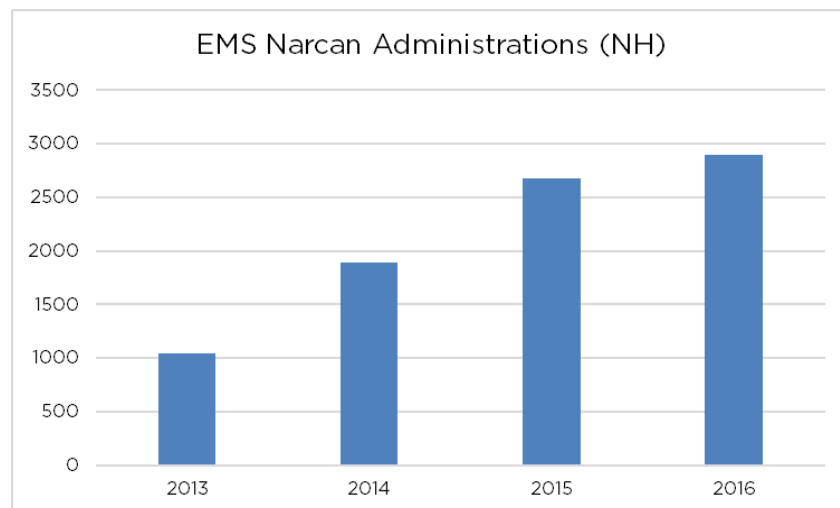
²⁵ Verbatim from the New Hampshire Drug Monitoring Program, November 2018. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>



SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

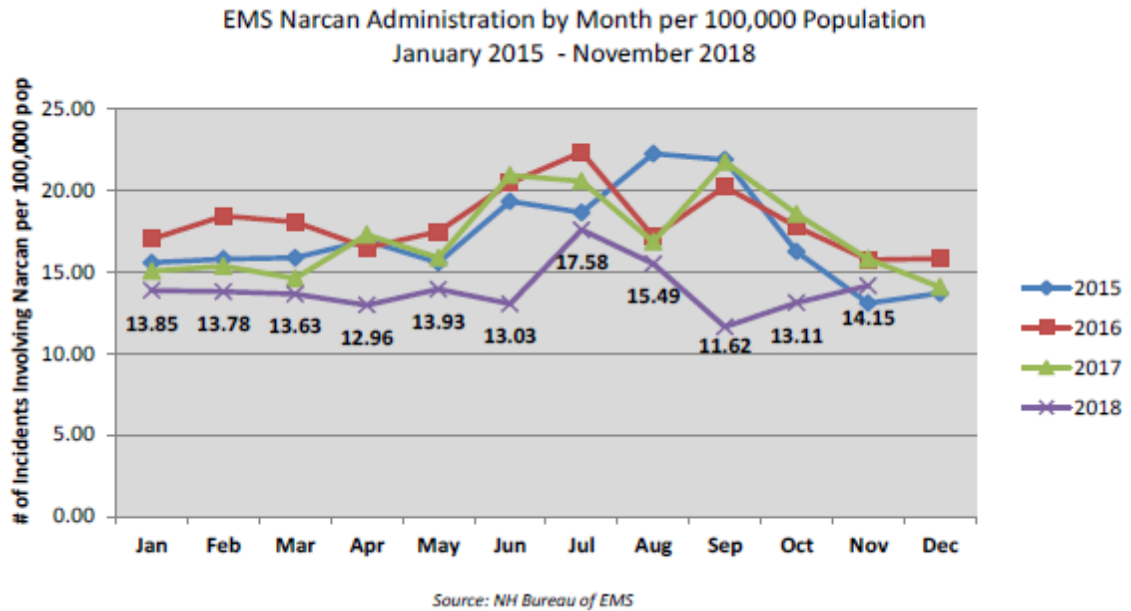
- Approximately 4.5% of high school students in Strafford County have reported using Ecstasy compared to 3% of all New Hampshire high school students.
- Slightly more Strafford County high students have used Heroin and Methamphetamine than New Hampshire high school students.

Narcan administration rose steadily in New Hampshire from 2013 to 2016. However, Narcan doses administered by EMS (measured as a percent of total EMS incidents per 100,000 population) by month since 2016 have generally declined.²⁶

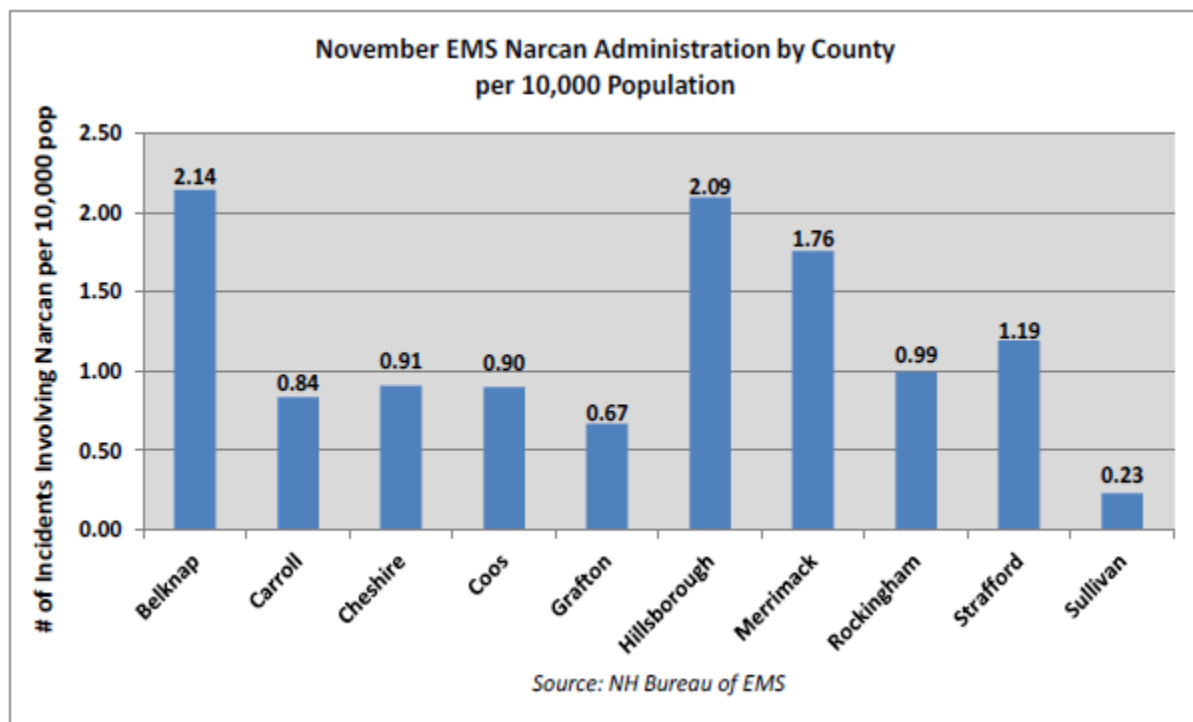


SOURCE: New Hampshire Department of Health and Human Services, Drug Monitoring Initiative
<https://www.dhhs.nh.gov/dcbcs/bdas/documents/>

²⁶ Ibid. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>



Total Narcan administrations in November 2018 in Strafford County (1.19 cases per 10,000 population) are slightly above the New Hampshire county median value (0.95 cases per 10,000 population).

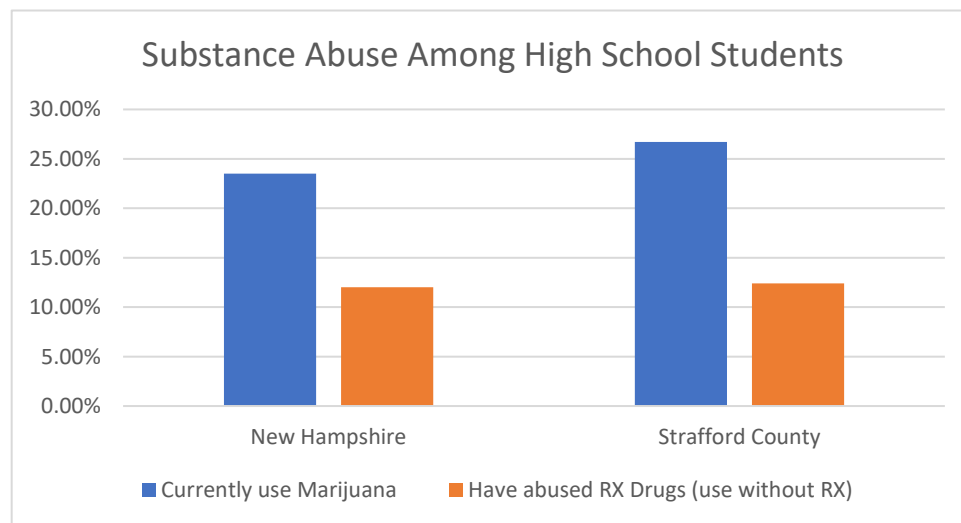


- There is a polarized variation of Narcan use rates with Merrimack, Hillsborough, and Belknap Counties approximately double the rates in other counties.

- In November, Belknap County had the most EMS Narcan administration incidents per capita with 2.14 incidents per 10,000 population, followed closely by Hillsborough County with 2.09 incidents per 10,000 population.²⁷
- The age group with the largest number of EMS Narcan administration incidents was 30-39 which represents 37% of all EMS Narcan administration incidents for November.²⁸

School-based Substance Misuse

Marijuana use among Strafford County high school students is high – but approximately equal to the New Hampshire average.



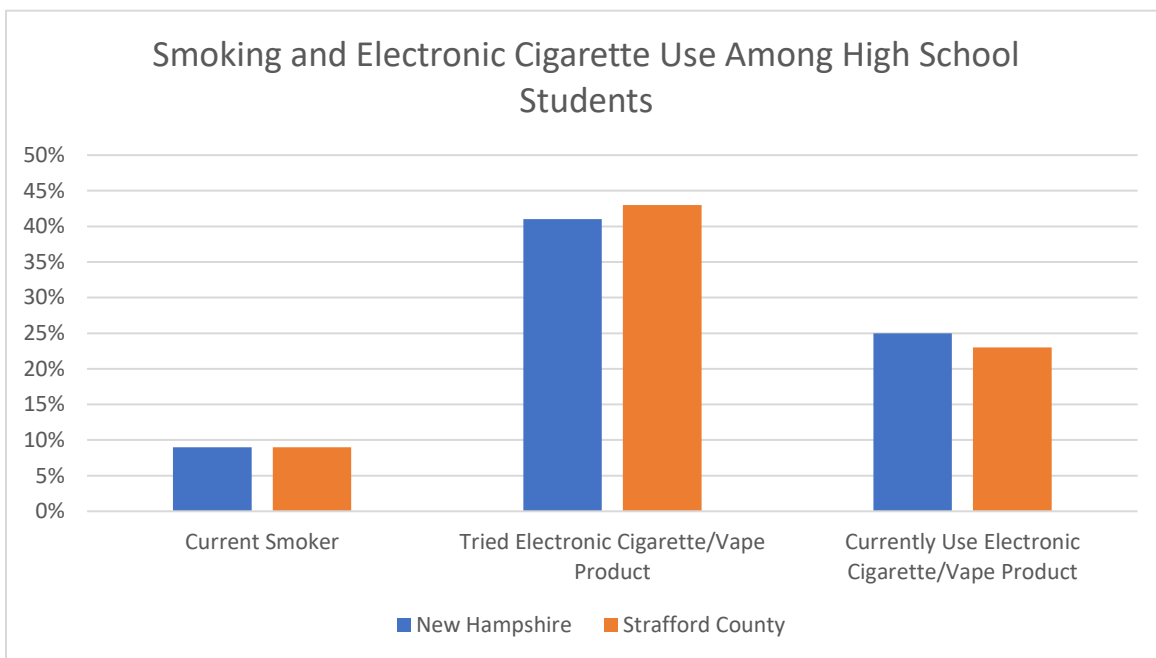
SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

- Many substance abuse measures from New Hampshire health wisdom datasets were not available for Carroll county.
- Approximately 27% of high school students currently use marijuana compared to 23.5% of all New Hampshire high school students.

²⁷ Verbatim from the New Hampshire Drug Monitoring Program, November 2018. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>; New Hampshire Department of Health and Human Services, Drug Monitoring Initiative, <https://www.dhhs.nh.gov/dcbcs/bdas/documents/>

²⁸ Ibid.

Use of tobacco and e-cigarettes is a rising concern in the FMH service area.



SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

- The percentage of Strafford County high schoolers who report regularly using Electronic Cigarettes is slightly higher than the New Hampshire average.
- Nationally, teens are approximately twice as likely to use e-cigarettes as cigarettes. However, nearly one of three e-cigarette users begin smoking tobacco products within six months.²⁹

²⁹ NIH, National Institute on Drug Abuse (NIDA). Available at <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/teens-e-cigarettes>

Appendix B: Community Survey Results

Table: Perceptions of Health-related Needs Requiring More Focus and Attention

Perceptions of Health-related Needs Requiring More Focus and Attention					
Community Need	Percent of Respondents			Net Score	Net Score Rank
	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed		
Emergency mental health services	3.2%	6.3%	90.5%	2.87	1
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	3.1%	7.8%	89.1%	2.86	2
Drug and other substance abuse education, prevention, and early intervention services	1.6%	11.3%	87.1%	2.85	3
Counseling services for mental health issues such as depression, anxiety, and others for adults	4.7%	7.8%	87.5%	2.83	4
Drug and other substance abuse treatment and rehabilitation services	3.2%	14.5%	82.3%	2.79	5
Social services (other than healthcare) for people experiencing homelessness	1.7%	26.7%	71.7%	2.70	6
Affordable quality child care	8.2%	14.8%	77.0%	2.69	7
Transportation services for people needing to go to doctor's appointments or the hospital	1.7%	30.5%	67.8%	2.66	8
Healthcare services for people experiencing homelessness	1.6%	31.1%	67.2%	2.66	9
Long-term care or dementia care	6.7%	23.3%	70.0%	2.63	10
Job training (or re-training)	5.4%	30.4%	64.3%	2.59	11
Affordable housing	1.5%	38.5%	60.0%	2.58	12

Perceptions of Health-related Needs Requiring More Focus and Attention					
Community Need	Percent of Respondents			Net Score	Net Score Rank
	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed		
Transportation services for people needing to go out of town for healthcare services or appointments	9.1%	29.1%	61.8%	2.53	13
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	6.3%	34.9%	58.7%	2.52	14
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	4.8%	38.7%	56.5%	2.52	15
Healthcare services for seniors	7.9%	33.3%	58.7%	2.51	16
Access to dental services	5.3%	40.4%	54.4%	2.49	17
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	6.1%	39.4%	54.5%	2.48	18
Early childhood education	8.6%	36.2%	55.2%	2.47	19
Transportation services for patients AFTER receiving outpatient services	3.7%	46.3%	50.0%	2.46	20
Secure sources for affordable, nutritious food	6.2%	41.5%	52.3%	2.46	21
Affordable healthcare services for individuals or families with low income	6.3%	42.2%	51.6%	2.45	22
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	9.5%	36.5%	54.0%	2.44	23
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	7.8%	41.2%	51.0%	2.43	24
Programs for obesity prevention, awareness, and care	8.3%	45.0%	46.7%	2.38	25
General public transportation	12.7%	40.0%	47.3%	2.35	26

Perceptions of Health-related Needs Requiring More Focus and Attention					
Community Need	Percent of Respondents			Net Score	Net Score Rank
	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed		
Programs for diabetes prevention, awareness, and care	11.9%	47.5%	40.7%	2.29	27
Increased neurology coverage	14.3%	46.4%	39.3%	2.25	28
Programs for heart health or cardiovascular health	12.1%	53.4%	34.5%	2.22	29
Services or education to help reduce teen pregnancy	17.6%	43.1%	39.2%	2.22	30
Primary healthcare services (such as a family doctor or other provider of routine care)	19.0%	43.1%	37.9%	2.19	31
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	20.8%	39.6%	39.6%	2.19	32
Programs to help people stop smoking	14.3%	55.4%	30.4%	2.16	33
Parenting classes for the "new Mom" or the "new Dad"	20.8%	47.2%	32.1%	2.11	34
Pediatric / child health services	16.7%	57.4%	25.9%	2.09	35
Women's health services	21.8%	54.5%	23.6%	2.02	36
Men's health services	18.9%	62.3%	18.9%	2.00	37
A conveniently located place to purchase prescription drugs, when needed	36.8%	38.6%	24.6%	1.88	38
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	40.7%	42.4%	16.9%	1.76	39
Emergency care and trauma services	46.4%	39.3%	14.3%	1.68	40

Table: Frequency Tables for Single Response Questions

Frisbie Memorial Hospital
Community Health Needs Assessment
August 2020 Update

Frequency Tables for Single Response Questions

Do you have a place where you go for routine or annual care?

	Frequency	Percent	Net Percent	Cumulative Percent
Yes, family doctor, family health center, or clinic	88	96.7	96.7	96.7
Walk-in urgent care	1	1.1	1.1	97.8
No	1	1.1	1.1	98.9
No response	1	1.1	1.1	100.0
Total	91	100.0	100.0	

Transportation services for people needing to go to doctor's appointments or the hospital

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	1	1.1	1.7	1.7
Somewhat More Focus Needed	18	19.8	30.5	32.2
Much More Focus Needed	40	44.0	67.8	100.0
Total	59	64.8	100.0	
Don't Know	7	7.7		
No response	25	27.5		
Total	32	35.2		
Total	91	100.0		

Transportation services for patients AFTER receiving outpatient services

	Frequency	Percent	Net Percent	Percent
No More Focus Needed	2	2.2	3.7	3.7
Somewhat More Focus Needed	25	27.5	46.3	50.0
Much More Focus Needed	27	29.7	50.0	100.0
Total	54	59.3	100.0	
Don't Know	11	12.1		
No response	26	28.6		
Total	37	40.7		
Total	91	100.0		

Transportation services for people needing to go out of town for healthcare services or appointments

	Frequency	Percent	Net Percent	Percent
No More Focus Needed	5	5.5	9.1	9.1
Somewhat More Focus Needed	16	17.6	29.1	38.2
Much More Focus Needed	34	37.4	61.8	100.0
Total	55	60.4	100.0	
Don't Know	10	11.0		
No response	26	28.6		
Total	36	39.6		
Total	91	100.0		

General public transportation

	Frequency	Percent	Net Percent	Percent
No More Focus Needed	7	7.7	12.7	12.7
Somewhat More Focus Needed	22	24.2	40.0	52.7
Much More Focus Needed	26	28.6	47.3	100.0
Total	55	60.4	100.0	
Don't Know	9	9.9		
No response	27	29.7		
Total	36	39.6		
Total	91	100.0		

Affordable housing

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	1	1.1	1.5	1.5
Somewhat More Focus Needed	25	27.5	38.5	40.0
Much More Focus Needed	39	42.9	60.0	100.0
Total	65	71.4	100.0	
Don't Know	2	2.2		
No response	24	26.4		
Total	26	28.6		
Total	91	100.0		

Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	7.8	7.8
Somewhat More Focus Needed	21	23.1	41.2	49.0
Much More Focus Needed	26	28.6	51.0	100.0
Total	51	56.0	100.0	
Don't Know	14	15.4		
No response	26	28.6		
Total	40	44.0		
Total	91	100.0		

Healthcare services for people experiencing homelessness

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	1	1.1	1.6	1.6
Somewhat More Focus Needed	19	20.9	31.1	32.8
Much More Focus Needed	41	45.1	67.2	100.0
Total	61	67.0	100.0	
Don't Know	5	5.5		
No response	25	27.5		
Total	30	33.0		
Total	91	100.0		

Social services (other than healthcare) for people experiencing homelessness

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	1	1.1	1.7	1.7
Somewhat More Focus Needed	16	17.6	26.7	28.3
Much More Focus Needed	43	47.3	71.7	100.0
Total	60	65.9	100.0	
Don't Know	6	6.6		
No response	25	27.5		
Total	31	34.1		
Total	91	100.0		

Long-term care or dementia care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	6.7	6.7
Somewhat More Focus Needed	14	15.4	23.3	30.0
Much More Focus Needed	42	46.2	70.0	100.0
Total	60	65.9	100.0	
Don't Know	5	5.5		
No response	26	28.6		
Total	31	34.1		
Total	91	100.0		

Affordable healthcare services for individuals or families with low income

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	6.3	6.3
Somewhat More Focus Needed	27	29.7	42.2	48.4
Much More Focus Needed	33	36.3	51.6	100.0
Total	64	70.3	100.0	
Don't Know	2	2.2		
No response	25	27.5		
Total	27	29.7		
Total	91	100.0		

Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	6.1	6.1
Somewhat More Focus Needed	26	28.6	39.4	45.5
Much More Focus Needed	36	39.6	54.5	100.0
Total	66	72.5	100.0	
Don't Know	1	1.1		
No response	24	26.4		
Total	25	27.5		
Total	91	100.0		

Job training (or, re-training)

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	3	3.3	5.4	5.4
Somewhat More Focus Needed	17	18.7	30.4	35.7
Much More Focus Needed	36	39.6	64.3	100.0
Total	56	61.5	100.0	
Don't Know	9	9.9		
No response	26	28.6		
Total	35	38.5		
Total	91	100.0		

Primary health care services (such as a family doctor or other provider of routine care)

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	11	12.1	19.0	19.0
Somewhat More Focus Needed	25	27.5	43.1	62.1
Much More Focus Needed	22	24.2	37.9	100.0
Total	58	63.7	100.0	
Don't Know	7	7.7		
No response	26	28.6		
Total	33	36.3		
Total	91	100.0		

Emergency care and trauma services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	26	28.6	46.4	46.4
Somewhat More Focus Needed	22	24.2	39.3	85.7
Much More Focus Needed	8	8.8	14.3	100.0
Total	56	61.5	100.0	
Don't Know	8	8.8		
No response	27	29.7		
Total	35	38.5		
Total	91	100.0		

**Urgent care services (that is, walk-in care for immediate health needs not requiring the
Emergency Department)**

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	24	26.4	40.7	40.7
Somewhat More Focus Needed	25	27.5	42.4	83.1
Much More Focus Needed	10	11.0	16.9	100.0
Total	59	64.8	100.0	
Don't Know	6	6.6		
No response	26	28.6		
Total	32	35.2		
Total	91	100.0		

A conveniently located place to purchase prescription drugs, when needed

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	21	23.1	36.8	36.8
Somewhat More Focus Needed	22	24.2	38.6	75.4
Much More Focus Needed	14	15.4	24.6	100.0
Total	57	62.6	100.0	
Don't Know	8	8.8		
No response	26	28.6		
Total	34	37.4		
Total	91	100.0		

**Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-
duration services focused on a particular health need)**

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	11	12.1	20.8	20.8
Somewhat More Focus Needed	21	23.1	39.6	60.4
Much More Focus Needed	21	23.1	39.6	100.0
Total	53	58.2	100.0	
Don't Know	11	12.1		
No response	27	29.7		
Total	38	41.8		
Total	91	100.0		

Counseling services for mental health issues such as depression, anxiety, and others for adults

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	3	3.3	4.7	4.7
Somewhat More Focus Needed	5	5.5	7.8	12.5
Much More Focus Needed	56	61.5	87.5	100.0
Total	64	70.3	100.0	
Don't Know	2	2.2		
No response	25	27.5		
Total	27	29.7		
Total	91	100.0		

Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	2	2.2	3.1	3.1
Somewhat More Focus Needed	5	5.5	7.8	10.9
Much More Focus Needed	57	62.6	89.1	100.0
Total	64	70.3	100.0	
Don't Know	2	2.2		
No response	25	27.5		
Total	27	29.7		
Total	91	100.0		

Emergency mental health services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	2	2.2	3.2	3.2
Somewhat More Focus Needed	4	4.4	6.3	9.5
Much More Focus Needed	57	62.6	90.5	100.0
Total	63	69.2	100.0	
Don't Know	3	3.3		
No response	25	27.5		
Total	28	30.8		
Total	91	100.0		

Drug and other substance abuse education, prevention, and early intervention services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	1	1.1	1.6	1.6
Somewhat More Focus Needed	7	7.7	11.3	12.9
Much More Focus Needed	54	59.3	87.1	100.0
Total	62	68.1	100.0	
Don't Know	4	4.4		
No response	25	27.5		
Total	29	31.9		
Total	91	100.0		

Drug and other substance abuse treatment and rehabilitation services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	2	2.2	3.2	3.2
Somewhat More Focus Needed	9	9.9	14.5	17.7
Much More Focus Needed	51	56.0	82.3	100.0
Total	62	68.1	100.0	
Don't Know	3	3.3		
No response	26	28.6		
Total	29	31.9		
Total	91	100.0		

Programs to help people stop smoking

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	8	8.8	14.3	14.3
Somewhat More Focus Needed	31	34.1	55.4	69.6
Much More Focus Needed	17	18.7	30.4	100.0
Total	56	61.5	100.0	
Don't Know	9	9.9		
No response	26	28.6		
Total	35	38.5		
Total	91	100.0		

Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	3	3.3	4.8	4.8
Somewhat More Focus Needed	24	26.4	38.7	43.5
Much More Focus Needed	35	38.5	56.5	100.0
Total	62	68.1	100.0	
Don't Know	4	4.4		
No response	25	27.5		
Total	29	31.9		
Total	91	100.0		

Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	6	6.6	9.5	9.5
Somewhat More Focus Needed	23	25.3	36.5	46.0
Much More Focus Needed	34	37.4	54.0	100.0
Total	63	69.2	100.0	
Don't Know	3	3.3		
No response	25	27.5		
Total	28	30.8		
Total	91	100.0		

Programs for diabetes prevention, awareness, and care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	7	7.7	11.9	11.9
Somewhat More Focus Needed	28	30.8	47.5	59.3
Much More Focus Needed	24	26.4	40.7	100.0
Total	59	64.8	100.0	
Don't Know	6	6.6		
No response	26	28.6		
Total	32	35.2		
Total	91	100.0		

Programs for heart health or cardiovascular health

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	7	7.7	12.1	12.1
Somewhat More Focus Needed	31	34.1	53.4	65.5
Much More Focus Needed	20	22.0	34.5	100.0
Total	58	63.7	100.0	
Don't Know	6	6.6		
No response	27	29.7		
Total	33	36.3		
Total	91	100.0		

Increased neurology coverage

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	8	8.8	14.3	14.3
Somewhat More Focus Needed	26	28.6	46.4	60.7
Much More Focus Needed	22	24.2	39.3	100.0
Total	56	61.5	100.0	
Don't Know	9	9.9		
No response	26	28.6		
Total	35	38.5		
Total	91	100.0		

Access to dental services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	3	3.3	5.3	5.3
Somewhat More Focus Needed	23	25.3	40.4	45.6
Much More Focus Needed	31	34.1	54.4	100.0
Total	57	62.6	100.0	
Don't Know	9	9.9		
No response	25	27.5		
Total	34	37.4		
Total	91	100.0		

Women's health services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	12	13.2	21.8	21.8
Somewhat More Focus Needed	30	33.0	54.5	76.4
Much More Focus Needed	13	14.3	23.6	100.0
Total	55	60.4	100.0	
Don't Know	11	12.1		
No response	25	27.5		
Total	36	39.6		
Total	91	100.0		

Men's health services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	10	11.0	18.9	18.9
Somewhat More Focus Needed	33	36.3	62.3	81.1
Much More Focus Needed	10	11.0	18.9	100.0
Total	53	58.2	100.0	
Don't Know	13	14.3		
No response	25	27.5		
Total	38	41.8		
Total	91	100.0		

Pediatric / child health services

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	9	9.9	16.7	16.7
Somewhat More Focus Needed	31	34.1	57.4	74.1
Much More Focus Needed	14	15.4	25.9	100.0
Total	54	59.3	100.0	
Don't Know	12	13.2		
No response	25	27.5		
Total	37	40.7		
Total	91	100.0		

Services or education to help reduce teen pregnancy

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	9	9.9	17.6	17.6
Somewhat More Focus Needed	22	24.2	43.1	60.8
Much More Focus Needed	20	22.0	39.2	100.0
Total	51	56.0	100.0	
Don't Know	15	16.5		
No response	25	27.5		
Total	40	44.0		
Total	91	100.0		

Parenting classes for the "new Mom" or the "new Dad"

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	11	12.1	20.8	20.8
Somewhat More Focus Needed	25	27.5	47.2	67.9
Much More Focus Needed	17	18.7	32.1	100.0
Total	53	58.2	100.0	
Don't Know	13	14.3		
No response	25	27.5		
Total	38	41.8		
Total	91	100.0		

Affordable quality child care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	5	5.5	8.2	8.2
Somewhat More Focus Needed	9	9.9	14.8	23.0
Much More Focus Needed	47	51.6	77.0	100.0
Total	61	67.0	100.0	
Don't Know	5	5.5		
No response	25	27.5		
Total	30	33.0		
Total	91	100.0		

Early childhood education

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	5	5.5	8.6	8.6
Somewhat More Focus Needed	21	23.1	36.2	44.8
Much More Focus Needed	32	35.2	55.2	100.0
Total	58	63.7	100.0	
Don't Know	8	8.8		
No response	25	27.5		
Total	33	36.3		
Total	91	100.0		

Healthcare services for seniors

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	5	5.5	7.9	7.9
Somewhat More Focus Needed	21	23.1	33.3	41.3
Much More Focus Needed	37	40.7	58.7	100.0
Total	63	69.2	100.0	
Don't Know	4	4.4		
No response	24	26.4		
Total	28	30.8		
Total	91	100.0		

Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	6.3	6.3
Somewhat More Focus Needed	22	24.2	34.9	41.3
Much More Focus Needed	37	40.7	58.7	100.0
Total	63	69.2	100.0	
Don't Know	4	4.4		
No response	24	26.4		
Total	28	30.8		
Total	91	100.0		

Secure sources for affordable, nutritious food

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	4	4.4	6.2	6.2
Somewhat More Focus Needed	27	29.7	41.5	47.7
Much More Focus Needed	34	37.4	52.3	100.0
Total	65	71.4	100.0	
Don't Know	2	2.2		
No response	24	26.4		
Total	26	28.6		
Total	91	100.0		

Programs for obesity prevention, awareness, and care

	Frequency	Percent	Net Percent	Cumulative Percent
No More Focus Needed	5	5.5	8.3	8.3
Somewhat More Focus Needed	27	29.7	45.0	53.3
Much More Focus Needed	28	30.8	46.7	100.0
Total	60	65.9	100.0	
Don't Know	5	5.5		
No response	26	28.6		
Total	31	34.1		
Total	91	100.0		

Frisbie Memorial Hospital perception: The overall Frisbie Memorial Hospital system of care

	Frequency	Percent	Net Percent	Cumulative Percent
Very low quality	1	1.1	2.0	2.0
Somewhat low quality	16	17.6	32.0	34.0
Somewhat high quality	21	23.1	42.0	76.0
Very high quality	12	13.2	24.0	100.0
Total	50	54.9	100.0	
Not sure	18	19.8		
No response	23	25.3		
Total	41	45.1		
Total	91	100.0		

Frisbie Memorial Hospital perception: Frisbie Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)

	Frequency	Percent	Net Percent	Cumulative Percent
Very low quality	1	1.1	2.0	2.0
Somewhat low quality	11	12.1	22.0	24.0
Somewhat high quality	24	26.4	48.0	72.0
Very high quality	14	15.4	28.0	100.0
Total	50	54.9	100.0	
Not sure	17	18.7		
No response	24	26.4		
Total	41	45.1		
Total	91	100.0		

Frisbie Memorial Hospital perception: Frisbie Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists)

	Frequency	Percent	Net Percent	Cumulative Percent
Very low quality	2	2.2	4.3	4.3
Somewhat low quality	8	8.8	17.4	21.7
Somewhat high quality	18	19.8	39.1	60.9
Very high quality	18	19.8	39.1	100.0
Total	46	50.5	100.0	
Not sure	21	23.1		
No response	24	26.4		
Total	45	49.5		
Total	91	100.0		

Gender

	Frequency	Percent	Net Percent	Cumulative Percent
Male	7	7.7	10.9	10.9
Female	57	62.6	89.1	100.0
Total	64	70.3	100.0	
Prefer not to disclose	3	3.3		
No response	24	26.4		
Total	27	29.7		
Total	91	100.0		

What is your age?

	Frequency	Percent	Net Percent	Cumulative Percent
25-34	3	3.3	4.8	4.8
35-44	13	14.3	20.6	25.4
45-54	14	15.4	22.2	47.6
55-64	25	27.5	39.7	87.3
65-74	8	8.8	12.7	100.0
Total	63	69.2	100.0	
Prefer not to disclose	4	4.4		
No response	24	26.4		
Total	28	30.8		
Total	91	100.0		

What is the highest grade or year in school you completed?

	Frequency	Percent	Net Percent	Cumulative Percent
Graduated high school	3	3.3	4.8	4.8
Some college or vocational training	8	8.8	12.9	17.7
Completed a 2-year college degree or a	12	13.2	19.4	37.1
Graduated college (4-year Bachelor	16	17.6	25.8	62.9
Completed Graduate or Professional	23	25.3	37.1	100.0
Total	62	68.1	100.0	
Prefer not to disclose	5	5.5		
No response	24	26.4		
Total	29	31.9		
Total	91	100.0		

Which of the following ranges best describes your total annual household income in the last year?

	Frequency	Percent	Net Percent	Cumulative Percent
\$25,001 to \$50,000	6	6.6	11.1	11.1
\$50,001 to \$75,000	15	16.5	27.8	38.9
\$75,001 to \$100,000	16	17.6	29.6	68.5
More than \$100,000	17	18.7	31.5	100.0
Total	54	59.3	100.0	
Prefer not to disclose	12	13.2		
No response	25	27.5		
Total	37	40.7		
Total	91	100.0		

How many people (including you) live in your household?

	Frequency	Percent	Net Percent	Cumulative Percent
1	9	9.9	10.1	10.1
2	27	29.7	30.3	40.4
3	13	14.3	14.6	55.1
4	7	7.7	7.9	62.9
5	1	1.1	1.1	64.0
6	1	1.1	1.1	65.2
No response	31	34.1	34.8	100.0
Total	89	97.8	100.0	
0 (error)	2	2.2		
Total	91	100.0		

Table: Frequency Tables for Multiple Response Questions

Frisbie Memorial Hospital
Community Health Needs Assessment
 August 2020 Update

Frequency Tables for Multiple Response Questions

What sources do you normally use to find out about healthcare providers or hospitals?		
		Percent of Cases
Sources	Social Media	25.0%
	A hospital's website	47.1%
	A physician's website	22.1%
	Healthcare.gov	16.2%
	Healthcare rating sites like HealthGrades or US News & World Report	23.5%
	Newspaper	1.5%
	Television	1.5%
	Radio	1.5%
	A physician or other healthcare worker	64.7%
	Friends and relatives	73.5%
Total		276.5%

What sources do you normally use to find out about your own health or to monitor your own health?		
		Percent of Cases
Sources	A hospital's website	17.6%
	A physician's website	16.2%
	Medical websites such as WebMD or Mayo Clinic	39.7%
	A patient portal	57.4%
	Healthcare.gov	8.8%
	A fitness tracker website like Fitbit or My Fitness Pal	32.4%
	A physician or other healthcare worker	67.6%
	Friends and relatives	20.6%
	Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care	11.8%
Total		272.1%

What is Your Race?		
		Percent of Cases
Race	Caucasian	85.1%
	Other	4.5%
	Prefer not to disclose	10.4%
Total		100.0%

Appendix C: Focus Group Moderator's Guide

Frisbie Memorial Hospital

Community Health Needs Assessment 2020

Community Discussion Guide - Core Template - FINAL

Introduction and Objective

- *Explain the general purpose of the discussion.* As you were told in the recruiting process, the purpose of the discussion is to learn more about community health-related needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet needs.
- *Explain the necessity for note-taking, audio taping and reporting.* The session is being recorded to assist us in recalling what you say. We will describe our discussion in a written report; however, individual names will not be used.
- *Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There are no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative. Please be respectful of the opinions of others.
- *Describe logistics.* Logistics are a bit different this year since we're virtual, but we'd appreciate if you gave us your full attention for the next hour and thirty minutes (or less). If you need to take a break to use the restroom, please do.
- *Describe protocol for those who have not been to a group before.* For those of you who have not participated in one of these discussions before, the basic process is that I will ask questions throughout our session. However please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. If you have a private question, feel free to type it in the Chat area of the software.
- *Questions?* Do you have any questions for me before we start?

Interview Questionnaire

1. To start with, let's take a minute to say our names and introduce ourselves. As you do, please share one thing you like about living in the community. To make sure we cover everyone, I'll call out individuals' names as I see them on Zoom. [Introductions]. Did I miss anyone?

CURRENT PERCEPTIONS ABOUT HEALTHY COMMUNITIES, ACCESS AND TOP NEEDS

2. When I say a "healthy community" or "improving community health," what is the first thing that comes to mind?

PROBES: Types of issues (disease management, public safety, behavioral health, social services, environmental issues, economic issues, etc.), target groups, or individuals?

3. At a high level, how would you describe the current availability and access to health services in the area? "Access" can mean the availability of providers who can provide services to you, affordability, transportation to services, and similar items.

PROBE: Primary care, specialty care, emergency care, mental health care

4. What groups of people are especially vulnerable to poor health and/or are underserved from your perspective? These may include groups such as racial or ethnic minorities, people living with disabilities, people experiencing homelessness, seniors, veterans, low income families, or others.

Next I'd like for us all to quickly list the top health needs from your perspective [as seniors, community members, board members, etc.).

5. From your perspective what are the top critical community health-related issues [that YOUR ORGANIZATION addresses?]. Again, I'll call off people's names.

Did I miss anyone?

RECENT AREAS OF NEED

A few years ago, obviously prior to the pandemic, community members identified the following list of needs. Have things changed recently? Are all top needs listed? Do you think that they are ordered properly? Are we missing any?

1	Mental illness prevention and treatment
2	Substance misuse prevention and treatment services - especially for alcohol, opioids, and tobacco
3	Access to affordable health care and prescription medications
4	Senior services
5	Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity
6	Health screenings (mammograms, cancer, diabetes)
7	Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors
8	Access to dental health care
9	Teen pregnancy
10	Access to prenatal services

Are there other needs that we haven't yet talked about? To explore the question, I'd like to briefly talk about **four broad categories of needs: Social and Physical Environment services, Disease management and general healthcare, Mental health and Substance Use Disorders, and Risky behaviors, and Risk Prevention / Wellness / Staying Healthy.**

For each area I'm going to ask two questions:

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

Let's start with:

6. Social and physical environment services (e.g. homelessness, jobs,).

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

7. Disease management and general healthcare (e.g., diabetes, cancer, cardiovascular disease, hypertension, infectious disease, Alzheimer's, etc.)

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

8. **Mental health and substance use disorders** (e.g., responses to stress, domestic violence, general clinical mental health issues, etc.). Are there any new issues related to COVID-19?

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

9. **Risky behaviors, HIV/AIDS, risk prevention, wellness** (Youth oriented programs, weight loss, smoking cessation, etc.).

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

10. **Do people generally know about access to and availability of services for these issues in the region?**

PROBE: Why or why not?

Magic Wand Question

11. **Finally, if there was one health issue that you personally could change in the area, what would it be?**

PROBE FOR COMMUNITY ORGANIZATIONS AND LEADERSHIP

- Is this a short-term project or a long-term project?
- How would your organization be able to assist?

Thank you very much again for your time and thoughtful responses to our questions.

Appendix D: In-depth Stakeholder Interview Moderator's Guide

Frisbie Memorial Hospital

Community Health Needs Assessment – 2020

Stakeholder Interview Guide

Introduction

Good morning [or afternoon]. My name is Tara Auclair [or Jeremy Vandroff] from Crescendo Consulting Group. We are working with Frisbie Memorial Hospital to conduct their community health needs assessment.

The purpose of this call is to learn more about community strengths and resources, healthcare-related needs, ways that people generally seek services, and to collect your insights regarding service gaps and ways to better meet community needs.

Do you have any questions for me before we start?

To start with, please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.

Access, Availability, and Delivery of Services

1. When you think of the good things about living in this community, what are some of the first things that come to mind? [*PROBE: outdoor activities, lifestyle, other*]
2. Generally, what are some of the challenges to living here?
3. When people have needs – healthcare-related or otherwise – who do they tend to turn to for assistance? [Prompts: friends and family, Town Hall, their doctor, churches, others]
4. To what degree do people struggle with getting appropriate healthcare, or other related issues?
5. What would you say are the two or three most pressing healthcare-related needs?
6. What are some of the community-level things that can be done to make an impact on the community health and wellbeing? Are there any “low hanging fruit” that would be addressed quickly?
7. What organizations in the area provide services for individuals and families struggling with poverty, employment, and housing issues? What programs seem to be the most helpful?
8. Given the recent changes at Frisbie Memorial Hospital (i.e., becoming an HCA facility), your insight is very important. If you were to give the new leadership suggestions regarding the

greatest challenges the community will face in the next three years and how Frisbie can respond, what suggestions would you make?

Enhancing Communications and Information

9. To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
10. How do consumers generally learn about access to and availability of services in the area (e.g., On-line directory; Social Media; Hotline; Word of Mouth)?
11. **Magic Wand Question:** If money and resources weren't an issue, what is one thing you would do for your community?

Additional Information

We're going to reach out to others, and we'd appreciate your support.

First, we're going to develop a brief online survey and we'd like for you to share the link with your constituents.

Also, we're going to plan some virtual focus groups and we'd like for you to help us invite individuals who you feel would provide value.

Would you mind if we reach out to you to assist us with these items when the time is right?

Thank you for your time today and continued support.

[BRING UP EACH OF THE FOLLOWING TOPICS AND INCLUDE PROMPTS (SUBCATEGORIES) IN THE DIALOGUE. NOTE COMMENTS AND PARTICULAR AREAS OF EMPHASIS. INCLUDE COMPARISONS BETWEEN TOPICS WHERE HELPFUL, e.g., “SO WHICH DO YOU THINK REQUIRES MORE ATTENTION: SUBSTANCE ABUSE EDUCATION IN SCHOOLS OR OPIOID ABUSE INTERVENTION AMONG THE HOMELESS?”]

[NOTE – NOT ALL TOPICS WILL BE COVERED WITH ALL INTERVIEWEES. DISCUSSION CONTENT WILL BE MODIFIED TO RESPOND TO INTERVIEWEES’ PROFESSIONAL BACKGROUND AND TIME AVAILABILITY.]

Your name is not going to be asked and the responses are aggregated with many more results.

[PROBE: Note discussion about the magnitude and severity of “high focus” needs.]

Need PROMPTS	Notes / Comments
Chronic disease Services for adults Services for adolescents / children	
Substance Abuse Education Early intervention Treatment / Access / Stigma Post-treatment support / care	
Homeless services	
Alcohol Use Education Early intervention Treatment / Access / Stigma Post-treatment support / care	
Access to care Transportation Insurance / financial Language barriers Wait times to see a provider Cultural issues	
Mental Illness and Trauma Informed Care	
Intellectual Disability	
Access to care (specify type: IP, OP, IOP, PHP)	

SDOH related issues	
Transitional Housing Access / Availability (i.e. Group Homes)	
Emergency Department Care Utilization, Quality, Reliance	
Geriatric Population Behavioral Health Dementia, Alzheimer's Disease Treatment / Access /Stigma	
[OTHER TO BE ADDED, AS NEEDED]	

Appendix E: 2018 (January 2019) Community Health Needs Assessment Report