



Frisbie Memorial Hospital
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Community Health Needs Assessment

2020 Update – Executive Summary



August 2020

Presented by

crescendo | 

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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 updated its 2018 Community Health Needs Assessment (CHNA). 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).

Methodology and Community Participants

This CHNA Update included several research tasks with the objectives of confirming the prioritized community needs noted in the 2018 CHNA, discovering new or emerging issues, and where possible, measuring the impact of COVID-related issues.

To achieve these objectives, research included the following:

- Secondary data review: Crescendo updated demographics, morbidity and mortality data, and a breadth of community measures (e.g., poverty levels, social and environmental factors, and others). The CHNA Update highlights measures for which changes occurred versus the 2018 CHNA.
- Focus Group Discussions: Two focus group discussions were held via the ZOOM platform in order to learn community members' and service providers' perspectives on key resources, strengths, and service gaps in the community – including the impact of COVID-19.
- Stakeholder interviews. Telephone interviews were conducted with 17 community members representing the general community, healthcare service providers, community service agencies (including those serving high-need groups, disadvantaged communities, and others with diverse or unique needs).

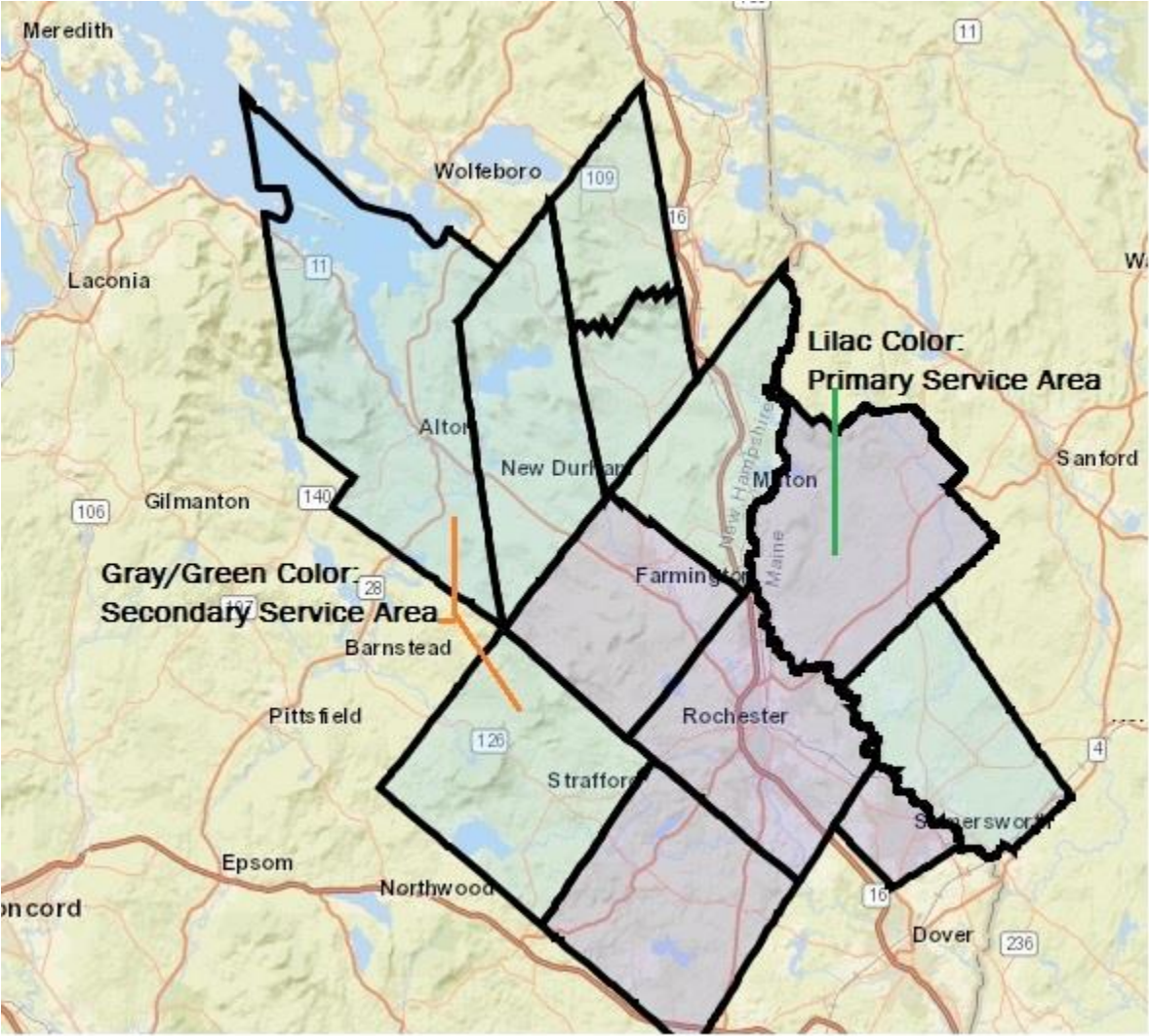
Municipalities and the Service Area Description

The Frisbie Memorial Hospital service area includes a Primary Service Area (PSA) and a Secondary Service Area (SSA). Quantitative and qualitative research activities listed above considered both -- the PSA and the SSA. The secondary data review breaks out PSA and SSA totals, where helpful.

- PSA towns include: Barrington, Farmington, Lebanon, ME, Rochester, Somersworth
- SSA towns include: Alton, Berwick, ME, Brookfield, Middleton, Milton, New Durham, Strafford, Wakefield

See the map on the next page as a reference.

Frisbie Memorial Hospital Primary and Secondary Service Areas



*Note: In the map above, the Frisbie Memorial Hospital PSA is shaded in the lilac color; the SSA is shaded in the light gray/green color.

Top Community Needs

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

The Impact of COVID-19 on the Prioritized Community Needs

The impact of the COVID-19 pandemic on the FMH community needs is more reflected in the magnitude of needs, as opposed to a realignment of prioritized community needs (with a few exceptions) compared with the 2018 CHNA. Specifically, the impact is most reflected in three ways:

- 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. It is likely that these needs will be (or, perhaps, already are) elevated among FMH providers and staff, as well as the general community.
- An increased emphasis on economic issues – job security, the affordability of health care and prescription medications, and food insecurity. As the economy re-opens, some segments will be slower to do so or may not ever reopen. The impact is that there will likely be greater demand for case management, healthcare coordination / navigation, job training, and related support.
- Care coordination / navigation are elevated opportunities. As noted above, economic issues may elevate needs for care coordination services. 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. During the lockdowns and other COVID-19 related events, community members indicated that many people living with, or at-risk for, chronic health conditions did not seek / receive needed care. For this portion of the community, additional care coordination / navigation services will be particularly useful.

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.